

Application for Intercity Bus Assistance

I	Project Name:							
II	SPONSORING CONTRACTOR			VII	FEDERAL IRS IDENTIFICATION NO.			
Legal Name:				<input type="checkbox"/> Federal Administrative Assistance \$ <input type="checkbox"/> State Administrative Assistance \$ <input type="checkbox"/> Federal Operating Assistance \$ <input type="checkbox"/> State Operating Assistance \$				
Address:								
Telephone:								
Executive Officer's Name:								
Title:								
III	SUBCONTRACTOR (if any)			IX	GEOGRAPHICAL AREA(S) TO BE SERVED			
Legal Name:				Identify Routes of Service, Towns Served, Highways Traveled, Etc.				
Address:								
Telephone:								
Executive Officer's Name:								
Title:								
IV	SUBCONTRACTOR (if any)			X TYPE OF SERVICES PROVIDED				
Legal Name:								
Address:								
Telephone:								
Executive Officer's Name:								
Title:				<input type="checkbox"/> Demand Responsive (<i>Reservations</i>) <input type="checkbox"/> Fixed Route <input type="checkbox"/> Other				
V	Name of Person to be Responsible for Daily Operation of Project:							
VI	IDENTIFY THE PERIOD FOR WHICH FUNDS ARE BEING REQUESTED							
FROM			UNTIL					
MONTH	DAY	YEAR	MONTH	DAY	YEAR			
NAME AND TITLE OF INDIVIDUAL AUTHORIZED FOR THIS APPLICATION ON BEHALF OF SPONSORING CONTRACTOR								
Name:			Title (<i>Mayor, City Administrator, Chairman of County Board or Chairman of Governing Board</i>)					
Signature:				Date:				
FOR STATE OFFICE USE ONLY								
Project No.:			Project Period:		Project Year:			

Project Name:	Fiscal Year:
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Administrative Budget Summary

(Round to Nearest Dollar)

1	Administrative <i>(Enter from Page 5)</i>	\$	
2	Total Administrative Costs <i>(Total of Line 1 Above)</i>	\$	
3	Federal Funds Requested <i>(State determines)</i>	\$	
4	State Funds Requested <i>(State determines)</i>	\$	

Operating Budget Summary

(Round to Nearest Dollar)

1	Personnel <i>(Enter from Page 4)</i>	\$	
2	Administrative <i>(Enter from Page 5)</i>	\$	
3	Fuel and Lubrication <i>(Enter from Page 5)</i>	\$	
4	Maintenance, Parts & Supplies <i>(Enter from Page 5)</i>	\$	
5	Special Services and Other Costs <i>(Enter from Page 6)</i>	\$	
6	Total Operating Costs <i>(Total of Lines 1-5 above)</i>	\$	
7	Project Income <i>(Enter from Page 7)</i>	\$	
8	Estimated Net Operating Deficit	\$	
9	Federal Funds Requested <i>(State determines)</i>	\$	
10	State Funds Requested <i>(State determines)</i>	\$	

PERSON WHO PREPARED THIS APPLICATION		PERSON WHO WILL PREPARE MONTHLY INVOICES	
Name:		Name:	
Address:		Address:	
Telephone:	Work Hours:	Telephone:	Work Hours:

Capital Budget Summary

(Complete only if applying for capital assistance in budget funding year)

1	Estimated Vehicle Cost*	QUANTITY	UNIT COST	TOTAL
a	10-15 Passenger Van		\$	\$
b	Raised Roof Van Conversion			\$
2	Total Estimated Vehicle Cost <i>(Add Lines 1a and 1b)</i>			\$
3	Estimated Cost for Related Equipment*			
a	Wheelchair Lift & Restraint System		\$	\$
b	Radio Equipment			\$
c	Alternative Seating			\$
d	Other Equipment <i>(Specify)</i>			\$
e				\$
4	Total Estimated Cost for Related Equipment <i>(Add Lines 3a thru 3e)</i>			\$
5	Total Estimated Cost <i>(Add Lines 2 and 4)</i>			\$
6	Federal Funds Requested <i>(State determines)</i>			\$
7	State Funds Requested <i>(State determines)</i>			\$

* Use total cost of vehicles and related equipment.

