

**Grafton-Coos Regional Coordinating Council  
via Zoom**

**January 31, 2025**

**10:00AM**

**<https://us02web.zoom.us/j/86790622311>**

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**Agenda**

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1. Roll Call
2. Approve Meeting Minutes for November 8, 2024\*\*
3. Section 5310 RCC Funding
  - a. Overview
  - b. Allocation
  - c. Preliminary Requests
4. Section 5310 Capital Funding
  - a. Overview / Notice
  - b. Grafton County Senior Citizens Council Application
5. 5310 10% Increase\*\*
6. Mobility Manager Update
7. Other Business
  - a. Transportation Safety Action Plan (SAP) Survey
  - b. Community Transportation Needs Assessment (CTNA)
  - c. New Member Outreach
8. Adjourn

\*\*Indicates that a vote of the RCC membership may be required

Next Meeting:  
February 14<sup>th</sup>, 2025 (tentative)

Join Zoom Meeting  
<https://us02web.zoom.us/j/86790622311>

Meeting ID: 867 9062 2311

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One tap mobile

+13126266799,,86790622311# US (Chicago)

+16465588656,,86790622311# US (New York)

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Dial by your location

- +1 312 626 6799 US (Chicago)
- +1 646 558 8656 US (New York)
- +1 646 931 3860 US
- +1 301 715 8592 US (Washington DC)
- +1 305 224 1968 US
- +1 309 205 3325 US
- +1 360 209 5623 US
- +1 386 347 5053 US
- +1 507 473 4847 US
- +1 564 217 2000 US
- +1 669 444 9171 US
- +1 669 900 9128 US (San Jose)
- +1 689 278 1000 US
- +1 719 359 4580 US
- +1 253 205 0468 US
- +1 253 215 8782 US (Tacoma)
- +1 346 248 7799 US (Houston)

Meeting ID: 867 9062 2311

Find your local number: <https://us02web.zoom.us/j/86790622311>



*William Cass, P.E.  
Commissioner*

*THE STATE OF NEW HAMPSHIRE  
DEPARTMENT OF TRANSPORTATION*



*David Rodrigue, P.E.  
Assistant Commissioner  
Andre Briere, Colonel, USAF (RET)  
Deputy Commissioner*

Date: January 21, 2025

To: Regional Coordination Councils and Lead Agencies

From: Fred Butler, Public Transportation Administrator

Re: SFY 2026-2027 FTA SECTION 5310 RCC PROGRAM APPLICATIONS – **Due March 6, 2025**

**GENERAL INFORMATION**

The Department of Transportation announces the availability of Federal Transit Administration (FTA) Section 5310 "Enhanced Mobility of Seniors & Individuals with Disabilities" funds specifically made available to the eight NH Regional Coordinating Councils (RCCs) to support coordinated transportation services in their [regions](#). These funds are allocated by formula distribution to each region but will not supplant the traditional Statewide 5310 Capital (vehicle) program.

This solicitation will result in a new two-year contract for each region. Each RCC must identify a single Lead Agency that will apply for these funds on behalf of the region by submitting a 5310 RCC Program application with required attachments. The Lead Agency must ensure their application clearly illustrates the regional scope of services to be provided with these funds. Regions must meet to discuss the existing projects, evaluate what is and isn't working, and make decisions for the next two years relative to the Lead Agency and projects.

Projects shall be derived from the locally developed coordinated public transit-human plan to maximize the program's collective coverage by minimizing duplication of services (per FTA Circular [C9070.1H](#) Chapter II).

**ELIGIBLE PROJECTS**

The following project types are eligible for the Section 5310 RCC funds:

- **Administrative/mobility management projects (other than Regional MM)** (80% Fed)
- **Contracted services (operating)** (80% Fed)
- **Regional Mobility Managers** (80% Fed; Effective 100% Fed pending toll credit approval)
  - This includes wages, benefits, overhead/indirect costs, and direct expenses associated with the Regional Mobility Manager only. Support staff are not eligible for toll credits.

Projects are eligible at 80% Federal/20% Local funding given FTA's concurrence that the Department is in effect purchasing transportation services from each region. Thus, any operating expenses, whether incurred by a Lead Agency or a contracted provider within the region, are eligible up to a maximum 80%/20% ratio.

**Notes:**

- 1) Currently funded Mobility Management (MM) activities remain eligible and are further defined in the Department's accompanying guidance on NHDOT's grants [website](#).
- 2) Properly documented in-kind match is permitted consistent with Federal [guidelines](#) and accompanying Department [guidance](#). As in-kind match requires FTA approval, ONLY in-kind match approved during the application process will be allowed without written approval from NHDOT.

**AVAILABLE FUNDING**

The total funding available for regional distribution is **\$2,948,300** per State Fiscal Year (SFY). The regionally allocated funds being made available under this solicitation are comprised of apportioned FTA Section 5310 funds as well as Federal Highway Administration (FHWA) "Flex" funds transferred to FTA to supplement 5310-related service statewide. All Flex funds are contingent upon transfer approval by FHWA and FTA.

The funding was allocated by region based on previous contract amounts, with allocations based on 1) regional populations of seniors (65+) and those between the ages of 0-64 with disabilities, 2) lane miles and land area, and 3) a base of \$120K per region for administration/mobility management needs.

A summary of the Federal funding available to each region is as follows:

5310 RCC FUNDS		Available FTA Funds SFY 2026 (July 1, 2025 – June 30, 2026)	Available FTA Funds SFY 2027 (July 1, 2026 – June 30, 2027)
Region 1	Grafton-Coos	\$385,500	\$385,500
Region 2	Carroll County	\$233,000	\$233,000
Region 3	Mid-State	\$506,800	\$506,800
Region 4	Sullivan County	\$208,400	\$208,400
Region 5	Southwest/Monadnock Region	\$304,200	\$304,200
Region 7	Nashua Region	\$206,300	\$206,300
Region 8	Southern NH Region	\$543,100	\$543,100
Region 10	ACT (Seacoast) Region	\$561,000	\$561,000
Total		<b>\$2,948,300</b>	<b>\$2,407,800</b>

Note: Nashua UZA also receives directly apportioned 5310 funding not included in the amounts listed.

