

FTA SECTION 5310 (COMBINED) RCC GRANT APPLICATION

SFY 2024-2025

(JULY 1, 2023 – JUNE 30, 2025)

SECTION I – REGIONAL COORDINATING COUNCIL INFORMATION
RCC Region: #1 Grafton-Coos
RCC Chair Name & Agency: Adams Carroll, Advance Transit
RCC Website URL: http://www.nccouncil.org/ncc-committees/gcrcc/
Regional Mobility Manager Name & Agency: Nichole McKeen, Tri County Community Action Program, Inc.
Federal Funds Requested: \$242,083.00 Per fiscal year
Federal Funds Awarded (NHDOT to complete):

SECTION II – LEAD AGENCY INFORMATION		
1. CONTACT INFORMATION		
Legal Name of Lead Agency: Tri County Community Action Program, Inc.		
Address: 30 Exchange St		
Berlin, NH 03570		
SAM.gov. #: F44JKSNJDJM6	SAM.gov exp. date: 3/30/2023	
Congressional District: 2	Tax ID#:02-0267404	Website URL*: www.tccap.org
Name & Title of Primary Contact: Jeanene McDonald, Director		
Phone #: 603-752-1741	Email: jmcdonald@tccap.org	Agency Type: non Profit
Name & Title of Head of Agency: Jeanne Robillard, CEO		
Phone #: 603-752-7001	Email: jrobillard@tccap.org	

**Required Title VI (Civil Rights)/ADA information should be easily found on website. Contact RLS & Associates – NHDOT's RTAP contractor – for assistance/guidance if needed.*

2. MANAGEMENT AND EXPERIENCE <i>(new lead agencies only; existing lead agencies skip to Section III)</i>		
a. What experience does your agency have with transportation services? Tri County CAP, has been operating transportation services for over 35 years both Public and Senior/Disabled Transportation in Coos, Grafton and Carroll Counties		
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
Jeanne Robillard	Chief Executive Officer	20+ years of experience with Federal and State Funds
Jeanene McDonald	Director of Transportation	7+ years of experience with Federal and State funds

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

3. CIVIL RIGHTS (TITLE VI) INFORMATION <i>(new lead agencies only; existing lead agencies skip to Section III)</i>	
a. List minority populations in the service area. Grafton County, New Hampshire (2020 U.S Decennial Census)	
Total Population	91,118
White	92.2%
Black	1.4%
American Indian/Alaska Native	0.4%
Asian	4.0%
Two or more Races	1.9%
Hispanic or Latino	2.7%
White Alone, not Hispanic or Latino	90.0%
Coos County, New Hampshire (2020 U.S Decennial Census)	
Total Population:	31,268
White alone	92.57%
Black or African American alone	1.68%
American Indian and Alaska Native alone	0.30%
Asian alone	0.65%
Native Hawaiian and Other Pacific Islander alone	0.01%
Some Other Race alone	0.50%
Population of two or more races:	4.30%

<p>b. Describe any active lawsuits or complaints alleging discrimination on the basis of race, color, or national origin with respect to transportation services.</p> <p>There are no current Lawsuits.</p>
<p>c. 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?</p> <p>Civil rights review completed by NHDOT and RLS & Associates in 2022</p>
<p>d. Describe your agency's Title VI (Civil Rights) notification process and complaint tracking policies and procedures.</p> <p>To make Tri County Transit riders aware of its commitment to Title VI compliance, and their right to file a civil rights complaint, we have presented the information in both English and French on our website, posters on board our buses and in our schedules and brochures. Tri County Transit has a complain form that can be filed with the Director of Transportation, Jeanene McDonald at 31 Pleasant Street, Berlin, NH 03570, or complaints may be made verbally by calling the Transportation Director at 603-752-1741. Tri County Transit investigates complaints received no more than 180 days after the alleged incident. Once the completed complaint is received, the Director will review it and the complainant will receive an acknowledgement letter informing them whether Tri County Transit will investigate the complaint. Tri County Transit has up to 30 days to investigate the complaint. After the investigation, one of two letters will be issued to the complainant. A closure letter which notifies the complainant that there was not a Title VI violation or a letter of finding (LOF) that details the allegations and explains the disciplinary action, additional training of the staff member or other action that will occur. If the complainant wishes to appeal the decision, he/she has ten days after the date of the letter or the LOF to do so. A person may also file a complaint directly with the Federal Transit Administration. Copies of all documentation are sent to NHDOT. NHDOT has a current copy of our Title VI policy.</p>

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

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

TCCAP's Transportation staff receives training in Passenger Assistance, Emergency Evacuation, and Defensive Driving upon hire and are required to take refresher courses every three years. Driver meetings are held on a quarterly basis. Staff will receive trainings such as Fire Safety, Communications, Handling Difficult Passengers, and Using Personal Protective Equipment etc. Staff also receive trainings on Sensitivity, ADA, and Dealing with Difficult passengers.

Grafton County Senior Citizens Council will be using their regular buses and staff to service the 60 and over population. The Bus Drivers will all have an up to date DOT physical and are up to date on the DOT-required trainings including defensive driving, emergency evacuation, and passenger assistance training.

