



STATE OF NEW JERSEY

**SENIOR CITIZENS and DISABLED RESIDENTS
TRANSPORTATION ASSISTANCE PROGRAM
JANUARY 1, 2025 – DECEMBER 31, 2025**

and

**FTA NON-URBANIZED AREA FORMULA PROGRAM
(SECTION 5311)
JANUARY 1, 2025 – DECEMBER 31, 2025**

| | | |
|---|---|--|
| County | Morris | |
| Name of Transportation System | Morris Area Paratransit System (MAPS) | |
| Applicants Legal Name | County of Morris. Department of Human Services, Morris Area Paratransit System | |
| Address | PO BOX 900 | |
| | Morristown, NJ | |
| | 07963-0900 | |
| Name and Title of Person Completing the Application | Christine Hellyer | |
| | Division Director | |
| Phone Number | 973-285-6858 | |
| Agency Website | https://www.morriscountynj.gov/Departments/Aging-Disabilities-Community-Programming/MAPS | |
| E-Mail Address | chellyer@co.morris.nj.us | |

NJ TRANSIT
Local Programs and Minibus Support
One Penn Plaza East, 4th floor
Newark, New Jersey 07105-2246
Phone: (973) 491-8891

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TECHNICAL CAPACITY

All applicants must demonstrate the technical capacity to carry out the services proposed. At a minimum, the applicant must be able to demonstrate:

- The financial ability to perform and deliver the service applying for and awarded.
- An adequate level of staffing and grant experience and knowledge to comply with all FTA grant requirements.
- An adequate level of staffing and operational experience needed in delivering the service as per grant award.
- An adequate level of staffing and maintenance experience for performing required maintenance on vehicles used or purchased for this service.
- An adequate level of vehicles including back-up vehicles to perform the service under this program.
- An established driver training program to ensure safe and reliable service to all passengers.
- The service provided is not duplicating other services funded under FTA or other funding sources. *All FTA subrecipients must be part of the local Coordinated Human Services Transportation Plan (CHSTP).*
- Written procedures and policies for operations, grant administration, and FTA reporting requirements.
- The proposed service meets the funding requirement. (*i.e.*: if requesting funds under Section 5311 services must be provided in the rural area for the general public.) *This must be demonstrated through sample map of service and screen shot of website and marketing materials.*

While completing this application ensure that you are clearly documenting the technical capacity required to deliver this State and/or Federal funded project.

If applicant is providing route deviation service with published timetable/schedule, please include copies of timetables.

Additional Requirements for all timetable/marketing materials:

- Systems must provide a measure of distance of route deviation (*i.e.*: ¼ mile, ½ mile, *etc.*).
- Systems must provide information to the public on how to request route deviation.
- A phone number for requesting deviation in advance.
- A statement that deviation service is open to the general public.
- Title VI "Notice to Beneficiaries."
- ADA Reasonable Modification language.
- Instructions on how to obtain information in alternate format or languages.
- The universal symbol of accessibility.
- Systems must ensure all marketing material provide clear language that trips are not prioritized and are open for any trip purpose.

PROPOSED SCHEDULE FOR CASINO REVENUE APPLICATION FOR YEAR 2025

The following timetable is for guidance purposes only and should be used to assist you in planning the completion of your SCDRTAP application in a timely manner. NJ TRANSIT understands that dates and local procedures may vary.

No less than 30 days before your hearing.

By this date you should have:

- Published your public hearing notice in two different local newspapers, notice must be published at least 30 calendar days prior to the hearing date.
- Sent a copy of the public hearing notice to all municipal clerks in the county.
- Sent copy of public hearing to all interested agencies including but not limited to senior centers, nutrition sites, adult workshops, senior and disabled non-profit agencies.
- Posted large print on-board public hearing notices in your vehicles.

At your Public Hearing

By this date you should have:

- Read into the public hearing record summary of 2024 (to date) grant activities and the proposed 2025 SCDRTAP budget.
- Provide copies of the summary of 2024 grant activities (to date) and copies of the proposed 2025 budget. (Should be available in alternative format upon request.)

Fourteen (14) days After Public Hearing:

A copy of the summary of 2025 grant activities/goals and copies of proposed 2025 grant activities/goals and budget should be placed in the main branch of the county library and/or the County Website for public review at least 14 days after the public hearing date. The County should make every effort to have a full application in the library and/or the website available. If the entire application is not available 14 days after the hearing, the county should place a copy of the proposed description of service and proposed line-item budget in the library and/or website for public review.

Friday, September 13, 2024

Application due to NJ TRANSIT. If the full transcript of the public hearing, notarized public hearing notices and/or original Commissioner Resolution is not available by this date please note it on your cover letter and submit it as soon as available.

Please note: The County must meet with their local CAC to review the proposed service activities, goals, and budget for 2025. Their input and feedback should be considered in the planning process for this application.

SECTION I – COUNTY INFORMATION

Project Contacts/Personnel

1. Subrecipient key contacts. **This section must be completed.**

Table 1

| Name | Title | Address | Phone Number | E-mail |
|-------------------|--------------------------|--|--------------|----------------------------|
| Christine Myers | Commissioner / Director | PO Box 900 Morristown, NJ 07963-0900 | | Cmyers@co.morris.nj.us |
| Anthony Aponte | Procurement Contact | PO Box 900 Morristown, NJ 07963-0900 | | AAponte@co.morris.nj.us |
| Beti Bauer | Audit Contact | PO Box 900 Morristown, NJ 07963-0900 | 973-285-6101 | Bbauer@co.morris.nj.us |
| Jill Blnkowski | EEO Contact* | PO Box 900 Morristown, NJ 07963-0900 | 973-285-6049 | JBlnkowski@co.morris.nj.us |
| Allison Stapleton | ADA Representative* | PO Box 900 Morristown, NJ 07963-0900 | 973-285-6049 | JBlnkowski@co.morris.nj.us |
| Allison Stapleton | Title VI Representative* | PO Box 900 Morristown, NJ 07963-0900 | 973-285-6049 | JBlnkowski@co.morris.nj.us |
| Allison Stapleton | Safety Officer* | PO Box 900 Morristown, NJ 07963-0900 | 973-285-6049 | JBlnkowski@co.morris.nj.us |
| Christine Hellyer | NVRA Site Coordinator | PO Box 900 Morristown, NJ 07963-0900 | 973-285-6858 | chellyer@co.morris.nj.us |

*Required for Section 5311, recommended for SCDRTAP.

2. Provide the name, title, phone number, e-mail address, and estimated percentage of their salary that will be charged to the grants. Table 2 **For example:** Administrator, Operations Manager, Safety Officer

Table 2

| Staff Member | | Phone Number | E-mail | SCDRTAP | | 5311 | |
|--------------|-------------------|--------------|--------------------------|---------|-------------|---------|-------------|
| Name | Title | | | Admin % | Operating % | Admin % | Operating % |
| Dawn Skrinak | Office Supervisor | 973-829-8643 | Dskrinak@co.morris.nj.us | | 50% | | 50% |

2025 SCDRTAP and 5311 Application

| | | | | | | | |
|-------------------|----------------------------|--------------|--|--|-----|--|--|
| Jacqueline Keiper | 1 Program Development Aide | 973-285-2811 | jkeiper@co.morris.nj.us | | 83% | | |
|-------------------|----------------------------|--------------|--|--|-----|--|--|

Table 2b For example: Operator, Dispatcher, or Reservationist, list the number of these positions and percentage charged per grant.

Table 2b

| Staff Role | | SCDRTAP | | 5311 | |
|---------------------|-----------------------------------|---------|--|---------|-------------|
| Title | Number of employees | Admin % | Operating % | Admin % | Operating % |
| | 14 Senior Motor Vehicle Operators | | | | |
| | 11 Motor Vehicle Operators | | | | |
| Astley McNab | 1 Radio Dispatchers | | | | |
| Michelle Neidenberg | Clerk/ reservationist | | Mneidenber@co.morris.nj.us | | 83% |
| Nixia Aguirre | Clerk Driver | | NAguirre@co.morris.nj.us | | |
| | | | | | |

- By grant, for positions that will only be partially charged to either grant, describe how the estimated percentage of the salary to be charged to the grant was derived.

Describe what mechanism(s) are used to verify the actual time that an individual spends on grant related activities.

The FY 2022-5310 grant to be allocated to CY 2025 is expected to be \$125,000. This is equally charged to all staff

The Office Manager's oversee the general operations of the program, this salary is equally charged to SCDRTAP and 5311 grants.

One Radio dispatcher is charged to 5311 and a clerk to SCDRTAP. These two staff share similar duties, with the changes in office duties due to updated scheduling software, we are transitioning the office titles to clerk positions.

Drivers, the remaining percentages are derived by identifying the drivers that have driven the most rural miles in the previous year. The remaining drivers are then charged to SCDRTAP.

- Describe the methodology that is used to determine how trips are charged to each funding source or grant.

2025 SCDRTAP and 5311 Application

SCDRTAP and 5311 are charged on an expense based manner for the program, not per trip. Trips are reported by funding source and are recorded based on riders address. If a rider is located in a rural address, the trip is coded and recorded as a 5311-rural trip. If the rider is outside of the rural address and is elderly or disabled, the trip is recorded as SCDRTAP. This results in a cost based, fluctuating cost per trip. Each month the expenses of the program and charged to the grant according to the budget, this allows for the availability of the program, though trip numbers fluctuate.

5. Attach an official organizational chart for those involved in your transportation program. If you contract out your service to a third-party vendor, include an organization chart for the vendor's operations. **(Attach as NJT Attachments A and B)**

Document attached

6. List SCDRTAP Citizens Advisory Committee 2025 meeting dates, locations (if held online, please note which web-based application ex. ZOOM, MS Teams, *etc.*), and times.

Table 3

| Date | Location/ Web-based Application |
|-------------------|---|
| February 6, 2025 | 340 W. Hanover Ave. Morristown, NJ 07962 and ZOOM |
| April 6, 2025 | 340 W. Hanover Ave. Morristown, NJ 07962 and ZOOM |
| June 5, 2025 | 340 W. Hanover Ave. Morristown, NJ 07962 and ZOOM |
| September 4, 2025 | 340 W. Hanover Ave. Morristown, NJ 07962 and ZOOM |
| November 6, 2025 | 340 W. Hanover Ave. Morristown, NJ 07962 and ZOOM |
| | |

7. Provide us with the names of SCDRTAP Citizen Advisory Committee Members. Indicate if the members are senior citizens, people with disabilities, or consumer advocates, and demographics of the board. Indicate Chairperson, and if applicable, Vice-Chairperson of Committee.