Estimated Itemized Expenses

ITEMIZED BUDGET	PERSONNEL COSTS				
a	b	c	d	e	f
PERSONNEL JOB TITLE OR CLASSIFICATION	NUMBER OF EMPLOYEES	PROJECT SALARIES <i>Yearly</i>	EMPLOYER'S SHARE OF FICA <i>Yearly</i>	FRINGE BENEFITS <i>(Detail in Budget Narrative or Notes)</i> <i>Yearly</i>	TOTAL PERSONNEL COSTS <i>(Total of Items C, D, & E for each line entry)</i> <i>Yearly</i>
Totals					
Grand Total of Personnel Costs <i>(Enter on Page 2)</i>					

Personnel Budget Narrative or Notes:

Project Name:	Fiscal Year:
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Estimated Itemized Expenses

ITEMIZED BUDGET	ADMINISTRATIVE COSTS	
	ITEMIZED DESCRIPTION	COST
Total Administrative Costs	<i>(Enter on Page 2)</i>	

Administrative Costs Budget Narrative or Notes:

ITEMIZED BUDGET	FUEL AND LUBRICATION COSTS	
	ITEMIZED DESCRIPTION	COST
Total Fuel and Lubrication Costs	<i>(Enter on Page 2)</i>	

Fuel and Lubrication Costs Budget Narrative or Notes:

Project Name:	Fiscal Year:
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Estimated Itemized Expenses

ITEMIZED BUDGET	MAINTENANCE, MAINTENANCE PARTS AND SUPPLIES COSTS	
	ITEMIZED DESCRIPTION	COST
Total Maintenance, Maintenance Parts and Supplies Costs		<i>(Enter on Page 2)</i>

Maintenance, Maintenance Parts and Supplies Costs Budget Narrative or Notes:

ITEMIZED BUDGET	SPECIAL SERVICES AND OTHER COSTS	
	ITEMIZED DESCRIPTION	COST
Total Special Services and Other Costs		<i>(Enter on Page 2)</i>

Special Services and Other Costs Budget Narrative or Notes:

Estimated Itemized Expenses

PROJECT INCOME				
SOURCES	UNIT DESCRIPTION	NO. OF UNITS	UNIT RATE	AMOUNT
Total Project Income <i>(Enter on Page 2)</i>				

SECTION 3

Transportation Service Narrative

What other transportation services exist in the immediate area to be served and how will this service be coordinated with these providers? *(Include intra-city and inter-city bus, taxi, AMTRAK service, air transportation, existing special transportation programs and subsidies for elderly, persons with disabilities, low income, or other special groups. Exclude school bus systems.)*

Attach evidence of efforts made to notify each private-for-profit provider within the service area. Evidence of efforts should include:

1. Copies of certified letters
2. Copies of certified mail receipts
3. Copies of responses received from providers *(if any)*

SECTION 4

Describe the fare structure of your transportation system:

Project Name:	Fiscal Year:
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SECTION 5 **Transportation Service Narrative**

Evaluate other types of service possibilities, i.e. expanded service, fleet expansion, purchasing of service, combined service arrangement with other agencies, etc. and describe marketing and promotion strategies.

SECTION 6

Describe management procedures currently used or will be used by your organization for the control of the project. *(attach organizational chart)*

SECTION 7 Transportation Service Narrative

a Identify concentrations of minority races residing within the service area.

b List any active lawsuits or complaints naming the sponsoring contractor or subcontractor of this application which allege discrimination on the basis of race, color or national origin with respect to service or other transit benefits.

c Describe all pending applications for financial assistance and all financial assistance currently provided by other federal agencies.

d Complete the information below by indicating population in the service area.

Number and percent of population within the service area of the project, per results of the 1990 census.

Population	% of Total
White	
Black	
Other	
Total	100.0%

This transportation system will service the entire service area, therefore, no person will be denied the benefits of this system or be subjected to discrimination on the grounds of race, color, or national origin.

Procedures will be established and/or maintained through which minorities will be advised of this transportation system through positive outreach marketing efforts; and liaison will be established and/or maintained with the social service agencies within the service area to assure their efforts at notifying minorities of this system.

Following area listed certified disadvantaged business enterprises which have been identified in the service area as being applicable to the operation of this transportation system.

<u>Name</u>	<u>Address</u>
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Monitoring business activities within the service area will continue and in the event that any applicable minority business begins operation, it will be given the address and phone number of the Nebraska Department of Roads' Highway Minority Business Coordinator.