Transport Central is committed to following all driver-training standards and all volunteer driver regulations promulgated by NHDOT, UVLSRPC, Medicaid, Veteran's Affairs, and other agencies for whom we provide volunteer rides. Transport Central volunteers receive training on First Aid, CPR, and Defensive Driving within 6 months of joining TC. During the initial one hour orientation (prior to taking any trips), drivers are trained on Transport Central Policies and procedures regarding blood borne pathogens, confidentiality, cell phone usage, and drug and alcohol policy. Additionally, all drivers are required to pass a drug test prior to starting. Other required trainings include Trip Reporting, access to our online scheduling software (wheniwork.com), incident/accident reporting, door-to-door policy, and recognizing and reporting elder abuse.

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

5. FTA COMPLIANCE OVERSIGHT (*new lead agencies only; existing lead agencies skip to Section III*)

Perhaps the most important role of a lead agency is to ensure **FTA compliance** 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. (*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.*)

a. Who will be primarily responsible for FTA compliance oversight?

Tri County CAP's, Director of Transportation, Jeanene McDonald

b. What experience/training does this person have?

7+years of Transit Experience and knowledge and experience with NHDOT and FTA Compliance Regulations.

- c. How will your agency ensure that any subrecipients will remain in compliance with all applicable FTA requirements in general?

Contracts with subrecipients will detail compliance requirements, and details of procedures should they be found out of compliance. TCCAP Transit will also conduct random quarterly documentation checks to ensure that trips are being provided for eligible recipients and for accuracy.

- 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).

Subrecipients will be required to utilize intake forms to document eligibility for transportation services including Medicaid eligibility and age (DOB)

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.

PROJECT 1					
Agency Legal Name			Agency Nickname (dba)		
<i>Tri County Community Action Program, Inc.</i>			<i>TCCAP</i>		
Primary Contact Name	Primary Contact Phone #	Primary Contact Email	SAM.GOV#	SAM.GOV Expiration Date	
<i>Jeanene McDonald</i>	<i>603-752-1741</i>	<i>jmcDonald@tccap.org</i>	<i>F4JKSNJDJM6</i>	<i>Mar.30,2023</i>	
Provider Address	City & Zip Code	Tax ID#	Website (must include required Title VI/ADA elements)		
<i>30 exchange st</i>	<i>Berlin, NH 03570</i>	<i>02-0267404</i>	<i>www.tccap.org</i>		
LEAD AGENCY SUBRECIPIENT DOCUMENT VERIFICATION (lead agency to obtain/keep on file/provide upon request as applicable)					
501(c)(3)-Nonprofit Status	Financial Audit/Statement	NH Secretary of State Certificate of Good Standing	Certificate of Insurance (must include Auto, General, and Workers Comp thresholds per RCC standards)	Title VI	EEO
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Project Type (Contracted Services/Mobility Mgmt/Regional MM)			Estimated FTA Amount (see budget/invoice spreadsheet for official \$)		
<i>Contracted Services</i>			\$27,492 per year		
Detailed Project Description (Please include duties, goals, days, times, towns, trip purpose limitations, etc., as applicable)					
<p>Tri-County CAP Transit will utilize funds to expand local and long distance trips for seniors, aged sixty and over, and for individuals (or persons) with disabilities. Priority trips for this service will primarily be for medical and nutrition, but trips are also provided for social, shopping, and other purposes. It should be noted that ambulatory trips and passengers requiring accessible vehicles will be served on the same basis. Because of the rural nature of our service area and the great distances traveled. TCCAP expects to provide 300 trips with these funds. This funding is very important for the region because of the uncertainty of funding (and the amount of funding) from the New Hampshire Bureau of Elderly and Adult Services. TCCAP is requesting \$27,492 in 5310 funds and is committed to providing a 20% Match of \$6,873 with In-kind and Town Funding. Long distance medical trips provided by volunteers would be rated at \$.65/mile for a total of 3900 miles, and \$7.35 administrative fee for one-way trips, or \$14.70 round trip.,</p>					
What is the need for this project? How did the Regional Coordination Council (RCC) identify the need?					
<p>The 2014 Coordinated Plan established that everyday access to medical facilities, shopping, and other everyday services is lacking for vulnerable communities such as the elderly and disabled individuals. These groups make up a large proportion of Grafton County's population and their need for proper care and access are heightened especially in the more remote areas of the county. The work of transportation providers and mobility managers in the county were seen as vital to helping to fill the gaps in services and fulfill the needs of these at risk communities.</p> <p>The need for enhanced transportation services in Grafton County were identified in the coordinated Public Transit and Human Services Transportation Plan 2014. More than a dozen transportation and coordination needs were identified through this series of public brainstorming sessions in Chapter 4 – Transportation and Coordination Needs. These form the basis for the strategies chapter of the plan and the foundation of the CCRCC work plan.</p>					