Table 4

2025 SCDRTAP and 5311 Application

| Member Name | Characteristic | Demographics |
|---------------------|-----------------------|---------------------|
| Marc Molde | Person w/ disability | Chair |
| Maria Isaza, PhD. | Advocate/ caregiver | Vice- Chair |
| William Schuldt | Advocate/ Provider | |
| Nancy Wynne- Toolen | Advocate/ Provider | |
| | | |
| | | |

Documents and Recordkeeping

Refer to program documents listed below that are maintained relating to program activities. Indicate which staff member(s) performs the administration and oversight of the following:

Table 5

| Documents | Name and Title of Responsible Person |
|--|--------------------------------------|
| Grant Application/Administration | Christine Hellyer |
| | Division Head |
| Contract (w/NJ TRANSIT) | Christine Hellyer |
| | Division Head |
| Operations/Manifest | Dawn Skrinak |
| | Office Manager |
| Financial Records | Christine Hellyer |
| | Division Head |
| Procurement/Bid Documents Including RFP's | Beti Bauer |
| | CFO |
| Daily Pre-Trip form | Dawn Skrinak |
| | Office Manager |
| Maintenance Records | Frank Aloia |
| | Director, Motor Services |
| Driver Training | Risk Management and Dawn Skrinak |
| Monthly/Quarterly Ridership Reports | Jackie Keiper |
| | Senior Clerk Driver |
| Drug and Alcohol Data | Peter Gordon |
| | Risk Management |
| Monitoring 3 rd Party Contractors | NA |
| | |
| Complaints (ADA, Title VI, Service, etc.) | Jill Bonkowski |
| | Employee Relations |
| Others | |
| | |

Procedures for Grant Administration Reporting

Complete Table 6 and **only attach any policies and procedures that have been revised since the 2024 SCDRTAP/5311 application.** Please label any attachment(s) as **NJT Attachment C.**

Table 6

| PROCEDURES/POLICIES | Date Revised |
|--|-------------------|
| Driver Manual/Operations Manual | 2014 |
| Reservation/In-take Policy (RSD procedures/policies) | 2014 |
| No Show/Denial Policy | 2014 |
| Fares/Donation Policy | 2020 |
| Vehicle Maintenance Policy | 2019 |
| Vehicle Accident Policy | 2014 |
| Capital Replacement Policy | 2014 |
| Third Party Monitoring Policy | Na |
| Route Deviation Policy | Na |
| Complaint Policy | 2014 |
| Indirect Cost Allocation Plan | Na |
| ADA Procedures/Policy (Should Include all ADA related policies including Reasonable Modification, ADA complaint, wheelchair securement <i>etc.</i>) | 2019 |
| Title VI Program Non-Discrimination Policy (update every 3 years since previous Resolution date) | 2019 |
| CAC By-Laws (SCDRTAP) | 2014 |
| Procurement Policy (County's)* | 2022 |
| Drug and Alcohol Plan* | 2011 |
| EEO Plan | 2006 (working on) |
| Other | |
| Other | |
| Other | |

*Required for Section 5311

SECTION II – DESCRIPTION OF SERVICE

Service Description

1. Describe any changes that were made (days, hours of operations) in 2023 to date.

SCDRTAP:

NA

Section 5311:

NA

2. Describe in detail, by funding source, the proposed project for 2025. Include the type of service provided by grant type (*i.e.*, deviated fixed route, demand response), days and hours of operation, and trip purpose.

SCDRTAP:

MAPS will continue to provide curb to curb on demand services for seniors and individuals with disabilities. MAPS hours will continue to be 6am to 5pm Monday to Friday. Rider can receive trips, based on availability, throughout Morris County and up to 5 miles out of the County. Trip purposes include medical, employment, social services, nutrition site, adult day, education, grocery shopping, Pharmacy, banking, and personal care. There is no trip preferences.

MAPS will also utilize a contract with Avenues of Motion to provide ambulatory trips via Lyft during MAPS hours. This will allow for an expansion of available trip during MAPS operating hours.

Section 5311(In and out of rural area):

MAPS will continue to provide curb to curb on demand services for adults who reside in a rural area. MAPS hours will continue to be 6am to 5pm Monday to Friday. Rider can receive trips, based on availability, throughout Morris County and up to 5 miles out of the County. Trip purposes include medical, employment, social services, nutrition site, adult day, education, grocery shopping, Pharmacy, banking, and personal care. MAPS provides services point to point, so rural riders can request trip out of rural areas, so long as it is within the 5 miles of county borders.

Service Operations

Describe how the following functions are performed by your system. Explain any differences between your SCDRTAP and 5311 programs.

1. Demand response reservation process:

- a. Provide the phone number for reservations and provide the hours and days reservations are accepted. If there is more than one provider, list name, telephone number and the hours and days that they accept reservations.

M-F 8:30am to 4:30pm (888) 282-6277 or (973) 829-8103

- b. What is the minimum and maximum amount of time needed to reserve a trip?

Minimum- can be same day yet recommended is 3 days due to availability.

Maximum- Reservations can be made up to 1 month in advanced.

- c. Will you accept a same-day reservation? (If no, please explain)

Yes if there is trip availability.

- d. What is your agency's available hours for open appointments? What is your agency's available hours for subscription trips? (For example, limited capacity from 7-10am and 3-5pm due to nutrition and/or non-competitive employment).

There is limited capacity from 6:30 am- 9am and 3-5pm, which is currently has a scheduled subscriptions trips for competitive and non-competitive employment and dialysis. Appointments are generally scheduled between the hours of 9:30am- 3:30pm. The use of the TNC project, has allowed for increased availability for additional services from 6:30 am to 9am and 3:30 pm to 5pm.

- e. Do you maintain a customer profile? If yes, what information is contained in this profile? Insert a blank client profile screenshot here.

Demographic information includes: Eligibility criteria (over 60, veteran, or individual with a disability), Name, Address, Phone number, date of birth, emergency contact, race/ethnicity, ambulatory status, Medicaid status and voter registration data.

2025 SCDRTAP and 5311 Application

General

Client number: 1 Gender: -- Title: -- Name: Ch Tusleron

Status: Active Self-service account: chellyer@co.morris.nj.us Email: chellyer@co.morris.nj.us

Note: --

Notifications

Landline phone: 9732610589 Mobile phone: --

Phone TTD: -- Send EVR right before: -- Send EVR on the way: -- Send SMS on the way: --

No: -- Yes: -- No: -- Yes: --

Emergency contact

Emergency contact: -- Emergency address: -- Emergency phone day: -- Emergency phone night: --

Mobility

Additional loading time: 0 min Total loading time: 0 min Additional unloading time: 0 min Total unloading time: 0 min Combined weight: --

Default device: -- Vehicle requirement: None Personal care assistant: No Personal care assistant details: --

Allow public transportation: Yes

Address

County: --

Home address: 1 Campus Dr, Hanover Apartment: -- State: --

Reservation

Default provider: --

Driver rate: --

Reservation note: Dily is not allowed at Wal mart

Personal

Social security number: -- Medicaid: -- Date of birth: -- Age: --

Marital status: -- Ethnicity: -- Language: English

Disability physical: -- Disability mental: -- Disability visual: -- Physician name: -- Physician phone: --

Income level: -- Household members: -- Household ages: --

Custom

Disabled: -- Elderly: -- Veteran: -- Register to vote: --

Voter Registration transaction: -- Date of last VR request: --

f. Do you ensure that staff understand their responsibilities and duties as employees of a voter registration agency under the National Voter Registration Act (NVRA)?

Yes, staff were retrained July 2023.

g. Did you submit your quarterly reports to the Department of Elections in 2023? Please provide a sample report submitted in 2023. Yes

2023 Community Transportation Voter Registration Opportunity Response

Agency: Morris County MAPS

Mailing Address: PO BOX 900 540 W. Hanover Ave Morristown NJ 07962

Prepared by: Christine Hellyer Email: chellyer@co.morris.nj.us

Telephone: 973-285-6858 Fax: --

4th quarter
From: October 1, 2023
To: December 31, 2023

| Week Ending | Telephone Responses | | | | | Completed Number of Registration Applications | Number of Voter Registration & Opportunity Forms Mailed to Applicants |
|-------------------|---------------------|-----------|-----------------------|--------------------|---------------------------------|---|---|
| | Yes | No | Refused to Sign (RTS) | Already Registered | Number of Phone Interviews Held | | |
| October 6, 2023 | 3 | 3 | | | 6 | 0 | 6 |
| October 13, 2023 | 6 | | | | 6 | 0 | 6 |
| October 20, 2023 | 5 | | | 8 | 13 | 0 | 13 |
| October 27, 2023 | 6 | 2 | | 19 | 27 | 0 | 27 |
| November 3, 2023 | 3 | | | 3 | 6 | 0 | 6 |
| November 10, 2023 | 12 | | | 3 | 15 | 0 | 15 |
| November 17, 2023 | 6 | 3 | | | 9 | 0 | 9 |
| November 24, 2023 | 3 | | | | 3 | 0 | 3 |
| December 1, 2023 | | 3 | | | 3 | 0 | 3 |
| December 8, 2023 | 3 | 3 | | 6 | 12 | 0 | 12 |
| December 15, 2023 | 3 | 6 | | 3 | 12 | 0 | 12 |
| December 22, 2023 | | 3 | | 9 | 12 | 0 | 12 |
| December 29, 2023 | 3 | | | | 3 | 0 | 3 |
| Total | 53 | 23 | 0 | 51 | 127 | 0 | 127 |

Submit 4th Quarter Report during 1st week of January 2024 to:

Email: Sandra.lewis@sos.nj.gov
Mail: Division of Elections, P.O. Box 304, Trenton, NJ 08625-0304



NOTE: Retain copy of this report in your office files with copies of response form.

h. Do you verbally afford the opportunity to register to vote to customers during the initial intake call, recertification or change of address? Yes

i. How is customer eligibility verified for SCDRTAP?
Age is verified with an official state/federal/county identification, which provides a date of birth.

Disability is verified with doctors certification or Social Security Award/verification letter.

j. How is a trip identified as Section 5311 eligible?

The scheduling system which MAPS utilizes (currently Ecolane) has a MAP layer from the US census that identifies the Rural Areas. Should an trip being booked fall within this Rural Area Map, the system alerts the scheduler for the Trip to be booked under 5311. Rural trips may not be booked in the scheduling system under other funding sources.

k. Name the computer routing and scheduling software product currently used for operations. Include yearly license fee/cost for this product.

Ecolane Scheduling Software- \$34,145

l. How is the above computer routing and scheduling product used? Please check all that apply.

Customer database.

Computer assisted routing and scheduling.

Generate ridership reports.

m. Describe any other computer technology used for operations. Example: mobile data terminal, global positions systems, AVL, tablets, IVR, cameras, etc.

The Tablets and Scheduling software integrate MDT and GPS services on the vehicle tablets. MAPS also has purchase IVR and SMS text messaging. Cameras are only located on select buses.

n. How does your telephone reservationist greet your customers when they call your agency? Provide word by word example of first interface customers have

with your agency. *i.e.*, “Good Morning, thank you for calling NJ TRANSIT, how can I help you?”

MAPS Paratransit, XXXXX speaking, how can I help you today?

- o. Do you provide subscription Service? If yes, what is the percentage of subscription trips you provided in 2023?
Yes- 45%
- p. If subscription percentages are over 60%, please explain how your agency will work towards lowering your subscription rate to meet,
N/A

Americans with Disabilities Act (ADA) Service Provisions and Requirements

- 1. Does your program have a way for customers with visual impairments waiting at a stop to know what bus has arrived? Vehicle Identification Mechanisms are required on routes where multiple vehicles always serve the same stop. Please note, it is suggested that it be done as a common passenger courtesy.
Yes No N/A

- 2. Does your program permit individuals with disabilities to travel with their service animals?
 Yes No

Does your agency have a current Service Animal Policy?
Yes No

- 3. Lift and Securements
 - a. Do you have securements for mobility devices on your vehicles?
 Yes No
 - b. Do you service passengers whose mobility devices cannot be secured to your satisfaction on your vehicles?
 Yes No

If yes, do you allow a passenger to remain in their mobility device without requiring them to transfer to another seat? (If no, explain)

Yes No

We do our best to educate the individual on the risk of taking the ride without proper securement. We purchased additional bands to assist with mobility device securement. We also then provide riders with the option to transfer from their mobility device, if they refuse we again reiterate the risks. We would also offer another vehicle to pick them up, should the issue be a particular vehicle issue. We would also call the emergency contact to be sure they were aware of the risk and provide alternative suggestions. Should the rider continue to insist the ride, the ride would be completed

- c. Does your staff provide assistance with the use of lifts, ramps, and securement systems?
 Yes No
- d. Do you permit individuals with disabilities who do not use a mobility device to use the lift or ramp, including standees?
 Yes No
- e. Do you allow passengers using a wheelchair to refuse a lap belt if all other customers are not required to use one?
 Yes No NA- All must use a lap belt
4. Do you provide service to persons using respirators or portable oxygen?
 Yes No
5. Do you ensure adequate time for individuals with disabilities to board or disembark a vehicle?
 Yes No
6. Do you provide training to operators of deviated fixed routes and demand responsive service including training for the safe operation of the vehicles and accessibility equipment and the proper treatment of people with disabilities? Drivers and support staff should have regular sensitivity training in addition to other required driver training.
 Yes No Provided by Third-party
7. Do you make reasonable accommodations in policies, practices, or procedures when such accommodations are necessary to avoid discrimination on the basis of disability?
 Yes No
8. Do you make information about how to contact the agency to make requests for reasonable modifications readily available to the public through the same means it uses to inform the public about its policies and practices?
 Yes No
9. Did the applicant make reasonable accommodations for employees and/or passengers with disabilities during the past year in accordance with Title III of the ADA? (Please make sure your Reasonable Accommodation policy is attached as part of **NJT Attachment C**).
 Yes No If yes, explain.

