


# 2012 GRANT Pre-Application

## GENERAL INSTRUCTIONS:

- I. Complete all pages and enter responses in all fields.
- II. Required fields are marked with a \*

## Section A - Organization Information

1 - Short Name or Common Acronym *	SHC		
2 - Operating Name *	SENIORS HOSPITALITY TRANSPORTATION SERVICES		
3 - Legal Name *	SENIORS HOSPITALITY CENTER INC.		
4 - Physical Address #1 *	6635 LINCOLN AVE		
5 - Physical Address #2			
6 - Physical City *	BONNERS FERRY		
7 - Physical State *	IDAHO		
8 - Physical Zip *	83805		
9 - Mailing Address same as Physical Address? *	<b>NO</b>	Please enter Mailing Address	
10 - Mailing Address #1	P.O. BOX 1639		
11 - Mailing Address #2			
12 - Mailing City	BONNERS FERRY		
13 - Mailing State	IDAHO		
14 - Mailing Zip	83805		
15 - Business Phone #1 *	208-267-5553		
16 - Business Phone #2	208-267-5554		
17 - Business Fax	208-267-2563		
18 - Business E-Mail	<a href="mailto:shc94@frontier.com">shc94@frontier.com</a>		
19 - Home Page / Web Address	<a href="http://seniorhospitalitycenter.com">seniorhospitalitycenter.com</a>		
20 - What date was this organization formed?	4/25/1974		
21 - Established RPTA? *	<b>NO</b>		
22 - What counties does this organization currently serve?	BONNERS FERRY, BOUNDARY COUNTY AND SANDPOINT, BONNER COUNTY		
23 - What FTA Programs are associated with each county?	5311 AND WE HAVE HAD 5310 FOR VEHICLE		
24 - Congressional District Entity Resides in *	<b>1ST DISTRICT</b>		
25 - Congressional District Served *	<b>1ST DISTRICT</b>		
26 - List the Local Mobility Networks (LMMN) you are currently serving? *	LMMN-1A		
27 - DUNS Number *	964892942		
28 - Employer ID # EIN *	82-0322268		
29 - Current By Laws? *	<b>YES</b>	Upload a copy with your Pre-application	
30 - Current Audit? *	<b>NO</b>		
31 - Current Drug/Alcohol Policy? *	<b>YES</b>	Upload a copy with your Pre-application	
32 - Do you Use a Cost Allocation Methodology? *	<b>YES</b>		
Describe the Methodology (500 Characters Maximum)	SHC IS A MULTI-FUNCTION ENTITY. DIRECT COSTS ARE CHARGED TO THE PROJECTS; INDIRECT COSTS ARE ALLOCATED ON THE BASIS OF PERCENTAGE OF EFFORT OR BENEFIT TO THE PROJECTS.		
33 - Do you have a Board of Directors?	<b>YES</b>	Upload a list of your Board members and meeting schedule with	
34 - Do you currently have a Vehicle Replacement Plan?	<b>YES</b>	Upload a copy with your Pre-application	
35 - Agency Type *	<b>Private Non-Profit</b>		
 <b>*Mandatory!!</b> Private non-profit applicants must attach a copy of their IRS Letter of Determination for 501(c)3 non-profit status to their submitted Pre-Application			
35 - Number of volunteer drivers (annual total)	0		
36 - Number of personal vehicles in service (annual total)	0		
37 - Average Trip Length (miles)	0		
38 - TEAM Recipient ID#	NA		

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39 - Description of products/services currently provided by this organization.* (500 Characters Maximum)	GENERAL PUBLIC TRANSPORTATION IN BOUNDARY COUNTY MONDAY, TUESDAY, WEDNESDAY AND FRIDAY, GENERAL PUBLIC TRANSPORTATION FROM BOUNDARY TO BONNER COUNTY ON THURSDAY AS NEEDED.
40 - Governing Board Meeting Schedule* (500 Characters Maximum)	BOARD MEETING IS THE SECOND TUESDAY OF EACH MONTH AT 12:45 PM UNLESS RESCHEDULED.

### Section B - CERTIFICATIONS AND ASSURANCES

**Instructions:**

There are Certifications and Assurances that apply to sub-recipients receiving federal funding. The Sub-recipient's Board Chair or designated individual must indicate the organization is willing to comply with the applicable certifications, assurances, and procedures in order to receive federal funding. These documents are available for download from the internet at: <http://i-way.org/Tool%20Box/documentlibrary> under the heading of **Federal Transit Administration (FTA) Documents & Links**.

