

MOBILITY ALL PROGRAM

Connecting Communities Empowering Lives

ENHANCED MOBILITY OF SENIORS AND INDIVIDUALS WITH DISABILITIES SECTION 5310 APPLICATION

Program Information, Eligibility, and Instructions

Program Information

The Enhanced Mobility of Seniors and Individuals with Disabilities program (Section 5310), administered by the Federal Transit Administration (FTA), supports transportation services planned, designed, and carried out to address the specific needs of older adults and people with disabilities. The RTA is the designated recipient of Section 5310 funds apportioned by FTA to the Detroit and Ann Arbor urbanized areas (UZAs). As the designated recipient, the RTA is responsible for administering Section 5310 funds in those areas, which make up part of the RTA region of Wayne, Oakland, Macomb, and Washtenaw counties.

There is approximately \$11.6 million dollars available for this call for projects for Fiscal Years 2025 and 2026. The RTA will not issue another call for projects until Fiscal Year (FY) 2027.

Eligibility

Please consult the [2024 FTA Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities Program Guidance and Application Instructions](#) to review the specific eligibility requirements prior to beginning this application.

Instructions

Applicants may submit no more than one application for the 2025-26 CFP using the fillable form below, which may include up to one (1) project for each of the four (4) request types. Only one project may be submitted for each request type (e.g., applicants may only submit one request for operating funds; if requesting operating funding for 2025 and 2026, request enough funding to cover both years). If requesting funds for a vehicle, the standard pricing information can be found at <https://www.michigan.gov/mdot/-/media/Project/Web-sites/MDOT/Travel/Mobility/Public-Transportation/Applications/File/Application-Instructions-Public-Transit-Programs-Estimated-Vehicle-Prices.pdf>. The applicant is responsible for obtaining a quote to determine the estimated cost of any capital item that differs from those that are listed. For any questions about filling out the application, contact info@rtamichigan.org.

The deadline to submit a completed application is **5:00 p.m. February 10, 2025**, applications received after this deadline will not be considered in the current funding round. Applications must be submitted by email with all required attachments (as separate files, do not merge) to info@rtamichigan.org or [online](#). The completed application PDF must be saved and submitted with the title "5310 Application - organization name.pdf" with your organization's name. Information necessary to complete the application includes:

1. Applicant Information
2. Service Information
3. Project Information (as applicable)
 - a. Capital - Vehicles (Replacement or New/Expanded Service)
 - b. Mobility Management

- c. Other Capital (Software/Hardware/Facilities/Shop Equipment/Pedestrian Improvements)
- d. Operating
- 4. Project Benefit
- 5. Performance Measures

Regardless of how many projects are included in the application, applicants must fill out all fields, except those marked as "(If Applicable)".

Applicants should complete the checklist below to ensure that they have supplied all materials required for a complete submittal. Applications lacking the attachments below may be deemed ineligible.

For applicants who are *NOT* direct recipients, and are applying as a subrecipient to DDOT, SMART or TheRide, please include a letter of support from either DDOT, SMART or TheRide as your federal sponsor.

For applicants providing a letter of match funding commitment, this commitment must include proof of funds for the local match, such as bank statements, commitment letters, approved budget documents, or resolutions from governing bodies, clearly demonstrating the availability and allocation of the required funds.

Required Submittal Package Checklist

Completed application (this PDF)	Transportation program budget
Letter of support from federal sponsor	Additional letters of support
Letter of match funding commitment (optional: projects with non-MDOT match only)	Vehicle inventory (optional: Capital – Vehicles only - see Appendix A)

Request Type (check all that apply)

Capital - Vehicles	Mobility Management
Other Capital	Operating

1. Applicant Information

Contact Information			
Legal Name of Applicant or Organization			UEI Number
Contact Person			
Address	City	State	ZIP
Telephone		E-Mail Address	
Website			

Entity Type

Area

Ann Arbor

City of Detroit

Suburban Detroit (Detroit UZA outside the City of Detroit)

2. Service Area and Transportation

What is your organization's service area (please provide specific municipal [city/township] names and zip codes)?

