Part I: Applicant Information

rutt. Applicant injornation						
Legal Name of Applic	Legal Name of Applicant: Wake County					
	Applicant's Congressional District (If Applicant's city is included in more than one district, enter					
primary district only)	: 13					
Applicant's County (I)	Applicant has offices in more than one county, list county where main office is					
located): Wake						
Address:	220 Swinburne Street					
City, State, Zip:	Raleigh, NC 27610					
Federal Taxpayer	56-000347					
ID Number:						
Doing Business As	Wake County					
(DBA) Name:	(DBA) Name:					
Applicant's DUNS Nu	Applicant's DUNS Number (Unique 9-Digit number issued by Dun & Bradstreet. May be obtained free of charge at:					
http://fedgov.dnb.com/wel	http://fedgov.dnb.com/webform): 808888694					
Parent Agency DUNS Number: 808888694						
Applicant's Service Area's Congressional District (If service area is included in more than one district,						
enter primary district only): 13						
Project's Service Area	Project's Service Area (list the county or counties that will be served by the proposed project): Wake					
County						

Project Manager and Contact Information				
Name of Project Manager:	Alicia Arnold			
Title:	Housing and Transportation Division	Housing and Transportation Division Director		
Address:	336 Fayetteville Street, Suite 449,			
	P.O. Box 550			
Raleigh, NC 27603				
E-mail:	Alicia.arnold@wakegov.com			
Phone Number:	919-856-5268			
Mobile Phone Number:		FAX:	919-856-5594	
Alternative Co	ntact Information (in absence of Pro	oject M	anager)	
Name: Emily Fischbein				
E-mail:	Emily.fischbein@wakegov.com			
Phone Number:	919-508-0781			

Current Vehicle Inventory (enter number in fleet)					
Vans	1	Vans/Lifts	39	Sedans or	
				Minivans	
LTV's		LTV's/Lifts	2	Buses	

Table 1: Vehicles/capital to be replaced or rehabbed/refurbished with this request

Asset (model year, manufacturer, model or	VIN or Fleet ID	2015	2015	Current
variant)		revenue	revenue	mileage
		miles	hours	
BUS FORD E350 13 CHAMPION	168002	50,921	2,241.98	167,216
(Replace with Lift Van)				
VAN FORD ECONOLINE E350 13	175302	58,735	2,626.38	150,047
VAN FORD ECONOLINE E350 13	175402	57,286	2,529.33	146,051
VAN FORD ECONOLINE E350 13	175102	57,138	2,610.82	144,981
VAN FORD ECONOLINE E350 13	171102	54,100	2,428.40	138,364
VAN FORD ECONOLINE E350 13	175502	52,146	2,342.90	138,515
VAN FORD ECONOLINE E350 13	175202	49,998	2,192.53	135,351
VAN FORD ECONOLINE E350 13	171602	45,748	2,067.90	134,616
VAN FORD ECONOLINE E350 13	175002	44,014	1,995.83	124,644
VAN FORD ECONOLINE E350 14	169603	34,319	1,558.08	116,001

Table 2: Vehicles/capital that have been disposed up to and including FY15

Asset (model year, manufacturer,	VIN or Fleet ID	Disposition	Revenue	Revenue
model or variant)		Date	miles at	hours at
			disposition	disposition

The project conforms to FTA's spare ratio guidelines. ☐ Yes X No ☐ Unsure

Average Fleet Age (in Years)	3 years				
Average Fleet Age (in Miles)	173,696				
Spare Ratio	0				
Explanation					
We are running all the vehicles that are operational each day. We do not have enough vans for a					
spare ratio.					

Federal Financial Assistance Transparency Act (FFATA) mandates the disclosure of the names and total compensation of the five most highly compensated officers of an entity if:

- The Applicant received 80% or more of its annual gross revenues in the preceding fiscal year from the federal government (all federal sources, not just FTA); and
- Those revenues were greater than \$25M; and
- The public does not have access to the information through Securities and Exchange Commission or Internal Revenue Service filings as specified in FFATA.

