# CY 2026 Section 5310 Application

Project Name: _____

Agency: _____

Address: _____

City, State ZIP: _____

FEIN Number: _____

Project Contact: _____ Title: _____

Phone: _____ Email: _____

Address (if different): _____

**PROJECT AND SPONSOR TYPE**

Project Type (choose one):

| | |
|---|---|
| Mobility Management Project | ☐ |
| Vehicle Capital Project | ☐ |
| Non-Vehicle Capital Project | ☐ |
| Operating Project | ☐ |

Sponsor Type (choose one):

| | |
|---|---|
| Private Non-Profit | ☐ |
| Local Public Body | ☐ |
| Private Operator for Public Body | ☐ |
| Shared-Ride Private Taxi Provider | ☐ |

Provide a brief description of the project in the space provided. If the project is a vehicle replacement, specify if the vehicle being replaced was purchased with federal funds (Section 5310 or other).

The Federal Transit Administration (FTA) requires that projects funded under the Section 5310 program are derived from a "locally developed coordinated public transit-human services transportation plan". This ensures that applicants are coordinating services with other transportation providers. Section 5310 projects must be identified by a strategy and/or action item in a county, multi-county, or regional plan. List the plan names, strategies or action items, and page numbers. For multiple plans use the space below.

Title of Coordination Plan: 2024 Coordinated Public Transit - Human Services Transp. Plan for Dane County

Action(s)/Strategy(ies):

Page number(s):

Additional information (use this space to describe projects that span multiple coordination plans):

Describe any eligibility requirements to use the service provided by the project.

☐ The service is open to the general public. (eligibility requirements may apply)

☐ The service is shared ride (customer cannot choose exclusive ride)

**OTHER STATE AND FEDERAL FUNDING FOR TRANSPORTATION**

List all state and federal funding programs through which your organization receives funds or has a pending application. Examples include state Urban Mass Transit Assistance (85.20), state County Specialized Transportation (85.21), and federal Urbanized Area Formula Grants (5307).

**PROJECT LOCATION**

Describe the service area of the project.  List state, county, and municiple boundaries, or other geographical features. To select RPCs, MPOs, and congressional districts, use the drop-down menus.

In which Regional Planning Commission is your project?                    Wisconsin RPC/MPO map
Capital Area RPC

In which Metropolitan Planning Organiziation is your project?              Wisconsin RPC/MPO map
Greater Madison MPO

In which Wisconsin Congressional Districts is your project?               Wisconsin Congressional District map
2nd

**LOCAL MATCH CERTIFICATION**

I hereby certify that the local match listed in the budget(s) is eligible for use in the Section 5310 program.  By certifying eligibility, I agree that the local match is verifiable from the recipient's records; is not included as contributions for any other federally-assisted project or program; is necessary and reasonable for proper and efficient accomplishment of project or program objectives; is allowable under the applicable cost principles; is not paid by the federal government under another award except where authorized by federal statute to be used for cost sharing or matching; and is provided for in the approved budget. (Right-click on the signature line to sign electronically)

X _____

_____                    _____
                                                          Date

Name                                                                    Title


**APPLICATION CHECKLIST**                                                          [Project Name]


Check the box to indicate if these documents are included in the application.


| Documents from this Spreadsheet | Included | N/A? |
|---|---|---|
| General Information (4 pages) | ☐ | |
| Written Responses (3 pages) | ☐ | |
| Project Budget (1 page) | ☐ | |
| Project Goals (2 pages) | ☐ | |
| Project Staffing (mobility management and operating projects only) (1 page) | ☐ | |
| Current Vehicle Inventory (1 page) | ☐ | |
| Vehicle Request (vehicle capital projects only) (1 page) | ☐ | |

| Other Documents | Included | N/A? |
|---|---|---|
| Application Letter (Appendix A) | ☐ | |
| Public Notice (vehicle projects only) (Appendix B) | ☐ | N/A |
| Certification of Local Public Body Eligibility | ☐ | N/A |
| Certification of Equivalent Service (non-accessible vehicle projects) (Appendix D) | ☐ | N/A |
| FFATA Form | ☐ | |
| Federal Certifications and Assurances | ☐ | |
| Non-profit documentation | ☐ | N/A |


