Illinois Department of Transportation

**CoNSOLIDATED VEHICLE PROCUREMENT**

**2015 ROLLING STOCK**

**CAPITAL ASSISTANCE APPLICATION**

****

**Program Contact:**

Illinois Department of Transportation

Division of Public and Intermodal Transportation

100 W. Randolph, Ste 6-600

Chicago, IL 60601

Mike Healy, Section Chief - CVP

312.793.2184

mike.healy@illinois.gov

# Section I. General Information

## Definitions

|  |  |
| --- | --- |
| **Transportation Provider Types** | |
| Public Transportation Provider | Organizations providing regular, continuing shared-ride surface transportation services that are open to the general public or open to a segment of the general public defined by age, disability or low-income status and does not include intercity rail transportation, intercity bus service, charter bus service, school bus service, sightseeing service, or shuttle service. |
| Specialized Transportation Provider | Non-profit organizations providing transportation services to meet travel demand from mobility-challenged populations, including seniors and individuals with disabilities. |
| Certified Public Provider (CPP) | Public transportation providers certified by IDOT as functioning in areas where specialized transportation demand is greater than the ability of local specialized transportation providers to meet. Upon application for CPP status and certification by IDOT, CPPs become eligible for Sec. 5310 funding. |
| **Federal Transit Administration (FTA) Funding Programs** | |
| Sec. 5310 | Capital Assistance for the Mobility of Seniors and Individuals w/ Disabilities. Sec. 5310 applicants are either private non-profits or else public transportation providers that have been certified by IDOT as eligible to receive Sec. 5310 funds (see “Certified Public Provider”). |
| Sec. 5311 | Formula Grants to Non-Urbanized Areas made to public transportation providers |
| Sec. 5339 | The FTA’s reconstituted ‘Bus & Bus Facilities’ grant program. In Illinois, public transportation providers that receive Sec. 5307 or Sec. 5311 funds are also eligible to receive capital assistance funded through FTA Sec. 5339. |
| **CVP Application Service Categories** | |
| Existing Service | Public or specialized transportation services currently offered on a recurring and consistent basis |
| Expansion Service | Additional clients, territories and/or hours of operation planned by public or specialized transportation providers in augmentation of existing service |
| New Service | Clients, territories and hours of operation planned by public or specialized transportation providers that are not at present providing any transportation service |
| **Geographic Definitions** | |
| Northeastern Illinois( NEIL) | Shorthand for the Chicago, IL urbanized area, as defined by the U.S. Census. Inclusive of Cook, Lake, McHenry, DuPage, Will and Kane Counties, as well as northeastern Grundy County |
| “Downstate” | Shorthand for all areas of Illinois outside of the NEIL region |
| Illinois Urbanized Areas | **Large (>200,000 population)** – NEIL, St. Louis, Rockford, Rock Island, Peoria  **Small (population between 50,000 and 199,999)** – Springfield, Champaign, Bloomington-Normal, Decatur, Alton/Cape Girardeau, Kankakee, DeKalb, Carbondale, Danville  For precise maps of urbanized area boundaries, please visit: <https://www.census.gov/geo/maps-data/maps/2010ua.html> |

### Application Technical Instructions & Submission Requirements

This application is to be completed via computer and submitted via e-mail. Below are a few guidelines to aid in the navigation of this document.

* When this application is complete, please e-mail **In Microsoft Word (.DOC) format** to Mike Healy ([mike.healy@illinois.gov](mailto:mike.healy@illinois.gov)) ***along with all appendices & attachments. ADDITIONALLY***:
  + Downstate Rural Providers **must also send a copy to their regional Human Services Transportation Plan (HSTP) coordinator**. For a full list of HSTP coordinators and their contact information, please consult Appendix E.
  + Downstate Urban Providers **must also send a copy to their Metropolitan Planning Organization (MPO)**. For a full list of relevant MPO personnel and their contact information, please consult Appendix E.

