

**PART I  
REQUIRED SUBMITTALS  
MUST BE COMPLETED BY ALL APPLICANTS #9 veh. entered**

Applicant Name  
Main Street Community Center, Inc.

Use this matrix (A) and checklist (B) to help you meet all submission requirements of the application process.

**A. Submittal Matrix** Each "X" represents the information that must be submitted by each type of agency.

Type of Applicant	Part II	Part III	Part IV	Part V	Part VI	Part VII	Part VIII	Part IX	Part X	Part XI *	Appendices				Support Letters
											A	B	C	MPO	
Non-Profit Non-Governmental Agency (5310)	X	X	X	X	X	X	X(b)	X	X	X	X	X	X	X (c)	Optional
Federal Section 5311 Grantee	X	X					X(b)				X(a)	X	X		Optional
IDOT-Certified Public Body (CPB)	X	X	X	X	X(a)	X	X(b)		X	X	X	X	X	X (c)	Optional

- (a) This data not required if applicant agency has included with another grant application for FY08 funding.
- (b) This information is required ONLY if you are applying for a vehicle for new or expanded service.
- (c) If applicant is in an urbanized (metropolitan) area outside the Chicago area, see page 41.

**\*Northeastern Illinois (Urbanized Area 2, Cook, Lake, DuPage, Kane, Will & McHenry Counties only)**

**B. Submittal Checklist** Check the appropriate boxes. All items are required unless otherwise indicated.

ITEM	ENCLOSED
• Application, Signed by Board authorized representative (front cover, page 1)	✓ ✓
• Part I Submittal Matrix(A) and Application Checklist Completed (B), (page 4)	✓ ✓
• Part II Current Vehicle Inventory (page 5)	✓ ✓
• Part III Vehicle Request Form and Budget (pages 6-7)	✓ ✓
• Part IV Project Justification (if applicable, page 8)	✓ ✓
• Part V Applicant's Current Services and Experience (if applicable, pages 9-11)	✓ ✓
• Part VI Fleet Control and Maintenance (if applicable, page 12)	✓ ✓
• Part VII Driver Training (if applicable, page 13)	✓ ✓
• Part VIII Proposing New or Expanded Service (pages 14 & 15)	✓ ✓
• Part IX Formal Coordination Efforts (if applicable, page 16 & 17)	✓ ✓
• Part X Financial Plan (if applicable, pages 18 & 19)	✓ ✓
• <b>Part XI HSTP Review (To Be Completed only by Northeastern Illinois Applicants-Urbanized Area 2-- Cook, Lake, DuPage, Kane, Will &amp; McHenry Counties) (page 20)</b>	N/A
• Appendix A FTA & IDOT Joint Certifications Assurances (pp. 22-32) signed by Official Representative (page 24),	✓
• 2nd- Signed and dated Attorney's Affirmation (page 23)	✓
• Appendix B Public hearing: Published notice, hearing report and public comments (page 33)	7/16/09 ✓
• Appendix C Executed Board Resolution authorizing applicant's Official Representative (page 34)	✓
• Appendix D Application Preparation Guidance (pages 35-45)	Retain
• Appendix E Paratransit Vehicle Catalog (pages 46-56)	Retain
• Letter from MPO placing project in TIP (not applicable in Cook, Lake, DuPage, Kane, Will and McHenry Counties, or any non-urbanized area)	N/A
• Letter of support from Certified Public Provider or local Transit Authority (if applicable)	• ✓
• Letters of Support from local Legislators, others (not a requirement)	• ✓

**Note: When submitting your application:** (1) **Remove:** instructions, vehicle catalog, other guidance (D) and informational material; (2) **Include this Checklist** (Indicate any missing items, noting whether pending, subject to third party submittal /approval, or delayed, and when expected.); and (3) Refer to all enclosed support materials.

**ILLINOIS DEPARTMENT OF TRANSPORTATION  
2009 CONSOLIDATED VEHICLE PROCUREMENT  
ROLLING STOCK  
CAPITAL ASSISTANCE  
APPLICATION**

**STOP! IF YOU ARE SEEKING VEHICLE REPLACEMENT (S), BE SURE THAT YOU MEET ALL ELIGIBILITY REQUIREMENTS. SEE PAGE 5 (PART III, SECTION E). IF NOT, DO NOT SUBMIT FOR REPLACEMENT.**


FOR OFFICE USE ONLY Received at IDOT: \_\_\_\_/\_\_\_\_/\_\_\_\_ BY: \_\_\_\_\_

LEGAL NAME of Applicant Agency Main Street Community Center	Date of Application Filing 06/30/2009
Street/Mailing Address, City, and Zip Code (Not just P. O. Box) 1003 N. Main Street – Edwardsville, IL 62025	Federal Tax Identification Number (TIN) 37-0989006
List general area served (counties, city, areas as applicable) (Detail in Part 5, Page 9) Edwardsville, Edwardsville Township, Glen Carbon, Maryville	Type of Applicant (see pg. 4 Section A) Private Non-Profit: Section 5310 _____ X _____ Section 5311 Grantee: IDOT Certified Public Body: _____
County: Madison HSTP Region (if rural-see page 43 ) HSTP Office (see pages 44)	Illinois State Tax Exempt Number E-9978-2049-05
Application Contact Person: Jacqueline Kamp Title: Executive Director Phone: 618-656-0300 Vehicle Issues Contact Person: Same as above Title: Phone: Same as above	App. Contact E-Mail: jackie@mainstcc.org Fax. ( 618 )_656-0135

**ALL APPLICANTS MUST ANSWER THESE QUESTIONS:**

DOES A MINORITY GROUP MANAGE YOUR ORGANIZATION OR IS OPERATION MINORITY BASED?	<input type="radio"/> YES <input checked="" type="radio"/> NO
DOES YOUR AGENCY PROVIDE SERVICE TO MINORITIES?	<input checked="" type="radio"/> YES <input type="radio"/> NO
DOES YOUR APPLICATION HAVE THE SUPPORT OF YOUR LOCAL TRANSIT AGENCY?	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A

By this application, it is the intent of (Agency's Legal Name) Main Street Community Center, Inc. to request vehicle(s) through the State of Illinois' Consolidated Vehicle Procurement (CVP) program; and will meet all applicable state, federal and local acceptance, application and maintenance requirements. I certify that the information and statements provided in this application, and all supporting documents are correct and complete.