**APPLICATION DUE DATE & ADDITIONAL INFORMATION**

Applications for the RCC-allocated funds may be submitted to the Department at any time before Thursday, March 6, 2025, to ensure a contract start date of July 1, 2025. Applications submitted after that date may result in a contract that does not receive Governor & Council approval until after July 1st and will therefore result in a contract that will not go in effect until the date of that subsequent G&C meeting.

Submit applications via email to Fred Butler, Public Transportation Administrator, at [Frederick.J.Butler@dot.nh.gov](mailto:Frederick.J.Butler@dot.nh.gov). Be sure to include all required attachments with the application.

For more information about the FTA Section 5310 funds distributed via RCCs, please visit NHDOT's grants [webpage](#) or contact Fred Butler via email or via phone at 603-271-2565.

# FTA SECTION 5310 (COMBINED) RCC GRANT APPLICATION

## SFY 2026-2027

### (JULY 1, 2025 – JUNE 30, 2027)

<b>SECTION I – REGIONAL COORDINATION COUNCIL INFORMATION</b>
RCC Region: Choose an item.
RCC Chair Name, Agency & Email:
RCC Website URL:
Regional Mobility Manager Name & Agency:
Federal Funds Requested:
Federal Funds Awarded (NHDOT to complete):

<b>SECTION II – LEAD AGENCY INFORMATION</b>		
<b>1. CONTACT INFORMATION</b>		
Legal Name of Lead Agency:		
Address:		
SAM.gov #:Click or tap here to enter text.	SAM.gov exp. date:	
Congressional District:	Tax ID#:	Website URL*:
Name & Title of Primary Contact:		
Phone #:	Email:	Agency Type: Choose an item.
Name & Title of Head of Agency:		
Phone #:	Email:	

*\*Required Title VI (Civil Rights)/ADA information should be easily found on website. Contact NHDOT for assistance/guidance if needed.*

<b>2. CIVIL RIGHTS (TITLE VI) INFORMATION <i>(all applicants)</i></b>
a. List minority population and percentage within each town/city in the RCC region. (Work with Regional Planning Commission or contact NHDOT if needed. At a minimum, NHDOT will assist applicants with identifying minority populations in the service area per FTA Circular 4702 Chapter V.)
b. Equitable distribution of funds is a federal requirement as detailed in FTA's Title VI Circular 4702.1B Chapter V. Provide details related to how the region ensures minority populations are not being denied the benefits of or excluded from participation in the proposed project. For example, Per Chapter V, equitable distribution can be achieved by engaging in outreach to diverse stakeholders regarding the availability of funds and ensuring the process itself is not a barrier to selection of minority applicants. Discuss such outreach efforts both at the agency level as well as the RCC level.
c. Describe any active lawsuits or complaints alleging discrimination on the basis of race, color, or national origin with respect to transportation services.
d. What civil rights compliance review activities of your agency that have been conducted in the past three years, and what compliance review activities has your agency conducted on its subrecipients, if any?
e. Describe your agency's Title VI (Civil Rights) notification process and complaint tracking policies and procedures.

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<b>3. MANAGEMENT AND EXPERIENCE <i>(new lead agencies only; existing lead agencies skip to Section III)</i></b>
a. What experience does your agency have with transportation services?
b. Who are the project staff personnel that will administer this grant? Describe their

experience managing FTA grants, other Federal grant, and state funds.		
NAME	POSITION/TITLE	EXPERIENCE

*\*NHDOT will address compliance as part of review process.*

<b>4. TRAINING (new lead agencies only; existing lead agencies skip to Section III)</b>
What are your training programs for transportation staff, including those of all providers included in proposed contracted/purchased service arrangements?

*\*NHDOT will address compliance as part of review process.*

<b>5. FTA COMPLIANCE OVERSIGHT (new lead agencies only; existing lead agencies skip to Section III)</b>
<p>Perhaps the most important role of a lead agency is to ensure <b>FTA compliance</b> of all services within the region. While NHDOT will provide ongoing assistance, the lead agency must provide oversight of all subrecipients within the region. This will include, for example, ensuring all subrecipients/contractors request reimbursement only for eligible costs per 2 CFR 200, each subrecipient has a Title VI plan in place, etc. <i>(For RCC purposes, a subrecipient is an organization that receives Federal funding passed through the lead agency based on an RCC vote. A contractor has a profit motive and is awarded funding based on a competitive solicitation.)</i></p>
a. Who will be primarily responsible for FTA compliance oversight?
b. What experience/training does this person have?

<p>c. How will your agency ensure that any subrecipients will remain in compliance with all applicable FTA requirements in general?</p>
<p>d. What specific policies and procedures are in place to ensure that all invoices submitted by subrecipients contain only eligible expenses under FTA guidelines? Please include applicable standard(s).</p>

### SECTION III – PROJECT INFORMATION

#### 1. DETAILED PROJECT DESCRIPTION

For each project (starting on the next page), please include a detailed narrative describing each individual project and include a justification for the budgeted amount identified for this project/activity on the corresponding RCC invoice spreadsheet.