## Scoring Criteria

|  |  |
| --- | --- |
| Sec. 5310 Competitive Application Scoring Criteria  (applicable to private non-profit applicants only) | |
| Level of Existing Services  As determined by hours of operation compared to statewide applicant pool | 4.0 points |
| Equipment Utilization  As determined by vehicle miles traveled (VMTs) *or* number of one-way vehicle trips per day, compared to statewide applicant pool. | 4.0 points |
| Asset Maintenance  As determined by defined questions and reviewer’s judgment of required materials | 4.0 points |
| Management Capacity  As determined by defined questions and reviewer’s judgment of required materials and administrative review of applicant transportation budgets. | 4.0 points |
| Coordination Efforts  As determined by inclusion of required materials and local administrative review (see Sec. VII) | 4.0 points |
| *TOTAL* | ***20 points*** |

### Application Review Process, Criteria, and Award Timeline

When you e-mail your application to [mike.healy@illinois.gov](mailto:mike.healy@illinois.gov) (CC’ing your HSTP coordinator or MPO (see Appendix E) the CVP Section Chief will send a reply message acknowledging receipt. Your HSTP coordinator or MPO contact will review your application for required documents and contact you regarding any missing or supplemental information required for full review. **Any documents missing, delayed, or requiring authorizations from an applicant’s Board of Directors must be provided within 30 days of May 31, 2015 the application deadline (e.g., by June 30, 2015). If missing documents are not received by this deadline, the application will be deemed incomplete and ineligible for consideration.** The Division may require additional information during the full review.

Only when all information needed for full evaluation has been received, will the full review be completed. When final review of the application is complete, the Division will make its award recommendation to the Secretary of Transportation. Following the Secretary’s approval, vehicles will be ordered and two (2) copies of a grant contract forwarded to you for signature. When both copies are returned, the agreement will be executed and dated at the Division. Only then can we deliver vehicles. The Division, on behalf of the grantees, develops the vehicle specifications, purchases the vehicles, and assures that the procurement conforms to all state and federal requirements. This constitutes the Consolidated Vehicle Procurement process.

Your projects will be judged on: consistency with program goals and objectives, meeting public or specialized transportation needs, demonstrated and anticipated use of project equipment, maintenance of any vehicles granted during prior cycles, capacity to financially and administratively manage transportation projects, regional coordination efforts, ability to meet federal and state program requirements, and funding availability.

* If your request is for new service, the application must demonstrate a recognizable effort to create all necessary documentation **as if it were for existing service**. Reasonable estimates may be used for preliminary figures regarding materials such as planned hours of operation, budgets, etc. Please understand that estimates presented on this application will be used as performance benchmarks in future Sec. 5310 program reviews.

Acknowledgement of receipt ensures DPIT review of your application, though it does not ensure approval of the project. DPIT considers that the submission represents the applicant's intent to undertake or continue the proposed transportation project promptly, with the receipt of the approved vehicle.

**All applications must be e-mailed to the CVP Program Manager (**[**mike.healy@illinois.gov**](mailto:mike.healy@illinois.gov)**) by 11:59 p.m. on May 31, 2015.**

**The deadline for submitting missing documentation not submitted with original applications will be close of business on June 30, 2015.**

### Additional Guidance

If you have any questions or need additional information, contact:

|  |  |
| --- | --- |
| Mike Healy  Section Chief - CVP  Phone: 312-793-2184  E-mail: [mike.healy@illinois.gov](mailto:mike.healy@illinois.gov) | Or attend a 2015 CVP Application Informational Meeting (see next section) |

### 2015 CVP Application Informational Meeting

Through the Consolidated Vehicle Procurement (CVP) Program, the Illinois Department of Transportation, Division of Public & Intermodal Transportation (DPIT) makes grants to municipalities, mass transit districts, counties, and private or non-profit organizations for ramp and lift equipped paratransit vehicles. Funding for these grants comes from various sources, including Federal Transit Administrations (FTA) Sections 5310, 5311, and 5339 funding programs, as well as state sources.

IDOT will hold two non-mandatory but very helpful informational meetings to help you prepare an application. One will be held in Springfield and one in Chicago. We strongly encourage attending this meeting to learn more about recent changes to the CVP application review and scoring process, as well as answer any questions unique to your agency. Even if you are a former applicant, there are new updates to the application. Each session will last approximately two and a half hours. Please attend the session more convenient for you.