 \_\_\_\_\_ Tel. 618-656-0300 06/29/2009  
**Signature of Authorized Representative** **Date**  
 (As authorized by board resolution, see Appendix C)

Jacqueline Kamp  
**Print name of Authorized Official**

**Title - Executive Director**

**READ ALL INFORMATION CAREFULLY**

**PART I  
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Federal Section 5311 Grantee	X	X					X(b)				X(a)	X	X		Optional
IDOT-Certified Public Body (CPB)	X	X	X	X	X(a)	X	X(b)		X	X	X	X	X	X(c)	Optional

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• Letter of support from Certified Public Provider or local Transit Authority (if applicable)	✓
• Letters of Support from local Legislators, others (not a requirement)	✓

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**PART II**  
**PARATRANSIT VEHICLE INVENTORY**  
**MUST BE COMPLETED BY ALL APPLICANTS**

Applicant Name Main Street Community Center, Inc.								
<b>Applicant's Current Paratransit Vehicle Inventory</b>						(attach additional pages if necessary)		
Examples:								

96	Braun	R-Roof Van	IFDX0034586IL01	172,000 / 189,000	8 / N	L 1995	N
92	EIDorado	Med. Duty	IBB01083589IL18	183,500/ 208,000	14 / Y	O 1999	Y- #2121

Yr.	Manufacturer	Type	VIN (Vehicle Identification Number)	Odometer Reading (miles)		# OF Seats/ ADA:Y/N	1 <sup>st</sup> Year (O)Owned (L)Leased	IDOT Funded Vehicle? Contract #
				1/1/2008	-12/31/08			
96	Dodge	R	2B7KB31Z9TK165498	9080 2	97392	10 /Y	(0)1996	YES
99	Dodge	R	2B7LB31Z9XK549274	5491 6	60218	10 /Y	(0)1999	YES
99	Plymouth	Mini	2P4GP24GOXR225768	5736 9	55045	6	(0) 2003	NO
						/		
						/		
						/		
						/		
						/		

\*MCT is leasing the Center a 2000 raised roof vehicle w/lift for one year. We should be able to take possession of this vehicle June 30<sup>th</sup>, 2009. The lease is for one year only because this vehicle, we are told, has approximately 100,000 miles of use and is not expected to be serviceable beyond one year.

**PART III  
VEHICLE REQUEST FORM & BUDGET  
MUST BE COMPLETED BY ALL APPLICANTS**

**NOTE: Attach one (1) completed copy of this form for EACH vehicle requested**

**A. Applicant Agency Name**  
Main Street Community Center, Inc.

Form  1  of  2 , (1 of 1 etc.)

**B. Vehicle Type Requested: Use the vehicle catalog to select the unit type to meet your passengers' needs:**

- Mini-Van w/ramp (2 wheelchairs/5 passengers)
- Light Duty Paratransit w/lift (3 wheelchairs/ 12 passengers)
- Medium Duty Paratransit w/lift (5 wheelchairs/ 14 passengers)
- Super Medium Duty Paratransit w/lift (5 wheelchairs/ 22 pass.) Requires extensive justification, well documented requirements, up-to-date detail of on-site maintenance capability and large client base experience and needs.

**C. Category of Request (Check appropriate category)**

- Replacement of owned vehicle                       Service Expansion (see p.14)
- Replacement of leased vehicle                       New Service (see p. 14)

**D. Vehicle Request Priority (among all vehicle request forms submitted)**

Based on needs, the requested vehicle on **this** form is to be considered for funding (1<sup>st</sup>, 2<sup>nd</sup>, etc.)  1st

**Note: No two requested vehicles may have the same priority ranking.**

**E. Vehicle Replacement Criteria (enclose all justification/documentation) SEE BELOW**

To be eligible current vehicles must meet Criteria 1 or 2 AT TIME OF APPLICATION.

TYPE	CRITERIA 1	CRITERIA 2
Autos/Mini-Vans/Raised Roof Vans	95,000 Miles	OR 5 yrs, in documented unsafe & poor operating condition
Light Duty Paratransit Vehicle (10-12 pass)	95,000 Miles	OR 6 yrs, in documented unsafe & poor operating condition
Medium Duty Paratransit/School Bus (13-16 pass)	120,000 Miles	OR 8 yrs, in documented unsafe & poor operating condition
Super Medium Duty Paratransit Vehicle (>16 pass)	180,000 Miles	OR 9 yrs, in documented unsafe & poor operating condition
Heavy Duty Transit Vehicle (>30 pass)	280,000 Miles	OR 10 yrs, in documented unsafe & poor operating condition

**• Any 1991 or 1993 MST heavy-duty vehicle regardless of mileage or condition.**

**F. Please provide Replacement Vehicle Identification Information for the vehicle being replaced:**

Yr.	Manufacturer	Type	Date/Mileage	(if applicable) VIN # IDOT Contract #
96	Dodge	R	12/08-97392	2B7KB31Z9TK165498

**Criteria 2 Justification ( i.e., documentation vehicle is unsafe or in poor condition –include, photos, receipts)**

**CRITERIA FOR DISPOSAL OF IDOT FUNDED VEHICLES: General: Consumer Vans, RR or Mini – 120,000 miles; Light Duty- 120,000 miles; Medium Duty Vehicles – 150,000 miles; Super Medium – 200,000 miles; Heavy Duty Transit Vehicle – 300,000 miles. Any questions: Contact the Program Manager at IDOT.**

**Raised Roof Van is 13 years old and meets Criteria II**

**There are structural corrosion problems that render it financially irresponsible to repair**  
**And therefore no longer safe to operate.**

**PART III**  
**VEHICLE REQUEST FORM & BUDGET**  
**MUST BE COMPLETED BY ALL APPLICANTS**

**NOTE: Attach one (1) completed copy of this form for EACH vehicle requested**

<b>A. Applicant Agency Name</b> Main Street Community Center, Inc.	Form <u>  2  </u> of <u>  2  </u> , (1 of 1 etc.)
---	---

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- New Service (see p. 14)

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• Any 1991 or 1993 MST heavy-duty vehicle regardless of mileage or condition.

**F. Please provide Replacement Vehicle Identification Information for the vehicle being replaced:**

Yr.	Manufacturer	Type	Date/Mileage	(if applicable) VIN # IDOT Contract #
99	Dodge	R	12/08 <u>55045</u>	2B7LB31Z9XK549274

**Criteria 2 Justification ( i.e., documentation vehicle is unsafe or in poor condition –include, photos, receipts)**

**CRITERIA FOR DISPOSAL OF IDOT FUNDED VEHICLES: General: Consumer Vans, RR or Mini – 120,000 miles; Light Duty- 120,000 miles; Medium Duty Vehicles – 150,000 miles; Super Medium – 200,000 miles; Heavy Duty Transit Vehicle – 300,000 miles. Any questions: Contact the Program Manager at IDOT.**

**Van needs a new Electronic Control Module and has other electronic issues.**  
**It also has corrosion damage and a multitude of mechanical problems that will soon make repairs no longer financially justifiable. 1999 Van meets Criteria !!**

## Jackie Kamp

---

**From:** Morrison, SJ [smorrison@mct.org]  
**Sent:** Wednesday, June 24, 2009 2:05 PM  
**To:** 'jackie@mainstcc.org'  
**Subject:** [spam] 5310 application and new vehicle

Jackie:

According to Wayne & Mike in the shop, we can have the Raised Roof Van detailed, serviced and ready for pick-up Monday morning, June 29, 2009. I spoke to Penny this morning and she said she's waiting to get the contract back from you guys, then we can set up the vehicle pick-up.

As for the other two vehicles, here is some information that may help getting them replaced...

Both vehicles meet IDOT replacement criteria by age.

1). The 1999 Raised Roof Van needs a new Electronic Control Module and has other electronic issues. It also has corrosion damage and a multitude of mechanical problems, that will soon make repairs no longer financially justifiable.

2). The 1996 Raised Roof Van that is currently out of service is well past it's useful life. It has structural corrosion problems that render it financially irresponsible to repair and therefore no longer safe to operate.

Hope this helps!