<b>PROJECT 1</b>					
<b>Agency Legal Name</b>		<b>Agency Nickname (dba)</b>			
<b>Primary Contact Name</b>	<b>Primary Contact Phone #</b>	<b>Primary Contact Email</b>	<b>SAM.GOV#</b>	<b>SAM.GOV Expiration Date</b>	
<b>Provider Address</b>	<b>City &amp; Zip Code</b>	<b>Tax ID#</b>	<b>Website (must include required Title VI/ADA elements)</b>		
<b>LEAD AGENCY SUBRECIPIENT DOCUMENT VERIFICATION (lead agency to obtain/keep on file/provide upon request as applicable)</b>					
<b>501(c)(3)-Nonprofit Status</b>	<b>Financial Audit/Statement</b>	<b>NH Secretary of State Certificate of Good Standing</b>	<b>Certificate of Insurance (must include Auto, General, and Workers Comp thresholds per RCC standards)</b>	<b>Title VI</b>	<b>EEO (if applicable)</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Project Type</b>		<b>Project Description</b>	<b>Will In-Kind match be utilized? If so, please provide the source(s).</b>		
Choose an item.		Choose an item.			
<b>Detailed Project Narrative (Please include duties, goals, days, times, towns, trip purpose limitations, etc., as applicable)</b>					
<b>What is the need for this project? How did the Regional Coordination Council (RCC) identify the need?</b>					
<b>Provide the following details regarding the Coordinated Public Transit-Human Services Transportation Plan(s) this project is included in: Plan Name(s) &amp; Page #(s):</b>					
<b>How does this project meet the needs and strategies addressed in the locally developed coordinated plan(s) referenced above? Be specific.</b>					
<b>How will you know if the project is successful? Please list specific performance measures.</b>					
<b>Please provide a list of personnel other than drivers who will be either fully or partially funded through this grant project.<sup>1</sup></b>					
<b>Title:</b>	<b>Name:</b>	<b>Partially/Fully?</b>	<b>If partially funded, how?</b>		
<b>Title:</b>	<b>Name:</b>	<b>Partially/Fully?</b>	<b>If partially funded, how?</b>		
<b>Title:</b>	<b>Name:</b>	<b>Partially/Fully?</b>	<b>If partially funded, how?</b>		

<sup>1</sup> Note: [2 CFR 200.430\(i\)](#), "Standards for Documentation of Personnel Expenses," does not allow for estimating allocated costs between multiple funding sources. Time sheets provide the cleanest solution but are cumbersome. If time sheets will not be kept, the agency must include an Indirect Cost Allocation Plan, as approved by the cognizant Federal agency (usually DHHS based on amount of Federal funding received), with this application. Few exceptions apply. Contact NHDOT for details.

<b>PROJECT 2</b>					
<b>Agency Legal Name</b>		<b>Agency Nickname (dba)</b>			
<b>Primary Contact Name</b>		<b>Primary Contact Phone #</b>	<b>Primary Contact Email</b>	<b>SAM.GOV#</b>	<b>SAM.GOV Expiration Date</b>
<b>Provider Address</b>		<b>City &amp; Zip Code</b>	<b>Tax ID#</b>	<b>Website (must include required Title VI/ADA elements)</b>	
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>Please provide a list of personnel other than drivers who will be either fully or partially funded through this grant project.<sup>2</sup></b>					
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<b>Provider Address</b>	<b>City &amp; Zip Code</b>	<b>Tax ID#</b>	<b>Website (must include required Title VI/ADA elements)</b>		
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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>Provider Address</b>		<b>City &amp; Zip Code</b>	<b>Tax ID#</b>	<b>Website (must include required Title VI/ADA elements)</b>	
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<b>Provider Address</b>		<b>City &amp; Zip Code</b>	<b>Tax ID#</b>	<b>Website (must include required Title VI/ADA elements)</b>	
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>PROJECT 6</b>					
<b>Agency Legal Name</b>		<b>Agency Nickname (dba)</b>			
<b>Primary Contact Name</b>		<b>Primary Contact Phone #</b>	<b>Primary Contact Email</b>	<b>SAM.GOV#</b>	<b>SAM.GOV Expiration Date</b>
<b>Provider Address</b>		<b>City &amp; Zip Code</b>	<b>Tax ID#</b>	<b>Website (must include required Title VI/ADA elements)</b>	
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Project Type</b>		<b>Project Description</b>		<b>Will In-Kind match be utilized? If so, please provide the source(s).</b>	
Choose an item.		Choose an item.			
<b>Detailed Project Narrative (Please include duties, goals, days, times, towns, trip purpose limitations, etc., as applicable)</b>					
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<b>Provide the following details regarding the Coordinated Public Transit-Human Services Transportation Plan(s) this project is included in: Plan Name(s) &amp; Page #(s):</b>					
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<b>Please provide a list of personnel other than drivers who will be either fully or partially funded through this grant project.<sup>6</sup></b>					
<b>Title:</b>	<b>Name:</b>	<b>Partially/Fully?</b>	<b>If partially funded, how?</b>		
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<b>Title:</b>	<b>Name:</b>	<b>Partially/Fully?</b>	<b>If partially funded, how?</b>		