<p><i>Provide the following details regarding the Coordinated Public Transit-Human Services Transportation Plan(s) this project is included in: Plan Name(s) & Page #(s):</i></p> <p>Page 47, #1: mobility for all Residents of Coos, Grafton, and Carroll Counties Page 47, #2: Access to Medical Car and Employment. Page 48, #3: Expansion and Development of Deviated Route and Demand Responses Services. Page 48, #5: Coordination with Existing Transit providers. Page 49, #6: Transportation Accommodation Persons with Disabilities. Page 50, #9: Identification and Use of Existing Funding Sources. Page 50, #12: "Volunteer Programs"</p> <p>It will meet the strategies described on the following pages of Chapter 5 (Strategies to Meet Transportation and Coordination Needs): Page 60-61, #1: Evaluate and Enhance Existing Transportation Services. Page 62, #3: Support Mobility Management and Coordination Activities. Page 63, #5: Supporting Volunteer Programs.</p>
<p><i>How does this project meet the needs and strategies addressed in the locally developed coordinated plan(s) referenced above? Be specific.</i></p> <p>Upper Valley Lake Sunaee Regional Planning Commission's Regional Corridor Transportation Plan, pp. 9, 25,38 (https://www.uvlsrc.org/files/5616/4442/1438/UVLSRPC_RCTP_FINAL.pdf) and North Country Council's 2021 Coordinated Plan, pp. 34, 36, 39, 43, 48-52 (http://www.nccouncil.org/wp-content/uploads/2021/05/2021-Coordinated-Plan_FINAL.pdf).</p>
<p><i>How will you know if the project is successful? Please list specific performance measures.</i></p> <ul style="list-style-type: none"> • # of customers served • % of total customers served that were new customers • # of one-way trips made with volunteer drivers • # of hours volunteer driver services available • Total # of Volunteer drivers • % of volunteer drivers that are new • Average # of phone calls received/month • Average # of customers helped/month
<p><i>Please provide a list of personnel other than drivers who will be either fully or partially funded through this grant project.¹</i></p>

¹ 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.

Title:	Name:	Partially/Fully?	If partially funded, how?		
Title:	Name:	Partially/Fully?	If partially funded, how?		
Title:	Name:	Partially/Fully?	If partially funded, how?		
PROJECT 2					
Agency Legal Name		Agency Nickname (dba)			
Tri County Community Action Program		TCCAP			
Primary Contact Name	Primary Contact Phone #	Primary Contact Email	SAM.GOV#	SAM.GOV Expiration Date	
Jeanene McDonald	603-752-1741	jmcdonald@tccap.org	F4JKSNJDJM6	Mar. 30, 2023	
Provider Address	City & Zip Code	Tax ID#	Website (must include required Title VI/ADA elements)		
30 Exchange St	Berlin, NH 03570	02-0267404	www.tccap.org		
LEAD AGENCY SUBRECIPIENT DOCUMENT VERIFICATION (lead agency to obtain/keep on file/provide upon request as applicable)					
501(c)(3)-Nonprofit Status	Financial Audit/Statement	NH Secretary of State Certificate of Good Standing	Certificate of Insurance (must include Auto, General, and Workers Comp thresholds per RCC standards)	Title VI	EEO
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Project Type (Contracted Services/Mobility Mgmt/Regional MM)			Estimated FTA Amount (see budget/invoice spreadsheet for official \$)		
Mobility Management			\$13,532.00 per year		
Detailed Project Description (Please include duties, goals, days, times, towns, trip purpose limitations, etc., as applicable)					
<p>TCCAP is requesting Formula Funding for Mobility management. Over the past several years TCCAP's transportation services have expanded to a menu of services that many residents and agencies eligible for these services are either not aware of or do not understand how to use them. Having a mobility manager will enable TCCAP to provide education. In addition to performing outreach and education, the mobility management will be valuable for coordinating services between providers and clients. This coordination between providers has the possibility of creating more trips in a more cost efficient manner. TCCAP is requesting \$13,532.00 from the DOT and is committed to providing a 20% match of \$3,383.00 The source of this match will be sponsorships</p>					
What is the need for this project? How did the Regional Coordination Council (RCC) identify the need?					
<p>The 2014 Coordinated Plan established that everyday access to medical facilities, shopping, and other everyday services is lacking for vulnerable communities such as the elderly and disabled individuals. These groups make up a large portion of Grafton County's population and their needs for proper care and access are heightened especially in the more remote areas of the county.</p>					
Provide the following details regarding the Coordinated Public Transit-Human Services Transportation Plan(s) this project is included in: Plan Name(s) & Page #(s):					

Page 47, #1: mobility for all Residents of Coos, Grafton, and Carroll Counties
 Page 47, #2: Access to Medical Car and Employment.
 Page 48, #3: Expansion and Development of Deviated Route and Demand Responses Services.
 Page 48, #5: Coordination with Existing Transit providers.
 Page 49, #6: Transportation Accommodation Persons with Disabilities.
 Page 50, #9: Identification and Use of Existing Funding Sources.
 Page 50, #12: “Volunteer Programs”

It will meet the strategies described on the following pages of Chapter 5 (Strategies to Meet Transportation and Coordination Needs):
 Page 60-61, #1: Evaluate and Enhance Existing Transportation Services.
 Page 62, #3: Support Mobility Management and Coordination Activities.
 Page 63, #5: Supporting Volunteer Programs.

How does this project meet the needs and strategies addressed in the locally developed coordinated plan(s) referenced above? Be specific.