YES

X No

Applicant should select "Yes" if they are subject to the reporting

requirements of FFATA and "No" if they are not subject to Executive

Co	ompensation Reporting.	
	ecutive Compensation Reporting r the top five officers of the Appli	: If "Yes" is selected above, enter the Names and Compensation amounts cant.
	Full Name	Total Compensation
1		\$
2		\$
3		\$
4		\$
5		\$
	Part II: Project Information	
	and/or rural service area. Duplic apply for one year of funding on It will be necessary to reapply and	submit one application for all capital projects for their small urban cate projects within service areas will not be funded. Applicants can ly. If a project is selected, funding for subsequent years is not guaranteed. If go through another competitive process for subsequent funding. Eligible 10, 5311, 5339 or a combination of the three funding sources.
	Project Name	Vehicle Replacement
	Type(s) of Capital Project (vehicle replacement, purchase of service, mobility management, equipment, etc). Describe the project(s) to be funded.	Vehicle Replacement. Wake County is asking for funds to replace 10 vehicles with Lift Vans.

Part III: Project Criteria

Federal Amount Requested = \$

State Amount Requested = \$552,600 Local match amount = \$61,400

Total project cost =

\$614,000

FY 2018

Address each of the evaluation criteria separately, demonstrating how the project responds to each criterion. Each proposer is encouraged to demonstrate the responsiveness of a project to all of the appropriate selection criteria with the most relevant information that the proposer can provide, regardless of whether such information has been specifically requested, or identified. Please be thorough, yet concise in the response.

III-1. Threshold Criteria

a. Does the applicant have the technical capacity to administer the project?
 X Yes □ No Explain your answer in the box below.

Wake Coordinated Transportation Services has four internal Transportation staff positions dedicated full time to the running the system, as well as three other Housing and Transportation staff positions who assist with the system. In addition, we have excellent maintenance staff, vendors and software to administer the system smoothly. WCTS has been operating for many years.

b. Describe the qualifications of the key personnel assigned to the project and the percentage of time each person will be involved in the project. Will the applicant need to hire additional personnel to support the project?

Key Transportation personnel have qualifications in transportation program management, transportation analysis, Medicaid transportation operations, customer service, financial management, and accounting. These personnel will be involved in the project 100% of their time. Other Housing and Transportation personnel bring additional planning, financial management, and accounting skills, and will spend approximately 50% of their time on the project. Hiring additional personnel to support the project will be not be necessary.

c. Does applicant have adequate financial and management systems in place to ensure adequate reporting and project oversight? X Yes \square No Explain your answer in the box below.

Wake County has been reporting on the use of our funds for years. We have internal financial and management systems that correspond to the reporting requirements of the state and federal governments.

d. Has the source of local match been identified in a current budget or has it been approved by the agency's governing body in a future budget? What is the source of the match (e.g., agency reserves, capital replacement fund, municipal general fund, private partnership, etc.)? If the match is not from the applicant agency but another party, has that party committed the match in writing? Provide documentation of the commitment of local match from an outside party. Explain your answer in the box below.

The local match is built into the future budget and is derived from earned revenue.		

e. Further describe the matching funds, including amount and source of the match (agency reserves, capital replacement budget, municipal general fund, private partnership, etc). List each source individually. If the matching funds are not committed, identify their source and anticipated award date. [Add/Remove Lines as necessary − place the cursor in the bottom row then right click → "Insert" → "Insert Rows Below" to add more lines to the following table]

Source	Amount	Date awarded or available
Earned Revenue	\$61,400	FY18

- f. Were FTA funds awarded to this project in previous years? \square Yes X No
- g. Describe the intended service area that will benefit from your proposed project. Include pertinent demographic information about the service area in your answer. It should be clear from your description where your project's target population lives in a small urban or rural area of North Carolina.

The service area is all of Wake County. 11.2 % of the population is below the Federal Poverty Level, 12% of the population below age 65 does not have access to health insurance, and 5.3% of the population under age 65 have some kind of disability. Wake County has some rural areas and some urban areas. WCTS serves the rural population that has limited access to other forms of transportation. In addition, trips to medical appointments for low income individuals receiving Medicaid, trips for employment purposes, and trips for people who are elderly or disabled are performed throughout the County.

h. Estimate the annual number of unduplicated passengers who will be served or the number of one-way trips that will be provided from the proposed project.