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<b>PROJECT 7</b>					
<b>Agency Legal Name</b>		<b>Agency Nickname (dba)</b>			
<b>Primary Contact Name</b>		<b>Primary Contact Phone #</b>	<b>Primary Contact Email</b>	<b>SAM.GOV#</b>	<b>SAM.GOV Expiration Date</b>
<b>Provider Address</b>		<b>City &amp; Zip Code</b>	<b>Tax ID#</b>	<b>Website (must include required Title VI/ADA elements)</b>	
<b>LEAD AGENCY SUBRECIPIENT DOCUMENT VERIFICATION (lead agency to obtain/keep on file/provide upon request as applicable)</b>					
<b>501(c)(3)-Nonprofit Status</b>	<b>Financial Audit/Statement</b>	<b>NH Secretary of State Certificate of Good Standing</b>	<b>Certificate of Insurance (must include Auto, General, and Workers Comp thresholds per RCC standards)</b>	<b>Title VI</b>	<b>EEO (if applicable)</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Project Type</b>		<b>Project Description</b>		<b>Will In-Kind match be utilized? If so, please provide the source(s).</b>	
Choose an item.		Choose an item.			
<b>Detailed Project Narrative (Please include duties, goals, days, times, towns, trip purpose limitations, etc., as applicable)</b>					
<b>What is the need for this project? How did the Regional Coordination Council (RCC) identify the need?</b>					
<b>Provide the following details regarding the Coordinated Public Transit-Human Services Transportation Plan(s) this project is included in: Plan Name(s) &amp; Page #(s):</b>					
<b>How does this project meet the needs and strategies addressed in the locally developed coordinated plan(s) referenced above? Be specific.</b>					
<b>How will you know if the project is successful? Please list specific performance measures.</b>					
<b>Please provide a list of personnel other than drivers who will be either fully or partially funded through this grant project.<sup>7</sup></b>					
<b>Title:</b>	<b>Name:</b>	<b>Partially/Fully?</b>	<b>If partially funded, how?</b>		
<b>Title:</b>	<b>Name:</b>	<b>Partially/Fully?</b>	<b>If partially funded, how?</b>		
<b>Title:</b>	<b>Name:</b>	<b>Partially/Fully?</b>	<b>If partially funded, how?</b>		

<sup>7</sup> Note: [2 CFR 200.430\(i\)](#), "Standards for Documentation of Personnel Expenses," does not allow for estimating allocated costs between multiple funding sources. Time sheets provide the cleanest solution but are cumbersome. If time sheets will not be kept, the agency must include an Indirect Cost Allocation Plan, as approved by the cognizant Federal agency (usually DHHS based on amount of Federal funding received), with this application. Few exceptions apply. Contact NHDOT for details.



<b>PROJECT 8</b>					
<b>Agency Legal Name</b>		<b>Agency Nickname (dba)</b>			
<b>Primary Contact Name</b>	<b>Primary Contact Phone #</b>	<b>Primary Contact Email</b>	<b>SAM.GOV#</b>	<b>SAM.GOV Expiration Date</b>	
<b>Provider Address</b>	<b>City &amp; Zip Code</b>	<b>Tax ID#</b>	<b>Website (must include required Title VI/ADA elements)</b>		
<b>LEAD AGENCY SUBRECIPIENT DOCUMENT VERIFICATION (lead agency to obtain/keep on file/provide upon request as applicable)</b>					
<b>501(c)(3)-Nonprofit Status</b>	<b>Financial Audit/Statement</b>	<b>NH Secretary of State Certificate of Good Standing</b>	<b>Certificate of Insurance (must include Auto, General, and Workers Comp thresholds per RCC standards)</b>	<b>Title VI</b>	<b>EEO (if applicable)</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Project Type</b>		<b>Project Description</b>	<b>Will In-Kind match be utilized? If so, please provide the source(s).</b>		
Choose an item.		Choose an item.			
<b>Detailed Project Narrative (Please include duties, goals, days, times, towns, trip purpose limitations, etc., as applicable)</b>					
<b>What is the need for this project? How did the Regional Coordination Council (RCC) identify the need?</b>					
<b>Provide the following details regarding the Coordinated Public Transit-Human Services Transportation Plan(s) this project is included in: Plan Name(s) &amp; Page #(s):</b>					
<b>How does this project meet the needs and strategies addressed in the locally developed coordinated plan(s) referenced above? Be specific.</b>					
<b>How will you know if the project is successful? Please list specific performance measures.</b>					
<b>Please provide a list of personnel other than drivers who will be either fully or partially funded through this grant project.<sup>8</sup></b>					
<b>Title:</b>	<b>Name:</b>	<b>Partially/Fully?</b>	<b>If partially funded, how?</b>		
<b>Title:</b>	<b>Name:</b>	<b>Partially/Fully?</b>	<b>If partially funded, how?</b>		
<b>Title:</b>	<b>Name:</b>	<b>Partially/Fully?</b>	<b>If partially funded, how?</b>		

<sup>8</sup> Note: [2 CFR 200.430\(i\)](#), "Standards for Documentation of Personnel Expenses," does not allow for estimating allocated costs between multiple funding sources. Time sheets provide the cleanest solution but are cumbersome. If time sheets will not be kept, the agency must include an Indirect Cost Allocation Plan, as approved by the cognizant Federal agency (usually DHHS based on amount of Federal funding received), with this application. Few exceptions apply. Contact NHDOT for details.



<b>PROJECT 9</b>					
<b>Agency Legal Name</b>		<b>Agency Nickname (dba)</b>			
<b>Primary Contact Name</b>		<b>Primary Contact Phone #</b>	<b>Primary Contact Email</b>	<b>SAM.GOV#</b>	<b>SAM.GOV Expiration Date</b>
<b>Provider Address</b>		<b>City &amp; Zip Code</b>	<b>Tax ID#</b>	<b>Website (must include required Title VI/ADA elements)</b>	
<b>LEAD AGENCY SUBRECIPIENT DOCUMENT VERIFICATION (lead agency to obtain/keep on file/provide upon request as applicable)</b>					
<b>501(c)(3)-Nonprofit Status</b>	<b>Financial Audit/Statement</b>	<b>NH Secretary of State Certificate of Good Standing</b>	<b>Certificate of Insurance (must include Auto, General, and Workers Comp thresholds per RCC standards)</b>	<b>Title VI</b>	<b>EEO (if applicable)</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Project Type</b>		<b>Project Description</b>		<b>Will In-Kind match be utilized? If so, please provide the source(s).</b>	
Choose an item.		Choose an item.			
<b>Detailed Project Narrative (Please include duties, goals, days, times, towns, trip purpose limitations, etc., as applicable)</b>					
<b>What is the need for this project? How did the Regional Coordination Council (RCC) identify the need?</b>					
<b>Provide the following details regarding the Coordinated Public Transit-Human Services Transportation Plan(s) this project is included in: Plan Name(s) &amp; Page #(s):</b>					
<b>How does this project meet the needs and strategies addressed in the locally developed coordinated plan(s) referenced above? Be specific.</b>					
<b>How will you know if the project is successful? Please list specific performance measures.</b>					
<b>Please provide a list of personnel other than drivers who will be either fully or partially funded through this grant project.<sup>9</sup></b>					
<b>Title:</b>	<b>Name:</b>	<b>Partially/Fully?</b>	<b>If partially funded, how?</b>		
<b>Title:</b>	<b>Name:</b>	<b>Partially/Fully?</b>	<b>If partially funded, how?</b>		
<b>Title:</b>	<b>Name:</b>	<b>Partially/Fully?</b>	<b>If partially funded, how?</b>		