Reasonable accommodation for passengers were made in regards to the curb to curb policy. Reasonable accommodations were made allowing a driver to further assist an individual to their door, when applicable.

Service Area Details and Feeder Service

Please note rural areas are defined by US Census data.

Complete the following by Grant:

1. List area you propose to serve in this application by grant.

SCDRTAP: MAPS will provide services to Morris County Senior and Disabled residents for services within the County and up to 5 miles out. MAPS subcontracts services, utilizing county funds for Jefferson Township, Butler, Kinnelon, Lincoln Park, Pequannock Township, Roxbury and Riverdale. Should the subcontractor be unable to accommodate a ride request, MAPS will check availability to perform the trip.

Section 5311: (Include the specific municipalities served. Please ensure all rural area are included as these funds derived from a formula grant using population in the rural area of your county. Allocations may be altered if areas are not served.)

Morris County is diverse and has several rural areas. Morris County uses the GIS Maps based off of the 2010 census to accurately identify Rural Addresses, in the Ecolane scheduling software. Morris County has requested the updated 2020 GIS maps and will update the scheduling system to accommodate changes once received.

Rural Areas serviced are Boonton Township, Chatham Township, Chester Township, Harding, Long Hill, Mendham, Mendham Township, Montville, Morris, Mt. Olive, Randolph, Rockaway Township, Roxbury, and Washington Township. Morris County subcontracts services in Jefferson and Kinnelon utilizing County Funding. Should riders be unable to be accommodated by the Subcontracted vendors in Jefferson and Kinnelon, they can reach out to MAPS to determine if there is availability for the trip

2. Provide a list of relevant common sites and key trip generators, including central business districts, major employment centers, shopping centers, hospitals, social service centers and colleges/universities, apartment complexes, senior living communities. Indicate those that are in your 5311-service area. In addition, provide a map of your Section 5311 service area as **NJT Attachment D**.

(Section 5311 subrecipients are required to submit a map of your 5311 service area, if you are operating a deviated fixed route service, please indicate the route on the map.)

10 James St | medical

10 Ridgedale Ave | Employment Horizons

100 Madison Ave | Medical

11 Overlook Dr

11 Saddle Rd | Medical

1107 Franklin Ln

111 Madison | Medical

1130 Knoll Road | Parsippany Senior Community Center

121 Center Grove Rd | Medical

131 Madison Ave | Medical

140 Park Ave | Medical

1480 Route 46 | Medical

150 Park Ave | Medical

16 Pocono Rd | Medical

160 Hanover Ave | Medical

182 South Street Med Complex

191 Route 206 | Medical

195 Route 46 | Atrium Medical

197 Ridgedale Ave | Medical

2 Independence Way

2105 Barclay Court

260 Tabor Rd

261 James St | Medical

270 Route 206 | Medical across from shoprite

290 Madison Ave | Medical

310 Madison Ave | Medical

333 Mount Hope Ave | Medical

333 Route 46 | Medical

4 Independence Way

400 W Blackwell St. | Dover Wound Care

435 South St | Medical

50 Cherry Hill Rd | Medical

50 Morris Ave | Medical

575 Woodland Ave. | Saint Hubert's

6 Saddle Road | Medical

60 Columbia Road | Medical

600 Mount Pleasant | Medical

711 Route 10 | Medical

714 route 10 | Medical

74105 Dove Drive

8 Saddle Rd | Medical

900 Lanidex Plaza | Medical

95 Madison Ave | Medical

Atlantic Sports Health PT | 333 Mount Hope Ave

Carol Simon Bld | 100 Madison Ave

CCM

East Orange VA | 385 Tremont Ave

Green Vision Inc

Home

Kenvil Dialysis | 677 Route 46

Kessler | 293 Route 206 Ste 10

Leonard Park

Lyons VA Bld 3 | 151 Knollcroft Rd

- Marshalls | 3101 Route 46
- Merry Heart Assisted Living
- Morristown Dialysis | 55 Madison Ave
- Morristown Hospital Dialysis | 100 Madison Ave
- Parsippany Dialysis | 2200 Route 10
- Parsippany Hilton
- Pet Smart | 50 International Drive S
- Presents Of Mind | 240 Route 206
- Red Carpet Inn | 1255 Route 10 E
- Saint Clares Hospital Main Lobby | 25 Pocono Rd
- ShopRite | Dover/Rockaway Township
- Sportscare | 197 Ridgedale Ave Ste 155
- Sportscare | 50 Route 46
- Sportscare of America | 3219 Route 46
- St Elizabeths
- Stop and Shop | 245 Littleton Rd
- Succasunna Dialysis
- Vision Loss Alliance | 155 Morris Ave
- Walmart | 220 Enterprise Dr

3. Indicate if the proposed service feeds other services? (check all that apply):

- | | | |
|----------------------------------|---|--|
| Private bus service | <input checked="" type="checkbox"/> SCDRTAP | <input checked="" type="checkbox"/> 5311 |
| List bus routes _____ | | |
| Municipal bus service | <input checked="" type="checkbox"/> SCDRTAP | <input checked="" type="checkbox"/> 5311 |
| List municipalities _____ | | |
| County bus service | <input checked="" type="checkbox"/> SCDRTAP | <input checked="" type="checkbox"/> 5311 |
| List bus routes _____ | | |
| County paratransit | <input checked="" type="checkbox"/> SCDRTAP | <input checked="" type="checkbox"/> 5311 |
| List counties _____ | | |
| NJ TRANSIT train service | <input checked="" type="checkbox"/> SCDRTAP | <input checked="" type="checkbox"/> 5311 |
| List train line & stations _____ | | |
| NJ TRANSIT local fixed route bus | <input checked="" type="checkbox"/> SCDRTAP | <input checked="" type="checkbox"/> 5311 |
| List route numbers _____ | | |
| NJ TRANSIT Light Rail | <input checked="" type="checkbox"/> SCDRTAP | <input checked="" type="checkbox"/> 5311 |
| List train line & stations _____ | | |
| ACCESS LINK paratransit | <input checked="" type="checkbox"/> SCDRTAP | <input checked="" type="checkbox"/> 5311 |

As per N.J.A.C. 16:78-3.2 **Eligible Service Area:** Recipients are required to provide service at least five miles beyond county boundaries under this program and are strongly encouraged to go beyond five miles if significant trip generators have been identified.

4. Does your agency provide transportation services at least five miles beyond the county boundaries?

Yes No

a. What significant trip generators have been identified outside the county borders?

| | |
|------------------|---|
| Berkley Heights | Summit Medical Lawrence Pavilion 1 Diamond Hill Rd |
| New Providence | 571 Central Ave. Medical |
| Basking Ridge | Lyons VA Bld 3 151 Knollcroft Rd |
| Basking Ridge | Lyons VA Hospital 151 Knollcroft Rd |
| Bernardsville | 139 Morristown Road Medical |
| New Providence | 550 Central Ave Medical |
| East Orange | East Orange VA 385 Tremont Ave |
| Berkeley Heights | 1 Diamond Hill Rd Medical |
| New Providence | 890 Mountain Ave |
| Hackettstown | 207 Peachtree Road |
| Berkley Heights | Summit Medical Witman Pavillion 1 Diamond Hill Road |
| Hackettstown | 117 Grand Ave. Skyland Dental |
| Basking Ridge | Lyons VA Bld 143 151 Knollcroft Rd |
| Hackettstown | 254 mountain Ave. Medical |
| Hackettstown | Hackettstown Hosp |
| Hackettstown | 108 Bilby Rd Medical |
| Hackettstown | 57 Route 46 Medical |
| Berkeley Heights | 369 Springfield Ave Medical |
| Berkeley Heights | Summit Medical Bensley Pavilion 1 Diamond Hill Rd |
| Berkley Height | 668 Springfield Ave Medical |

b. Do you provide non-medical out-of-county trips? If no, please explain.

MAPS does provide non-medical out of county trips up to 5 miles depending on vehicle availability. Trip approval is based on vehicle availability not trip purpose.

c. Does your agency place any restrictions on out of county trips? If yes, please explain

Only VA Hospital trips are completed outside of the 5 mile radius

d. Does your service extend beyond the required 5 miles outside the county borders? If yes, please explain.

MAPS provides transportation daily, five days per week to Veterans clinics at Lyons and East Orange

Service Coordination

All service providers must have in place a Coordinated Human Service Transportation Plan (CHSTP) that has been locally developed. The CHSTP may include the intercity bus needs of seniors, people with disabilities, and low-income populations. The FTA encourages the inclusion of intercity transportation in the CHSTP.

Provide the following:

1. Name and Title of Designated Lead: Christine Hellyer, Division Head
2. Who is responsible for updating and submitting the plan? Morris County MAPS- Division Head
3. Date last updated CHSTP: 10/2023 (Plans should be updated every 5 years.)

Attach all addendums and/or updates to your CHSTP from 2023 to date. Attach as **NJT Attachment E**.

4. Since your last CHSTP update, please list any unmet gaps/needs that have now been met. Spanish Speaking reservationist for MAPS
5. Please list tentative CHSTP stakeholder 2025 meetings dates, locations, and times (meeting can be virtual if necessary) Meetings should be scheduled at a minimum of two times a year. Meeting must be scheduled prior to submission of this application. Please remember to include the Senior Coordination Administrator on the meeting invitation.

Meeting Date: April 15, 2025 at 1pm via Zoom/Webex

Meeting Date: November 14, 2025 via Zoom/webex

6. Did your Agency hold any CHSTP meetings in 2023 to Date?

Yes No

If yes, please list the dates of when meetings occurred. If none, please explain.

Meeting Date: May 8, 2023

Meeting Date _____

Meeting Date _____

Meeting Date _____

- List all formal and informal coordination efforts with other agencies, organizations, municipalities and/or counties where **no money** is involved in Table 7. The description of the service provided should include trip purposes, customer characteristics, days, and span of hours. Submit copies of all written agreements as **NJT Attachment E**.

Table 7

| Name of Agency | Description of Service Provided |
|-----------------------|---|
| Municipal Dial-a-ride | MAPS coordinates with all municipal Dial-A- Rides based on rider needs and purposes |
| | |
| | |

- List all contracts in which you receive **funds from an agency** to provide service. Complete Table 8. The description of the service provided should include trip purposes, customer characteristics, days, and span of hours. Submit copies of all written agreements as **NJT Attachment F**.