Mobility management services directly address the needs mentioned throughout the 2014 Coordinated plan. Mobility management services are a vital support function in the Grafton County transportation system. These operations help to better coordinate services between providers, boost collaboration to expand services to vulnerable communities, and identify gaps and needs in the system. Mobility management operations are also central to managing volunteer drivers programs and finding uses for existing funding sources.

How will you know if the project is successful? Please list specific performance measures.

TCCAP will find the project a success if residents, agencies, and other groups are more aware of the transportation services offered. by TCCAP’s transportation division and utilize them through outreach and assistance from the mobility manager. Success will be measured through monthly reporting of:

- New and unduplicated individuals served
- Number of trips provided
- Number of trips coordinated with other agencies
- Miles travelled and
- Volunteer service hours rendered.

Please provide a list of personnel other than drivers who will be either fully or partially funded through this grant project.²

² 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.

Title: Operations Manager	Name: Kayleigh Chaloux	Partially/Fully? Partially	If partially funded, how? <i>timesheets</i>	
Title:	Name:	Partially/Fully?	If partially funded, how?	
Title:	Name:	Partially/Fully?	If partially funded, how?	
PROJECT 3				
Agency Legal Name		Agency Nickname (dba)		
Tri County Community Action Program, Inc.		TCCAP		
Primary Contact Name	Primary Contact Phone #	Primary Contact Email	SAM.GOV#	SAM.GOV Expiration Date
Jeanene McDonald	603-752-1741	jmcdonald@tccap.org	F4JKSNJDJM6	Mar. 30, 2023
Provider Address	City & Zip Code	Tax ID#	Website (must include required Title VI/ADA elements)	
30 Exchange St.	Berlin, NH 03570	02-0267404	www.tccap.org	
LEAD AGENCY SUBRECIPIENT DOCUMENT VERIFICATION (lead agency to obtain/keep on file/provide upon request as applicable)				
501(c)(3)-Nonprofit Status	Financial Audit/Statement	NH Secretary of State Certificate of Good Standing	Certificate of Insurance (must include Auto, General, and Workers Comp thresholds per RCC standards)	Title VI
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Project Type (Contracted Services/Mobility Mgmt/Regional MM)			Estimated FTA Amount (see budget/invoice spreadsheet for official \$)	
Lead Agency			\$16,257.00 per year	
Detailed Project Description (Please include duties, goals, days, times, towns, trip purpose limitations, etc., as applicable)				
What is the need for this project? How did the Regional Coordination Council (RCC) identify the need?				
The Match of \$4,051 will be covered by sponsorships				
Provide the following details regarding the Coordinated Public Transit-Human Services Transportation Plan(s) this project is included in: Plan Name(s) & Page #(s):				
Page 47, # 1: mobility for all Residents of Coos, Grafton, and Carroll Counties Page 47, #2: Access to Medical Car and Employment. Page 48, #3: Expansion and Development of Deviated Route and Demand Responses Services. Page 48, #5: Coordination with Existing Transit providers. Page 49, #6: Transportation Accommodation Persons with Disabilities. Page 50, #9: Identification and Use of Existing Funding Sources. Page 50, #12: "Volunteer Programs"				
It will meet the strategies described on the following pages of Chapter 5 (Strategies to Meet Transportation and Coordination Needs): Page 60-61, #1: Evaluate and Enhance Existing Transportation Services.				

Page 62, #3: Support Mobility Management and Coordination Activities.					
Page 63, #5: Supporting Volunteer Programs.					
How does this project meet the needs and strategies addressed in the locally developed coordinated plan(s) referenced above? Be specific.					
How will you know if the project is successful? Please list specific performance measures.					
Please provide a list of personnel other than drivers who will be either fully or partially funded through this grant project.³					
Title: Director	Name: Jeanene McDonald	Partially/Fully? Partially	If partially funded, how? timesheets		
Title:	Name:	Partially/Fully?	If partially funded, how?		
Title:	Name:	Partially/Fully?	If partially funded, how?		
PROJECT 4					
Agency Legal Name		Agency Nickname (dba)			
Transport Central		Transport Central			
Primary Contact Name	Primary Contact Phone #	Primary Contact Email	SAM.GOV#	SAM.GOV Expiration Date	
William R. Bolton, Jr.	603-236-1812	bill@transportcentral.org	KDBSRJERJLS1	November 30, 2023	
Provider Address	City & Zip Code	Tax ID#	Website (must include required Title VI/ADA elements)		
258 Highland Street	Plymouth, 03264	20-8463821	www.transportcentral.org		
LEAD AGENCY SUBRECIPIENT DOCUMENT VERIFICATION (lead agency to obtain/keep on file/provide upon request as applicable)					
501(c)(3)-Nonprofit Status	Financial Audit/Statement	NH Secretary of State Certificate of Good Standing	Certificate of Insurance (must include Auto, General, and Workers Comp thresholds per RCC standards)	Title VI	EEO
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Project Type (Contracted Services/Mobility Mgmt/Regional MM)			Estimated FTA Amount (see budget/invoice spreadsheet for official \$)		
Mobility Management			\$52,245.00 per year		
Detailed Project Description (Please include duties, goals, days, times, towns, trip purpose limitations, etc., as applicable)					
Transport Central provides non-emergency medical rides. Behind this, there is an infrastructure which schedules rides, schedules volunteer drivers, coordinates with other providers, provide ride accounting, and provides organizational accounting. These are all Mobility activities and are a totally necessary part of our ecosystem.					
What is the need for this project? How did the Regional Coordination Council (RCC) identify the need?					