<sup>9</sup> Note: [2 CFR 200.430\(i\)](#). "Standards for Documentation of Personnel Expenses," does not allow for estimating allocated costs between multiple funding sources. Time sheets provide the cleanest solution but are cumbersome. If time sheets will not be kept, the agency must include an Indirect Cost Allocation Plan, as approved by the cognizant Federal agency (usually DHHS based on amount of Federal funding received), with this application. Few exceptions apply. Contact NHDOT for details.

## 2. REGIONAL PROJECT OVERVIEW

Provide the following information. Please be sure to reference specific projects if there is a project-to-project variance.

a. How did the RCC determine priorities for the Region's 5310 RCC Funds?






b. Describe any eligibility limitations on passengers who will be served. (Age? Disability?)

c. Medicaid trips/trips for passengers who are eligible for Medicaid are NOT allowed. (We realize this has happened in the past, and that it's difficult to turn folks away who have legitimate issues with the Medicaid system of service delivery, but it is important to have Medicaid-eligible folks utilize and/or highlight the need for change in the Medicaid program rather than use precious 5310 funds.) How does the region ensure that trips provided via this FTA Section 5310 funding is not used for Medicaid-eligible trips? Please provide details.

### 3. SUPPLEMENTAL INFORMATION

Provide any additional information that may help explain your project or elaborate on previous answers, up to two pages per project.

<b>SECTION IV – DOCUMENTATION &amp; SIGNATURE</b>		
<b>1. ATTACHMENTS CHECKLIST</b>		
<b>Please attach each of these additional items to the emailed application. PLEASE LABEL EACH ATTACHMENT ACCORDING TO THE LABEL NUMBER PROVIDED.</b>		
<b>APPLICATION DOCUMENTATION</b>		
✓	Label	Description
<input type="checkbox"/>	<b>1</b>	<b>RCC Meeting Minutes</b> showing agency’s designation as the lead agency by the RCC (This is must have been in the previous six months as it is required for every new two-year contract period.)
<input type="checkbox"/>	<b>2</b>	<b>RCC Meeting Minutes</b> showing approval for all proposed projects, including approval of budgets for each project/provider
<input type="checkbox"/>	<b>3</b>	<b>Governmental Authority Certification</b> – Applicable to RCCs with lead agencies that are gov’t authorities rather than nonprofit organizations. Form posted on NHDOT’s FTA grants webpage.
<input type="checkbox"/>	<b>4</b>	<b>RCC Program Invoice &amp; Budget</b> – A single completed invoice that contains all projects for the region based on projected number of trips, rates, and sources of match approved at RCC meeting. <ul style="list-style-type: none"> <li>▪ <i>The total on this attachment will be used as the official breakdown of how the region intends to utilize its allocated funding</i></li> <li>▪ <i>The totals should match the totals in the project information within this application (Section III)</i></li> <li>▪ <i>This template will serve as the basis for the region’s invoice that will be submitted to NHDOT monthly for operating reimbursement</i></li> <li>▪ <i>Note that there are multiple tabs.</i></li> <li>▪ <i>Each subrecipient that has mobility management expenses should fill out its own and provide it to lead agency for compiling into combined submission to NHDOT</i></li> <li>▪ <i>Must show line-by-line breakdown of how funds will be utilized</i> <ul style="list-style-type: none"> <li>○ <i>Mobility management line item can ONLY be used for contracted MM services via competitive procurement</i></li> </ul> </li> </ul>
<input type="checkbox"/>	<b>5</b>	<b>Source &amp; verification of required matching funds</b> <ul style="list-style-type: none"> <li>• Cash match requires letters noting match commitment from the agency that will provide the cash match</li> <li>• In-Kind match requires that rate documentation must be provided in accordance with NHDOT In-Kind match guidance)               <ul style="list-style-type: none"> <li>○ (i.e., Who is providing the match, rate, contributed service, and how contributions will be tracked)</li> </ul> </li> </ul> <b>Resources:</b> <ul style="list-style-type: none"> <li>• NHDOT in-kind match <a href="#">guidance</a></li> <li>• Local Matching Funds <a href="#">Frequently Asked Questions</a></li> <li>• 5010.1F <a href="#">Circular</a> – Match Section VI-5</li> </ul>
<input type="checkbox"/>	<b>6</b>	<b>Public Notice of grant application --</b> NHDOT accepts/encourages pdf versions of