SJ Morrison  
Director of Marketing and Planning  
Madison County Transit  
(618) 874-7433  
[smorrison@mct.org](mailto:smorrison@mct.org)  
[www.mct.org](http://www.mct.org)

## ESTIMATED PROJECT BUDGET MUST BE COMPLETED BY ALL APPLICANTS

G. Estimated CVP Budget							Estimated Total Cost Line Total x Unit Cost
Vehicle Type	Capacity (Approx.)	Requested Number of Units			Line Total (a)+(b)+(c) (d)	Estimated Unit Cost (e)	(d) x (e)
		Replace- ment (a)	Expansion (b)	New (c)			
Mini-Van Paratransit (w/ ramp) MV	6 pass.					\$36,000	\$
Light Duty Paratransit Vehicle (w/lift) LD	12 pass.	2				\$52,000	\$ 104,000.00
Medium Duty Paratransit Vehicle (w/lift) MD	14 pass.					\$59,000	\$
Super Medium Duty Para- Transit Vehicle (w/lift) SMD	22 pass.					\$94,000	\$

**Total CVP Request: \$104,000**

**Comments:**

As stated elsewhere, the 1996 Dodge raised roof with lift vehicle is unserviceable. Per my phone call to IDOT representative on June 22, 2009, it was confirmed that the Center, which holds the title to this vehicle, could sell it at auction. The Center is in need of a new replacement vehicle in order not only to sustain its current transportation program, but to expand service to include Mondays to meet the needs of our clients who are exclusively individuals 60 and older and/or disabled. Because our older adults do not like driving at night, transportation will be required also for their opportunity to attend the evening programs which we are introducing. Regarding the 1999 Dodge raised roof with lift vehicle, it is in such poor condition that the Center's maintenance agreement with MCT has been reduced to a month to month basis. A second new replacement vehicle with a raised roof and lift is required for two reason: 1) medical and other appointments of clients often cluster in a manner that cannot be handled simply by one such vehicle and 2) should one vehicle need servicing, the second vehicle would permit the Center to continue transporting its clients during the servicing period.



## PART IV

### PROJECT JUSTIFICATION

MUST BE COMPLETED BY ALL NON-PROFIT AND IDOT-CERTIFIED PUBLIC BODY APPLICANTS

Applicant Name

Main Street Community Center, Inc

#### Project Justification

1. Describe the transportation program and needs of individuals in your current/proposed service area.
2. Identify how these needs are currently not being met.
3. Explain how the current transportation program will change if this grant is not approved.

Project justification focuses within the context of socio-economic and service benefits within your geographic area, with appropriate transportation of the disabled, disadvantaged, and other clients in need. Approval of this grant depends upon demonstrated need and a developed, well-managed program; and subsequent DIVISION concurrence with applicant's position that other local transportation services are insufficient, inappropriate, or unavailable.

Add extra sheets as needed to provide all support detail.

- 1. Main Street Community Center's transportation program is for 60+ older adults and the disabled adult who need transportation to appointments for the doctor, rehab, hospital outpatient, pharmacies, beauty shops, shopping, and attendance at the center for meals and events. Current hours of operation are Tuesday through Friday 8:00 am – 4:00 pm. In accordance with center events being scheduled on Monday, evenings, and weekends, effective July 1, 2009 the hours will be Monday through Friday, 8:00 am – 4:00 pm and some evening and weekend hours.**
- 2. Given the various events and appointments, as well as needed extended hours, only one vehicle cannot serve all clients because of the cluster of appointments.**
- 3. If this grant is not approved and the 1999 Dodge becomes wholly unserviceable as MCT has suggested it could, then we would be dependent upon only the leased vehicle from MCT, which is only serviceable for one year. After that, we would have to discontinue service to the older adults and disabled clients of our service area. With only one vehicle, there still would be a hardship on the service we provide because we could not meet the cluster of appointments.**

## PART V

### APPLICANT'S CURRENT SERVICES & EXPERIENCE MUST BE COMPLETED BY ALL 5310 & CPB (CERTIFIED PUBLIC BODY APPLICANTS (Includes Sections A through F)

Applicant Name Main Street Community Center, Inc.
--

**A. Geographic Area Served**

List the Cities, Towns, Counties and workplaces, etc. of clients served by your current transportation program. Include a map showing the service area if you feel it would help our understanding.

**City of Edwardsville, Edwardsville Township, Village of Glen Carbon, Maryville and surrounding rural areas of Edwardsville.**

**B. Service Area Population Information**

Use 2000 census data.

- |  |               |
|--|---------------|
| 1. Total Population of your Current Service Area | <u>21,491</u> |
| 2. Elderly (60+) Population of Service Area      | <u>3,226</u>  |
| 3. Disabled Population of Service Area           | <u>788</u>    |

**C. Service to Minority Group Persons**

Please indicate in the table below the number and percentage of minority group persons in your transportation service area and the number and percentage of estimated riders of your service in each minority group.

Racial/Ethnic Group	Service Area		Applicant's Client Population	
	Total	% of Total	Total	% of Total
American Indian/Alaskan Native	60	0.3	2	1.8
Asian/Pacific Islander	364	1.7	4	3.5
Black	1,861	8.7	4	3.5
Hispanic	215	1.0	3	2.7
White	18,847	87.7	100	88.5
Other	82	0.3	0	0
<b>TOTAL (match B-1 above).</b>	21,429	100 %	113	100 %

Applicant Name

Main Street Community Center, Inc.

**D. Detailed Description of Applicant's Current Services and Experience**

Briefly describe your organization's:

- primary services
- transportation program
- number of years providing these services

Especially note the agency's transportation service for persons with disabilities, seniors, or other eligibility to receive transportation service. Attach extra pages if necessary.

Main Street Community Center's primary services include recreational, educational, cultural, health and wellness and informational programs as well as provision of meals-on-wheels, congregate meals and transportation. Founded in 1974, the Center generally has provided such services since its early years. Committed to meeting the diverse interests and needs of older adults, the Center has recently expanded its various programs, recognizing that three generations may today comprise the older adult population. Among its recreational programs are card games, dances, dancing lessons, bingo, bunco, and book club discussions. Its educational and cultural programs include lectures by SIUE professors and others. Art exhibits have also been introduced. Health screenings are offered weekly, together with talks about physical fitness and nutrition. A variety of exercise programs are being offered as well: stretch and move, tai chi, jazzercise and body builder boot camp. In the informational area, there is a monthly chat with a civic, educational, not-for-profit, or corporate leader within the community. Effective this July, a chat with the Mayor of Edwardsville will be provided every other month. The meals-on-wheels program has long been a success, with 120-130 volunteers delivering meals throughout the year. Congregate meals are offered M-F during the luncheon hours, with about 70 meals served during a given week. However, special holiday meals will usually bring in 60-70 people in one day. Within the past year, the Center has initiated eight new programs, with three additional ones being launched during July and August. Of the 11 new programs in total, four are evening programs, necessitating our offering evening transportation for adults 60 and over and any disabled individuals. The unduplicated activity count has increased by approximately 250 since May 2008 and is now in the vicinity of 800 individuals per month. The duplicated count has increased by 700 and is now about 1950 per month. Such increases are expected to continue to increase transportation needs as well.

**E. A) 2008 Annual Certification was submitted FOR IDOT FUNDED VEHICLES in YOUR FLEET? 7/01/08**  
**Or B) No IDOT Funded Vehicle was owned in 2008 \_\_\_\_\_**

**F. Table I. Transportation Program Employees and Staffing**

Use the table below to show the number of paid employees and/or volunteers used in the operation of your transportation service for a typical week in the most recent operating year. Provide the total hours, by day of the week, worked by all employees/volunteers.