**When and Where:**

|  |  |
| --- | --- |
| **CHICAGO** | **SPRINGFIELD** |
| March 27th | April 16th |
| 10 a.m. | 9 a.m. |
| James R. Thompson Center  100 W. Randolph | Springfield Mass Transit District  928 S. 9th St. |
| Room 9-040  Chicago, IL 60601 | Training Conference Room  Springfield, IL 62703 |

**[Click Here to RSVP](https://docs.google.com/forms/d/1Y2oSan82BvRqQy4PFP2z8i2UA1mZR69GMZxSrU4nX_c/viewform)**

or RSVP TO

Mike Healy

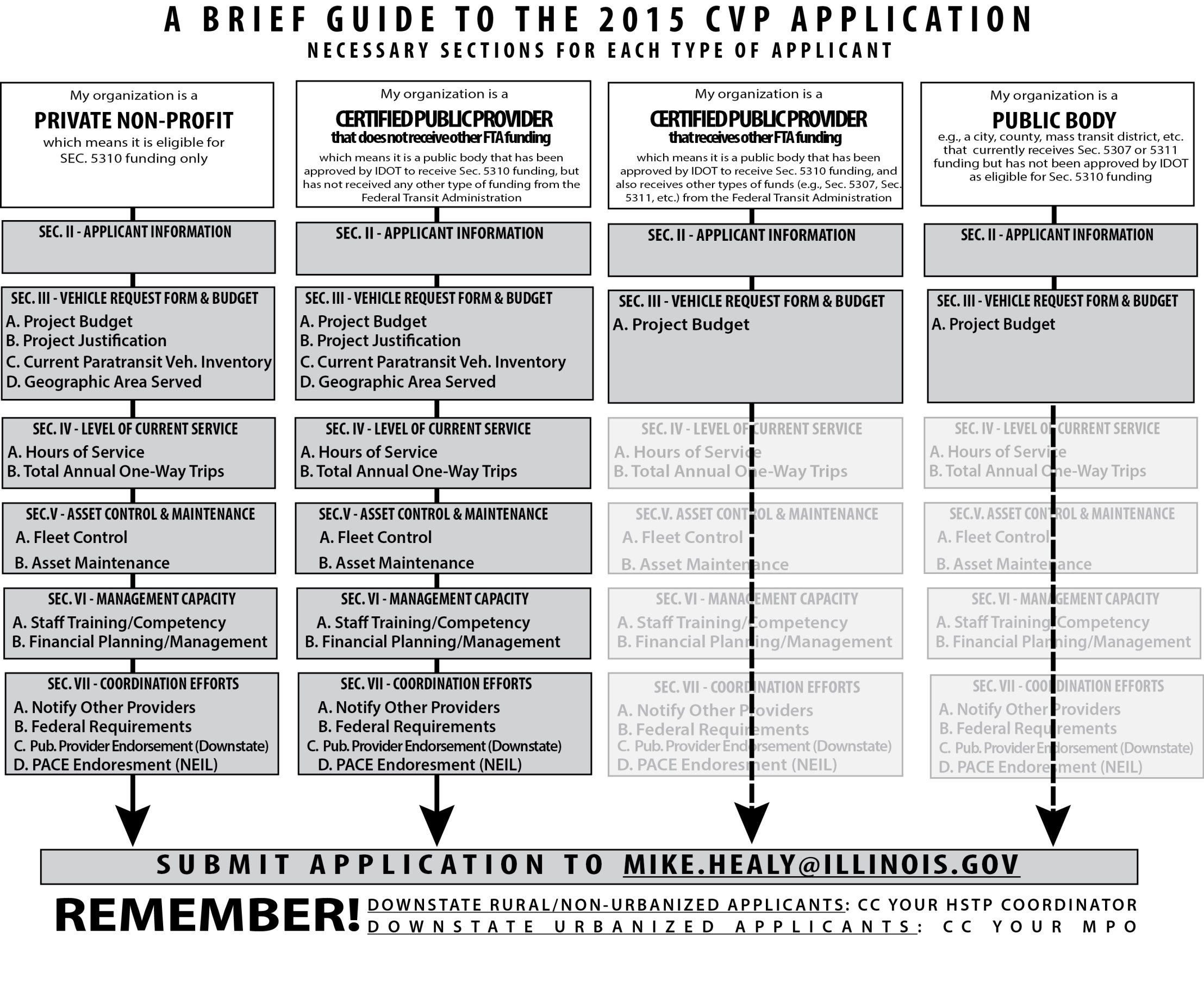
Section Chief - CVP

Phone: 312-793-2184

E-mail: [mike.healy@illinois.gov](mailto:mike.healy@illinois.gov)

#### **A Note on EXPANSION or NEW Service**

Many portions of this application inquire about current vehicle fleet and programs. For those proposing expanded or new service(s), we are aware that several documents, or data may not exist. For the purposes of this application please provide qualified estimates/projections for new or expanded service(s). This data will then be used as a benchmark for your agency in future program evaluation efforts.