		the emailed “public notice” to all regional transportation providers, municipalities, and stakeholders. The public notice must address a call for projects related to the funding availability. A scanned copy of a notice published in a newspaper of regional significance is also accepted.
<input type="checkbox"/>	<b>7</b>	<b>Coordinated Public Transit-Human Services Transportation Plan(s)</b> – Coordinated plans need to update every five years (four years in air quality non-attainment areas). While NHDOT is planning a statewide Plan, in the interim, existing plans will need to be referenced in the FTA grant application. Regions are required to post their plans on the KeepNHMoving <a href="#">website</a> within the Resources tab on each region’s page. Please provide a link to the corresponding page.
<input type="checkbox"/>	<b>8</b>	<b>Title VI plans</b> - Board-approved for lead agency AND all subrecipients. <i>Links to websites are preferred.</i>
<input type="checkbox"/>	<b>9</b>	<b>Indirect Cost Allocation Plan</b> approved by <a href="#">Cognizant Agency</a> (if applicable): This affects the ability to include any indirect costs within any fully allocated costs, etc. If plan has not been approved, or is not current, a draft of the plan is to be provided. If project is awarded funding, a final, approved version must be submitted prior to reimbursement of any indirect costs.
<input type="checkbox"/>	<b>10</b>	<b>Additional information</b> related to proposed transportation services: <ul style="list-style-type: none"> <li>▪ Include marketing materials that are used to notify potential customers/riders about the availability of service</li> <li>▪ These materials may include brochures, advertisements, website screen shots, letters, etc.</li> </ul>
<input type="checkbox"/>	<b>11</b>	<b>List of Board of Directors</b> (required for G&C submission)
<input type="checkbox"/>	<b>12</b>	<b>List of key project personnel &amp; salaries</b> (required for G&C submission)
<input type="checkbox"/>	<b>13</b>	<b>Resumes of staff involved in the project</b> (required for G&C submission)
<input type="checkbox"/>	<b>14</b>	<b>Certificate of Good Standing</b> – (renewed by April 1 <sup>st</sup> of each year)
<input type="checkbox"/>	<b>15</b>	<b>Certificate(s) of Insurance</b> – Must include workers’ compensation  SAMPLE CERTIFICATE OF INS
<input type="checkbox"/>	<b>16</b>	<b>Proof of 501(c) Non-Profit Status</b>
<input type="checkbox"/>	<b>17</b>	<b>New lead agencies only: Most recent financial audit of lead agency</b> ( <i>Link to website is preferred</i> )
<b>CONTRACT DOCUMENTATION – For information only; Pending application approval</b>		
<input type="checkbox"/>	<b>1</b>	<b>P-37</b> – signed and notarized
<input type="checkbox"/>	<b>2</b>	<b>Exhibit A</b> – scope of services – dated and initialed
<input type="checkbox"/>	<b>3</b>	<b>Exhibit B</b> – payment terms – dated and initialed
<input type="checkbox"/>	<b>4</b>	<b>Exhibit C</b> – special provisions – dated and initialed
<input type="checkbox"/>	<b>5</b>	<b>Certificate of Vote/Authority</b> – signed the same day as the P-37/G-1     SAMPLE OF CERTIFICATE OF VO SAMPLE OF CORPORATE CERTIF SAMPLE OF CORPORATE CERTIF SAMPLE OF CORPORATE CERTIF

		 SAMPLE OF SOLE PROPRIETERSHIP CE
<input type="checkbox"/>	<b>6</b>	<b>Federal Clauses</b>

## 2. SIGNATURE

I certify that to the best of my knowledge the information in this application is true and accurate and that this organization has the necessary fiscal, legal, and managerial capability to implement and manage the project associated with this application.

Agency:

\*\*Authorized Agency Representative, Title:

\*\*Signature: \_\_\_\_\_ Date:

***\*\*Must be signed by someone with authority to sign contracts on behalf of your organization.***

EMAIL COMPLETED APPLICATION AND ATTACHMENTS TO  
[Frederick.J.Butler@dot.nh.gov](mailto:Frederick.J.Butler@dot.nh.gov)

Section 5310 Preliminary / Requested Funds		
Grafton County Senior Citizens Council	FY 26	FY 27
Estimated One-Way Trips		
Cost per Trip		
Mobility Management Activities		
Total Project Cost	\$ -	\$ -
<b>80% DOT Funds</b>	\$ -	\$ -
20% Match (ex: In-Kind Volunteer Time)	\$ -	\$ -
In-Kind Volunteer Hours		
In-Kind Volunteer Rate		
In-Kind Funds Available	\$ -	\$ -

Transport Central	FY 26	FY 27
Estimated One-Way Trips		
Cost per Trip		
Mobility Management Activities		
Total Project Cost	\$ -	\$ -
<b>80% DOT Funds</b>	\$ -	\$ -
20% Match (ex: In-Kind volunteer time, van signage, etc.)	\$ -	\$ -
In-Kind Volunteer Hours		
In-Kind Volunteer Rate		
In-Kind Funds Available	\$ -	\$ -

TCCAP	FY 26	FY 27
Estimated One-Way Trips		
Cost per Trip		
Mobility Management Activities		
Total Project Cost	\$ -	\$ -
<b>80% DOT Funds</b>	\$ -	\$ -
20% Match (ex: In-Kind Volunteer Time)	\$ -	\$ -
In-Kind Volunteer Hours		
In-Kind Volunteer Rate		
In-Kind Funds Available	\$ -	\$ -

NHDOT Set-Aside	FY26	FY27
Mobility Manager	\$ -	\$ -

Tri-County CAP (Lead Agency)	FY 26	FY 27
Total Amount of 5310 RCC Managed Funds*	\$ -	\$ -
Total Admin (15% of Total RCC Managed funds)	\$ -	\$ -
Admin (80% DOT Funds)	\$ -	\$ -
Admin (20% In-Kind Match)	\$ -	\$ -

	FY 26	FY 27
<b>Total CCRCC Project Cost</b>	\$ -	\$ -
<b>Total CCRCC 5310 Grant Request (80%)</b>	\$ -	\$ -
Total Match (20%)	\$ -	\$ -