**Example: If a bookkeeper works on the transportation program 1 hour each weekday (on average), show 1 on the table, in column 'A' and for or each day insert 1(one) hour, 2 (two) hours etc.**

Staff	'A'	Total # of Hours Worked by Transportation Staff by Day						
		Mon.	Tues.	Wed	Thurs.	Fri.	Sat	Sun
Paid Drivers	2	8	10	8	8	10	3	
Volunteer Drivers								
Reservationists/	1	5	5	5	5	5	2	
In-house Staff, Maint.								
Administrative Staff	1	2	2	2	2	2	2	
<b>TOTALS</b>	4	15	17	15	15	17	7	
<b>Total # of vehicles in use</b>	XXXXXX	1	2	1	1	2	1	

Effective July 6, 2009, we will serve all 5 days of the week and the drivers will also work occasionally on week night and weekends as special events warrant. The number of hours is approximate because of not knowing specifically the days that we have the extra hours, which would be 3-5 hours per program.

**ATTACHMENT TO PAGE 10**

**Main Street Community Center's door-to-door transportation is for 60+ older adults and the disabled adults who need transportation to and from doctor's appointments, rehab, pharmacies for prescriptions, grocery shopping, hospital visits, beauty shops and attendance at the center or meals and events taking place .**

**The door-to-door transportation service has been in effect for the Center for over 30 years.**

**Main Street**   
Community Center

1003 North Main Street  
Edwardsville, IL 62025  
(618) 656-0300  
[mainstreetcommunitycenter.org](http://mainstreetcommunitycenter.org)

# Main Street Community Center

*Our mission is to provide a broad range of group and individual activities and services that respond to the needs and interests of individuals spanning several generations, including older adults, families, caregivers, and other members of the community.*

Established in 1974, Main Street Community Center is a private non-sectarian, non-profit agency with older adults as its focal group. However, the Center offers many programs suitable for intergenerational groups and hence is open to all members of the community.

Located in downtown Edwardsville at 1003 North Main Street, the Center provides a warm, pleasing environment in which to socialize, exercise, have a meal, learn, and play games. In addition to the services specified below, there are also a number of volunteer opportunities at the Center. Join us! Come for a noon meal, an educational program, a health screening, a dance class, a book club discussion, bingo, or a card game. We welcome you!

## Services

**Information and Referral:** Center staff can assess the needs of older individuals, provide information about the opportunities and services available within the community, and assist such individuals in utilizing opportunities and services.

**Transportation:** Transportation services for individuals 60 years or older are provided for medical appointments, banking, shopping, visiting the Center, etc. Vehicles are accessible for persons with disabilities. Donations accepted.

**Meals-on-Wheels:** Meals are delivered to home-bound individuals in the Edwardsville/Glen Carbon area by volunteers Monday through Friday with an option for a frozen meal(s) over the weekend. Cost is billed monthly.

**Noon Meals:** Meals at the Center are provided Monday through Friday from 11:00 a.m. to 12:30 p.m. catered by Anderson Hospital. Small charges apply. Reservations requested one day in advance.

**Health Screening and Evaluation:** The Center hosts blood pressure screenings, hearing tests, flu immunization, additional screenings, and health education programs. Charges may apply.

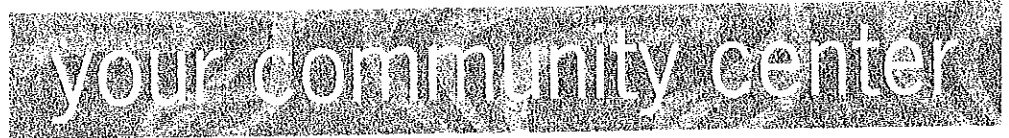
**Education and Training:** The Center offers educational programs on a variety of subjects such as travel, health and wellness, local history, foreign cultures, global issues, and rules of the road. Organizations such as SIUE provide professional speakers for the Center's "Dialogue with a Professor" series and "Cavalcade of Ideas" series. "Coffee Talks" is another series in which local leaders from the civic, business, not-for-profit, and educational areas informally chat with the audience.

**Recreation:** Recreational activities include pool, pinocle, bingo, bunco, bridge, pokeno, woodcarving, quilting, ballroom dancing, line dancing, square dancing, dinner dances, book discussions, exercise classes including tai chi, and more!

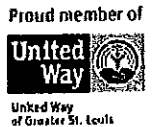
**Collocation for other Local, State and Federal Programs:** Older individuals can call the Center to schedule appointments for tax assistance, paralegal services, counseling, and other programs.

**Board of Directors**

Carol Keene, President  
Jerry Curran, Vice-President  
Kathy Dickmann, Treasurer  
Michelle Yates, Secretary  
Cheryl Brunsmann  
Joyce Gusewelle  
Jeanette Mallon  
Charles McDonald  
Frank Miles  
Joy Myers  
Larry Suhre  
JoAnn White  
David Woelfel



Jacqueline Kamp  
**Executive Director**  
jackie@mainstcc.org



Main Street Community Center does not discriminate in admission to programs or activities or treatment of employment in programs or activities in compliance with the Illinois Human Rights Act; the U.S. Civil Rights Act; Section 504 of the Rehabilitation Act; the Age Discrimination in Employment Act; and the U.S. and Illinois Constitutions. If you feel you have been discriminated against, you have a right to file a complaint with the Illinois Department on Aging. For information, call 1-800-252-8966 (voice and TDD), or contact Main Street Community Center at 1-618-656-0300.

Applicant Name  
Main Street Community Center, Inc.

**Table II. Current Transportation Service Information**

**THIS TABLE IS VERY IMPORTANT!! PLEASE READ IT CAREFULLY AND FILL IT OUT COMPLETELY.**

Please provide the following transportation service data for your most recent year (either calendar or fiscal) of operation.

Indicate that data is for the annual period, from May 2008 to April 30, 2009

**Section 5311 Applicants need only fill out the lower portion of this Table**

<i>Individual Clients</i> Served	Annual Total
Elderly Riders without Disabilities	<u>102</u>
Elderly Riders with Disabilities	<u>10</u>
Non-Elderly Riders with Disabilities	<u>1</u>
Other Riders, including general public	0

**TOTAL CLIENTS SERVED (Must match p.9) 113**

Number of *one-way Passenger Trips* by Trip Purpose

*(Examples:*

*Transport one client to a medical appointment and return home, count this as two (2) one-way passenger trips.*

*Transport a client to a doctor, then to a pharmacy, then home; is counted for three (3) such passenger trips.*

*If the agency takes 10 clients for a meal at a nutrition center, and takes those 10 clients back home, Counts as 20 one-way passenger trips.*

	Estimated Annual Total
Medical Trips	2510
Work Trips	520
Education Trips	1304
Nutrition Trips	1654
Shopping Trips	2050
Social/Recreational Trips	1012
Other Trips	0
<b>TOTAL ONE-WAY PASSENGER-TRIPS PER YEAR</b>	<b>9050</b>
Average number of vehicles used on a daily basis to provide this service	2



# PART VI

## FLEET CONTROL and MAINTENANCE

### MUST BE COMPLETED BY ALL 5310 & CPB APPLICANTS

Applicant Name  
Main Street Community Center, Inc.