Unduplicated		One-way trips	253,814
Passengers			
Fully Allocated Cost per Trip	\$45.36		

List items included in the fully allocated cost per trip?

Vendor costs, Vendor Lift maintenance charges, Seon camera costs, Other vehicle costs, Radio airtime, Vehicle repairs, Fuel, Mobility Manager, 15% Admin match, Taxes, tags, licenses, 10% Capital Match, City of Raleigh license and maintenance at facility, Contingency

III-2. Project Readiness

a. Describe the project plan <u>in detail</u> and provide a timeline and milestones for the completion of the project. This description should completely describe what you want to accomplish and how you are going to accomplish it if you receive the requested funding. The applicant may wish to attach the following documents with the application but these documents are not required: maps, pictures, marketing plans, draft brochures, charts or graphs and/or route schedules that support the request for funding, demonstrate the need or illustrate the applicant's preparation. If the applicant is working in partnership with or coordinating with other agencies or organizations, letters of support from these agencies or organizations may be attached with the application. Your <u>detailed</u> answer should be one half to one whole page long.

The project plan is to utilize the 10 requested replacement vehicles to replace older vehicles in our fleet of 42 vans. We want to accomplish safe, reliable transportation to residents within our service area. We serve rural general public, people making trips for employment or doctors appointments paid for by Medicaid, and elderly or disabled people making trips for various types of purposes. The timeline is: the vehicles will be put into service when they are received, and we anticipate that this date will be in the beginning of FY18. There is no set completion date for the project, as the vehicles will be used for their useful life.

b. Describe the applicant's preparedness to manage the project.

Wake Coordinated Transportation Services has four internal Transportation staff positions dedicated full time to the running the system, as well as three other Housing and Transportation staff positions who assist with the system. In addition, we have excellent maintenance staff, vendors and software to administer the system smoothly. WCTS has been operating for many years, and we are prepared to transition to the replacement vehicles when they arrive in FY18.

III-3. Project Monitoring

a. Describe the method that will be used to monitor and evaluate the success of this project. List the measurable indicators of success.

Success of the project will be evaluated by having more vans in good condition and in operation on a daily basis. Measurable indicators of success will be: Number of vans in operation, On time performance, commendations or complaints.

b. Describe how the project relates to any federal or other programs that the applicant operates and, if applicable, how the applicant plans to use these resources to leverage this project.

WCTS receives ROAP grant funding and Medicaid funding to cover part of the operational cost of running the service. This CTP Capital grant request will provide 10 of the vehicles necessary to transport passengers carried with the operational funds. These operating funds leverage the project by providing the means to utilize the project vehicles.

С.	How will the	applicant	maintain	any v	ehicles/	'capital	after the	grant	period?
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Vehicles will be maintained at our General Services Administration Fleet Center.

d. What is the applicant's organizational mission? Explain how the project fits in with the other service the applicant already provides.

Our organization mission: Wake County Human Services, in partnership with the community, will facilitate full access to high quality and effective health and human services for Wake County residents.

The project fits in with other services provided by Wake County by giving people transportation to their health and human service needs.

e. Describe how the applicant will manage risk and provide for the safe delivery of services.

WCTS foll	ows the Safety and Security Procedures of the NCDOT.
III-4. Spe	cial Considerations
	the proposed project consistent with your agency's fleet management or capital replacement in? Provide an explanation in the box below and attach a copy of the management plan.
b. Giv	ven this request is only for capital assistance, is your agency committed to operating the
	vices associated with the proposed project over time? How? Provide an explanation in the box low.
X Yes	We operate the services through our ROAP grants, our Medicaid reimbursements, and our earned revenue.
□ N/A	current revenue.