Table 8

| Name of Agency | Contract Term | Unit Cost | Annual Revenue | Description of Service Provided |
|---|---------------|-----------|----------------|--|
| NJ Dept. of Military and Veterans Affairs | FY23 | | \$15,000 | Monday-Friday transportation to Veteran passengers to various veteran facilities and medical appointments. |

Route Deviation- NA

- If you operate a route deviation service, explain how the trips are documented and how deviation requests are tracked. NA

List routes and provide data in Table 9.

Table 9

| Route by Name | Is This Route Funded by SCDRTAP? | Is This Route Funded by 5311? | Annual One-Way Trips | Annual Total Number of Times Vehicle Deviates from Route |
|---------------|----------------------------------|-------------------------------|----------------------|--|
| NA | | | | |
| | | | | |
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|--|--|--|--|--|
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| | | | | |

2. Is it your policy to announce stops at transfer points, major intersections, and destination points, at adequate intervals along a route and an individual stop upon request? This requirement must be noted in the driver manual.

Yes No

3. Do your vehicles have signage showing route and destination?

Yes No

4. Do you allow deviation for general public passengers?

Yes No

5. Do your vehicles have the universal accessibility symbol?

Yes No

6. What is the allowable distance identified in your route deviation policy?

School Bus/Charter/Incidental Use

Does your agency operate any school bus service?

Yes No

Does your agency operate any service that is defined as charter?

Yes No

Charter service is defined as:

Transportation provided at the request of a third party for the exclusive use of a bus or van for a negotiated price; or

Transportation provided to the public for events or functions that occur on an irregular basis or for a limited duration and:

- *A premium fare is charged that is greater than the usual or customary fixed route fare; or,*
- *The service is paid for in whole or in part by a third party.*

Please complete NJT Attachment G; Charter Service Certification Form.

Does your agency provide meal delivery or other incidental services?

Yes XNo

If yes, at what times of the day?

Do the services interfere with the provision of transit service?

Yes XNo

Training

1. List all Trainings provided throughout 2023 to date. If third party service is contracted, please include their operational trainings, including safety and security trainings.

All drivers completed online safety training through Q' Straint
Supervisor Reasonable Suspicion
Drug and alcohol training

2. Have any new trainings been implemented since your last application? Include all third party service contracted new trainings.

Yes X No

If yes, please list.

3. Do you, or your third party, provide training for your Administration /Operations staff?

Yes No

If yes, list trainings and recertification requirements.

4. Do you, or your third-party, provide training for your drivers?

X Yes No

If yes, list trainings and recertification requirements. Office Supervisor completed NJSTEP training, CSSO training, and all office staff completed Taking Flight with DISC training

5. Does your agency have a certified driver trainer on staff, or do you outsource your trainings? Training are paid for on demand- no onsite trainer.

2024 Short-Term Program Goals Review

Please provide in detail the status of your agency's 2024 goals and completed deliverables.

Goal 1. Provide MAPS Staff with professional development training.

Milestones 1: Provide new Office Supervisor with at least 1 management course.

Milestones 2: Provide Drivers with 1 training opportunity.

Goal 2. Effectively and accurately meet National Voter Registration Act (NVRA) requirements

Milestones 1: Staff will record voter registration answers in scheduling software.

Milestones 2: Submit NVRA quarterly reports timely.

Goal 3. Increase Public Awareness for MAPS paratransit services.

Milestones 1: Have MAPS Brochure translated to Spanish and post of the website.

Milestones 2: Attend a minimum of 3 community events with marketing materials, to outreach consumers.

Have any of the milestones in 2024 goals not been met? If not, please explain.

Goal 2- MAPS continues to make progress in this area. The data is more accurately being collected, report submissions were completed for 2024, MAPS continues to become more efficient in timeliness in reporting.

2025 Short-Term Program Goals

List at least three goals to improve your system in grant year 2025. Include Milestones on how you will obtain these goals.

Goal 1. Increase the number of Drivers employed by MAPS

Milestones 1: MAPS or County attend employment recruitments events.

Milestones 2: Maps will reach out to CDL training facilities and make them aware of MAPS vacancies.

Goal 2. Increase MAPS Staff trainings available to both drivers and office staff.

Milestones 1: Identify trainings for MAPS staff that is mandatory, and survey other provider on additional trainings that are beneficial for drivers and staff.

Milestones 2: Provide one additional training for all MAPS Drivers and Staff.

Goal 3. Update MAPS Marketing Material

Milestones 1: Review MAPS Brochures and websites. Determine mandatory information, and then identify what information is unneeded and what maybe missing.

Milestones 2: Update brochure and website and have new material printed and translated to Spanish.

SECTION III – BUDGET

Program Budgets

Complete the attached Excel spreadsheets for your grant year 2023 Expenditure and grant year 2025 projected budgets. Please make sure to include **ALL** funding sources. You can edit the heading to include funding sources that are not listed.

Close-out funds

Does your agency have carry-over funds that will be added into the 2025 SCDRTAP budget? Please note close-out funds should be added to your 2025 allocation and **shown in the attached budget spreadsheet 2025 proposed budget by funding source**. Be sure that the funds were not previously requested by way of a budget modification. Also, keep in mind that if you don't indicate close-out funds in this application but later request it there is a possibility the availability of funds will be delayed.

Yes No

What Calendar year(s) carryover funds will be added to the 2025 budget? 2023

Provide the amount of funds that will be added. \$1,092,141.22

To what budget will you be adding your carryover funds to?

Operating Administration Capital

Describe in detail what your carryover funds will be allocated for.

MAPS Continues to work with employee relations to advocate for paid overtime for MAPS Drivers.

Additionally MAPS will look to increase the TNC-Ride share program, based on increased demand to \$175,000.

MAPS will also look to determine if contracting with a company would be available to provide a transportation guide for Morris County.

MAPS is asking for \$150,000 in capital for vehicle cameras and software for the cameras.

Alternative Revenue Total Collected for Calendar Year 2023

1. Is a fare charged to use your 5311 service?

Yes No

2. Is a fare charged to use your SCDRTAP service?

Yes No

3. Is there a donation policy used with your 5311 service?

Yes No

4. Is there a donation policy used with your SCDRTAP service?

Yes No

5. Are funds from donations and fares placed in an account for transportation only?

Yes No

If no, explain.

6. Explain how donations/fares are collected.

Donations can be placed in a donation collection box in vehicle or sent in via mail. Additionally, envelopes are provided on the buses to encourage riders to send donations to the MAPS office. (please see Cash policy provided)

7. Complete Table 10 with all dollar amounts earned through alternative revenue sources.

Table 10

| Alternative Revenue | Revenue Collected in 2023 | Revenue Projected for 2025 |
|-------------------------|---------------------------|----------------------------|
| Fares/SCDRTAP | | |
| Fares/5311 | | |
| Donations/SCDRTAP | | |
| Donations/5311 | | |
| Advertising on vehicles | | |
| Medicaid (Modivcare) | | |
| Revenue Contracts | \$15,000 | \$15,000 |
| Other | | |

| | | |
|------------------------------|------------|---------|
| Other Donations 5311/SCDRTAP | \$5,232.00 | \$6,000 |
| Total | | |

Indirect Administrative Costs

1. Do you charge indirect cost to either SCDRTAP or 5311?
 If yes, attach your approved Indirect Cost Plan as **NJT Attachment H**.

SCDRTAP

Yes X No

5311

Yes X No

What federal agency has approved your indirect cost plan for 5311?

2. Has the applicant made a change in its accounting system and/or cost rate proposed methodology, thereby affecting the previously approved cost allocation plan/indirect cost rate and its basis of application?

Yes X No

Third-Party Purchases NA

1. Current Third Party Contracting

Please list all transit-related third-party purchases and contracts that were funded to a third party. (*i.e.*, transportation services, computer routing/scheduling or services, dispatching, auditing, drug and alcohol testing, legal, and marketing, vehicles, maintenance)

Table 11 – SCDRTAP 2023

| Name of Agency | Contract | Unit | Annual | Description of Purchased |
|----------------|----------|------|--------|--------------------------|
|----------------|----------|------|--------|--------------------------|

| | Term | Cost | Cost | |
|--|------|------|------|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Table 12 – 5311 2023

| Name of Agency | Contract Term | Unit Cost | Annual Cost | Description of Service Purchased |
|----------------|---------------|-----------|-------------|----------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2. Proposed Third Party Service Contracting

Please list all transit-related third party proposed service contracts that will be funded to a third party. (i.e., transportation services, , dispatching, auditing, drug and alcohol testing, legal, marketing, maintenance, etc.)

Table 13– SCDRTAP 2025 Service Contracts

| Name of Agency | Contract Term | Unit Cost | Annual Cost | Description of Service Purchased |
|----------------|---------------|-----------|-------------|----------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Table 14 – Section 5311* 2025

| Name of Agency | Contract Term | Unit Cost | Annual Cost | Description of Service Purchased |
|----------------|---------------|-----------|-------------|----------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

3. Proposed SCDRTAP Capital Purchases

Please list all proposed Capital Purchases that will be funded to a third party.

Table 15 – Capital* 2025

| Name of Item | Description of Service Purchased | Estimated Unit Cost | Quantity |
|-----------------------------|----------------------------------|---------------------|----------|
| Rolling Stock | | | |
| Communication Equipment | | | |
| Passenger Bus Stop Signs | | | |
| Lift/ Securement Devices | | | |
| Computer Hardware/ Software | | | |
| Misc. | | | |

*All procurements for SCDRTAP and S5311 over \$1,000 require prior approval of NJ TRANSIT, this includes service and capital procurements. Section 5311 third party contracts must include applicable federal clauses and be reviewed and approved by NJ TRANSIT prior to advertising. All vendors with multiyear contracts under FTA programs must sign annual certifications in order to remain compliant.

SECTION IV – PROJECT EQUIPMENT

Vehicle Inventory

Attach a current inventory list of all vehicles in fleet using excel spreadsheet that was provided. If possible, inventory should be sorted by oldest model year listed first. Attach as **NJT Attachment I**. (Use the provided Excel spreadsheet.)

The inventory includes:

- A. License plate number.
- B. NJ TRANSIT Vehicle number.
- C. VIN.
- D. Mileage.
- E. Funding Source.
- F. Vehicle Manufactured Year.
- G. Vehicle Manufacturer – (engine manufacturer) - Ford, International, Chevy, etc.
- H. Vehicle Body – when a chassis or body is altered by another manufacturer (such as Blue Bird, Champion), the company completing the alteration is considered the body manufacturer.
- I. Vehicle Model – the manufacturer’s model name and/or number.
- J. Vehicle Type.
- K. Vehicle Length:
 - Bus 40 ft. – large transit bus.

- Bus 35 ft. – medium transit bus.
 - Bus < 30 ft. – small transit bus, 18-24 passengers.
 - Bus < 30 ft. – minibus (158” WB).
 - Bus < 30 ft. – extended minibus (176” WB).
 - Automobile/Sedans – Sedan/wagons.
 - Accessible minivan.
 - Van.
 - Sports Utility Vehicle-SUV.
- L. Acquisition Cost.
- M. Federal Participation Percentage (if applicable).
- N. Location.
- O. Condition.
- P. In-service Date/Acquisition Date.
- Q. Projected Retirement Date – *All counties should have a vehicle replacement plan.*
- R. Proposed Disposition Action (Auctioned; Active; Competitive Sale Process, Transferred, Returned to NJ TRANSIT).
- S. Fuel – DF (Diesel); GA (Gas); AF (Alternative Fuel).
- T. Floor Plan – Please include number of seats; number of foldaways; foldaway type; number of securements. For example: If you have a vehicle that can seat 14 and has a floor plan that seats 12 ambulatory, has one double foldaway seat that seats an additional two and one securement position up you would provide information as follows:
- Number of seats: 12.
 - Number of Foldaway: 1.
 - Foldaway: (seats one or two) 2.
 - Number of securements: 1.
- U. Number of Accessible Locations.
- V. Title Holder.
- W. Federal Award Information Number (FAIN) (if applicable).
- X. Useful Life.
- Y. Disposal Date.
- Z. Sale Price.
- AA. Method used to Determine Fair Market Value (if applicable).