Describe transportation services currently provided by your organization (e.g., service offered; hours of operation; fares; booking processes):

Identify your organization's current vehicle inventory:

Vans	Vans w/ Lifts/Ramps	Minivans	Minivans w/ Lifts/Ramps
Buses	Buses w/ Lifts/Ramps	Cutaways	Cutaways w/Lifts/Ramps

How do people learn about your transportation program? What type of outreach is done for this program?

Ridership

What is your service area population (provide data source/year)?

	Number	Data Source	Year
Service Area Population			
Older Adults (60+ Years of Age)			
Persons with Disabilities			

How many unlinked customer trips did you provide in the last five full calendar years?

	2020	2021	2022	2023	2024
Unlinked Passenger Trips - All					
Unlinked Passenger Trips - Older Adults					
Unlinked Passenger Trips - Persons with Disabilities					

5310 Experience

Has your agency received vehicles from either DDOT, RTA, SMART, or TheRide before?

Yes No

Has your agency successfully received/spent operating dollars from either DDOT, RTA, SMART, or TheRide before?

Yes No

Over what period of time (in years), has your agency carried out a project similar to the one(s) described in this application? How many similar projects has your agency been involved in?

If your organization has received Section 5310 funds in the past, how do you measure your transportation program's effectiveness and what performance measures are used? (i.e., annual rides or trips provided, vehicle miles of service, cost per ride, cost per mile etc.). Please provide recent data to describe.

If your organization has received Section 5310 funds in the past, are there unspent funds from those grants? If so, please describe when the unspent funds were awarded to your organization and why they are unspent?

Capability

Describe your organization's experience, knowledge, technical and administrative ability, and financial capacity to successfully and efficiently manage federal grants.

RTA requests that you provide supporting financial documentation regarding your transportation program. What type of financial documentation has been included with this application? Please check all that apply

Transportation Program Budget (required)

Audited Financials

Other:

3. Project Information

Please complete the information inclusive of *all* projects included in your application before proceeding to detail the relevant individual projects in sections 3a-3d.

Note: as specified in instructions, all applications shall include a letter of funding commitment for match funds that are not to be provided by MDOT (e.g., for Mobility Management, Operating and over-matched projects).

Budget				
Year 1 (FY2025)				
	Total Amount Requested	Federal Amount (80%)	State/Local Match Amount (20%)	Match Source
Capital - Vehicles				
Mobility Management				
Other Capital				
	Total Amount Requested	Federal Amount (50%)	Local Match Amount (50%)	Match Source
Operating				
Year 2 (FY2026)				
	Total Amount Requested	Federal Amount (80%)	State/Local Match Amount (20%)	Match Source
Capital - Vehicles				
Mobility Management				
Other Capital				
	Total Amount Requested	Federal Amount (50%)	Local Match Amount (50%)	Match Source
Operating				

For Vehicles, Mobility Management, and Other Capital requests, please indicate your organization's priority for the timing in receiving funding:

- Funding priority is Year 1 funding
- Funding priority is Year 2 funding
- Funding priority is 50% Year 1 funding, and 50% Year 2 funding

For Operating requests, please indicate your organization's priority for the timing in receiving funding:

- Funding priority is Year 1 funding
- Funding priority is Year 2 funding
- Funding priority is 50% Year 1 funding, and 50% Year 2 funding

Project Description
<p>Briefly describe your overall application/project [include a description of all projects, each in its own paragraph(s)].</p>
<p>Please describe your plan and schedule for implementing the proposed project. Attach additional pages to the submittal email if necessary.</p>

3a. Capital – Vehicles (If Applicable)
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Select anticipated use(s) of vehicle(s):

Continue existing service(s)
 Expand current service(s)
 Offer new service(s)

How many vehicles are you requesting (*note: in addition to filling out this information, you must complete the inventory sheet, see Appendix A*)

Replacement: _____ New/Expansion: _____

For Replacement Request Only:

		Condition of Vehicle Being Replaced		
		Good	Fair	Poor
Local, DDOT, SMART, or TheRide Vehicle Number	VIN			

How would this project improve mobility or eliminate transportation barriers for seniors or people with disabilities (e.g., increase opportunities beyond ADA requirements; improve access to fixed route service, increase alternatives to public transportation)?