Part IV: Budget Information

Provide a general line-item budget for the total project, with enough detail to describe the various key components of the project. Since it is possible that projects may be partially funded, the budget should provide for the minimum amount necessary to fund specific project components of independent utility. [Add/Remove Lines as necessary using prior instructions]. A detailed budget needs to be submitted via Partner Connect.

Project Stages with Independent Utility and Description	Federal Amount Reauested	State Amount Requested	Local Share	Total Cost
		nequesteu		
1. 10 Replacement Vehicles		\$552,600	\$61,400	\$614,000

2.			
3.			
4.			
Project Totals	\$552,600	\$61,400	\$614,000

Part V: Mobility Management Project Information Only

•	•	rmation about the locally developed, Coordinated Pu ion Plan (LCP) used to prepare this project application
1	Name of Plan/Title	
2	Applicable Need, Strategy or Activity Included on Page Number(s)	
3	Plan Date	
i	this service area? ☐ Yes If yes, describe the mobility option	ity options for seniors and/or individuals with disabilit No ns the seniors and/or individuals with disabilities in the seniors are creates more mobility options.

Capital Budgets

All rural transportation systems will be eligible for capital assistance funds. A Capital Replacement Schedule is included in Appendix A of this document. ASSETS THAT HAVE MET USEFUL LIFE WILL NOT AUTOMATICALLY BE REPLACED. The Capital Replacement Schedule represents the minimum threshold for replacement consideration unless the applicant can document that a capital item has a history of mechanical failure, is un-repairable or that it is financially prohibitive to repair the item.

Expansion Vehicles and Replacements – For FY2018, expansion vehicles are not an eligible Capital expense.

Other Capital, Advanced Technology and Baseline Technology – Applicants should consult the Capital Replacement Schedule before requesting any replacements of Other Capital or Advanced/Baseline Technology. Appendix B lists the minimum specifications for technology items. New Advanced Technology users must have completed the Advanced Technology Pre-Application process with ITRE. Current Advanced Technology users may request to replace existing Advanced Technology items as necessary. Any system requesting expansion vehicles should also request vehicle security and surveillance equipment and any other advanced technology items currently used. The applicant must provide one (1) retail estimate per item if they request funding to replace or purchase Other Capital or Advanced/Baseline Technology. The estimate will determine the amount of funding recommended by the reviewer. Some Object Codes in the Other Capital and Baseline Technology budgets include the maximum cost in which PTD will participate. Requests for funding cannot exceed these amounts per item. The applicant is required to enter written justification in No. 14 of the System Description form for Advanced/Baseline Technology; Radio Equipment; and Telephone Equipment.

Appendix A CAPITAL REPLACEMENT SCHEDULE

Note: Assets that have met their useful life will <u>not</u> automatically be replaced. This schedule represents the minimum threshold for replacement consideration. Listed capital items are illustrative and not exhaustive. **Effective 7/1/2012**