Non-Vehicle Inventory

SCDRTAP funded non-vehicle inventory, for those subrecipients who have used SCDRTAP funds to purchase non-vehicle items. Attach as **NJT Attachment J**. (Use provided Excel spreadsheet.)

| Inventory/Asset Name | Serial Number | Funding Source | Grant Year | Date of Purchase | Original Purchase Price | Maintenance Plan Required for Items over \$5,000.00* | Date Useful Life will be met |
|----------------------|---------------|----------------|------------|------------------|-------------------------|--|------------------------------|
|----------------------|---------------|----------------|------------|------------------|-------------------------|--|------------------------------|

All items purchased with SCDRTAP funding must be tagged with grant year, funding source and date of purchase.

Capital Disposal 2023

1. Did the applicant dispose of any vehicles and/or equipment purchased with SCDRTAP funds in calendar year 2023 to date?

Yes No

If yes, were any vehicles and/or equipment removed from service before the end of useful life?

Yes* No

*If yes, complete the Table 16 below.

2. Did the applicant dispose of any vehicles and/or equipment purchased with Section 5311 funds in 2023?

Yes No

If yes, were any vehicles and/or equipment removed from service before the end of useful life?

Yes* No

*If yes, complete the Table 16 below.

Table 16

| Description of Disposed Equipment | Grant Used to Purchase Equipment | | | Was NJ TRANSIT notified? | | Notification Date | Amount Received if Auction or Sold | Was Supporting Documentation Submitted? | | Appraised Value if Vehicle was removed prior to useful life | Name of Appraiser |
|-----------------------------------|----------------------------------|------|---------------|--------------------------|----|-------------------|------------------------------------|---|----|---|-------------------|
| | SCDRTAP | 5311 | Other explain | Yes | No | | | Yes | No | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

SECTION V – PUBLIC OUTREACH

Public Outreach Activities

1. Describe special events, presentations, conferences, articles, news coverage, reports or any other forms of media that the county participated in 2023 to date. In addition, if applicable, describe any activities that may be planned for 2025.

MAPS reports at each of the County Provider and ACADV meetings, held 5 times a year in Feb., April, June, Sept., and Nov.

Additionally MAPS participates in the DAWN Family Festival, Morristown on the Green, and the Municipality outreach event, as well as additional municipal outreach events yearly.

2. Provide a list of locations of where transportation marketing materials are distributed in the service area. How often are they distributed to these locations?

MAPS brochures are made available at all public hearings, County offices, CAC meetings, Division on Aging Provider meetings, ACADV meetings, and upon request at any County event.

3. In planning public transportation services, private sector providers must be given an opportunity to express their views. How does the subrecipient allow for input on services from private operators in the service area?

In addition to seeking private operators input on the updated CHTP, MAPS also can be easily contacted through the MAPS website for any feedback. Private Operators are also invited to the MAPS Public Hearing.

Marketing Materials

1. Attach SCDRTAP and Section 5311 marketing materials. (*i.e.*, system brochure, timetables, cable TV ads, advertising, mailings, newspaper articles and of website). Attach as **NJT Attachment K**.
2. Do you prioritize any of your trip requests? If yes, please explain.

MAPS does not prioritize trips, yet there is limited availability for trips between the hours of 6:30-10 and 2:30-5pm due to dialysis and supported employment trips. As a result other trip types tend to fall between these timeframes. MAPS has expanded trip purposed in the last few years, at this time MAPS does not provide transportation for social/ recreational purposes, but does provide for other life sustaining and life enhancing trips, such as grocery shopping, medical appointments, pharmacy, banking, social services, and library services.

Attach a screen shot of your website's transportation system profile which includes the following information: eligibility, trip purpose and service area, *etc.* **NJT Attachment L**.

3. Do you make service information available in accessible format upon request?
 Yes No

Public Hearing and Notification (only required for SCDRTAP funding)

Attach all documents as **NJT Attachments M1-M7**.

1. The notice should include the location, when and where the application will be available for public review. The notice must be advertised in two different newspapers at least 30 days prior to the public hearing dates. Submit notarized copies of both public notices with application as **NJT Attachment M1**.
2. The Public Hearing Notice must be sent to all Municipal Clerks. The Public Hearing Notice must also be sent to county organizations, agencies, and associations that serve senior citizens and people with disabilities. Submit a list of organizations that the letter was sent to as **NJT Attachment M2**.
3. A large print of the Public Hearing Notice must be posted on all system vehicles. Notice must be posted on all vehicles at least 30 days prior to the public hearing and left on the vehicles until the date of the hearing. Submit a sample of the vehicle notice as **NJT Attachment M3**.

Prior and After Public Hearing Date:

1. Prior to the Public Hearing a copy of the 2025 budget and goals must be available for public review on the County Website and in the Public Library, (at least 14 days after the public hearing date). Include in the exhibit the screen shot of website and copies of correspondence requesting the posting, and/or name of the Branch, address and date copy was placed in Library as **NJT Attachment M4**.
2. Once your application is completed an electronic copy of the 2025 application must be placed on the county website for public review. Attach a screen shot of the county website with the link to the electronic application as **NJT Attachment M5**.
3. The County must meet with their local CAC to review the proposed service activities, goals, and budget for 2025. Their input and feedback should be considered in the planning process for this application. Please indicate the date of this CAC meeting and include copy of meeting minute notes showing application was reviewed with CAC members as **NJT Attachment M6**.
4. Copies of the 2025 application (if available) or a summary of proposed activities, goals and proposed budget should be available at the public hearing.
5. Complete public hearing transcripts must be submitted. If not available by application due date, the transcripts can be submitted after the application's filing deadline as **NJT Attachment M7**.

SECTION VI – ADDENDUMS

SCDRTAP Maintenance of Effort (MOE) Certification

Excerpt from Guidelines, Description, and Certification of Maintenance of Effort (MOE):

- a. The purpose of the Senior Citizen and Disabled Resident Transportation Assistance Program is to provide for additional or expanded transportation services to senior citizens and disabled residents. Therefore, designated recipients must maintain the same level of funding for senior citizen and transportation services as prior years.
- b. In order to comply with this Maintenance of Effort (MOE) requirement, the application must contain senior citizen and disabled resident transportation non-capital expense data from the past two years prior to the implementation of the Senior Citizen and Disabled Resident Transportation Assistance Program. This data should include non-capital expenditures of the designated recipient and/or applicant and any other agency, group, or groups, which will participate in the coordinated transportation program. Data from groups joining the coordinated system since the implementation of the Senior Citizen and Disabled Resident Transportation Assistance Program must be added to the original year period immediately preceding their joining the coordinated system.

Actual Maintenance of Effort for 2023 \$ 353,015

Proposed Maintenance of Effort for 2025 \$675,000

If the MOE for 2025 has increased/decreased, please explain below:

The MOE has been consistent in recent years yet MAPS allocates \$675,000 as the yearly MOE as this is the funding provided annually to the MAPS program by the County of Morris. Unexpended funds are carried over for future utilization in the MAPS program.

Sample of Required SCDRTAP Application Cover Letter

Attach as **NJT Attachment N**.

Date

Janelle Rivera, Director
NJ TRANSIT
Local Programs and Community Mobility
One Penn Plaza East, 4th floor
Newark, New Jersey 07105-2246

Dear Ms. Rivera:

The (Name of County) is hereby applying for funds under Senior Citizens and Disabled Residents Transportation Assistance Program (SCDRTAP). The approval of this grant will enable transportation services to be available to the senior citizens and disabled residents in our County. (Name of County) is requesting \$_____ for 2025. The scheduled public hearing date is _____. The application will be available at the following locations _____ as of the following date _____.

To my knowledge, all information provided in support of this application is true and correct. If you have questions or require additional information, please contact (Name and Title of Principal Organization Contact) at (Phone Number).

As the Applicant, the (Name of County) agrees to comply with all regulations and administrative guidance required for application to the Senior Citizens and Disabled Resident Transportation Assistance Program for the program year 2025. The Applicant affirms the truthfulness and accuracy of the information it has made in the statements submitted herein and any other submission made to NJ TRANSIT. In signing this document, I declare the foregoing information and any other statement made on behalf of the Applicant are true and correct.

Sincerely,

(Signature of Authorized Representative of Applicant)

Print Name
Title of Authorized Representative of Applicant

SCDRTAP Applicant Authorizing and Supporting Resolution

Sample Text for Authorizing Resolution. Attach as **NJT Attachment O**.

Resolution authorizing the filing of an application to NJ TRANSIT on behalf of (Subrecipient) for a grant under the Senior Citizen and Disabled Resident Transportation Assistance Act, as amended.

WHEREAS, in 1984 the governor of New Jersey signed into law legislation creating the "Senior Citizen and Disabled Resident Transportation Assistance Act;" and,

WHEREAS, under this law Casino Tax Revenues may be utilized for the provision of elderly (60+) and disabled transportation; and,

WHEREAS, the county of (Name of County) must submit an application to NJ TRANSIT Corporation to obtain funding in amount of \$_____ for period covering January 1, 2025 to December 31, 2025;

NOW, THEREFORE, BE IT RESOLVED BY (Name of Governing Body)

1. (Title of Subrecipient's Designated Official) shall forward one (1) original application together with one (1) certified copy of this resolution to:

NJ TRANSIT
Local Programs and Minibus Support
One Penn Plaza East- 4th Floor
Newark, NJ 07105-2246; and,

2. BE IT FURTHER RESOLVED, that the (Name of Subrecipient's Designated Official) is hereby authorized to execute the necessary contractual agreements on behalf of the county of (Name of County).

SECTION VII – 5311 ADDITIONAL ITEMS

The following are only required by Section 5311 Applicants

Opinion of Counsel Letter- 5311

Sample Opinion of Counsel-Attach as **NJT Attachment P**.

(Date)

(Name of Applicant)
(Address of Applicant)

To Whom It May Concern:

This communication will serve as the requisite opinion of counsel to be filed with NJ TRANSIT in connection with the application of Name of Applicant for financial assistance pursuant to the provisions of Section 5311 of the Federal Transit Act, as amended for administration, capital, and operating assistance project(s). The legal authority for (Name of Applicant's) ability to carry out administration, capital and/or operating assistance projects directly, by lease, contract, or otherwise is set forth below:

(Name of Applicant) is authorized to provide and assist public transportation by acquisition, construction and operation of existing or additional transit facilities. This assistance may be provided directly or by agreements with other parties.

The authority of (Name of Applicant) to provide funds for the local share of the project is set forth in (cite source and provide a copy of, for example, of the local ordinance passed by the County Board of Commissioners or other governing body authorizing funding for the local share, if applicable).

I have reviewed the pertinent Federal State and local laws, and I am of the opinion that there is no legal impediment to making an application for Section 5311 assistance. Furthermore, as a result of my examination, I find that there is no pending or threatened litigation or other action, which might in any way adversely affect the proposed project in the program or the ability of Name of Applicant to carry out such projects in the program.

Sincerely,

Legal Counsel

ADA Certification of Equivalent Service

NJT Attachment Q.

The **County of Morris, Human Services, MAPS** certifies that its demand responsive/ Route Deviation service offered to individuals with disabilities, including individuals who use wheelchairs, is equivalent to the level and quality of service offered to individuals without disabilities. Such service, when viewed in its entirety, is provided in the most integrated setting feasible and is equivalent with respect to:

- Response time.
- Fares.
- Geographic service area.
- Hours and days of service.
- Restrictions on trip purpose.
- Availability of information and reservation capability, and,
- Constraints on capacity or service availability.