# Section II. Applicant Information

|  |  |
| --- | --- |
| Date Submitted |  |
| **Applicant Information** |  |
| Legal Name |  |
| Mailing Address |  |
| County/Counties Served |  |
| Contact Name and Title |  |
| Phone (p) and Fax (f) |  |
| Email |  |
| HSTP Region and/or Urbanized Area (see Appendix E): |  |
| Federal Tax ID number (FEIN) |  |
| DUNS Number |  |
| Type of Applicant (Please Refer to the Table in Part I, A) | private non profit  IDOT Certified public body (NO other fta funds)  IDOT Certified public body (Receives other fta funds)  Section 5311 grantee |
| **For Vehicle Information/ Issues** |  |
| Contact and Title |  |
| Email |  |
| Phone (p) and Fax (f) |  |

**All Applicants Must Answer These Questions:**

|  |
| --- |
| Does A Minority Group Manage Your Organization Or Is Operation Minority Based?  Yes   No |
| Does Your Agency Provide Service To Minorities?  Yes   No |
| Does Your Application Have The Support Of Your Local Public Transportation Provider? \*  Yes No  N/A  \*For a searchable map & database of Illinois public transportation providers, please visit the IDOT/UIC TRANPRO Online Portal: <http://www.utc.uic.edu/tranpro/php/clickmap.php>. |

By this application, it is the intent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to request vehicle(s) through the State of Illinois' Consolidated Vehicle Procurement (CVP) program; and will meet all applicable state, federal and local acceptance, application and maintenance requirements. I certify that the information and statements provided in this application, and all supporting documents are correct and complete.

**Signature of Authorized Representative Date**

**(As authorized by board resolution, see Appendix D)**

**Print name of Authorized Official** **Title**

# 

# Section III. Vehicle Request Form & Budget

# (to be completed by all applicants)

**Example:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **CVP Vehicles Requested** | | | ***Information on Vehicles for Which Replacement is Requested*** | | | | |
| **Vehicle Priority** | **Vehicle Type Requested\*** | **Purpose for Request** | **Vehicle Type** | **Vehicle Year** | **Mileage** | **VIN** | **CVP Contract No.** |
| 1 | MDL | Replacement | MDL | 2005 | 187,000 | 2P4GP24B1VR220936 | 588 |
| 2 | LDL | Expansion |  |  |  |  |  |

Please fill out the below table to register your 2015 CVP vehicle request.

*(Double-click the table to access)*



**\*Requested Vehicle Types and Descriptions (See Appendix F: CVP Vehicle Catalog)**

**MV** - Mini-Van w/ramp (2 wheelchairs/5 passengers)

**LDL** - Light Duty Paratransit w/lift (3 wheelchairs/ 12 passengers)

**MDL** - Medium Duty Paratransit w/lift (5 wheelchairs/ 14 passengers)

**SMD** - Super Medium Duty Paratransit w/lift (5 wheelchairs/ 26 pass.)

Requires extensive justification. **Drivers must have CDL**

**Vehicle Replacement Criteria**

**To be eligible for replacement, current vehicle must meet either Criteria 1 or Criteria 2 *at time of application*.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | **Criteria 1** |  | **Criteria 2** |
| Autos/Mini-Vans/Raised Roof Vans | 95,000 Miles | OR | 5 yrs, in documented unsafe & poor operating condition |
| Light Duty Paratransit Vehicle | 100,000 Miles | OR | 7 yrs, in documented unsafe & poor operating condition |
| Medium Duty Paratransit/School Bus | 120,000 Miles | OR | 8 yrs, in documented unsafe & poor operating condition |
| Super Medium Duty Paratransit Vehicle  (>16 passenger) | 180,000 Miles | OR | 9 yrs, in documented unsafe & poor operating condition |
| Heavy Duty Transit Vehicle (>30 pass) | 280,000 Miles | OR | 10 yrs, in documented unsafe & poor operating condition |

If vehicle is eligible for replacement under Criteria 2, please provide documentation supporting reason(s) why the vehicle is in unsafe or poor condition, e.g., photos, receipts, repair estimates, etc. If a vehicle needing replacement did not reach the appropriate mileage criteria before becoming unsafe and/or inoperable, please provide a brief explanation as to why:

Click here to enter text.