**SINGLE AUDIT**


WisDOT is responsible for reviewing A-133 audits of subrecipients that expend more than $750,000 annually of federal funding from all sources, not just US DOT funds, in accordance with the Single Audit Act Amendments of 1996 and revised by OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations."  The audits shall be made by an independent auditor in accordance with generally accepted government auditing standards covering financial audits.  Please mark the appropriate box below.


| | |
|---|---|
| Our agency expends less than $750,000 in a year in federal funds from all sources.  Grantees that do not meet the A-133 threshhold may be required to submit supporting documentation for a quarterly reimbursement request.  Grantees chosen for submission will be notified prior to the quarter end for which the request is made. | ☐ |
| Our agency expends more than $750,000 in a year in federal funds from all sources.  Please indicate the date of your last A-133 submission below.  WisDOT staff will review the harvester.census.gov website for any program related findings and follow up with affected grantees. | ☐ |


Date of most recent A-133 audit submission:                  _____

**WRITTEN RESPONSES**

Provide written responses to questions 1-3 using the text boxes in the pages below or in a separate document if necessary.  Responses are limited to one page per question except for Question 1.

**Question 1: Demonstration of Need and Project Benefits** (attach up to one additional sheet if necessary)
    Describe the project and the anticipated outcomes.  If proposing a service activity, include information on operational schedules.  If capital is requested, describe how the funds will be utilized.  For mobility management projects, outline how the mobility manager will increase participation in and coordination of transit for seniors and people with disabilities.

Evaluation Criteria:

| |
|---|
| The application describes how the existing project or the proposed project will be effective at meeting the transportation needs of seniors and people with disabilities and what happens if the funding is not awarded. (10 points max) |

| Project Type | <ul><li>Replacement or Service Level Maintenance Vehicle- Explains why current fleet cannot meet current needs (10 Points)</li><li>Expansion Vehicle- Describes the planned service expansion and how the need for the expanded service was determined (8 Points)</li><li>Mobility Management (Traditional)-Describes how project will help meet the transportation needs of seniors and individuals with disabilities, and identifies specific services and activities the project will provide (10 Points)</li><li>Non-Traditional Projects- Describes how project will help meet transportation needs of seniors and individuals with disabilities.  Identifies specific services and activities the project will provide (8 Points)</li></ul> |
|---|---|

| |
|---|
| Supported by the Coordinated Plan- The project overcomes barrier to transportation and/or meets an unmet need. <ul><li>Identified as a Tier 1 Strategy Project (10 Points)</li><li>Identified as a Tier 2 Strategy Project (6 Points)</li><li>Not identified as a strategy, but addresses a need (3 Points)</li></ul> |
| The project serves a reasonable number of individuals or trips given the project budget. <ul><li>Should include total number of people served, and percentage of seniors or individuals with a disability served (10 points max)</li></ul> |

**Question 2: Promotes Development of a Coordinated Network** (response limited to one sheet)

Explain how the proposed project will meet the identified needs and ensure that there is a coordination of efforts to ensure the targeted population is being served through the appropriate organization(s).

Evaluation Criteria:

| |
|---|
| The application identifies other transportation services available and how the project complements rather than duplicates them. (15 points max)<br>    • Could include (but not limited to) increased hours of operation, reduction of coverage gaps, increased access to medical/employment/recreation trips |
| The application identifies steps that will be taken to ensure a coordinated effort with other local agencies (including human services agencies, meal and shopping sites, employers etc.), and how the service will be marketed. (10 points max) |
| The application describes who is eligible to ride/participate in proposed service.<br>    • Public- Project/service is open to all eligible seniors or individuals with disabilities (5 Points)<br>    • Private- Project/service is limited to a select client base (2 points) |

**Question 3: Financial and Management Capacity** (response limited to one sheet)

Describe your agency's experience managing state, federal, or other outside funds. Describe how the project is cost effective and minimizes unnecessary overhead costs.

