


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 *	VVC - LRAT		
2 - Operating Name *	Valley Vista Care - Lost River Area Transit		
3 - Legal Name *	Valley Vista Care Corporation		
4 - Physical Address #1 *	3668 W 3700 N.		
5 - Physical Address #2			
6 - Physical City *	Darlington		
7 - Physical State *	Idaho		
8 - Physical Zip *	83255		
9 - Mailing Address same as Physical Address? *	NO	Please enter Mailing Address	
10 - Mailing Address #1	820 Elm Street		
11 - Mailing Address #2			
12 - Mailing City	St Maries		
13 - Mailing State	Idaho		
14 - Mailing Zip	83861		
15 - Business Phone #1 *	208-245-4576		
16 - Business Phone #2			
17 - Business Fax	208-245-2138		
18 - Business E-Mail	tcapshaw@valleyvista.org or rmueller@valleyvista.org		
19 - Home Page / Web Address	www.valleyvista.org		
20 - What date was this organization formed?	6/1/1987		
21 - Established RPTA? *	YES		
22 - What counties does this organization currently serve?	Custer and Butte Counties - main service area is between Mackay, Arco and Idaho Falls		
23 - What FTA Programs are associated with each county?	5310 and 5311		
24 - Congressional District Entity Resides in *	2ND DISTRICT		
25 - Congressional District Served *	2ND DISTRICT		
26 - List the Local Mobility Networks (LMMN) you are currently serving? *	Idaho Local Mobility Management Network 6 A & B		
27 - DUNS Number *	11-800-4456		
28 - Employer ID # EIN *	82-0408601		
29 - Current By Laws? *	YES	Upload a copy with your Pre-application	
30 - Current Audit? *	YES	Upload a copy with your Pre-application	
31 - Current Drug/Alcohol Policy? *	YES	Upload a copy with your Pre-application	
32 - Do you Use a Cost Allocation Methodology? *	YES		
Describe the Methodology (500 Characters Maximum)	<p>Allocation of Transportation Expenses: Depreciation is subtracted from monthly expenses. The net is allocated by number of boardings/month. A % of the total boardings are applied to net expenses resulting in allowable expense to be reimbursed by grant funding.</p> <p>Allocation of Home Office Expenses: Valley Vista Care Corporation is comprised of cost centers that share home office costs. HO expenses are directly allocated whenever possible and then the balance is allocated using a % of the total expenses.</p>		
33 - Do you have a Board of Directors?	YES	Upload a list of your Board members and meeting schedule with	
34 - Do you currently have a Vehicle Replacement Plan?	YES	Upload a copy with your Pre-application	
35 - Agency Type *	Private Non-Profit		
 *Mandatory!! 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)	none		
36 - Number of personal vehicles in service (annual total)	none		
37 - Average Trip Length (miles)	N/A		
38 - TEAM Recipient ID#	N/A		

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39 - Description of products/services currently provided by this organization.* (500 Characters Maximum)	LRAT provides transportation Monday - Fridays (except holidays), 8 am - 5 pm. Special arrangements can be made for trips beyond these days and hours. Transportation is provided primarily between Mackay and Arco for shopping, social activities and medical appointments. Trips to Challis, Blackfoot, Idaho Falls and Pocatello are also available. LRAT gives priority to the elderly and those with disabilities but is available to the general public as seats are available.
40 - Governing Board Meeting Schedule * (500 Characters Maximum)	The Valley Vista Board of Directors meets in St. Maries on the 1st Wednesday of the month. Under special circumstances meetings can be postponed to the follow week or even cancelled.

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

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

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
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Description (700 Characters Maximum)	N/A
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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
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Description (700 Characters Maximum)	N/A
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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)	We work with the medical facilities as well as two PSR / Mental Health clinics in Mackay and Arco to transport their patients. We also transport residents from a Residential Care Facility in the area. There is a small transportation provider who is associated with the PSR clinic and we do coordinate trips with him but he typically provides minimal transportation even for their own clients. We are coordinating with the ARCO Hospita/nursing home to transport their patients as needed. The senior center has a vehicle to pick up those coming to the meal site but we have offered our services if they need them. It is a very smal rural area and there are not many agenices/business to coordinate services with. A VVC representative attends Dist. 6 LMMN meetings when possible and also communicates with Jeff Osgood through emails.
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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 *	6A.D001
3 - Strategy Name *	Provide services connecting District 6 communities (Salmon/Challis - Idaho Falls; Shelley - Idaho Falls; Island Park-Aston-St. Anthony -Rexbury-Idaho Falls, Teton Valley - Idaho Falls)
4 - Project Name *	2013 Continuation of Services between Challis and Idaho Falls
5 - Please describe your project * (500 Characters Maximum)	This grant will allow LRAT to continue providing the current services that exist in the Lost River Area Corridor between Challis and Idaho Falls.
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 6
9 - List the Local Mobility Networks (LMMN) this project will serve.*	6 A & B
10 - Is this project dependent on any of your other projects? *	YES
Identify the other projects that are dependent on this one. (500 Characters)	We are applying for funding through 5310 for a new ADA mini-van to replace a 2005 ADA mini-van currently in use.
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)	N/A
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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	Included
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.	Included
3 - Drug Alcohol Policy	• If Applicable - You will need this if you are applying for 5311 funds.	Included
4 - Board of Directors Information	• Meeting Schedule • Board Contact Information	Included
5 - Vehicle Replacement Plan	• If you are purchasing a new vehicle, you will need to have a replacement plan.	Included
6 - IRS Letter of Determination for 501(C)3 non-profit status	• If Applicable	Included

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:

SK

Name and Title	Sandy Kennelly, CEO	Date	1/16/2012
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