In accordance with 49 CFR 37.77, public entities operating demand responsive/ Route Deviation systems for the general public which receive financial assistance under 49 U.S.C. 5311 or 5307 must file this certification with the appropriate state program office before procuring any inaccessible vehicle. Such public entities not receiving FTA funds shall also file the certification with the appropriate state program office. Such public entities receiving FTA funds under any other section of the FT Act must file the certification with the appropriate FTA regional office. This certification is valid for no longer than one year from its date of filing.

Christine Myers

(Name of authorized official)

Commissioner Director

(Title)

(Signature)

Date: _____

Civil Rights

Equal Employment Opportunity (EEO)

An EEO program is required if an applicant in previous Federal fiscal year (only FTA funds) - received in excess of \$1 million or planning assistance in excess of \$250,000 and has 100 or more mass transit related employees.

For the period January 1, 2023 through December 31, 2023, answer the following:

1. How many transit related employees does your agency have?
24

2. Is the applicant required to have an EEO Program?
 Yes No
 - a. If yes, does the applicant have an approved program in place?
 Yes No

 - b. If no required program is in place, provide the estimated date of completion.
Date:

3. Were any complaints received between the period January 1, 2023 and December 31, 2023?
 Yes No

If yes, summarize complaints, any informal or formal EEO complaints (only from transit related employees) received, and describe how these complaints were addressed or resolved.

Title VI

Does your agency have a current approved Title VI program submitted to NJ TRANSIT?
 Yes No (pending updates)

Date of Current Resolution: _____

Has your agency received any complaints, investigations, or lawsuits alleging discrimination in the delivery of transportation service within the last three years?

Yes No

If yes, provide a description of the allegation and the current status and/or outcome.

Has any federal entity conducted a Title VI compliance review of your agency within the last three years?

Yes No

If yes, provide the following:

- Purpose/Reason for Review.
- Name of the Agency that Performed the Review.
- Summary of Findings/Recommendations.
- Status and/or Disposition.

Do you have any pending grant applications to other federal agencies (besides FTA)?

Yes No

If yes, provide a brief description of pending applications to other federal agencies.

Has your agency had a finding of noncompliance by any other federal agency?

Yes No

Financial Management Systems

1. Does the applicant have fiscal control and accounting procedures sufficient to do the following:

a. Permit the preparation of reports necessary to comply with program and statutory requirements.

Yes No

b. Permit the tracking of funds to ensure that funds have not been used in violations of restrictions and prohibitions applicable to program.

Yes No

2. Please describe the accounting system used – include the name of the system.

Municipal Software Incorporated, an independent software company, which specializes in accounting software for government, is the company that furnishes our general ledger software.

3. Do you keep separate accounting records for this project?

Yes No

Suspension and Debarment

It is the Section 5311 subrecipient's responsibility to ensure that none of their third-party

contractors are debarred, suspended, ineligible, or voluntarily excluded from participation in FTA funded projects.

Has the required suspension/debarment clause been included in bid specs (services or capital) and the final contract for all third-party contracts over \$25,000 utilizing FTA Section 5311 funds? (For bid specs and contracts covering 2023-2024 contract year.)

Yes No NA- no third party contractors with SCDRTAP or 5311 funding

Prior to entering into third-party contracts over \$25,000 (services or capital) agency must review the website System for Awards Management (SAM) at www.sam.gov. The new website sam.gov provides a more detailed profile of the vendor including disbarment, a UEI (Unique Entity Identifier) number, and federal debt then previous excluded party listing system website. (Subrecipient should print screen which would show date website was checked and verify whether vendor was NOT debarred or suspended from participating in federally funded contracts.)

Did subrecipient check SAM prior to entering into a contract with vendor during 2023-2024?

Yes No

If applicable, who is your Third-Party Vendor?

What is your Third-Party Vendor's Unique Entity Identification number? *(UEI number can be obtained via SAM.gov)*

Is your Third-Party Vendor an active entity?

Yes No

Please include a copy of their SAM.gov profile as **NJT Attachment R**. *(Agencies are required to confirm Third-Party active registration status on an annual basis.)*

Local In-Kind Match and Match Source – 5311

Do you plan on using an in-kind match for 2025 5311?

Yes* No

What is the total amount and source(s) of the match?

Total Amount \$ _____ Source(s): _____

*Documentation must be submitted by applicants who indicated they would be providing an in-kind match in the period **January 1, 2025, to December 31, 2025.**

Provide a breakdown of proposed match dollars in Table 17.

Table 17

| Funding Match Source | Match Amount 5311 |
|--|----------------------|
| Local Funds: (list) | \$202,194 |
| State Funds: (list) (<i>i.e.</i> , Human Service funding) | \$202,196 |
| Revenue Contracts (list) (<i>i.e.</i> , vehicle advertising contracts list indicate revenue source/contracts used as match) | |
| Federal (Non-FTA) | |
| SCDRTAP funding | |
| In-Kind (list) | |
| Other specify | |
| Total | |

5311 Budget Request
FTA Non-Urbanized Area Formula Program (Section 5311)
January 1, 2025 - Dec 31, 2025
Project Budget Request (include Match)

Table 18

| Operating | Budget Request |
|--|----------------|
| Total Operating (should include total budget for this program) | \$808,778.00 |
| (-Fares) | |
| (-Donation) | |
| Total Operating | \$808,778.00 |
| Administrative (up to 10%) | Budget Request |
| Total Administrative | |
| GRAND TOTAL | \$808,778.00 |

Special Section 5333(b)

The attached Special Warranty and the procedures incorporated therein represent the understandings of the Department of Labor and the Department of Transportation with respect to the formula Grant Program for Areas Other Than Urbanized Areas (C.F.R. U.S.C. Section 5311).

The Department of Transportation will make this Special Warranty a part of the contract of assistance between the U. S. Department of Transportation and each state agency designated to receive and administer funds under Section 5311 of the Urban Mass Transportation Act of 1964, as amended.

The Secretary of Labor has found that the terms and conditions of the Special Warranty meet the requirements of Section 5333(b) of the Urban Mass Transportation Act of 1964, as amended. Accordingly, the Secretary of Labor hereby makes the certification that inclusion of these terms and conditions in formula grant contract for small urban and rural program grants meets the requirements of Section 5311 of the Urban Mass Transportation Act of 1964, as amended.

A. General Application

The Public Body (A) agrees that, in the absence of waiver by the Department of Labor, the terms and conditions of this warranty, as set forth below, shall apply for the protection of the transportation related employees of any employer providing transportation services assisted by the Project (Recipient), and the transportation related employees of any other surface public transportation providers in the transportation service area of the project.

The Public Body shall provide to the Department of Labor and maintain at all times during the Project an accurate, up-to-date listing of all existing transportation providers which are eligible Recipients of transportation assistance funded by the Project, in the transportation service area of the Project, and any labor organizations representing the employees of such providers.

Certification by the Public Body to the Department of Labor that the designated Recipients have indicated in writing acceptance of the terms and conditions of the warranty arrangement will be sufficient to permit the flow of Section 5311 funding in the absence of a finding of non-compliance by the Department of Labor.

B. Standard Terms and Conditions

The Project shall be carried out in such a manner and upon such terms and conditions as will not adversely affect employees of the Recipient and of any other surface public transportation provider in the transportation service area of the Project. It shall be an obligation of the Recipient and any other legally responsible party designated by the Public Body to assure that any and all transportation services assisted by the Project are contracted for and operated in such a manner that they do not impair the rights and interest of affected employees. The term a Project, as used herein, shall not be limited to the particular facility, service, or operation assisted by Federal funds, but shall include any changes, whether organizational, operational, technological, or otherwise, which are a result of the assistance provided. The phrase "as a result of the Project," shall when used in this arrangement, include events related to the Project occurring in anticipation of, during, and subsequent to the Project and any program of efficiencies or economies related thereto; provided, however, that volume rises and falls of

business, or changes in volume and character of employment brought about by causes other than the Project (including any economies or efficiencies unrelated to the Project) are not within the purview of this arrangement.

An employee covered by this arrangement, who is not dismissed, displaced or otherwise worsened in his position with regard to his employment as a result of the Project, but who is dismissed, displaced or otherwise worsened solely because of the total or partial termination of the Project, discontinuance of Project services, or exhaustion of Project funding shall not be deemed eligible for a dismissal or displacement allowance within the meaning of paragraphs (6) and (7) of the Model agreement or applicable provisions of substitute comparable arrangements.

- a. Where employees of a Recipient are represented for collective bargaining purposes, all Project services provided by that Recipient shall be provided under an in accordance with any collective bargaining agreement applicable to such employees which is then in effect.
- b. The Recipient or legally responsible party shall provide to all affected employees sixty (60) days notice of intended actions which may result in displacements or dismissal or rearrangements of the working forces. In the case of employees represent by a union, such notice shall be provided by certified mail through their representatives. The notice shall contain a full and adequate statement of the proposed changes, and an estimate of the number of employees affected by the intended changes, and the number and classifications of any jobs in the Recipient=s employment available to be filled by such affected employees
- c. The procedures of this subparagraph shall apply to cases where notices involve employees represented by a union for collective bargaining purposes. At the request of either the Recipient or the representatives of such employees' negotiations for the purposes of reaching agreement with respect to the application of the terms and conditions of this arrangement shall commence immediately. If no agreement is reached within twenty (20) days from the commencement of negotiations, any party to the dispute may submit the paragraph (4) of this warranty. The foregoing procedures shall be complied with and carried out prior to the institution of the intended action.

For the purpose of providing the statutory required protections including those specifically mandated by Section 5333(b) of the Act, the Public Body will assure as a condition of the release of funds that the Recipient agrees to be bound by the terms and conditions of the National (Model) Section 5333(b) Agreement executed July 23, 1975, identified below², provided that other comparable agreements may be substituted therefore, if approved by the Secretary of Labor and certified for inclusion in these conditions.

Any dispute or controversy arising regarding the application, interpretation, or enforcement of any of the provisions of this arrangement which cannot be settled by and between the parties at interest within thirty (3) days after the dispute or controversy first arises, may be referred by any such party to any final and binding disputes settlement procedure acceptable to the parties, or in the event they cannot agree upon such procedure, to the Department of Labor or an impartial third party designated by the Department of Labor for final and binding determination. The compensation and expenses of the impartial third party, and any other jointly incurred expenses shall be borne equally by the parties to the proceeding and all other expenses shall be paid by the party incurring them.

In the event of any dispute as to whether or not a particular employee was affected by the Project, it shall be his obligation to identify the Project and specify the pertinent facts of the Project relied upon. It shall then be the burden of either the Recipient or other party legally responsible for the application of these conditions to prove that factors other than the Project affected the employees. The claiming employee shall prevail if it is established that the Project had an effect upon the employee even if other factors may also have affected the employee.

The Recipient or other legally responsible party designated by the Public Body will be financially responsible for the application of these conditions and will make the necessary arrangements so that any employee covered by these arrangements, or the union representative of such employee, may file claim of violation of these arrangements with the Recipient within sixty (60) days of the date he is terminated or laid off as a result of the Project, or within eighteen (5311) months of the date his position with respect to his employment is otherwise worsened as a result of the Project. In the latter case, if the events giving rise to the claim have occurred over an extended period, the 18-month limitation shall be measured from the last such event. No benefits shall be payable for any period prior to six (6) months from the date of the filing of any claim.

Nothing in this arrangement shall be construed as depriving any employee of any rights or benefits which such employee may have under existing employment or collective bargaining agreements, nor shall this arrangement be deemed a waiver of any rights of any union or of any represented employee derived from any other agreement or provision of federal, state or local law.