CAPTIAL ITEMS MAJOR FACILITY RENOVATIONS AND MEW CONSTRUCTION *Building Purchase *Facility Construction *Building Purchase *Facility Construction *Building Purchase *Facility Construction *Building Purchase *Facility Construction *Building Purchase *Pacility Construction *Building Purchase *Pacility Construction *Building Purchase *Pacility Construction *Building Purchase *Pacility Construction *Building And complete refurbish building. Needs Assessment required. For would be required. For some for the packed for replacement in 19 to project description of need for replacement in 19 to project description of need for replacement in 19 to project description of need for replacement in 19 to project description for feed for replacement in 19 to project description for feed for replacement in 19 to project description for feed for replacement in 19 to project description for feed for replacement in 19 to project description for feed for replacement in 19 to project description for feed for replacement in 19 to project description for f	Effective 7/1/2012	D3/	NATATINATINA	MINIMUM DOOLS (EVE A TION PER
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Beilding Purchase **Facility Construction** **Price FURNITURE** **Desk **Chairs** **Desk **Chairs** **Deoks **Conference Table **Safe (Fireproof) (25 yrs.)* **OFFICE FURNITURE** **Desk **Chairs** **Deoks **Conference Table **Safe (Fireproof) (25 yrs.)* **OFFICE FULL **Safe (Fireproof) (25 yrs.)* **OECHIPMENT** **OECHIPMENT** **VERY SAFE (Fireproof) (25 yrs.)* **OECHIPMENT** **OECHIPMENT** **VERY SAFE (Fireproof) (25 yrs.)* **OECHIPMENT** **OUR SAFE (Fireproof) (25 yrs.)* **OECHIPMENT** **OUR SAFENDA OF Tetail estimate** **OECHIPMENT** **OUR SAFENDA OF Tetail estimate** **OECHIPMENT** **OUR SAFENDA OF Tetail estimate** **OUR Systems with in-house Maintenane eligible** **OUR Systems with in-house Maintenane eligible** **Our Systems with in-house maintenane eligible** **Trucks - Light Duty (under 12,500 lbs. g.v.w.)* **OCHIPMENT** **OUR Systems with in-house maintenane eligible* **Our Patient Vullic Clause** **Our	MAJOR FACILITY RENOVATIONS AND		-	CONSIDERATION
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DEFICE FURNITURE 12 Years				
■ Desk ■ Chairs ■ Bookcase ■ Conference Table ■ File Cabinet ■ Safe (Fireproof) (25 yrs.) OFFICE EQUIPMENT ■ Fax Machine ■ Calculator ■ Copier ■ Etc. ■ Copi				would be required.
■ Bookcase ■ Conference Table ■ File Cabinet ■ Safe (Fireproof) (25 yrs.) ■ Fax Machine ■ Calculator ■ Copier ■ Etc. ■ Calculator ■ Copier ■ Etc. ■ Camcorder ■ TV ■ Etc. ■ BASELINE TECHNOLOGY ■ Camcorder ■ Projector)* ■ Printer ■ Server ■ Scanner (6 yrs.) ■ Scanner (6 yrs.) ■ SCURITY & SURVELLIENCE ■ Video (facility and vehicles) ■ Cameras ■ Wireless unit ■ DVR ■ Antenna ■ Antenna ■ COMMUNICATIONS EQUIPMENT ■ Radio units ■ Antenna ■ Rase Station ■ Repeater ■ Cell phones ■ Roller cabinets ■ Poistable tool stands ■ Nationals ■ Light Transit Vehicle (10 yrs.) ■ Bus washers- (10-15 yrs.) ■ Bus washers- (10-15 yrs.) ■ Revenus Elight Transit Vehicle (LTV) ■ Conver 28 ft body on cut-a-way chassis ■ Medium (Medium duty chassis) ■ Medium (Medium duty chassis) ■ Cary Chassis ■ Large (Heavy Duty Chassis) ■ Calculator ■ Oscarption of need for replacement ■ Description of need for replacement in i project description of need for replacement ■ Description of need for replacement ■ Description of need for replacement ■ Description of need for replacement in i project description of need for replacement ■ Description of need f			12 Years	
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SECURITY & SURVELLIENCE Video (facility and vehicles) Cameras				
■ Video (facility and vehicles) □ Cameras ■ Wireless unit □ DVR □ Antenna COMMUNICATIONS EQUIPMENT □ Radio units □ Antenna □ Base Station □ Repeater □ Cell phones □ Roller cabinets □ Diagnostic equip □ Portable tool stands □ Hoists (10 yrs.) □ Brake lathes □ Bus washers (10-15 yrs.) □ Etc. SUPPORT VEHICLES □ Trucks − Light Duty (under 12,500 lbs. g.v.w.) □ Center Aisle Van (2010 or older) □ Mini-Van □ Conversion Van or Lift Van Buses Light Transit Vehicle (LTV) 20-28 ft body on cut-a-way chassis Medium (Medium duty chassis) Over 28 ft body on truck chassis Medium (Heavy Duty Chassis) Medium (Heavy Duty Chassis) Large (Heavy Duty Chassis) 12 years □ 1 retail estimate □ Description of need for replacement in ir project description 12 years □ Only Systems with in-house Maintenance eligible □ 1 retail estimate □ Description of need for replacement in ir project description □ Passible Vears □ Only Systems with in-house Maintenance eligible □ 1 retail estimate □ Description of need for replacement in ir project description □ Passible Vears □ Only Systems with in-house Maintenance eligible □ 1 retail estimate □ Description of need for replacement in ir project description □ Only Systems with in-house Maintenance eligible □ 1 retail estimate □ Description of need for replacement in ir project description □ Only Systems with in-house Maintenance eligible □ 1 retail estimate □ Description of need for replacement in ir project description □ Only Systems with in-house Maintenance eligible □ 1 retail estimate □ Description of need for replacement in ir project description □ Only Systems with in-house Maintenance eligible □ 1 retail estimate □ Description □ Only Systems with in-house Maintenance eligible □ 1 retail estimate □ Description □ Only Systems with in-house Maintenance eligible □ 1 retail estimate □ Description □ Only Systems with in-house Maintenance eligible □ 1 retail estimate □ Descrip				* Will be considered if needed for presenta
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■ Radio units ■ Base Station ■ Repeater ■ Cell phones ■ Repeater ■ Coll phones ■ Roller cabinets ■ Diagnostic equip ■ Lift truck ■ Engine stands ■ Bus washers- (10-15 yrs.) ■ Bus washers- (10-15 yrs.) ■ Bus washers- (10-15 yrs.) ■ Etc. ■ Trucks - Light Duty (under 12,500 lbs. g.v.w.) ■ Center Aisle Van (2010 or older) ■ Mini-Van ■ Conversion Van or Lift Van ■ Buses Light Transit Vehicle (LTV) 20-28 ft body on cut-a-way chassis Medium (Medium duty chassis) Medium (Medium duty chassis) Medium (Heavy Duty Chassis) Medium (Heavy Duty Chassis) Large (Heavy Duty Chassis) ■ Cell phones Diagnostic equip ■ Light Transit vehicle (LTV) 20-28 ft body on truck chassis Medium (Heavy Duty Chassis) 12 years or 30-35 ft. Large (Heavy Duty Chassis) 12 years or 12 years Only Systems with in-house maintenance eligible Only Systems with in-house maintenance eligible Updated PTMS Current VUD Once required fleet size has been detern the capital assessment process, vehicles designated for disposition and not be el replacement.				
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			350,000 miles	
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	35-40 ft.		500,000 miles	