### Project Budget (to be completed by all applicants)

**Example:**

**No. of Vehicles Requested**

****

Please enter your vehicle requests into the **blank/white cells below** and make note of your 2014 CVP budget request *(Double-click the table to access) .*

**No. of Vehicles Requested**

****

### Project Justification (To Be Completed By Private Non-Profit Applicants Only)

Please provide a brief defense of your proposal. Make sure to address the following topics:

* Describe the transportation program and needs of individuals in your current/proposed service area
  + If you are proposing new or expanded service, identify how these needs are currently not being met

* Explain how the current transportation program will change if this grant is not approved

* Describe how transportation services support, buttress and enable your agency’s overall mission

Click here to enter text

### Current Paratransit Vehicle Inventory

### (To Be Completed By Private Non-Profit Applicants Only)

|  |  |
| --- | --- |
| **Vehicle Condition Definitions** | |
| Out of Service | Vehicle is not suitable for safe and /or reliable daily operations |
| Poor | Vehicle is marginally suitable for safe and/or reliable daily operations, though is frequently at risk for being removed from service. Vehicle can be expected to last <1 yr. at current level of use before requiring permanent removal from service. |
| Fair | Vehicle is suitable for safe and/or reliable daily operations, though is beginning to exhibit significant wear & tear. Vehicle can be expected to last 1-2 years at current level of use before requiring permanent removal from service. |
| Good | Vehicle is suitable for safe and/or reliable daily operations. Vehicle can be expected to last 3-4 years at current level of use before requiring permanent removal from service. |
| Excellent | Vehicle is suitable for safe and/or reliable daily operations. Vehicle can be expected to last 4+ years at current level of use before requiring permanent removal from service. |



Please complete all of the following sections with your current fleet inventory. Please attach additional pages if necessary *(Double-click to access the table).*

# 

### Geographic Area Served (To Be Completed By Private Non-Profit Applicants Only)

Please list the census tracts in which you operate service. Census Tract Reference Maps can be found online at [**http://www.census.gov/geo/maps-data/maps/2010tract.html**](http://www.census.gov/geo/maps-data/maps/2010tract.html)**.**

To access a brief online tutorial on how to identify your organization’s served Census tracts, please [**click here**](https://drive.google.com/file/d/0B6dZDPUERNRIeUVMTDBOM01NUkU/view)



**Note:** please include all census tracts served, including tracts for which you only serve a portion/part of the territory within. If you have any additional comments regarding your service territory, please register them below:

Click here to enter text.

# Section IV. Level of Current Service & Equipment Utilization

### (To be completed by Private Non-Profit applicants & Non-FTA Funded CPPs only)

### Hours of Service

Please list the total hours each day during which your organization offers paratransit services.

* **Note:** this is an unduplicated count of hours. E.g., if you had multiple vehicles providing service between 9 a.m. and 11 a.m., the total number of service hours would be 2.
* **New/prospective applicants:** if you do not already offer paratransit services, enter the number of hours in which you are planning to offer service.



### Total Annual One Way Trips

Please enter your transportation program’s one-way trip information for 2014.

* This is a “per person” count. E.g., transporting 3 people to a medical appointment 🡪 3 trips; transporting 3 people to the store and then back home 🡪 6 trips.



|  |  |
| --- | --- |
| **Average Number of Vehicles Used to Provide Service on a Daily Basis** |  |

# Section V. Asset Control & Maintenance

### (To be completed by Private Non-Profit applicants & Non-FTA Funded CPPs only)

### Fleet Control

|  |  |
| --- | --- |
| **Does your transportation program maintain an individual vehicle file for each vehicle? Does each vehicle file include the following elements?**  **(Applicants with existing transportation programs must include or attach completed sample forms/files to receive credit; applicants proposing new service must include or attach sample forms/files to receive credit)** | |
| * Vehicle Title | **No** |
| * Warranties | **No** |
| * Warranty Claims | **No** |
| * Insurance Policy Card | **No** |
| * Vendor Contact Information | **No** |
| * Copies of repair/maintenance orders with inspection documentation and date resolved | **No** |
| * Details on any malfunctions of ADA/lift equipment | **No** |