³ 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.

<p>A large number of residents in Grafton County are elderly or disabled, and transportation is vital for these residents to receive medical care. This need was identified in Chapter 4 of NCC plan on Transportation and Coordination Needs.</p>			
<p><i>Provide the following details regarding the Coordinated Public Transit-Human Services Transportation Plan(s) this project is included in: Plan Name(s) & Page #(s):</i></p>			
<p>Plan Name: The Coordinated Public Transit and Human Service Transportation Plan for Coos, Carroll, and Northern Grafton Counties 2014 Created by: NCC Date of Adoption: October 2014 Page(s) on which each project is listed: Chapter 4 and 5 (pages 47-63); also in the UVLSRPC Regional Transportation Plan (2009) Link to plan webpage: https://www.lakesrpc.org/ckfinder/userfiles/files/Misc/NCC%20Coordinated%20Transit%20Plan%20Update%20-%202014.pdf</p>			
<p><i>How does this project meet the needs and strategies addressed in the locally developed coordinated plan(s) referenced above? Be specific.</i></p>			
<p>This project meets the needs expressed on the following pages of the above-mentioned plan: Page 47 – Mobility for All Residents of Coos, Grafton, and Carroll counties Page 47 – Access to Medical Care Page 48 – Coordination with existing transit providers Page 49 – Transport accommodating persons with disabilities Page 50 – Identification and Use of Existing funding services</p>			
<p><i>How will you know if the project is successful? Please list specific performance measures.</i></p>			
<p>Transport Central’s mobility management is fully aware of all of the transportation services that serve the residents in our 19-town catchment area. We are in frequent communication with both the non-profit and for-profit transportation companies in order to assure coordination in serving all of the transportation needs of our residents. We also support GCSCC staff to participate actively in local and regional coordination efforts</p>			
<p><i>Please provide a list of personnel other than drivers who will be either fully or partially funded through this grant project.⁴</i></p>			
Title: Coordinator	Name: Thomas Morse	Partially/Fully? Partially	If partially funded, how? Medicaid Funds
Title: Mobility Manager	Name: Rafah Templeton	Partially/Fully? Partially	If partially funded, how? Medicaid Funds

⁴ 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.

Title:	Name:	Partially/Fully?	If partially funded, how?		
PROJECT 5					
Agency Legal Name		Agency Nickname (dba)			
Transport Central		Transport Central			
Primary Contact Name	Primary Contact Phone #	Primary Contact Email	SAM.GOV#	SAM.GOV Expiration Date	
William R. Bolton, Jr.	603-236-1812	Bill@transportcentral.org	KDBSRJERJLS1	November 30, 2023	
Provider Address	City & Zip Code	Tax ID#	Website (must include required Title VI/ADA elements)		
258 Highland Street	Plymouth, NH	20-8463821	www.transportcentral.org		
LEAD AGENCY SUBRECIPIENT DOCUMENT VERIFICATION (lead agency to obtain/keep on file/provide upon request as applicable)					
501(c)(3)-Nonprofit Status	Financial Audit/Statement	NH Secretary of State Certificate of Good Standing	Certificate of Insurance (must include Auto, General, and Workers Comp thresholds per RCC standards)	Title VI	EEO
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Project Type (Contracted Services/Mobility Mgmt/Regional MM)			Estimated FTA Amount (see budget/invoice spreadsheet for official \$)		
Operating/Contracted Services			\$28,820 per year		
Detailed Project Description (Please include duties, goals, days, times, towns, trip purpose limitations, etc., as applicable)					
Transport Central will provide Long Distance Non-Emergency Medical Transportation utilizing volunteer drivers to transport elderly (60+) and individuals with disability to medical facilities. Requested funding will be used to reimburse volunteer drivers at a current IRS reimbursement rate. 875 trips at 44,000 miles.					
What is the need for this project? How did the Regional Coordination Council (RCC) identify the need?					
A large number of residents in Grafton County are elderly or have a disability, and transportation is vital for these residents to receive medical care. This need was identified in Chapter 4 of the NCC Coordinated Public Transit and Human Service Transportation Plan, 2014.					
Provide the following details regarding the Coordinated Public Transit-Human Services Transportation Plan(s) this project is included in: Plan Name(s) & Page #(s):					
Plan Name: The Coordinated Public Transit and Human Service Transportation Plan for Coos, Carroll, and Northern Grafton Counties 2014 Created by: NCC Date of Adoption: October 2014 Page(s) on which each project is listed: Chapter 4 and 5 (pages 47-63); also in the UVLSRPC Regional Transportation Plan (2009) Link to plan webpage: https://www.lakesrpc.org/ckfinder/userfiles/files/Misc/NCC%20Coordinated%20Transit%20Plan%20Update%20-%20202014.pdf					
How does this project meet the needs and strategies addressed in the locally developed coordinated plan(s) referenced above? Be specific.					
This project meets the needs expressed on the following pages of the above-mentioned plan: Page 47 – Mobility for All Residents of Cos, Grafton, and Carroll counties					

