

APPLICATION – CALL FOR PROJECTS

ENHANCED MOBILITY OF SENIORS AND INDIVIDUALS WITH DISABILITIES SECTION 5310

Program Information, Eligibility, and Application Details

Program Information

The Enhanced Mobility of Seniors and Individuals with Disabilities program (Section 5310), administered by the Federal Transit Administration (FTA), supports transportation services planned, designed, and carried out to address the specific needs of older adults and people with disabilities. The Capital Area Transportation Authority (CATA) is the designated recipient of Section 5310 funds apportioned by FTA to the Lansing urbanized area (UZA). As the designated recipient, CATA is responsible for administering Section 5310 funds within this geographic area.

There is \$900,000 in funding available for this call for projects, which includes funding from previous fiscal years. Additional funds may be provided pending responses to the call.

For applicants that move towards final consideration, CATA may request additional information by way of an applicant interview and/ or site visit. Advanced notice will be provided to applicants. A request for additional information does not indicate funding is forthcoming.

Eligibility

Please consult the FTA Section 5310 [Enhanced Mobility of Seniors and Individuals with Disabilities Program Guidance](#) to review the specific eligibility requirements prior to beginning this application.

Application Details

Applicants should also reference the FY 2025 Call for Projects Instructions document on the CATA website for further details and information.

Applicants may submit no more than one application in response to this Call for Projects using the fillable form below, which may include up to one capital project and up to one operating project, only one project may be submitted for each request type. For operating projects, if applicants request multiple years of funding, please request enough funding to cover the entire project duration. For any questions about filling out the application, contact PlanningTeam@cata.org.

The deadline to submit a completed application is **5:00 p.m. Friday, May 30, 2025**, applications received after this deadline will not be considered in the current funding round. Applications must be submitted by email with all attachments (as separate files, do not merge) to PlanningTeam@cata.org.

Information necessary to complete the application includes:

- 1. Applicant Information**
- 2. Project Information (As Applicable)**
 - a. Vehicles (such as small buses, vans, etc.)
 - b. Mobility Management (including as travel training)
 - c. Other Capital (software/ hardware/ facilities/ shop equipment/ pedestrian improvements)
 - d. Operating
- 3. Service Information & Agency Experience**
- 4. Project Benefit**
- 5. Additional Information (Optional)**

Regardless of how many projects are included in the application, applicants must fill out all relevant fields.

Applicants should complete the checklist below to ensure that they have supplied all materials required for a complete submittal. Applications lacking the attachments below may be deemed ineligible.

Required Submittal Package Checklist

- Completed application
- Letter of match funding commitment (for Operating projects)
- Transportation program budget
- Letters of support
- Current vehicle inventory (for vehicle applicants only)

Request Type (Check all that apply)

- Vehicles (such as small buses, vans, etc.)
- Mobility Management (including travel training)
- Other Capital (software/ hardware/ facilities/ shop equipment/ pedestrian improvements)
- Operating

1. Applicant Information

Contact Information			
Legal Name of Applicant or Organization			UEI Number (If Applicable)
Contact Person			
Address	City	State	ZIP
Telephone		E-Mail Address	
Website			

Entity Type

- | | |
|--|---|
| <input type="checkbox"/> Private Non-Profit Organization | <input type="checkbox"/> Other Municipality |
| <input type="checkbox"/> City | <input type="checkbox"/> Transit Authority |
| <input type="checkbox"/> Village | <input type="checkbox"/> Government Agency |
| <input type="checkbox"/> Township | |

Service Areas* (May select more than one)

- | | |
|---|---|
| <input type="checkbox"/> City of Lansing | <input type="checkbox"/> Village of Dimondale |
| <input type="checkbox"/> City of East Lansing | <input type="checkbox"/> City of DeWitt |
| <input type="checkbox"/> City of Mason | <input type="checkbox"/> City of Grand Ledge |
| <input type="checkbox"/> Delhi Township | <input type="checkbox"/> City of Potterville |
| <input type="checkbox"/> Lansing Township | <input type="checkbox"/> City of Charlotte |
| <input type="checkbox"/> Meridian Township | <input type="checkbox"/> City of Eaton Rapids |
| <input type="checkbox"/> Delta Township | <input type="checkbox"/> City of St. Johns |
| <input type="checkbox"/> DeWitt Township | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Bath Township | |

*Eligible projects in the tri-county area must be located within the 2020 Adjusted Census Urban Boundary (ACUB). To view current 2020 Census Urban Areas, visit the [Web Map](#) and select the **Census 2020 - Urban Areas** layer.

