Measure X - Senior & Disabled Transportation Services Program Application

Organization:	Date Submitted:
Project Title:	Brief Project Summary:
Total Project Cost:	Funds Requested:

Required Contents

☐ Project budget

☐ Project implementation timeline

Applications are due via email to Virginia Murillo , program coordinator, (virginia@tamcmonterey.org)
on December 1, 2017 at 12:00 P.M. PST. The application must be submitted in a PDF format and
include:
☐ Signed cover letter
☐ Completed application sections 1-4

Additional information such as letters or support, testimonials, maps, photographs and additional information about the organization is not required, but if included should be limited to ten (10) pages.





1. Applicant Information

Score Criteria #1: Applicant Experience (20 points)

Is the applicant a 501(c)(3) tax exempt organization?	□Yes □No
If the applicant is not a 501(c)(3) organization, then	the applicant must partner with an organization that
is and can serve as a fiscal sponsor. The fiscal sponsor	or may be a 501(c)(3) organization. The applicant
must complete the following information about the	, , , , , , , , , , , , , , , , , , , ,
Fiscal Sponsor or Applicant Information:	
Name	
Address	
Tax ID #	
Contact Name	
Telephone Number	
Email Address	
Fax Number	
Organization Year Established	
Years Operating in Monterey County	
Description of Organization: Describe your organiza experience serving seniors and/or people with disab providing or coordinating transportation services for	ilities. Describe your organization's experience
providing or coordinating transportation services for	semors unayor people with disabilities.
Number of Employees	
Number of Volunteers	
Board of Directors: Describe the composition of you	r Board of Directors.





2. Project Description and Project Implementation Timeline

• Score Criteria #2: Project Feasibility and Readiness (20 points)

Project Name	
Funding Request Amount	
Other Funding Sources Allocated to this Project	
Total Project Cost	
Funding Request Type	☐ One-time request ☐ Multi-year request
If multi-year, which fiscal years is this funding request for?	□2017/18 □2018/19 □2019/20
Project Type	☐ Capital ☐ Operating
Brief Project Description: (100 words max)	
Project Area Served: Describe the communities that	will be served by the project.
Measure X Project Goals: Indicate which of the Measure X program goals the project will address.	☐ Give seniors more transportation options ☐ Support independent travel by people with disabilities ☐ Provide safer and more reliable transportation services for seniors and/or people with disabilities
Project Implementation Timeline	Develop an implementation timeline that identifies key tasks, milestones and corresponding due dates. Include this as an attachment to the





3. Project Benefits and Communities Served

- Score Criteria #3: Project Need and Relative Level of Urgency (20 points)
- Score Criteria #4: Geographic Equity (15 points)

Project Need (200 words max)
Project Goals (200 words max)
Communities Served: Describe the communities that will benefit from this project. Describe the percentage of seniors and/or people with disabilities that are eligible to benefit or will be served.
Project Scope of Work: Describe the main tasks of the project.





Expected Project Outcomes : Example – Service hours will expand by ##% to serve ## more passengers per month/year.		

Project Evaluation: Describe how you will measure the project outcomes and track your progress towards achieving the project goals.

4. Project Budget

• Score Criteria # 5: Cost Effectiveness (15 points)

Develop a project budget that identifies the cost of each key task, with capital and operating costs called out separately. If this funding request will leverage other funds, identify which phases of the project will be funded by each funding source.