Page 47 – Access to Medical Care Page 48 – Coordination with existing transit providers Page 49 – Transport accommodating persons with disabilities Page 50 – Identification and Use of Existing funding services					
How will you know if the project is successful? Please list specific performance measures.					
Success will be measured through monthly reporting of new and unduplicated individuals served, number of trips provided, number of trips coordinated with other agencies, miles travelled, and volunteer service hours rendered.					
Please provide a list of personnel other than drivers who will be either fully or partially funded through this grant project.⁵					
Title:	Name:	Partially/Fully?	If partially funded, how?		
Title:	Name:	Partially/Fully?	If partially funded, how?		
Title:	Name:	Partially/Fully?	If partially funded, how?		
PROJECT 6					
Agency Legal Name		Agency Nickname (dba)			
Grafton County Senior Citizens Council, Inc.					
Primary Contact Name	Primary Contact Phone #	Primary Contact Email	SAM.GOV#	SAM.GOV Expiration Date	
Kathleen Vasconcelos	603-448-4897	kvasconcelos@gcsc.org	HXEMA9BLNZU8	5-13-23	
Provider Address	City & Zip Code	Tax ID#	Website (must include required Title VI/ADA elements)		
10 Campbell st	Lebanon 03766	23-7248316	www.gcsc.org/transportation		
LEAD AGENCY SUBRECIPIENT DOCUMENT VERIFICATION (lead agency to obtain/keep on file/provide upon request as applicable)					
501(c)(3)-Nonprofit Status	Financial Audit/Statement	NH Secretary of State Certificate of Good Standing	Certificate of Insurance (must include Auto, General, and Workers Comp thresholds per RCC standards)	Title VI	EEO
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Project Type (Contracted Services/Mobility Mgmt/Regional MM)			Estimated FTA Amount (see budget/invoice spreadsheet for official \$)		
9581			(\$9,581. for MM per year, \$44,156 for Contracted services per year)		
Detailed Project Description (Please include duties, goals, days, times, towns, trip purpose limitations, etc., as applicable)					
GCSCC provides transportation for individuals with disabilities who are under the age of 60, as well as for individuals aged 60 and over. This service is provided by our senior centers located throughout Grafton County (in Bristol, Canaan, Haverhill, Lebanon, Lincoln, Littleton, and					

⁵ 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.

Plymouth). Our eighth senior center, located in Orford, is beginning service as well, which will address a gap in transportation in that area of our county. Through our eight senior centers, we serve residents of every town in Grafton County.

Transportation is an on-demand door-to-door service and our buses are lift-equipped for accessibility. We operate during our senior center hours of 8AM-3PM on weekdays, with slight variations center-to-center based on community need. Our clients utilize our transportation service to access medical appointments, grocery stores, pharmacies, volunteer opportunities, senior centers, and many other essential destinations. For our clients who don't drive and/or don't have access to a vehicle, our transportation service helps them to remain living at home and engaged in their communities. Trip rate at \$15.77 at 3,500 trips.

What is the need for this project? How did the Regional Coordination Council (RCC) identify the need?

Through the 5310 Contracted Services initiative, GCSCC has been able to expand its transportation program to serve individuals with disabilities under the age of 60 as well as those eligible for service under GCSCC's state contract with the NH Bureau of Elderly and Adult Services (adults aged 60 and over). Since most municipalities in Grafton County do not have other available accessible transportation options for their adult population, this broadening of service has been very helpful to younger adults with disabilities in the most rural areas of the County. In addition, 5310 Mobility Management Funds support has provided essential funding for GCSCC staff to engage in coordination and mobility management work at the regional and local levels.

Provide the following details regarding the Coordinated Public Transit-Human Services Transportation Plan(s) this project is included in: Plan Name(s) & Page #(s):

Upper Valley Lake Sunaee Regional Planning Commission's Regional Corridor Transportation Plan, pp. 9, 25,38 (https://www.uvlsrc.org/files/5616/4442/1438/UVLSRPC_RCTP_FINAL.pdf) and North Country Council's 2021 Coordinated Plan, pp. 34, 36, 39, 43, 48-52 (http://www.nccouncil.org/wp-content/uploads/2021/05/2021-Coordinated-Plan_FINAL.pdf).

How does this project meet the needs and strategies addressed in the locally developed coordinated plan(s) referenced above? Be specific.

This project allows GCSCC to broaden transportation services to meet the transportation needs of younger adults with disabilities in rural Grafton County, NH. It also supports GCSCC staff to participate actively in local and regional coordination efforts and engage in mobility management.

How will you know if the project is successful? Please list specific performance measures.

This project, and all of GCSCC's transportation services, are evaluated on an annual basis by our clients. Results from client surveys indicate how successful and necessary this program is. The project has a track record of success, providing many thousands of rides for younger adults with disabilities in Grafton County, NH and supporting the engagement of GCSCC staff in local and regional coordination efforts.

Please provide a list of personnel other than drivers who will be either fully or partially funded through this grant project.⁶

⁶ 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.