**A. Fleet Control**

Do you maintain an individual vehicle file folder/book for each vehicle in the fleet? Y X N \_\_\_

Does the file include (Check all that apply)

COPIES of: Vehicle Title X, Warranties X, Insurance policy card X, Vendor Contact Information X

Copies of repair orders, with reports on inspection/notification forms, with date resolved X,

All warranty claims X

Details on any malfunctions of ADA/lift equipment? X

Do you keep on file the last 6 months of drivers' daily pre- and post trip vehicle inspections? Y X N \_\_\_  
(Please Attach examples). Note: It is a Federal Motor Carrier Safety Requirement per Section 396.11 'Driver vehicle inspection report(s)', (including certification of repairs and the certification of drivers' review) that inspection reports are kept on file at the primary place of dispatch for a period of 3 (three) months.

Do you have operating/repair manuals for all fleet vehicles? Y X N \_\_\_

Do you have repair manuals for all ADA equipment? Y X N \_\_\_

If not, when did you contact the vendor to get them?

Are agency vehicles kept in a garage? Y \_\_\_ N X If outside, is storage area secured? Y \_\_\_ N X

Describe any off-site vehicle storage area (location, condition, security, etc.) \_\_\_\_\_

Do you have a Long Term Vehicle Replacement Plan? Y \_\_\_ N X

Do you maintain and regularly update Fleet Condition Reports? Y X N \_\_\_

**B. Maintenance**

Does your agency have a current written maintenance policy? Y X N \_\_\_

If yes, please include sample documentation. (e.g. Maintenance; Administration, Policy, Agency Authorization).

Do you perform preventative scheduled maintenance for all vehicles? (Attach any examples). Y X N \_\_\_

Do you perform inspection and manually operate/ check all ADA and access equipment? Y X N \_\_\_

Do you file all repairs (including routine maintenance) or adjustment advisories/orders? Y X N \_\_\_

Do you keep records of all vehicle inspections? (attach an example) Y X N \_\_\_

How long do you keep vehicle inspection records on file? \_\_\_ mos. 2+ years \_\_\_ (6 months recommended)

Do you track and file vehicle repair histories for each vehicle? Y X N \_\_\_

Who (Name & Title) is responsible for Agency vehicle maintenance program?

Jacqueline Kamp – Executive Director

Who (Name & Title) is responsible for major repairs?

Jacqueline Kamp – Executive Director

Does management review repairs and inspection results? Y X N \_\_\_

Please List any/all outside contractor/service shops; and describe any specialty training:

Madison County Transit

Is the shop experienced in servicing the type of vehicle(s) being applied for? Y X N \_\_\_

Is ALL ADA equipment operational? Y X N \_\_\_ Any repair delays? (if in-operable, give details) \_\_\_\_\_

Name & Address of shop certified in servicing the ADA equipment offered: Name: Madison County Transit

Address: 1 Transit Way, Granite City, IL 62040

Do you have any major outstanding vehicle or accessory warranty or repair issues? Y \_\_\_ N X

If yes, provide a copy of your warranty claim procedures with an example document.

**PRE-TRIP INSPECTION AND POST  
TRIP REPORTING FORM**

**PRE-TRIP:**

Open Hood, Check: oil; coolant; washer fluid;  
Unlock all doors. (Mandatory to unlock rear  
emergency door)

Start Vehicle: (Turn on headlights & 4-way  
flashers)

**Walk around vehicle & inspect for:**

- Body damage
- Tire inflation (visual)
- Lights and flasher operation
- Ramp/Lift Operation
- Interior for damage
- Seat and belt condition
- Fire Extinguisher
- First Aid Supplies
- Heater - A/C operation

**DURING TRIP:**

Note all operational conditions of vehicle

- Vehicle operation okay
- Vehicle requires repair or service

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Driver \_\_\_\_\_ Date \_\_\_\_\_  
Ending Odometer \_\_\_\_\_

Note: This is a sample form that may serve as an example for some agencies. The items listed above include, but are not limited to areas of vehicles that should be observed.  
12/98



**MONTHLY (OR EACH 3000 MILES) ADA EQUIPMENT  
MAINTENANCE PROGRAM**

**Mini-Van:**

Check, Lube and Repair

Check operation of ramp \_\_\_\_

Ramp lock in \_\_\_\_

Ramp release \_\_\_\_

Clean lower track of all dirt and  
grit. Check roller operation of  
both upper and lower track \_\_\_\_

Lube with a light oil or silicon \_\_\_\_

Check front passenger seat  
securement. \_\_\_\_\_

OTHER ADA EQUIPPED

VEHICLES:

Inspect all cylinders for oil leaks.  
No leaks \_\_\_\_\_ Leaks \_\_\_\_\_

Pressure wash lift (from inside of  
vehicle). \_\_\_\_\_

Lubricate all pins and bushing. \_\_\_\_

(On RRVs, use WD40 if switch box  
is located on lift door entry step.  
Protect this switch from salt and  
corrosion)

Check lift for smooth operation.  
Check "fold in" for proper  
operation. \_\_\_\_

Lube lift door hinges and check  
latch adjustments.

Lube rear exit door hinges (if  
applicable) and check lock  
operation.

**PART VII  
TRANSPORTATION TRAINING  
MUST BE COMPLETED BY ALL APPLICANTS**

Applicant Name  
Main Street Community Center, Inc.

**Driver/Dispatch Training is vital and necessary.**

Include and/or describe your formal driver training policy, programs, your training administration procedures and the name and title of the designated trainer.

**With your published policy statement on training and orientation**, provide documentation/ an example of:

- 1) Your training master plan/outline, and
- 2) a current training schedule, and
- 3) an Individual Personnel Training record, etc.

Do you maintain individual Driver Files?

Y X N \_\_\_

Does each driver's file reflect training, licensing, achievements, etc.?

Y X N \_\_\_

Are all drivers formally trained in the following core passenger transport subjects?

Client Assistance Y \_\_\_ N X, Defensive Driving Y \_\_\_ N X, Emergency Procedures Y X N \_\_\_

Do you provide to the drivers:

Special Passenger Care Training Y X N \_\_\_, Emergency Local Contacts and Resources Y X N \_\_\_

C.P.R. Training Y \_\_\_ N X, Emergency Response Training Y X N \_\_\_

If NO to any of the above, please explain, or note alternative training plans, programs and schedules.

**We are planning a course in C.P.R. with the fire department in Edwardsville as soon as possible.**

**We are sending for copy of book for training of passenger assistance from University of Milwaukee**

**When a new driver is hired, the experienced driver trains the new one.**

**We are pursuing National Safety Council course in driving through SIUE**

Please list any other formal course(s) offered by or through the agency for drivers/dispatchers:

**Rules of the Road**

**55 Alive Classes through AARP**

Do you offer regular updates/refreshers?

Y X N \_\_\_

What is your normal Training cycle? **1 year**

Do you include Dispatchers in vehicle orientation?

Y X N \_\_\_

Do you include occasional drivers, or people with other specialties?

Y \_\_\_ N X

Does your formal training include: ADA policy as it applies to your clients

Y X N \_\_\_

Operation of access equipment (including manual lift operation and cautions)?

Y X N \_\_\_

Formal vehicle and accessory orientation?