### Asset Maintenance

|  |  |
| --- | --- |
| **Does your agency have a written, board adopted vehicle maintenance policy? Must include or attach to receive credit.**  **(Applicants with existing transportation programs must include or attach completed sampleforms/files to receive credit; applicants proposing new service must include or attach sample forms/files to receive credit)** | **No** |
| **Does your agency have a written, board adopted preventative maintenance schedule for all vehicles? Must include or attach to receive credit.**  **(Applicants with existing transportation programs must include or attach completed sample forms/files to receive credit; applicants proposing new service must include or attach sample forms/files to receive credit)** | **No** |
| **Does your agency perform preventative maintenance for all vehicles? Must include or attach sample documentation (tune-up receipt, oil change receipt, etc.) to receive credit.** | **No** |

### Comments:

Click here to enter text.

# Section VI. Management Capacity

### (To be completed by Private Non-Profit applicants & Non-FTA Funded CPPs only)

### Staff Training & Competency

|  |  |
| --- | --- |
| **Does your agency have a board adopted driver training policy/curriculum, including training syllabi, schedules and established periods for “refresher” trainings on the following subjects?**  **(Applicants with existing transportation programs must include or attach completed sample forms/files to receive credit; applicants proposing new service must include or attach sample forms/files to receive credit)** | |
| * Client Assistance | **No** |
| * Defensive Driving | **No** |
| * Emergency Procedures | **No** |
| * CPR/First Aid | **No** |
| * Operation of ADA/Lift Equipment | **No** |
| * Formal Vehicle Orientation, Including Communications Equipment | **No** |
| * Formal Route & Territory Orientation | **No** |

|  |  |
| --- | --- |
| **Does your agency maintain driver files, with each file containing the following elements?**  **(Applicants with existing transportation programs must include or attach completed sample forms/files to receive credit; applicants proposing new service must include or attach sample forms/files to receive credit)** | |
| * Licensing | **No** |
| * *If any drivers require CDL licensing applicant must provide documentation of 1) drug & alcohol testing program and 2) completed DOT physical examinations* |  |
| * Completed Trainings | **No** |
| * Driving and service record, including and special achievements or documented incidents | **No** |

### Comments:

Click here to enter text.

### Financial Planning & Management

### (To be completed by Private Non-Profit applicants & Non-FTA Funded CPPs only)

Please complete the below budget worksheet:



### Comments:

**Are transportation programs running at a net surplus or deficit?**

Click here to enter text.

**If transportation programs are running a net surplus, where are surplus funds directed?**

Click here to enter text.

**If transportation programs are running at a net deficit, from where are funds pulled to cover shortfalls?**

Click here to enter text.

# Section VII.

# Coordination Efforts

### (To be completed by Private Non-Profit applicants & Non-FTA Funded CPPs only)

### Notifying Other Transportation Providers

To protect the interests of all-existing public and private transit and paratransit operators, the applicant must take the following action:

**STEP 1** Prepare a mailing list of other public & specialized transportation providers in your service area. **Send each provider an individual letter or e-mail** advising of your intent to pursue Section 5310 funds through IDOT’s CVP application process. The contact information for both rural and urbanized public and specialized providers may be found via the IDOT/UIC TRANPRO Database at <http://www.utc.uic.edu/tranpro/php/clickmap.php>.

In the letter, describe the proposed service, number of vehicles to be used, population to be served, and boundaries of the service area. State the following:

*“In accordance with federal grant program requirements, all public and private transit operators must be given a fair and timely opportunity to participate in the provision of the proposed services and to submit written comments on the proposed project to the Division of Public and Intermodal Transportation (IDOT).”*

Include copies of your messages and responses with your application. All other area public and private transit operators are encouraged to submit written comments referencing the application and indicating:

* whether the services they are now providing or are prepared to provide would constitute a duplication or redundancy of services for mobility challenged seniors and/or individuals with disabilities in the service area of the CVP project applicant;
* whether they wish to participate in some way in the provision of the services proposed in the CVP application;
* any other comments they have about the application.

Each applicant should indicate in their message(s) where and by what date written comments should be submitted.

**STEP 2** Prepare and publish a public notice in a newspaper of general circulation in the service area (see Appendix B).

A copy of the notice as it appears, and any written comments/replies must be forwarded to the IDOT, Division of Public & Intermodal Transportation with the application.