SFY 2024-2025

Revised 1/11/2023

Title: Executive Director	Name: Kathleen Vasconcelos	Partially/Fully? <i>Partially</i>	If partially funded, how? <i>Timesheets</i>
Title: Associate Director, Programs	Name: Carole Zangla	Partially/Fully? <i>Partially</i>	If partially funded, how? <i>Timesheets</i>
Title: Data analyst, and local senior center staff directly involved in transportation provision, coordination, and mobility management	Name: Various	Partially/Fully? <i>Partially</i>	If partially funded, how? <i>Percentage of time worked</i>

PROJECT 7					
Agency Legal Name			Agency Nickname (dba)		
Tri County Community Action Program, Inc.			TCCAP		
Primary Contact Name	Primary Contact Phone #	Primary Contact Email	SAM.GOV#	SAM.GOV Expiration Date	
Jeanene McDonald	603-752-1741	jmcDonald@tccap.org	F4JKSNJDJM6	3-30-2023	
Provider Address	City & Zip Code	Tax ID#	Website (must include required Title VI/ADA elements)		
30 Exchange St	Berlin, 03570	02-0267404	www.tccap.org		
LEAD AGENCY SUBRECIPIENT DOCUMENT VERIFICATION (lead agency to obtain/keep on file/provide upon request as applicable)					
501(c)(3)-Nonprofit Status	Financial Audit/Statement	NH Secretary of State Certificate of Good Standing	Certificate of Insurance (must include Auto, General, and Workers Comp thresholds per RCC standards)	Title VI	EEO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Type (Contracted Services/Mobility Mgmt/Regional MM)			Estimated FTA Amount (see budget/invoice spreadsheet for official \$)		
Regional MM			\$50,000 Per year		
Detailed Project Description (Please include duties, goals, days, times, towns, trip purpose limitations, etc., as applicable)					
Tri County cap will utilize these funds to support the regional manager position					
What is the need for this project? How did the Regional Coordination Council (RCC) identify the need?					
The Region 1 RCC was tasked by the state coordinating council to hire a regional MM to represent the providers in coordinate services.					
Provide the following details regarding the Coordinated Public Transit-Human Services Transportation Plan(s) this project is included in: Plan Name(s) & Page #(s):					
Upper Valley Lake Sunaee Regional Planning Commission's Regional Corridor Transportation Plan, pp. 9, 25,38 (https://www.uvlsrpc.org/files/5616/4442/1438/UVLSRPC_RCTP_FINAL.pdf) and North Country Council's 2021 Coordinated Plan, pp. 34, 36, 39, 43, 48-52 (http://www.nccouncil.org/wp-content/uploads/2021/05/2021-Coordinated-Plan_FINAL.pdf).					
How does this project meet the needs and strategies addressed in the locally developed coordinated plan(s) referenced above? Be specific.					
The Regional Mobility Manager will meet with providers and community stakeholders and will coordinate services and projects throughout our region to efficiently and effectively provide essential transportation services.					
How will you know if the project is successful? Please list specific performance measures.					
New projects and coordinated services will be evaluated on an annual basis for efficiencies and effectiveness. TCCAP will use the performance measures established in State guidance documents and those developed internally to track progress.					
Please provide a list of personnel other than drivers who will be either fully or partially funded through this grant project.⁷					

⁷ 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.

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

⁸ 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.



SFY 2024-2025

Revised 1/11/2023

<i>Title:</i>	<i>Name:</i>	<i>Partially/Fully?</i>	<i>If partially funded, how?</i>
<i>Title:</i>	<i>Name:</i>	<i>Partially/Fully? Partially</i>	<i>If partially funded, how?</i>
<i>Title:</i>	<i>Name:</i>	<i>Partially/Fully?</i>	<i>If partially funded, how?</i>

PROJECT 9				
Agency Legal Name		Agency Nickname (dba)		
Primary Contact Name	Primary Contact Phone #	Primary Contact Email	SAM.GOV#	SAM.GOV Expiration Date
Provider Address	City & Zip Code	Tax ID#	Website (must include required Title VI/ADA elements)	
LEAD AGENCY SUBRECIPIENT DOCUMENT VERIFICATION (lead agency to obtain/keep on file/provide upon request as applicable)				

501(c)(3)-Nonprofit Status	Financial Audit/Statement	NH Secretary of State Certificate of Good Standing	Certificate of Insurance (must include Auto, General, and Workers Comp thresholds per RCC standards)	Title VI	EEO
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Project Type (Contracted Services/Mobility Mgmt/Regional MM)			Estimated FTA Amount (see budget/invoice spreadsheet for official \$)		
Detailed Project Description (Please include duties, goals, days, times, towns, trip purpose limitations, etc., as applicable)					
What is the need for this project? How did the Regional Coordination Council (RCC) identify the need?					
Provide the following details regarding the Coordinated Public Transit-Human Services Transportation Plan(s) this project is included in: Plan Name(s) & Page #(s):					
How does this project meet the needs and strategies addressed in the locally developed coordinated plan(s) referenced above? Be specific.					
How will you know if the project is successful? Please list specific performance measures.					
Please provide a list of personnel other than drivers who will be either fully or partially funded through this grant project.⁹					
Title:	Name:	Partially/Fully?	If partially funded, how?		
Title:	Name:	Partially/Fully?	If partially funded, how?		
Title:	Name:	Partially/Fully?	If partially funded, how?		