In the event any employee covered by these arrangements is terminated or laid off as a result of the Project, he shall be granted priority of employment or reemployment to fill any vacant position within the control of the Recipient for which he is, or by training or retraining within a reasonable period can become qualified. In the event training or retraining is required by such employment or

reemployment, the Recipient or other legally responsible party designated by the Public Body shall provide, or provide for, such training or retraining at no cost to the employee.

The Recipient will post, in a prominent and accessible place, a notice stating that the Recipient has received federal assistance under the Urban Mass Transportation Act and has agreed to comply with the provisions of Section 5333(b) of the Act. This notice shall also specify the terms and conditions set forth herein for the protection of employees. The Recipient shall maintain and keep on file all relevant books and records in sufficient details as to provide the basic information necessary to the proper application, administration, and enforcement of these arrangements and to the proper determination of any claims arising thereunder.

Any labor organization which is the collective bargaining representative of employees covered by these arrangements, may become a party to these arrangements by serving written notice of its desire to do so upon the Recipient and the Department of Labor. In the event of any disagreement that such labor organization represents covered employees, or is otherwise eligible to become a party to these arrangements, as applied to the Project, the dispute as to whether such organization shall participate shall be determined by the Secretary of Labor.

In the event the Project is approved for assistance under the Act, the foregoing terms and conditions shall be made part of the contract of assistance between the federal government and the Public Body or Recipient of federal funds; provided, however, that this arrangement shall not merge into the contract of assistance, but shall be independently binding and enforceable by and upon the parties thereto, and by any covered employee or his representative, in accordance with its terms, nor shall any other employee protective agreement merge into this arrangement, but each shall be independently binding and enforceable by and upon the parties thereto, in accordance with its terms.

C. Waiver

As a part of the grant approval process, either the recipient or other legally responsible party designated by the Public Body may in writing seek from the Secretary of Labor a waiver of the statutory required protections. The Secretary will waive these protections in cases, where at the time of the requested waivers, the Secretary determines that there are no employees of the Recipient or of any other surface public transportation providers in the transportation services area who could be potentially affected by the Project. A 30-day notice of proposed waiver will be given by the Department of Labor and in the absence of timely objection; the waiver will become final at the end of the 30-day notice period. In the event of timely objection, the Department of Labor will review the matter and determine whether a waiver shall be granted. In the absence of waiver, these protections shall apply to the Project.

5333(b) Certification Letter

Attach as **NJT Attachment S**.

Date:

Janelle Rivera, Director
NJ TRANSIT
Local Programs and Community Mobility
One Penn Plaza East, 4th floor
Newark, New Jersey 07105-2246

Dear Ms. Rivera:

The (Name of Applicant) has made an application to NJ TRANSIT and the Federal Transit Administration pursuant to Section 5311 of the Federal Transit Act, as amended for a mass transportation grant to assist in the reimbursement of operating and/or non-operating expenses for the period January 1, 2025, to December 31, 2025.

The (Name of Applicant) agrees that in the absence of a waiver by the Department of Labor, the terms and conditions of the Special Section 5333(b) Warranty shall apply for the protection of the employees of any employer providing transportation service assisted by the Project, and the employees of any other surface public transportation providers which are eligible recipients, in the transportation service area of the Project. The Warranty arrangement shall be made part of the contract of assistance and shall be binding and enforceable by and upon the parties thereto, by any covered employee or his representative.

Additionally, pursuant to Section (A) of the Special Section 5333(b) Warranty, included with this submission is a listing of all transportation providers in the geographic area of our project and any labor organizations representing the employees of such providers.

Sincerely,

Signature of Authorized Representative
Title

Listing of Operators and Union Representatives

As part of the 5333(b) warranty process applicants must submit an accurate and up-to-date listing of all existing transportation providers in the Section 5311 service area of the project. Applicants must also include any labor organizations representing such providers. A complete statewide list (**Exhibit C**) is submitted by NJ TRANSIT to the US Department of Labor. Do not include NJ TRANSIT as a transportation provider in your area.

Check **Exhibit C** carefully and submit **all** changes on Table 19 below (include any additions, deletions, or changes to the transportation providers listed in Exhibit C – do not retype information from or on Exhibit C). Note if a (D)eleation, (A)ddition or (C)hange to the Exhibit by adding a (D), (A), or (C) after the name of the provider in the first column. If “no changes,” indicate that below.

To assist you we also included a list of major private for-profit transportation providers in the state on Exhibit A. Take note that other organizations including taxi and private non-profit organizations may provide transportation and have union representation as well and should be listed.

Note to applicant – include your county and indicate if there is a driver union.

Table 19

| Other Transportation Providers in Section 5311 Service Area | (A)add (C)change (D)delete | Name of Union | Union Address | Union Phone Number | E-Mail Address of Union |
|---|----------------------------------|---------------|---------------|--------------------|-------------------------|
| | | | | | |
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Sample of Required S5311 Application Cover Letter

Attach as **NJT Attachment T**.

Date

Janelle Rivera, Director
NJ TRANSIT
Local Programs and Community Mobility
One Penn Plaza East, 4th floor
Newark, New Jersey 07105-2246

Dear Ms. Rivera:

The (Name of Applicant) is hereby applying for a grant under FTA Section 5311 of the Federal Transit Act, as amended. The approval of this grant will enable public transportation services to be available to the small urban and rural residents of our service area.

(Name of Applicant) is requesting Non-Operating and/or Operating Assistance for the period **January 2025–December 2025**. The total amount of federal and state funds requested is as follows:

January 2025–December 2025

| | OPERATING: | NON-OPERATING: |
|-------------------------|------------|----------------|
| FTA Section 5311 Funds: | | |
| State match funds: | | |
| Local match funds: | | |
| Total: | | |

To my knowledge, all information provided in support of this application is true and correct. If you have questions or require additional information, contact Name and Title of Principal Organization Contact and Phone Number.

Sincerely,

(Signature of Authorized Representative of Applicant)

Print Name
Title of Authorized Representative of Applicant

S5311 Applicant Authorizing and Supporting Resolution

The applicant must also attach a supporting resolution in the application if any portion of the Applicant's local match comes from another organization, municipality, government entity or other funding source. Below is Sample Text for Authorizing Resolution. **Attach as NJT Attachment U.**

Resolution authorizing the filing of an application to NJ TRANSIT and the Department of Transportation, United States of America, on behalf of (Subrecipient) for a grant under the Federal Transit Act, as amended.

WHEREAS, the Secretary of Transportation is authorized to make grants for a general public transportation program of projects in other than urbanized areas under Section 5311 of the Federal Transit Act, as amended;

WHEREAS, the grant for financial assistance will impose certain obligations upon the Subrecipient (Legal Name of Applicant), including the provision of the local share of the project costs in the program;

WHEREAS, it is required by the U.S. Department of Transportation in accordance with the provisions of Title VI of the Civil Rights Act of 1965, that in connection with the filing of an application for assistance under the Federal Transit Act, as amended, the Subrecipient gives an assurance that it will comply with Title VI and EEO requirements of the Civil Rights Act of 1964 and U.S. Department of Transportation requirements; and

WHEREAS, the Subrecipient is required to adhere to the requirements as specified in the U.S. Department of Transportation's Minority Business Enterprise (MBE) regulation set forth in 49 C.F.R. Part 23, Subpart D.

NOW, THEREFORE, BE IT RESOLVED BY (Name of Governing Body)

1. That (Title of Applicant's Designated Official) is authorized to execute and file an application on behalf of Subrecipient (Legal Name of Applicant) with NJ TRANSIT who as the Designated Recipient will apply to the U.S. Department of Transportation requesting aid in the financing of administration, and/or operating assistance projects pursuant to Section 5311 of the Federal Transit Act, as amended.
2. That (Title of Applicant's Designated Official) is authorized to execute and file with such applications and assurance, or any other document required by the U.S. Department of Transportation effectuating the purposes of Title VI and EEO requirements of the Civil Rights Act of 1964.
3. That (Title of Applicant's Designated Official) is authorized to set forth and execute affirmative minority business policies pursuant to 47 C.F.R. Part 23, Subpart D.
4. That (Title of Authorized Representative) is authorized to furnish such additional information as the U.S. Department of Transportation may require in connection with the application.
5. That (Title of Applicant's Designated Official) is authorized to execute grant agreements on behalf of Legal Name of Applicant for aid in the financing of the administration, and/or operating assistance.
6. That (Governing Body of Applicant) hereby authorizes the amount of (\$ amount) be obligated as the local share required under the provisions of the grant application.

NJT Attachment T - CHARTER SERVICE COMPLIANCE CERTIFICATION

This certification must be submitted annually to NJ TRANSIT’s Department of Local Programs by each subrecipient who operates vehicles and/or receives federal funds under any Federal Transit Administration (FTA) Program administered by NJ TRANSIT. This form confirms your Charter activity for the prior calendar year.

<https://www.transit.dot.gov/regulations-and-guidance/access/charter-bus-service/charter-bus-service-regulations-0>

N/A – My agency does not engage in any charter activities as defined in 49 CFR part 604

*Agency Name _____

* Must type Agency Name (whether you check N/A above)

Signature

Print Name of Authorized Official

Title

Date

Subrecipients and their contractors, are prohibited from using federally funded equipment or facilities to provide charter service, except on an incidental basis; and then, only when one or more of the six exceptions set forth in the charter service regulation in 49 CFR Section 604.9 (b) apply. Other conditions include recovering the fully allocated cost of the service and putting the revenues earned back into your transportation Program.

The following are the limited exceptions when a subrecipient may provide charter service:

- **Official government business;**
- **Qualified Human Service Organizations (elderly, persons with disabilities, and low-income individuals);**
- **When no registered charter provider responds to a notice sent by a subrecipient;**
- **Leasing (must exhaust all available vehicles first);**
- **By agreement with all registered charter providers;**
- **Petitions to the Administrator: Events of regional or national significance, or hardship.**

If charter service is provided under one of these exceptions, please complete below:

Charter Service Certification:

As required by FTA regulations, (name of county) hereby certifies that it is in compliance with 49 CFR part 604 which states that subrecipients of FTA assistance that provided charter services must comply with the FTA Charter Regulations. This includes posting charter service requests on the FTA’s Register Charter Provider Website. This further certifies that the subrecipient has documented each and every use of the equipment awarded by NJ TRANSIT for charter service including the customer, dates, times, equipment identification, trip origin, and destination.

Location of Charter Service Records:

The records for charter service operated by the above-named subrecipient during the calendar year mentioned above are currently maintained at the following address:

I hereby make the above certifications and state that I am an authorized official of the county.