Appendix B

FY2018 Technology Specifications:

(to be used as guideline for minimum standards only) Standards for Hardware, Software and Networking

These are MINIMUM standards only. NCDOT guidelines require that each computer last at least 5 years. If you plan on installing automated scheduling software or other technologies during the lifetime of the computer, please consult with the appropriate resource to determine minimum requirements.

Desktop

Operating System:	Windows 7			
Processor:				
Memory:	4.0GB or higher			
Hard Drive (s):	80G, partitioned so C: drive is for programs and D: drive is for			
Tiara Brive (s).	data			
Software:				
Video Card:				
Network Card:				
UPS Backup/Surge	1			
Protection:				
Multimedia Devices:	3 /			
Tylulanicula Devices.	Microphone, optional Camera			
Monitor:				
TVIOINIOI .	Purchase larger monitors if required by specific applications.			
Other Drives:				
Anti-Virus Software:				
Service Program:				
5-year warranty with on-site service				
Network Network				
Configuration:	100/1000 MB using switches (no hubs), TCP/IP Protocol			
	<u>Server</u>			
_	re minimums only. Servers should be expandable to enable increases			
in memory, processors, har	·			
Operating System:	Microsoft Windows Server 2008			
Database Software:	Microsoft SQL Server 2005 SP2 or 2008 Standard (if necessary)			
etwork Card: (2) 100/1000 MB				
Processor Type:	ocessor Type: Intel Xenon 2.5Ghz or higher			
Memory:	mory: 12 GB			
Hard Drive(s):	ard Drive(s): 300 GB			
Monitor:	onitor: 15" or larger			
Graphics Card:	64MB or greater			
Other Drives:	CD/DVD ROM			
Anti-Virus Software:	Any industry standard anti-virus software			
Service Program:	3-year warranty Ruigh 13n-site service			