⁹ 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.
<p>a. How did the RCC determine priorities for the Region's 5310 RCC Funds?</p> <p style="padding-left: 40px;">The GCRCC determined the need for 5310 funds and reported as such in the Coordinated Public Transportation Plan for the North Country in Chapter 4.</p>
<p>b. Describe any eligibility limitations on passengers who will be served. (Age? Disability?)</p> <p style="padding-left: 40px;">Passengers must be 60+ years old or disabled.</p>
<p>c. How does the region ensure that trips provided via this FTA Section 5310 funding is not used for Medicaid-eligible trips? Please provide details.</p> <p style="padding-left: 40px;">All sub-recipients must have an intake form which includes a Medicaid edibility question and a Date of Birth</p>

3. SUPPLEMENTAL INFORMATION

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

SECTION IV – DOCUMENTATION & SIGNATURE		
1. ATTACHMENTS CHECKLIST		
Please attach each of these additional items to the emailed application. PLEASE LABEL EACH ATTACHMENT ACCORDING TO THE LABEL NUMBER PROVIDED.		
APPLICATION DOCUMENTATION		
✓	Label	Description
<input type="checkbox"/>	1	RCC Meeting Minutes 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"/>	2	RCC Meeting Minutes showing approval for all proposed projects, including approval of budgets for each project/provider
<input type="checkbox"/>	3	RCC Program Invoice – 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"> ▪ <i>The total on this attachment will be used as the official breakdown of how the region intends to utilize its allocated funding</i> ▪ <i>The totals should match the totals in the project information within this application (Section III)</i> ▪ <i>This template will serve as the basis for the region’s invoice that will be submitted to NHDOT monthly for operating reimbursement</i>
<input type="checkbox"/>	4	Budget (formerly “Attachment A”) – A single form completed by lead agency that details region’s mobility management expenses <ul style="list-style-type: none"> ▪ 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 ▪ Must show line-by-line breakdown of how funds will be utilized <ul style="list-style-type: none"> ○ Mobility management line item can ONLY be used for contracted MM services (via competitive procurement) ▪ In most cases, Administration section will equate to total MM expenses ▪ Budget is needed, among other things, to provide information related to Disadvantaged Business Enterprise (DBE) third-party contracting expenditures
<input type="checkbox"/>	5	Source & verification of required matching funds <ul style="list-style-type: none"> • Cash match requires letters noting match commitment from the agency that will provide the cash match • In-Kind match requires that rate documentation must be provided in accordance with NHDOT In-Kind match guidance) <ul style="list-style-type: none"> ○ (i.e., Who is providing the match, rate, contributed service, and how contributions will be tracked) Resources: <ul style="list-style-type: none"> • NHDOT in-kind match guidance • Local Matching Funds Frequently Asked Questions • 5010 1E Circular – Match Section VI-5

<input type="checkbox"/>	6	Public Notice of grant application -- 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"/>	7	Coordinated Public Transit-Human Services Transportation Plan(s) – Coordinated plans need to update every five years (four years in air quality non-attainment areas). A region is AT RISK of having its projects not funded should FTA reject a grant application due to an outdated plan. Regions that require plan updates will likely be required set aside sufficient funding to accomplish this, and may be required to complete the plan update(s) prior to other projects’ approval. <i>Links to websites are preferred.</i>
<input type="checkbox"/>	8	Title VI plans - Board-approved for lead agency AND all subrecipients. <i>Links to websites are preferred.</i>
<input type="checkbox"/>	9	Indirect Cost Allocation Plan approved by Cognizant Agency (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"/>	10	Additional information related to proposed transportation services: <ul style="list-style-type: none"> ▪ Include marketing materials that are used to notify potential customers/riders about the availability of service ▪ These materials may include brochures, advertisements, website screen shots, letters, etc.
<input type="checkbox"/>	11	Most recent financial audit of lead agency (<i>Link to website is preferred</i>)
<input type="checkbox"/>	12	List of Board of Directors (required for G&C submission)
<input type="checkbox"/>	13	List of key project personnel & salaries (required for G&C submission)
<input type="checkbox"/>	14	Resumes of staff involved in the project (required for G&C submission)
<input type="checkbox"/>	15	Certificate of Good Standing – (renewed by April 1 st of each year)
<input type="checkbox"/>	16	Certificate(s) of Insurance – Must include workers’ compensation  SAMPLE CERTIFICATE OF INS
<input type="checkbox"/>	17	Proof of 501(c) Non-Profit Status
CONTRACT DOCUMENTATION – For information only; Pending application approval		
<input type="checkbox"/>	1	P-37 – signed and notarized
<input type="checkbox"/>	2	Exhibit A – scope of services – dated and initialed
<input type="checkbox"/>	3	Exhibit B – payment terms – dated and initialed
<input type="checkbox"/>	4	Exhibit C – special provisions – dated and initialed
<input type="checkbox"/>	5	Certificate of Vote/Authority – signed the same day as the P-37

		 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"/>	6	Federal Clauses				

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: Tri County Community Action Program, Inc.

****Authorized Agency Representative, Title: Jeanne Robillard, CEO**

****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