2. Project Information (As Applicable)

Anticipated use of investment: <input type="checkbox"/> Continue existing service <input type="checkbox"/> Expand service <input type="checkbox"/> Offer new service
Briefly describe your overall application/ project. If applying for multiple projects, include a description of each project in its own paragraph.
How would this (these) project(s) address gaps in service, improve mobility, and/ or eliminate transportation barriers for seniors and/ or people with disabilities (e.g., increase opportunities beyond ADA requirements, improve access to fixed route service, increase alternatives to public transportation)? If applying for multiple projects, include a description of each project in its own paragraph.
What is the total amount of Capital funds you are requesting (consists of funds for vehicles, mobility management, other capital items, etc.)?
What is the total amount of Operating funds you are requesting (consists of salary, benefits, fuel, supplies, etc.)?

If applying for **Vehicle** funding, please proceed to completing section 2a.
If applying for **Mobility Management** funding, please proceed to completing section 2b.
If applying for **Other Capital** funding, please proceed to completing section 2c.
If applying for **Operating** funding, please proceed to completing section 2d.

2a. Vehicles

Please provide a breakdown of the vehicle specifications (e.g., descriptions, types, quantities, associated costs, etc.), as well as the total vehicle project cost.

Describe how you are prepared to implement your project. Include a timeline of when vehicles will be put into service, include milestone dates (minimum start date and completion date milestones).

2b. Mobility Management

Please provide a breakdown of the mobility management project (e.g., travel training personnel costs, coordinating technology, other associated costs, etc.), as well as the total mobility management project cost.

Describe how you are prepared to implement your project. Include a timeline of when the mobility management project would be in service, include milestone dates (minimum start date and completion date milestones).

2c. Other Capital

Select the type of capital requested (select only one):

Software Hardware Facilities Shop Equipment Pedestrian Improvements

Please provide a breakdown of your capital request (e.g., items, quantity, purpose, etc.), as well as the total capital project cost.

Describe how you are prepared to implement your project. Include a timeline of when the new capital item(s) would be in service, include milestone dates (minimum start date and completion date milestones).

2d. Operating

Note: as specified in instructions, all applications shall include a letter of funding commitment for local match funds.

Describe the operating project, anticipated riders served, service area, and the total cost (100%) of your operating project. If requesting funding for multiple years, please provide a per year breakdown.

Describe how you are prepared to implement your project. Include a timeline of when the operating service would begin and include milestone dates (minimum start date and completion date milestones).

2d. Operating

Note: as specified in instructions, all applications shall include a letter of funding commitment for local match funds.

What is (are) the funding source(s) for the 50% local contribution required to fully fund this project?

3. Service Information & Agency Experience

Service Area

Please provide city name(s) and ZIP code(s) for your service area(s).

Describe transportation services currently provided (i.e., fleet size and vehicle type, hours of operation, fares, booking processes, type of operation).

How do people learn about your transportation program? What type of outreach/ publicity is done for this program?

Agency Experience

Has your agency carried out similar 5310 projects to the one(s) described in this application? If yes, over what period of time (in years) has your agency carried out the project? In how many similar projects has your agency been involved?

How do you measure your transportation program's effectiveness and what performance measures are used (i.e., annual rides or trips provided, vehicle miles of service, cost per ride, cost per mile)? Please provide recent data.

Describe your organization's experience, knowledge, technical and administrative ability, and capacity to manage federal grants successfully and efficiently.

CATA may request supporting financial documentation regarding your transportation program. What type of financial documentation is available should it be requested (select all that apply)?

- Transportation Program Budget (required)
- Audited Financials
- Other: _____

To comply with Federal reporting requirements, CATA will require, at a minimum, quarterly reporting of the projects funded by this award. Is your agency willing to comply with this requirement?

- Yes No

4. Project Benefit

Regional Strategies

Beginning on page 7-2, the [Coordinated Public Transit – Human Services Transportation Plan \(CPTHSTP\)](#) lists key high priority strategies for the implementation of regional 5310 programs. Please indicate which high priority strategies your application addresses (select all that apply):

- New Services to Fill Current Gaps
- Expand Mobility Options
- Build Upon and Maintain Opportunities for Mobility
- Infrastructure that Supports Accessibility and Public Transit
- Meet Regional Transportation Needs

Describe how your project addresses the CPTHSTP high priority strategies selected above. If applying for multiple projects, include a description of each project in its own paragraph.

5. Additional Information (Optional)

Please provide any additional information you wish to be considered with your application. If you have attachments (e.g. brochures, program details, etc.), please include them as a separate attachment with your application.