Evaluation Criteria:

| |
|---|
| The project has a reasonable level of administrative costs (10 points max) |
| The application identifies local match sources that are backed up by budgets, support letters, and other documentation. (10 points max) |
| The project sponsor has the capacity to meet the project management, reporting, and project delivery functions of the Section 5310 program. (10 points max) |
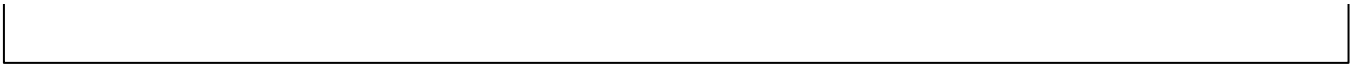
**PROJECT BUDGET**                                                      [Project Name]

Provide an itemized project budget.  Use this template if possible; if necessary, use the blank lines or attach a separate worksheet.  Vehicle capital project budgets may not include any budget line items other than 'Vehicle Purchase', may not include revenue, and may not include in-kind match.

| Line Item | Project Budget | Notes (use box at bottom for more space) |
|---|---|---|
| Salary/Benefits | $0 | |
| Office Space/Rent | | |
| Office Supplies/Printing/Postage | | |
| Marketing | | |
| Equipment | | |
| Website Hosting/Support | | |
| Software | | |
| Staff Travel/Training | | |
| Purchased Transportation Service | | |
| Volunteer Driver Reimbursements | | |
| Transportation Vouchers | | |
| Tires/Parts/Maintenance | | |
| Fuel/Oil | | |
| Vehicle Insurance | | |
| Vehicle Purchase | $0 | |
| | | |
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| **Total Expense** | **$0** | |

| Revenue | |
|---|---|

| **Net Project Cost** | **$0** |
|---|---|

| In-Kind Match | |
|---|---|
| Cash Match | |
| **Section 5310 Request** | **$0** |

Reimbursement percentage                                    ---

Describe the source of all revenue, in-kind match, and cash match here if they cannot be described in the 'Notes' column above. **Note that vehicle purchases require a cash match.**

Describe the proposed usage of the project for the project calendar year.  Use this template if possible, if not, provide a separate sheet.  For non-vehicle capital projects, use the 'OTHER' table to describe software projects, sidewalk projects, etc.  For vehicle capital projects, describe the number of trips expected to be taken on the Section 5310 vehicles in this application.

| | Service Type | # One-Way Trips | Notes |
|---|---|---|---|
| TRIP BASED | Door-to/through-door trips | | |
| | Fixed route transit trips | | |
| | Flexible route transit trips | | |
| | Shared-ride taxi trips | | |
| | Demand response/paratransit | | |
| | Volunteer driver trips | | |
| | Fare voucher provided | | |
| | Vanpool trips | | |
| | Aide/escort assistance | | |
| | | | |

| | Service Type | # Customer Served | Notes |
|---|---|---|---|
| INFORMATION | Mobility manager | | |
| | One-stop center | | |
| | Itinerary planning | | |
| | Internet information | | |
| | One-on-one travel training | | |
| | Transportation resource training | | |
| | Driver training | | |
| | | | |

| | Type | Quantity | Notes |
|---|---|---|---|
| OTHER | | | |
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Describe how you estimated these goals.

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Describe how you collect, or plan to collect, ridership counts, customer contact counts, or other project deliverables and verify the accuracy.

<br><br><br><br><br><br><br><br><br><br><br><br>

**PAST PROJECT DELIVERABLES**

Provide the following  data for continuing projects.  If this is not a continuing project, leave past years blank but fill in projected demographic information for the project year.

| Demographic | Number of One-Way Trips, Customer Contacts, or Other Project Deliverables in Calendar Year | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
|  | **2020** | **2021** | **2022** | **2023** | **2024\*** | **2025\*\*** |
| Elderly | | | | | | |
| Elderly (non-Ambulatory) | | | | | | |
| Disabled | | | | | | |
| Disabled (non-Ambulatory) | | | | | | |
| Other | | | | | | |
| Unknown | | | | | | |
| **Total** | **0** | **0** | **0** | **0** | **0** | **0** |

\* Projected          \*\* Estimated - should match totals in the PROJECT GOALS page at left

Notes (use this space to describe demographic trends not accounted in the table above, years when the project scope changed, unavailability of information, etc.):