FY24-25 Section 5310 Breakdown				
Organization	Type of Funding	FY24	FY25	Totals
TCCAP	Regional Mobility MGMT	\$ 50,000	\$ 50,000	\$ 100,000
TCCAP	Lead Agency	\$ 16,257	\$ 16,257	\$ 32,514
TCCAP	Mobility Management	\$ 13,532	\$ 13,532	\$ 27,064
TCCAP	Contracted Services	\$ 27,492	\$ 27,492	\$ 54,984
Grafton County Senior Citizens Council	Mobility Management	\$ 9,581	\$ 9,581	\$ 19,162
Grafton County Senior Citizens Council	Contracted Services	\$ 44,156	\$ 44,156	\$ 88,312
Transport Central	Mobility Management	\$ 52,245	\$ 52,245	\$ 104,490
Transport Central	Contracted Services	\$ 28,820	\$ 28,820	\$ 57,640
		\$ 242,083	\$ 242,083	\$ 484,166





William Cass, P.E.  
Commissioner

THE STATE OF NEW HAMPSHIRE  
DEPARTMENT OF TRANSPORTATION



David Rodrigue, P.E.  
Assistant Commissioner  
Andre Briere, Colonel, USAF (RET)  
Deputy Commissioner

**NOTICE OF AVAILABLE CAPITAL FUNDS: SFY 2025**

**November 13, 2024**

**FEDERAL TRANSIT ADMINISTRATION (FTA)**

**SECTION 5310**

**ENHANCED MOBILITY OF SENIORS AND INDIVIDUALS WITH DISABILITIES PROGRAM**

**Application Deadline: February 18, 2025**

The New Hampshire Department of Transportation, Bureau of Rail & Transit, announces the availability of applications for funding from the FTA Section [5310](#) (Enhanced Mobility of Seniors & Individuals with Disabilities) program.

	Estimated Available FTA Section 5310 Funding			<i>Note: Funding availability is approximate and is subject to change.</i>
	FFY 2024	Carryover	Total	
Rural/Statewide	\$161,013	\$322,000	\$483,013	
Small Urban areas	\$186,634	\$409,825	\$596,459	
Boston Urban area	\$23,056	\$66,961	\$90,017	
<b>Total</b>	<b>\$370,703</b>	<b>\$798,786</b>	<b>\$1,169,489</b>	

\*Statewide funds are primarily for rural areas not covered by Small & Large Urban area apportionments. Therefore, NHDOT reserves the right to prioritize rural projects with these funds and/or exclusively use & reserve these funds for rural projects.

NHDOT's Section 5310 Application and SFY 2025 Program Guidance is available on our website at:

<https://www.dot.nh.gov/projects-plans-and-programs/programs/fta-grants>

Applicants are subject to the requirements set forth in the Program Guidance as well as with Circular [C9070.1H](#). Any eligible agencies interested in participating in this program must submit an application via email to the Bureau of Rail & Transit at [Frederick.J.Butler@dot.nh.gov](mailto:Frederick.J.Butler@dot.nh.gov) by **February 18, 2025 @ 3:00 pm.**

## NHDOT SFY 2025 FTA Section 5310 Capital Grants Application

Agency: 0

Date: 1/0/1900

Total Fed Request: \$ -

### STEP 2: AGENCY SUMMARY

Does your agency receive FTA 5307 or 5311 funding? If so, STOP. You should apply for 5339 funds instead. Contact NHDOT for further information.

#### Section 1: Agency Information

a. Legal Name of Applicant Agency

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b. Agency Address

--

c. Agency Contact Information

Name of primary contact:	
Title of primary contact:	
Primary contact phone #:	
Primary contact email:	
Name of agency head:	
Title of agency head:	
Agency head phone #:	
Agency head email:	
Agency website URL:	
<a href="#">Agency SAM.Gov ID # (UEI):</a>	
<a href="#">Agency SAM.Gov Expir. Date:</a>	

d. RCC Contact Information

RCC Chairperson name:	
RCC Chairperson title & agency:	
RCC Chairperson email:	

e. Agency FTA Compliance Information *\* Note if you do not have this information available on a URL (website), please attach a PDF with this application.*

Financial/Single Audit URL:	
TAX-ID #:	
Title VI Plan/Info URL:	
Agency Type (nonprofit, etc.)	
<a href="#">Congressional District (1 or 2):</a>	

#### Section 2: Civil Rights Information (required for all applicants)

a. List minority population and percentage within each town/city in the agency's service area. (Work with Regional Planning Commission or contact NHDOT if needed. At a minimum, NHDOT will assist applicants with identifying minority populations in the service area per FTA Circular 4702 Chapter V.)

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b. Equitable distribution of funds is a federal requirement as detailed in FTA's Title VI Circular 4702.1B Chapter V. Work with the RCC as necessary to provide details related to how the region ensures minority populations are not being denied the benefits of or excluded from participation in the proposed project. For example, Per Chapter V, equitable distribution can be achieved by engaging in outreach to diverse stakeholders regarding the availability of funds and ensuring the process itself is not a barrier to selection of minority applicants. Discuss such outreach efforts both at the agency level as well as the RCC level.

--

c. Describe any active lawsuits or complaints alleging discrimination on the basis of race, color, or national origin with respect to transportation service

--

d. Describe civil rights compliance review activities of your agency that have been conducted in the past three years. Provide details of any findings and corrective actions.

--

e. Describe your agency's Title VI (Civil Rights) notification process and complaint tracking procedure. As this must be included in a written Title VI policy, a reference to a specific page number in the policy is acceptable.