Print name: _____

Title: _____

Signature: _____

Date: _____

Exhibit A – A List of Private Bus Operators Serving New Jersey

| | | |
|--|---|--|
| <p>Atlantic Express Coachways, Inc. 7 North Street Staten Island, NY 10302 718-556-8078 FAX: 718-556-8042 Ms. Laura Cagnetta Safety Director: Mr. Ron Caruso</p> | <p>Bestway Coach Express, Inc. 2 Mott Street Suite 705 New York, NY 10013 212-608-8988 FAX: 212-608-9169 E-MAIL: info@bestwaycoach.com WEBSITE: www.bestwaycoach.com Mr. Wilson Cheng Mr. Kelvin Chan</p> | <p>Classic Tours/Classic Cruisers, Inc. 1533 Prospect Street Lakewood, NJ 08701 732-657-1144 FAX: 732-367-8233 By request only Mr. Mark R. Waterhouse</p> |
| <p>Express Tours, Inc/Golden Express 15 Division Street 3rd Floor New York, NY 10002 212-966-8433 FAX: 212-343-7207 Mr. Richard Chow Ms. May Chow</p> | <p>Greyhound Lines, Inc. 3104 Pacific Avenue Atlantic City, NJ 08401 609-345-5921 FAX: 609-345-5927 Mr. Nate Karp E-MAIL: nkarp@greyhound.com</p> | <p>Infinity Tours, Inc. 6013 Al Ventura Road Wallington, NJ 07057 201-507-5055 FAX: 201-507-5001 Ms. Mary Ann Kamrowski Safety Director: Mr. Tom Boyle</p> |
| <p>Jay/Nay Travel PMB 106-621 Beverly Rancocas Road Willingboro, NJ 08046 609-877-7127 FAX: 609-877-7546 E-MAIL: sales@jayandnaytravel.com WEBSITE: www.jayandnaytravel.com Mr. John Mills Ms. Renee Mills</p> | <p>Lakeland Bus Lines, Inc. PO Box 898 425 E. Blackwell Street Dover, NJ 07802-0898 973-366-0600 Ext. 632 FAX: 973-366-8012 E-MAIL: ttaylor@lakelandbus.com WEBSITE: www.lakelandbus.com Mr. Tom Taylor Ext. 632 Mr. Tom Graves</p> | <p>Leprechaun Lines, Inc 100 Leprechaun Lane New Windsor, NY 12550 845-565-7900 FAX: 845-565-1220 E-MAIL: fgallagher@leprechaunlines.com Mr. Frank Gallagher</p> |
| <p>Martz Lines 239 Old River Road Wilkes-Barre, PA 18702 570-821-3838 FAX: 570-821-3813 E-MAIL: shenry@martzgroup.com WEBSITE: www.martzgroup.com Mr. Scott E. Henry</p> | <p>Passaic Valley Coach Lines 71 River Road Chatham, NJ 07928-1930 973-635-2374 FAX: 973-635-0199 E-MAIL: www.wayne@passaicvalleycoach.com WEBSITE: passaicvalleycoach.com Mr. Wayne Braunwarth</p> | <p>Rockland Coaches 180 Old Hook Road Westwood, NJ 07675 201-263-1254 ext. 418 FAX: 201-664-8036 E-MAIL: david.gee@coachusa.com Mr. David Gee</p> |
| <p>Peter Pan Bus Lines 25 County Avenue Secaucus, NJ 07094 201-866-6001 FAX: 201-866-6234 E-MAIL: frank@peterpanbus.com WEBSITE: www.peterpanbus.com Mr. Frank Farrow</p> | <p>Raritan Valley Bus Service PO Box 312 Metuchen, NJ 08840-0312 732-549-1212 FAX: 732-549-1168 E-MAIL: www.raritanvalleybus.com Mr. Steve Yelencsics Mr. Steve Yelencsics, Jr.</p> | <p>Safety Bus 7200 Park Avenue Pennsauken, NJ 08109 856-665-2662 FAX: 856-665-0658 Mr. Thomas Dugan, Jr.</p> |
| <p>Sheppard Bus Service 35 Rockville Road Bridgeton, NJ 08302 856-451-4004 FAX: 856-453-1620 E-MAIL: john@sheppardbus.com Mr. John Sheppard Mr. Ken Sheppard</p> | <p>Starr Tours 2531 E. State Street Trenton, NJ 08619 609-587-0626 FAX: 609-587-3052 E-MAIL: msussman@starrtours.com Mr. Mitchell Sussman</p> | <p>Stout's Charter Service, Inc. 20 Irven Street Trenton, NJ 08638 609-883-8891 FAX: 609-883-6682 E-MAIL: vivian@stoutsbus.com WEBSITE: www.stoutsbus.com Mr. Harry Stout Mr. Shawn Stout</p> |
| <p>Trans-Bridge Lines 2012 Industrial Drive Bethlehem, PA 18017 610-868-6001 Ext. 122 FAX: 610-868-9057 WEBSITE: www.transbridgebus.com Mr. Tom JeBran Mr. Len Marzen</p> | <p>Travelynk, INC 52 Bailly Drive Burlington, NJ 08016 201-232-0563 FAX: 201-232-0563 Michael Rodriguez</p> | <p>Triple D Travel PO Box 3208 Hamilton, NJ 08619 609-631-0200 FAX: 609-631-0047 Mr. David A. Tenney</p> |

2025 SCDRTAP and 5311 Application

| | | |
|--|--|--|
| <p>Vanderhoof Transportation 18 Wilfred Street West Orange, NJ 07052 973-325-0700 FAX: 973-669-9639 WEBSITE: www.evanderhoof.com Mr. Edward Vanderhoof</p> | <p>Via Bus 19 Tilton Street Hammonton, NJ 08037 609-567-7705 800-890-4756 FAX: 609-567-2328 Mr. Glenn Davis</p> | <p>Short Line/Hudson Transit/Coach USA 4 Leisure Lane Mahwah, NJ 07430 201-529-3666 ext. 1036 FAX: 201-529-0221 mailto:Christine.Falzone@coachusa.com George Grieve george.grieve@coachusa.com Mr. George Grieve</p> |
| <p>Villani Bus Company 811 East Linden Avenue Linden, NJ 07036 908-862-3333 FAX: 908-474-8058</p> | <p>Coach USA Northeast Region 349 First Street Elizabeth, NJ 07206 908-354-3330 FAX: 908-994-9338 E-MAIL: john.emberson@coachusa.com Mr. John Emberson</p> | <p>Community Coach 160 South Route 17 North Paramus, NJ 07652 201-225-7515 FAX: 201-225-7590 E-MAIL: jon.nguyen@coachusa.com Jon Nguyen</p> |
| <p>Suburban Transit 750 Somerset Street New Brunswick, NJ 08901 732-249-1100 ext. 201 FAX: 732-545-7015 WEBSITE: ronald.kohn@coachusa.com Mr. Ronald Kohn</p> | <p>MPC Bus corp 320 Nassau Blvd, Garden City, NY 11530 718-647-2988-3600 FAX: 718-235-8075 E-MAIL: avona@totalbuscompany.com Mr. Augustino Vona</p> | <p>Salem County Local Bus Service 88B Industrial Road Pennsville, NJ 08070 856-678-877 Mr. Steven Schalick</p> |
| <p>Independent Bus, Olympia Trails, O.N.E. Bus, all Coach USA companies 349 First Street Elizabeth, NJ 07206 Jim Rutherford Jim.Rutherford@coachusa.com 908-372-6132</p> | <p>Broadway Bus 1329 Kennedy Blvd Bayonne, NJ 07002 Emil Massa Emass1@msn.com 201-339-4848</p> | <p>Atlantic City Jitney Association 6821 Deliah Road Egg Harbor, NJ 08234 Emmanuel Mathioudakis president@jitneyac.com 609-646-8642</p> |

Exhibit B – Designated Leads for Human Services Transportation Coordination Plan

| County | Lead | E-mail | Phone Number |
|------------|------------------------|--|--------------------|
| Atlantic | Ms. Maribel Pabon | pabon_maribel@aclink.org | 609-645-7700 x4058 |
| Bergen | Mr. Rodyn Sanchez | rsanchez@co.bergen.nj.us | 201-336-3380 |
| Burlington | Mr. Jerry Kilkenny | jkilkenny@co.burlington.nj.us | 609-265-5597 |
| Camden | Ms. Dominic D'Amico | ddamico@sita.com | 856-427-0988 |
| Cape May | Mr. Thomas Conrad | Thomas.Conrad@CO.CAPE-MAY.NJ.US | 609-889-3700 x107 |
| Cumberland | Ms. Barbara Nedohon | barbarane@co.cumberland.nj.us | 856-453-2220 |
| Essex | Mr. Michael Viera | michaelmvsr@aol.com | 973-395-8418 |
| Gloucester | Ms. Lisa Cerny | lcerny@co.gloucester.nj.us | 856-686-8362 |
| Hudson | Mr. James Ostaszewski | jostaszewski@hcnj.us | 201-369-5280 x4231 |
| Hunterdon | Ms. Tara Shepherd | Tshepherd@gohunterdon.org | 908-788-5553 |
| Mercer | Ms. Taraun McKnight | tmcknight@mercercounty.org | 609-530-1970 x17 |
| Middlesex | Mr. Stanley Subjinski | Stanley.Subjinski@co.middlesex.nj.us | 732- 745-4029 |
| Monmouth | Mr. Matthew Spadaccini | Matthew.Spadaccini@co.monmouth.nj.us | 732-431-6480 |
| Morris | Ms. Christine Hellyer | chellyer@co.morris.nj.us | 973-285-6858 |
| Ocean | Mr. David Fitzgerald | dfitzgerald@co.ocean.nj.us | 732-736-8989 x235 |
| Passaic | Mr. Ahmet Akdag | ahmeta@passaiccountynj.org | 973-305-5763 |
| Salem | Ms. Mathew Goff | mathew.goff@salemcountynj.gov | 856-339-8644 |
| Somerset | Mr. John Adair | Jadair@co.somerset.nj.us | 908-231-7116 |
| Sussex | Mr. Nick Kapetanakis | nkapetanakis@sussex.nj.us | 973-940-5200x1287 |
| Union | Ms. Nicole Schichnes | nschichnes@ucnj.org | 908-659-5001 |
| Warren | Ms. Laura Richter | lrichter@co.warren.nj.us | 908-475-6331 |

SECTION VIII – COMPLETE APPLICATION CHECKLIST OF DOCUMENTS

The following documents are to be attached to this application.

- NJT Attachment A Organizational Chart
- NJT Attachment B Vendor Organization Chart (if applicable)
- NJT Attachment C Policies and Procedures
- NJT Attachment D Section 5311 Service Map (5311 only if applicable)
- NJT Attachment E CHSTP Addendums/Updates
- NJT Attachment E CHSTP Written Agreements (if applicable)
- NJT Attachment F Contracts Program receives funds from (if applicable)
- NJT Attachment G Charter Service Compliance Certification
- NJT Attachment H Indirect Cost Plan (if applicable)
- NJT Attachment I Vehicle Inventory (use spreadsheet provided)
- NJT Attachment J Non-Vehicle Inventory (5311 only)
- NJT Attachment K Marketing Materials
- NJT Attachment L Website Screenshot
- NJT Attachment M1 Notarized Copies of Public Notice
- NJT Attachment M2 List of Organizations for Public Hearing Notice
- NJT Attachment M3 Large Print Vehicle Notice
- NJT Attachment M4 Library Public Notice Information
- NJT Attachment M5 Website Screen Shot Public Notice
- NJT Attachment M6 CAC Meeting Public Notice
- NJT Attachment M7 Public Hearing Transcript
- NJT Attachment N SCDRTAP Application Cover Letter
- NJT Attachment O SCDRTAP Resolution
- NJT Attachment P Opinion of Counsel Letter (5311 only)
- NJT Attachment Q ADA Certification of Equivalent Service
- NJT Attachment R SAM. gov Screenshot
- NJT Attachment S 5333(b) Certification Letter (5311 only)
- NJT Attachment T 5311 Application Cover Letter
- NJT Attachment U 5311 Resolution

2023 Actual Expenditures/2025 Proposed Budget

Excel Spreadsheet Attachments:

- 2023 Actual Expenditures by funding source/2025 Proposed budget by funding source.
- NJT Attachment I Vehicle Inventory.
- NJT Attachment J Non-Vehicle Assets.

Exhibits:

- **Exhibit A**: List of Private Bus Operators Serving New Jersey.
- **Exhibit B**: Designated Leads for Human Services Transportation Coordination Plan.
- **Exhibit C**: Transportation Providers and Labor Representatives Spreadsheet 2023.