Y X N \_\_\_

Route or territory orientation?

Y X N \_\_\_

Do you use 'on-the-road' communications with drivers? Y X N \_\_\_ Define: **cell phones**

## JOB DESCRIPTION

Title: Driver (Passenger Van)

Responsibilities: The driver is responsible for scheduled driving routes or assigned duties. The driver is also responsible for van care. Responsibilities will include but not be limited to the following activities.

1. The driver is to transport seniors
  - A. Pick senior up at assigned place and transport to Nutrition site or other assigned destinations.
  - B. Is responsible for enforcing on-bus safety regulations  
To include:
    - a. use of seat belts at all times (including the drivers and helpers)
    - b. escort senior to and from van (when necessary)
    - c. assist senior on and off van (always)
    - d. proper use of vehicle steps (always)
    - e. assist senior with packages (when necessary)
2. The Driver is expected to follow emergency procedures when participant doesn't answer:
  - a. Contact the center immediately
  - b. Do not leave the location
  - c. Do not enter a senior's home
3. The driver is to perform daily activities.
  - a. Check each day condition of vehicle for safe use and sign inspection sheet.
  - b. Record mileage each day/time a van is used.
  - c. Report any van problems to Supervisor.
  - d. See that the van is left in orderly condition at days end. Cleaning vehicle inside and outside (when needed)
  - e. Work with volunteer assistants, have them sign volunteer sheet.
  - f. Collect donations in unmarked envelopes or collection box and give them to the Supervisor

**MARKING INSTRUCTIONS**

CORRECT  INCORRECT  INTERSTATE

If an error is made, cross mark completely.  
For a Yes response mark the box with an X.  
For a No response leave the box blank.

3. License Plate:

4. Vehicle Identification Number:

5. Date of Test:

6. Start Time:

7. End Time:

8. Date C/S Applied:

9. Time C/S Applied:

10. Station:

11. CST:

12. Certificate of Safety Number:

13. Odometer Reading:

14. Total Test Fee:

15. Repair over 30 days:

16. Replacement C/S:

17. Single Wheel:

18. Double Wheel:

19. Model Year:

20. Vehicle Type:

21. Vehicle Make:

22. Vehicle Make:

23. Details:

Brakes:

Exhaust System:

Fuel System:

Lighting Devices:

Steering Mechanism:

Suspension:

Tires-Steering Axle:

Tires-Non-Steering Axle:

Wheels and Hubs:

Windshield Glazing:

Windshield Wiper:

24. Steering Axle:

25. Non-Steering Axle:

26. Volvo:

27. VW:

28. Other:

29. Trailer Make:

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19. Model Year:

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21. Vehicle Make:

22. Vehicle Make:

23. Details:

Brakes:

Exhaust System:

Fuel System:

Lighting Devices:

Steering Mechanism:

Suspension:

Tires-Steering Axle:

Tires-Non-Steering Axle:

Wheels and Hubs:

Windshield Glazing:

Windshield Wiper:

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25. Non-Steering Axle:

26. Volvo:

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150. Other:

THIS COPY TO DRIVER

# ILLINOIS DEPARTMENT OF TRANSPORTATION • VEHICLE INSPECTION REPORT

099444

**MARKING INSTRUCTIONS**  
 CORRECT  INCORRECT   
 For a "Yes" response mark the box with an "X"  
 For a "No" response leave the box blank

INTERSTATE

5. Date of Test  
 M M D D Y Y

6. Start Time  
 H H M M Pm

7. End Time  
 H H M M Pm

8. Date CS Applied  
 M M D D Y Y

3. License Plate  
 4. Vehicle Identification Number

BRAKES  
 Pass Fail

STEERING MECHANISM  
 Pass Fail

SUSPENSION  
 Pass Fail

FRAME  
 Pass Fail

TIRES-NON-STEERING AXLE  
 Pass Fail

TIRES-NON-STEERING AXLE  
 Pass Fail

WHEELS AND RIMS  
 Pass Fail

WINDSHIELD GLAZING  
 Pass Fail

WINDSHIELD WIPER  
 Pass Fail

9. Time C/S Applied  
 Am Pm

10. Station  
 C/S

12. Certificate of Safety Number

15. Reflector(s) (if any)  
 16. Replacement CS  
 17. Single Wheel  
 18. Double Wheel

19. Model Year  
 M M Y Y

20. Vehicle Type  
 M M Y Y

21. Vehicle Make  
 M M Y Y

22. Vehicle Make  
 M M Y Y

23. Defects

01. Antilock Brakes  
 02. ABS  
 03. Horn/Bell  
 04. Control Arm/Wheel  
 05. Ignition  
 06. Medical  
 07. Air Pass/Vent  
 08. Pass/Vent  
 09. Fuel  
 10. Rescuer  
 11. Semi-trailer  
 12. Tow Truck  
 13. Trailer  
 14. Truck  
 15. Truck Tractor

01. AUTO  
 02. BUNK  
 03. GAD  
 04. CHEV  
 05. FORD  
 06. DODGE  
 07. FORD  
 08. FORD  
 09. HATZ  
 10. HATZ  
 11. GMC  
 12. HEN  
 13. IRL  
 14. JEEP  
 15. KEN  
 16. MACK  
 17. NAVIS  
 18. MERKUR  
 19. HISS  
 20. OLDS  
 21. PEI  
 22. PLY  
 23. POINT  
 24. STERLING  
 25. TOY  
 26. VOLVO  
 27. VW  
 28. OTHER

23. Defects  
 Brakes  
 Coupling Devices  
 Exhaust System  
 Fuel System  
 Lighting Devices  
 Steering Mechanism  
 Suspension  
 Tires/Steering Axle  
 Tires/Non-Steering Axle  
 Windshield  
 Windshield Wiper  
 Tow-Truck

23. Defects  
 Absence of Braking, Missing Broken Loose Parts, Oil or Adjustment, Leaks, Lining, Parking Brake, Drum Rotors, Mismatch Across Axle, Hose Tubing Cracked Broken Clamped, Low Pressure Warning Device, Tractor Protection Valve, Compressor, Electric Brakes, Breakaway Hydraulic Master, Check Valve Missing Inoperable, Hydraulic Brake Failure Light, Power Assist Light, Vacuum Reserve, Low Vacuum Warning Device  
 Fifth Wheel, Pin/In Hook, Drawbar/Front Eye, Drawbar/Tongue Safety Devices, Saddle Mounts, Mounting, Missing Components, Cracked Worn Weld Repairs, Latching Ineffective  
 Exhaust Leaks, Location, Excess of 6" Forward From Rear, Excess 15" Forward From Front, Forward Door Window  
 Fuel Cap, Loose Components, Leaks  
 Spare Tire, Cargo Secure, Front End Structure  
 Headlight, Tail Light, Parking Light, Stop Light, Clearance, License Plate Light, Turn Signal, Hazard Warning, Back Up Light, Identification, Reflectors, Reflective Tape, Side Marker Intermediate  
 Free Play, Binding Jamming Loose Parts, Steering Column, Steering Wheel Not Secure, Gear Box Cracked Welded, Pitman Arm, Power Assist Unit, Ball Joint, Steering Mechanism Modification, Tie Rod, Drag Link, King Pin  
 Axle Positioning Parts Loose or Missing, Spring Shackles, Rubber Spring, Torison Bar, Coil Springs, Air Suspension, Torque Radius Tracking  
 Tread Depth, Mismatch Radii/Bias, Improper Use, Improper Size, Improper Load, Tire Condition, Bus Recapped Retreaded, Regrooved Unless Urban, Boot or Ply Repair, Flat or Leak, Clearance  
 Tread Depth, Flat or Leak, Tire Condition, Improper Use, Improper Size, Improper Load, Improper Mount or Inflation  
 Windshield Glazing  
 Broom Shovel Trash Can, Bond or Insurance, Other