--

**Section 3: Management & Experience (NOT required for replacement vehicles/equipment; proceed to Step 3 (next tab) if requesting replacement only, i.e., replacing a vehicle for which NHDOT holds the title as lienholder)**

a. What experience does your agency have with passenger transportation services, including services specific to seniors and individuals with disabilities? Please provide details including the previous year's budget for transportation-related programs.

(Tip: Use "ALT+ENTER" to start new paragraph.)

b. Who are the project staff that will administer this grant? Describe their experience managing FTA grants, other Federal grants, and state funds.

c. **NEW applicants only:** Compliance with Federal (and State) requirements is critical to all projects. Please demonstrate knowledge of, and commitment of adherence to, Federal compliance requirements as related to the project. How will the agency ensure that all the project will be administered in a compliant manner, including the timely submission of required reports? (NHDOT will review past compliance reviews for existing providers.)

**Section 4: Labor Information (NOT required for replacement vehicles/equipment; proceed to Step 3 if requesting replacement only)**

a. Provide a list of all transit providers (public and private) in the service area and indicate those with labor unions

**Section 5: Training (NOT required for replacement vehicles/equipment; proceed to Step 3 if requesting replacement only)**

a. Provide a summary of your agency's training program for transportation staff and the current status of training activities. Provide details related to topics, instructors, frequency.

**Section 6: Safety (NOT required for replacement vehicles/equipment; proceed to Step 3 if requesting replacement only)**

a. Provide a brief summary of your agency's safety plan for your transportation program.

**Section 7: Agency Service Level Info (NOT required for replacement vehicles/equipment; proceed to Step 3 if requesting replacement only)**

Agency-Wide Information	SFY 2023 (actual)	SFY 2024 (actual)	SFY 2025 (budgeted)	SFY 2026 (projected)
	(July 2022-June 2023)	(July 2023-June 2024)	(July 2024-June 2025)	(July 2025-June 2026)

Revenue Vehicle Hours				
Revenue Vehicle Miles				
Passenger Trips				

When completed, proceed to "Step 3 Project 1" tab, then fill in individual tabs for each project (Proj 1, Proj 2, etc.). Be sure to proceed to Steps 4 and 5 upon entering in all project info.

## NHDOT SFY 2025 FTA Section 5310 Capital Grants Application

Agency: Grafton County Senior Citizens Council, Inc.

Date: 1/27/2025

Total Fed Request: \$ 425,000

### STEP 1: SUMMARY OF PROJECTS (prioritized list)

Note: Each vehicle must be listed on a separate line unless they're to be used for the identical purpose, e.g., two vehicles are used for the same purpose. Other less expensive equipment, such as computer equipment, may be in larger quantities if used on same project/route as well.

ADA Accessible vehicles = 85% FTA funds; all other non-revenue vehicles and equipment is 80% FTA funds

State capital match is generally only made available for revenue vehicles and passenger amenities (e.g., shelters) unless explicitly in state capital budget.

Prioritized Requests	Item	Description (Seating capacity, model, etc)	Replacement or Expansion?	Quantity	Cost Per Unit**	TOTAL COST	Fed % (80/85/90%)	Fed Request	State Match (7.5% for vehicles)	Local Match Req'd	Source of Local Match
ex.	Small Cutaway Bus (12 pax)	12X2 Gasoline	Replacement	2	\$135,000	\$270,000	85%	\$ 229,500	\$ 20,250	\$ 20,250	\$X Agency & \$X town "x" funds
1	Small Cutaway Bus (8 pax)	8x2 Gasoline	Replacement	4	\$ 125,000	\$ 500,000	85%	\$ 425,000	\$ 37,500	\$ 37,500	\$37,500 through local fundraising and grants.
2						\$ -		\$ -	\$ -	\$ -	
3						\$ -		\$ -	\$ -	\$ -	
4						\$ -		\$ -	\$ -	\$ -	
5						\$ -		\$ -	\$ -	\$ -	
<b>Total # of items</b>	<b>1</b>					<b>Total Cost \$ 500,000</b>		<b>\$ 425,000</b>	<b>\$ 37,500</b>	<b>\$ 37,500</b>	

**When completed, proceed to "Step 2 Agency Info" tab, then fill in details on individual tabs for each project (Proj 1, Proj 2, etc.).**

**ADA accessible minivans will be considered as part of a pilot project, but will require details regarding how they will not detract from coordination efforts. Contact Fred Butler at NHDOT for more info.**

\*\*Please use the following estimated costs:

ADA-accessible minivans: \$90,000      Cutaways: 8 Pax: \$125,000;    12 Pax: \$135,000;    16 Pax: \$145,000;

ADA-accessible Ford Transits (Assumes AWD):    350EL (9 pax, 3 w/c, dual wheel): \$110,000    350 (8 pax, 2 w/c, single wheel): \$100,000

Eligible capital projects must comply with Circular 9070.IH and include the purchasing of ADA-accessible vehicles, capital equipment for bus maintenance and administrative facilities, bus rebuilds, passenger amenities such as passenger shelters and bus stop signs, transit-related ITS, accessory and miscellaneous equipment such as mobile radio units, fare boxes, and computer hardware/software. Cutaways and Ford Transits will generally be purchased through NH's Purchase and Property Bureau, with receiving agency entering into vehicle use agreement. Minivans must be procured by the applying agency in accordance with FTA "small purchase" requirements. AGENCIES MUST ENSURE THEIR PROCUREMENT POLICIES ARE UPDATED ACCORDINGLY. Contact Fred Butler at NHDOT for more info.

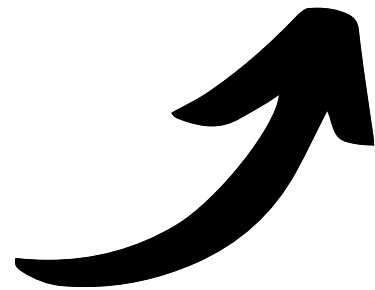
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