1 - Will the organization comply with applicable certifications, assurances, and procedures?

YES, the organization is willing to comply with any applicable certifications, assurances, and procedures.

NO, the organization is NOT willing to comply with the applicable certifications, assurances, and procedures.

(NOTE: NO means you will not be eligible to receive funding.)

**YES**

**Please note:** a subrecipient of the State of Idaho is required to comply with certain pass-through requirements. Here are the references:

**Audits** (Procedure M-2010-20), **Open Meeting** (Procedure M-2010-19) <http://i-way.org/Mobility%20Funding/procedures>

**Procurement** <http://adm.idaho.gov/adminrules/rules/idapa38/0501.pdf>

[http://www.fta.dot.gov/funding/grants\\_financing\\_6036.html](http://www.fta.dot.gov/funding/grants_financing_6036.html)

**State Meeting and Travel** <http://www.sco.idaho.gov/web/sbe/sbeweb.nsf/pages/trvlpolicy.html>

### Section C - RESOURCE & COMMUNITY COORDINATION

1 - Do you share resources in any significant way with other agencies (e.g., maintenance/ mechanics, vehicles, staff/drivers, facilities, marketing, insurance, fuel purchases, training, bilingual programs, etc.)? If yes, provide a brief description.\*

**NO**

Description  
(700 Characters Maximum)

There really is no one in our area to share services with.

2 - Have you realized any measurable or quantifiable savings in costs directly through, or as a result of, your coordination efforts? If yes, provide a brief description.\*

**NO**

Description  
(700 Characters Maximum)

3 - Describe your efforts to work with other organizations, agencies, businesses, and other appropriate community interests in order to provide service (e.g., employers, medical centers, social service agencies, visitor services, activity centers, etc.). \* (Enter N/A if not applicable)

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Description  
(500 Characters Maximum)

### Section D - PROJECT INFORMATION

1 - In which state(s) will your project provide service? *	<input checked="" type="checkbox"/> Idaho	<input type="checkbox"/> Montana	<input type="checkbox"/> Nevada
	<input type="checkbox"/> Oregon	<input type="checkbox"/> Utah	<input type="checkbox"/> Washington
	<input type="checkbox"/> Wyoming		
2 - Strategy Number *	1A.10		
3 - Strategy Name *	MOBILITY SERVICES WITHIN & BETWEEN MAJOR SERVICE CENTERS OF BOUNDARY AND BONNER COUNTY.		
4 - Project Name *	SHC TRANSPORTATION SERVICES		
5 - Please describe your project * (500 Characters Maximum)	MAINTAIN AND /OR EXPAND MOBILITY SERVICES WITHIN BOUNDARY COUNTY AND BETWEEN BOUNDARY AND BONNER COUNTIES.		
6 - What mode will this project use? *	Demand Response		
7 - Which funding program do you intend to apply for? *	5311		
8 - List the Districts this project will serve. *	DISTRICT 1		
9 - List the Local Mobility Networks (LMMN) this project will serve.*	LMMN-1A		
10 - Is this project dependent on any of your other projects? *			NO
Identify the other projects that this one is dependent on. (500 Characters)			
11 - Are you submitting other projects as options for this strategy? *			NO
Identify the other projects that are options to this strategy. (500 Characters)			
12 - Does this project directly interconnect with other mobility options? *			NO

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Identify the other mobility options.  
(500 Characters)

### Section E - Required Documents to Be Submitted With Application - Checklist

**Instructions:**

Update the entry for each document to show a status of 'Included' as documents are prepared for uploading.

1 - Current Bylaws	• If Applicable	<b>Not Included</b>
2 - Current Audit	• For any companies which historically have received Federal funds - most recent audit. • For all other companies, audit report will be provided on anniversary data of grant agreement.	<b>Not Included</b>
3 - Drug Alcohol Policy	• If Applicable - You will need this if you are applying for 5311 funds.	<b>Not Included</b>
4 - Board of Directors Information	• Meeting Schedule • Board Contact Information	<b>Not Included</b>
5 - Vehicle Replacement Plan	• If you are purchasing a new vehicle, you will need to have a replacement plan.	<b>Not Included</b>
6 - IRS Letter of Determination for 501(C)3 non-profit status	• If Applicable	<b>Not Included</b>

### Section F - Signature

By typing your initials in the box to the right you are verifying that you have read, understood, and agreed to all the requirements of this pre-application. This mark will act as your electronic signature:

**BJK**

<b>Name and Title</b>	<b>BARBARA KOVACS</b>	<b>Date</b>	<b>1/17/2012</b>
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