### Federal Coordination Requirements

As part of the federal government’s human services coordination initiative, all Section 5310 recipients must certify that projects are derived from a locally developed, coordinated public transit-human services transportation plan (HSTP). In the rural areas of Illinois, the Division has developed 11 regions each staffed with an HSTP Regional Coordinator (see Appendix E). In downstate urbanized areas with populations of 50,000 or more, the Metropolitan Planning Organization (MPO) is the HSTP agency (see appendix E) and in the Northeastern Illinois Region (Cook, Lake, DuPage, Kane, Will and McHenry Counties), the HSTP contact agency is the Illinois Department of Transportation, Division of Public & Intermodal Transportation (DPIT). All Section 5310 applicants should be actively involved in the development of these plans, and each Section 5310 application outside of Northeastern Illinois will need to be endorsed by their respective HSTP local transportation planning committee/urbanized area coordination offices in order to be considered for funding by the Division.

Coordination between transportation services is a vital federal program requirement for client service and the most effective use of paratransit vehicles. Agencies receiving federal and state grants must contact and coordinate to the extent possible with all other services provided in their geographic service area to assure the most beneficial services to those in need. For a listing of the public and specialized transportation providers in all areas outside the six-county Northeastern Illinois Region, go the UIC IDOT Tranpro website at <http://www.utc.uic.edu/tranpro>, click on “Statewide Public and Specialized Transportation Provider Inventory,” and then click on the area on the map that your agency serves. As an applicant, you must notify each local provider in writing, of your intent to apply for vehicle(s) under this program. Include copies of those letters and the replies with this application.

### Downstate Public Provider Endorsement

Letters of support from other public and/or specialized transportation providers significantly impact your application coordination score. Feel free to include letters of support from legislators, administrators or other elected officials, but please be aware that the inclusion of such materials will not affect application scoring. A quick guide for obtaining letters of support from other transportation providers:

* Mail the request early to allow sufficient time for response.
* Plan for written or phone follow-up (which also must be documented to meet the minimum requirement for coordination).
* **For applicants outside of the Northeastern Illinois area, you are required to provide letter of support from the local public transportation provider in order to be eligible for funding** (See Appendix G).
* Please list all other public and non-profit transportation services for the general public, elderly persons and persons with disabilities operating in your current or proposed service area. Note any comments or outline your coordination plan below.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Agency/Provider** | **Clientele** | **Website** | **Phone** | **Days of Operation** | **Hours** | **Contact Status** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

### Northeastern Illinois Local Provider Endorsement

For applicants within the Northeastern Illinois region, the Northeastern Illinois Region HSTP Conformance Worksheet

must be completed (following page) in order to be considered for endorsement. You must also contact PACE Suburban Bus for their endorsement and letter of support. All requests for letters of support should be sent in writing, attention:

Melinda Metzger

Deputy Executive Director

PACE Suburban Bus

550 W. Algonquin Road

Arlington Heights, IL. 60005

[Melinda.metzger@pacebus.com](mailto:Melinda.metzger@pacebus.com)

### Northeastern Illinois Region HSTP Conformance Worksheet

**ONLY TO BE COMPLETED BY NORTHEASTERN ILLINOIS REGION APPLICANTS**

**(Cook, DuPage, Kane, Lake, McHenry, and Will Counties)**

To complete this form, please refer to the Northeastern Illinois Region’s HSTP Management plan which can be found at <http://www.rtachicago.com/section-5310/section-5310.html>

Please identify the following RTA HSTP Strategies addressed by the service you plan to provide with the vehicle or vehicles requested. The numbers in the chart below reference the RTA Coordinated Public Transit Report on their

website.

|  |
| --- |
| **RTA HSTP STRATEGIES**  **(p. 17-18)** |
| Improving Service Integration (check all that apply)   * + - Contracting with agency operators     - Contracting with common service providers     - Short term loans |
| Improving Accessibility (check all that apply)   * + - Accessibility improvements at non-key rail stations     - Improving access to fixed-route bus routes |
| Tools That Improve Productivity (check all that apply)   * + - Tools that improve data integrity, fare collection, cost sharing/allocation, billing/reporting and transfers     - Consolidating functions     - Centralized information     - Tools that support live dispatch     - Sharing resources |
| Flexible Transit Services (check all that apply)   * + - Agency/employment “tripper” services     - Community bus routes     - Taxi subsidy program     - Volunteer driver/escort program     - Reverse commute     - Improving access to fixed-route bus routes |