23. Defects  
 Cracked Broken Member, Loose Fasteners, The Wheel Clearance, Adjustable Axle Assemblies  
 Bolt Hole Cracked Elongated, Lugs Fasteners, Lock Rings, Crack Weld Repairs  
 Wiper Operation, Missing Broken Parts  
 Headlight Aim, Wheel Align, Bumper, Horn/Siren, Mirror Mounting, Mirror Condition, Window Other Than Windshield, Windshield Washer, Fire Extinguisher, Interior Lights, Electric Warning, Seat Anchoring, Aisle, Cab Inhibitor, Floor & Covering, Door(s) & Latches, Body, Step, Heater/Defroster, Back Up Alarms, King Pins, Wheel Bearing, Shock(s), Reflectors, Flares, Flashes, Spash/Guard Braces, Whiffler, Flasher Lights, Dual Brakes, Sliding 5th Wheel, Alarms, Latches, Emergency Exit, Service Entrance, Color Lettering, Seat Belt, Battery, Hoses & Cables, Other

THIS COPY TO DRIVER



Sample

EMERGENCY CONTACT INFORMATION

Participant Name HOPE KRIEGER

Address 306 BUENAVISTA

Telephone 656-1984

Emergency Contact Name KAY MEYER - RONALD KRIEGER

656-6300

656-1095

Telephone

656-1425

## PART VIII

### PROPOSED NEW OR EXPANDED TRANSPORTATION SERVICE ONLY

**TO BE COMPLETED BY NON-PROFIT AND IDOT-CERTIFIED PUBLIC BODY APPLICANTS  
THAT ARE REQUESTING VEHICLES FOR NEW SERVICE OR SERVICE EXPANSION.**

1. Proposed New Service   X   or Expanded Area        - E.g., Cities, Towns, Counties to be Served?  
(If area is the same as current service area, indicate "SAME").

SAME AREA

2. Proposed Expanded Schedule (Days and Hours of Operation)?  
(If schedule is the same as current schedule, indicate "SAME").

Expand – Monday service 8:00 am- 4:00 pm; evenings and weekend hours will  
be added as needed to attend Center programs.

3. Proposed new client group receiving the New or Expanded Transportation Service?

The proposed new client group includes (1) individuals who require transportation on Mondays  
(e.g. rehab services prefer Monday, Wednesday, and Friday schedules for their clients) and  
(2) individuals who wish to attend our evening programs but cannot drive at night.

4. Is there a change in how eligible clients request and schedule rides? (As needed, By phone request, Trips  
scheduled by the agency, as part of the primary service program, etc.)

NO

5. THIS INFORMATION IS VERY IMPORTANT!! PLEASE READ IT CAREFULLY AND FILL IT OUT COMPLETELY,  
WITH AS MUCH DETAIL AS IS AVAILABLE.

	<u>Total Clients</u> Served per year (see page 11)	<u>Estimated New Clients</u>	<u>Annual Total</u>
Elderly Clients without Disabilities	102	20	122
Elderly Clients with Disabilities	10	5	15
Non-Elderly Clients with Disabilities	1	2	3
Other Clients	_____	_____	_____
<b>TOTAL CLIENTS</b>	<b>113</b>	<b>27</b>	<b>140</b>

Applicant Name  
Main Street Community Center, Inc.

**6. Estimate the NEW Number of Passenger-TRIPS to be Provided, by Type. New or Additional**

NOTE: Each time a client gets on, rides and gets off is a Passenger-Trip (see Page 11) Annual Totals  
 (Example: Transporting a client to a medical appointment, then to a food store, then home, counts as three one-way passenger trips for each person served)

Medical Trips	350
Work Trips	1040
Nutrition/ Food Trips	300
Shopping	200
Other Trips	350

TOTAL ONE-WAY PASSENGER-TRIPS: 2240

**Number of new vehicles being requested to provide these trips 2 for these trips and our current trips.**

**7. Proposed Staffing**

Please indicate in the table the number of NEW employees and/or volunteers to be used in NEW or EXPANDED transportation service for a typical week during the year. Show number of hours by day of the week worked by all employees/ volunteers (NOTE: If the same as current indicate "SAME").

**For example, your bookkeeper averages an extra hour each weekday on the new program. Total new/added staff (administrative staff) will be 0, but for each weekday you would insert 1 (one) hr., 2(two) hours etc.**

New or Additional Staff	Total Number of New or Added Staff	Sum of Hours Worked by All New or Added Staff by Day						
		Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
<b>Paid Drivers</b>	Same	2	3	3	2	3	3	
<b>Volunteer Drivers</b>								
<b>Reservationists/ Schedulers/Dispatchers</b>	Same	1	1	1	1	1	1	
<b>Maintenance Staff</b>	Same							
<b>Administrative Staff</b>	Same							

**8. New or Expanded Service to Minority Group Persons**

Please indicate in the table the number and percentage of minority group persons in the expanded/new service area and the number and percentage of estimated riders of your service in each minority group.

Racial/Ethnic Group	Service Area Population		Applicant's Proposed Service	
	Total	% of Total	Total	% of Total
American Indian/Alaskan Native	60	0.3	2	1.8
Asian/Pacific Islander	364	1.7	4	3.5
Black	1,861	8.7	4	3.5
Hispanic	215	1.0	3	2.7
White	18,847	87.7	100	88.5
Other	82	0.3	0	0
<b>TOTAL:</b>	<b>21,429</b>	<b>100%</b>		<b>100%</b>

Applicant Name  
Main Street Community Center, Inc.

**PART IX**  
**COORDINATION EFFORTS**  
**THIS PART MUST BE COMPLETED BY ALL NON-PROFIT APPLICANTS**

**A. COORDINATION with ALL Other Available Transportation Services in your service area**

Coordination between transportation services is vital to Client Service and the most effective use of paratransit vehicles. Agencies receiving federal and state grants must contact and coordinate with all other services in their geographic service area to assure the most beneficial services to those in need.

List in the table below ALL other public and non-profit transportation services for the general public, elderly persons and persons with disabilities operating your current or proposed service area.

Agency/Provider	Phone #	Days	Hours	Type of Service	FollowUp?
Glen Carbon Community Senior Center	618-288-2664	4 days	8 hr daily	Transportation- Activities	
Madison Cty Transit	618-931-7433	7 days	6:00 am-12:00am	Transportation	
Faith in Action	618-692-0480	4 days	8hr daily	Transportation	

As an applicant, you must notify each provider in writing, of your intent to apply for vehicle(s) under this program. Include copies of those letters and the replies with this application.

To complete your good faith effort to obtain a letter of support (or non-support) from each entity listed:

- Mail early to allow sufficient time for response.
- Plan for written or phone follow-up (which also must be documented to meet the minimum requirement for coordination).
- Note any comments or outline your coordination plan below.

