Applicant and Proposal Profile
Over The Road Bus Accessibility Program

Section I. Applicant Information

Is this a resubmission due to an invalid/error message from FTA?  ○ Yes  ○ No

Organization Legal Name: 

Doing Business As (DBA) Name: 

FTA Recipient ID Number: 

Applicant Eligibility:  ○ Private Entity

Fixed-Route Carrier:  ○ Large - Class I (Refer to the NOFA for large/small carrier definition)
                   ○ Small (Refer to the NOFA for large/small carrier definition)

Population Served:  □ Urbanized over 200,000
                   □ Urbanized 50,000 - 200,000
                   □ Rural

U.S. DOT #: 

Motor Carrier #: 

Description of services provided:

Description of areas served:

Section II. Evaluation Criteria (this section repeats, per project)

Eligibility Information

Project Title:
(Descriptive Title of this Project)
Project Executive Summary:

Project Type:  
- [ ] Intercity Fixed Route Service  
- [ ] Other Services  
  If Other Specify:  
  - [ ] Local Fixed Route Service  
  - [ ] Commuter Service  
  - [ ] Charter or Tour Service

Existing Fleet Information

The total number of over-the-road buses in fleet: 

Number of over-the-road buses in fleet used for intercity fixed-route service:  
Number of over-the-road buses intercity-fixed-route service that currently have lift:  
Number of over-the-road buses in fleet used for Other Service, e.g., Charter, Tour, & Commuter:  
Number of over-the-road buses used in "other" service that currently have lifts:

Demonstration of Need

Description of need for OTRB accessibility for persons with disabilities in the areas served by the applicant:  

***Note:*** Applicant should address all elements listed as part of the evaluation criteria in the Notice Of Funding Availability (NOFA).

Demonstration of Innovation

Description of the extent to which the applicant demonstrated innovative strategies and financial commitment to providing access to OTRBs to persons with disabilities:  

***Note:*** Applicant should address all elements listed as part of the evaluation criteria in the Notice Of Funding Availability (NOFA).
Acquired Equipment

Description of the extent to which the OTRB operator acquired equipment required by DOT's over-the-road bus accessibility rule prior to the required time frame in the rule:

*** Note: Applicant should address all elements listed as part of the evaluation criteria in the Notice Of Funding Availability (NOFA).

Financial Hardship

Description of the extent to which financing the costs of complying with DOT's rule presents a financial hardship for the applicant:

*** Note: Applicant should address all elements listed as part of the evaluation criteria in the Notice Of Funding Availability (NOFA).

Impact

Description of the impact of accessibility requirements on the continuation of OTRB service with particular consideration of the impact of the requirements on service to rural areas and for low-income individuals:

*** Note: Applicant should address all elements listed as part of the evaluation criteria in the Notice Of Funding Availability (NOFA).

Technical, Legal and Financial Capacity

Description of technical capacity to implement project:

*** Note: Applicant should address all elements listed as part of the evaluation criteria in the Notice Of Funding Availability (NOFA).
Description of Legal Capacity to Implement Project:

*** Note: Applicant should address all elements listed as part of the evaluation criteria in the Notice Of Funding Availability (NOFA).


Description of financial capacity to implement Project:

*** Note: Applicant should address all elements listed as part of the evaluation criteria in the Notice Of Funding Availability (NOFA).


Are there any outstanding technical, legal, or financial issues with respect to FTA Funding?

☐ Yes  ☐ No

If Yes, explain:


Intercity Service (if applicable)

If requesting funding for intercity service, provide evidence:

*** Note: Applicant should address all elements listed as part of the evaluation criteria in the Notice Of Funding Availability (NOFA).


Labor Information
Section III. Budget Information (This section repeats, per project)

Project Budget

Provide the Federal amount requested for each purpose for which funds are sought:

**Intercity Fixed Route Service**

$ ____________________ for ____________________ #New Lifts

$ ____________________ for ____________________ #Retrofits

$ ____________________ for ____________________ #Employees-Training

Subtotal ____________________

**Other Service (Commuter, Charter, or Tour)**

$ ____________________ for ____________________ #New Lifts

$ ____________________ for ____________________ #Retrofits

$ ____________________ for ____________________ #Employees-Training

Subtotal ____________________

Grand Total ____________________

Matching Funds Information

Matching Funds Amount: ____________________

Source of Matching Funds: ____________________
Supporting documentation of local match:

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**Previous Discretionary Funds**

Did the project receive funding from Fiscal Year 2011 FTA Discretionary Programs?

- Yes
- No

Amount: 

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**Congressional Districts (Place of Performance)**

<table>
<thead>
<tr>
<th>Congressional District</th>
<th>Congressional Representative</th>
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Insert Item

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Add Project