Describe how you are prepared to implement a potential grant award and estimate when new vehicle(s) would be in service:

3b. Mobility Management (If Applicable)

Select anticipated use(s) of investment:

Continue existing service(s) Expand current service(s) Offer new service(s)

How will your project address gaps in providing mobility and scheduling information and/or trip planning tools to the target population or other potential riders beyond existing customers? If it does not, it does not qualify as mobility management (for instance, continuing a call center that serves existing customers should be an operational request).

Describe the associated project costs (e.g., mobility manager or travel training personnel costs, coordinating technology, other eligible supporting costs):

Describe how you are prepared to implement a potential grant award and estimate when your mobility management service would be available:

3c. Other Capital - Software/Hardware/Facilities/Shop Equipment/Pedestrian Improvements (If Applicable)

Select anticipated use(s) of investment:

Continue existing service(s) Expand current service(s) Offer new service(s)

Select the type of Other Capital requested (select only one):

Software Hardware Facilities Shop Equipment Pedestrian Improvements

Briefly describe your Other Capital request (e.g., quantity, purpose) and your plan for procuring and deploying the Other Capital request:

How would this project improve mobility or eliminate transportation barriers for older adults or people with disabilities (e.g., increase opportunities beyond ADA requirements; improve access to fixed route service, increase alternatives to public transportation)?

For Software/Hardware/Shop Equipment purchases, explain how the use of this equipment would improve service and how it complements other services that your organization or other providers offer:

For Facilities and Pedestrian improvements, please identify how the project benefits will be allocated to the target population:

Describe how you are prepared to implement a potential grant award and estimate when new equipment, etc. would be in service:

3d. Operating (If Applicable)

Select anticipated use(s) of investment:

Continue existing service(s) Expand current service(s) Offer new service(s)

Describe the Operating project, the anticipated riders served, and operating area. *Note: this shall not be used to replace other available funding:*

How does this Operating project improve mobility or eliminate transportation barriers for older adults or people with disabilities? In particular, explain how this proposed project/service goes beyond what is required by ADA, improves fixed route service, or offers a new alternative to public transportation for older adults or people with disabilities.

If your Operating project provides rides or vouchers, please provide an estimated number of annual rides (one-way trips) to be provided as a result of this project.

Describe how you are prepared to implement a potential grant award and estimate when your Operating project would be available:

Please describe local support for this project. For example, are other local organizations involved in the proposed project? Do you have letters of support from local organizations? Was this project identified as a local priority as a result of public outreach? Is your organization providing more than the required local share of funding for the project? Submit additional documentation if desired.

Sustainability

Is funding available to support the project after the end of the 5310 grant period? If so, what is the source of that funding?

Other

Please provide any additional comments

5. Performance Measures

Please describe how your organization plans to collect information to monitor *all* projects in your application.

Performance Measures
<p>Please describe how your organization will monitor project success, quality control and/or customer satisfaction related to implementing the proposed project. Include in your description measurable indicators that you propose to use (i.e., annual rides or trips provided, vehicle miles of service, cost per ride and/or cost per mile etc.).</p>

Certification of Application

I do hereby certify this Enhanced Mobility of Seniors and Individuals with Disabilities Section 5310 Application to the Regional Transit Authority of Southeast Michigan (RTA).

Name

Email

Date

Title

Organization Name

Signature