**PROJECT STAFFING** [Project Name]

List the individual staff members to be funded through the Section 5310 program.  Note that volunteers do not need to be named (Enter "Volunteer").  For positions that are currently empty, enter "To be determined".  This sheet should not be used for vehicle capital projects.

| Title of Position | Name of Individual | Hours Charged to Project in Project Year | Salary/Benefits/In-Kind Charged to Project in Project Year | Notes |
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**Total Staffing Charges** | $0 |

Provide your current specialized transit vehicle inventory (including vehicles that are used for transportation of seniors and individuals with disabilities, regardless of funding source).  Do not include vehicles being requested in this application.  This form is not needed for Mobility Management and Non-Vehicle Capital projects unless the non-vehicle capital projects will be installed on these vehicles.  Print multiple copies of this table if you need more space.

| Model Year | Current Mileage | # Ambulatory/ Wheelchair Positions | Check if Vehicle will be Replaced with a Vehicle in this Application | Vehicle Description |
|---|---|---|---|---|
| | | | ☐ | |
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**VEHICLE REQUEST**

Enter the quantity of each vehicle requested for Section 5310 funding.  Applicants are strongly encouraged to choose vehicles from the WisDOT vehicle procurement contract.  These standardized vehicles are listed with **estimated 2026 costs** in the table below.  Applicants may apply for vehicles not on the list by including a description and unit cost of the vehicle as well as a rationale for the vehicle chosen.

Project type:          NA     This sheet only applies to vehicle capital projects.

| Vehicle Type | Quantity Requested | Estimated Unit Cost | Seating (ambulatory passengers plus driver/ wheelchair positions) | Hours per Year* | Miles per Year* | Passengers per Year* |
|---|---|---|---|---|---|---|
| Minivan - Side Entry (3/2) | | $81,407 | 3/2 | | | |
| Minivan - Rear Entry (3/2) | | $78,228 | 3/2 | | | |
| Transit/Bariatric Vehicle (3/2) | | $82,861 | 3/2 | | | |
| Transit/Bariatric Vehicle (5/2) | | $83,061 | 5/2 | | | |
| Medium Bus - Accessible (10/2 or 8/3) | | $150,364 | 10/2 or 8/3 | | | |
| Medium Bus - Honeycomb Fiberglass (10/2 or 8/3) | | $154,710 | 10/2 or 8/3 | | | |
| Med. Large Bus - Accessible (11/2 or 9/3) | | $153,190 | 11/2 or 9/3 | | | |
| Med. Large Bus - Honeycomb (11/2 or 9/3) | | $155,138 | 11/2 or 9/3 | | | |
| Other Vehicle 1 | | | | | | |
| Other Vehicle 2 | | | | | | |

* If requesting more than one vehicle, enter the total projected hours, miles, and passengers per year for each vehicle type.

**Total vehicles requested:**      0
**Total vehicle cost**      $0

Other Vehicle 1 Description:

Other Vehicle 2 Description:

**CERTIFICATION OF LOCAL**
**PUBLIC BODY ELIGIBILITY**     <span style="color:red">GOVERNMENT AGENCIES ONLY</span>

Local public bodies (agencies of government) applying for vehicles or mobility management projects must notify all private non-profit organizations that provide specialized transportation services for seniors and people with disabilities in their service area.  They must also offer those organizations the opportunity to provide the proposed service, or comment on and offer alternatives to the proposal.

List each of the private non-profit organizations in your area who you have sent an "Availability of Non-Profits" letter to (see application instructions for template), and attach a copy of any comments, or offers of alternative services that are received with your application.  Attach multiple sheets if necessary.

| Private Non-Profit Name | Conctact Name | Email | Address | Comments or alternative services received? (Y/N) |
|---|---|---|---|---|
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| ☐ | I certify that I have made a good faith effort to notify all private non-profit organizations that provide specialized transportation services for seniors and people with disabilities in my service area, and that to my knowledge all private non-profit organizations that provide specialized transportation services for seniors and individuals with disabilities have been contacted. |
| ☐ | This application is for a mobility management project and my organization has been certified by the State of Wisconsin to coordinate transportation service.  Attach the resolution designating your agency as the coordinator of transportation services for seniors and persons with disabilities. |

✗ _____     _____
                                                                    Date

_____     _____
Name                                                        Title