# Main Street Community Center

1003 North Main Street  
Edwardsville, IL 62025  
mainstreetcommunitycenter.org  
p: (618) 656-0300  
f: (618) 656-0135

June 23, 2009

Glen Carbon Community Senior Center  
c/o Michelle Suwe  
151 N. Main Street  
Glen Carbon, IL 62034

Dear Michelle,

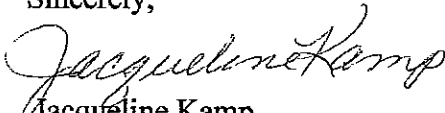
Main Street Community Center is submitting a Section 5310 application to the Illinois Department of Transportation. We are requesting two 12 passenger vehicles to replace one 1996 vehicle which is no longer serviceable and one 1999 vehicle for which our maintenance agreement is reduced to a month-to-month basis because of its age and condition. The new vehicles will permit us to continue our much needed transportation program for the elderly (i.e. 60 and older adults) and for the disabled. Our service, as you may know, is on a door-to-door basis. Transportation is provided within Edwardsville Township, the City of Edwardsville, Glen Carbon, and Maryville.

The grant program requires that all public and private transit operators be allowed to submit written comments on the proposed request to the applicant. In so doing, please state whether the services you are providing are capable of meeting the special needs of the elderly and disabled in the above service area, and whether you wish to participate in some way in provision of the services proposed in the application. Please feel free to make any other comments that you have about the application that you wish the granting agent to consider.

We would appreciate a letter of support and any additional remarks no later than noon, June 29, 2009.

Thank you in advance for whatever support you can give us in our application for this grant.

Sincerely,

  
Jacqueline Kamp  
Executive Director



## Glen Carbon Senior/Community Center

---

157 North Main · Glen Carbon, Illinois 62034  
Phone: (618) 288-2664

---

Michele Suwe, Administrator

29 June 2009

Main Street Community Center  
1003 North Main Street  
Edwardsville, IL. 62025

Dear Jackie,

I support your request for two 12 passenger vehicles to replace your aging fleet. As our service area grows in population, there is a greater need for senior and disabled transportation. As you know, the Village of Glen Carbon's Senior Bus operates Monday through Thursday each week, providing door-to-door service. Our bus transports residents to addresses in Glen Carbon, Edwardsville and Maryville and runs near capacity each of those days. I am certain that two more buses in the area would answer the growing need for local transportation.

If I can be of further assistance, please do not hesitate to contact me.

Thanks,

Michele Suwe  
Administrator,  
Glen Carbon Community/Senior Center

# Main Street Community Center

1003 North Main Street  
Edwardsville, IL 62025  
mainstreetcommunitycenter.org  
p: (618) 656-0300  
f: (618) 656-0135

June 23, 2009

MCT/ACT  
c/o Jerry Kane  
1 Transit Way PO Box 7500  
Granite City, IL 62040

Dear Mr. Kane,

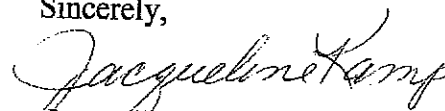
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The grant program requires that all public and private transit operators be allowed to submit written comments on the proposed request to the applicant. In so doing, please state whether the services you are providing are capable of meeting the special needs of the elderly and disabled in the above service area, and whether you wish to participate in some way in provision of the services proposed in the application. Please feel free to make any other comments that you have about the application that you wish the granting agent to consider.

We would appreciate a letter of support and any additional remarks no later than noon, June 29, 2009.

Thank you in advance for whatever support you can give us in our application for this grant.

Sincerely,



Jacqueline Kamp  
Executive Director



One Transit Way  
P.O. Box 7500  
Granite City, IL 62040

Tel: (618) 931-7433  
Fax: (618) 797-7547

June 29, 2009

Main Street Community Center  
Ms. Jacqueline Kamp  
1003 North Main Street  
Edwardsville, IL 62025

Dear Ms. Kamp,

Agency for Community Transit supports the application made by Main Street Community Center to the Illinois Department of Transportation requesting capital assistance grant funding for three new vehicles.

The transportation program offered by Main Street Community Center is complementary to the Agency's door-to-door program by providing persons with disabilities and senior citizens in our community with essential transit service which allows for a more independent lifestyle. We fully understand the need for replacement vehicles in providing a safe and dependable transportation program and endorse the efforts of Main Street Community Center.

Our Agency welcomes the opportunity to work cooperatively with Main Street Community Center and is hopeful that its endeavors are successful.

Sincerely,

A handwritten signature in cursive script that reads 'Jerry J. Kane/elw'.

Jerry J. Kane  
Executive Director

JJK/elw



# Main Street Community Center

1003 North Main Street  
Edwardsville, IL 62025  
mainstreetcommunitycenter.org  
p: (618) 656-0300  
f: (618) 656-0135

June 23, 2009

Faith in Action  
c/o Marcia Golden  
PO Box 255  
Edwardsville, IL 62025

Dear Ms Golden,

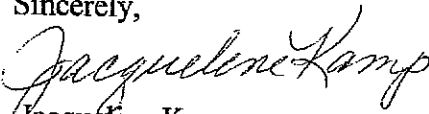
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The grant program requires that all public and private transit operators be allowed to submit written comments on the proposed request to the applicant. In so doing, please state whether the services you are providing are capable of meeting the special needs of the elderly and disabled in the above service area, and whether you wish to participate in some way in provision of the services proposed in the application. Please feel free to make any other comments that you have about the application that you wish the granting agent to consider.

We would appreciate a letter of support and any additional remarks no later than noon, June 29, 2009.

Thank you in advance for whatever support you can give us in our application for this grant.

Sincerely,

  
Jacqueline Kamp  
Executive Director



*Faith in Action*® Edwardsville/Glen Carbon  
PO Box 255  
Edwardsville, IL 62025  
618-692-0480 fax: 618-656-4384  
fiaegc@yahoo.com  
www.faithinaction.org



*Executive Board*

Tom Atwood  
Jodie Couch  
Betty Feld  
Kay Gieselmann  
Reginald McDade  
Dorothy Norfleet  
Rev. Victor Ramsey  
Charles "Skip" Schmidt  
Lola Shashack  
Marilyn Stambaugh

June 29, 2009

*Advisory Board*

Wilma Jene Bond  
Maria Carroll  
Jim DeLeonardis  
Betty Emert  
Ted Gianaris  
Frances Gregg  
Mary Lou Heckel  
Joan Long  
Peter Marks  
Donna Marrone  
Earlene Shaw  
Pat Umbaugh  
Dr. Rudolph G. Wilson

Dear Jackie,

Faith in Action would like to support your Section 5310 application to the Illinois Department of Transportation to replace two older passenger vehicles with two 12 passenger vehicles so you can provide service to the elderly and handicapped in Madison/St. Clair County areas.

Our agency is a volunteer based ecumenical organization. We provide transportation to seniors and individuals with special needs.

If you need additional information, please call us at 692-0480.

Sincerely,

Dawn Stach  
Interim Co-Director

*Executive Director*

Joyce Gusewelle



United Way  
of Greater St. Louis

*Your Neighbors Independence Depends On You*

Funding for the Area Agency on Aging of Southwestern Illinois is received from the United States Administration on Aging and the Illinois Department on Aging. The Agency does not discriminate in admission to programs or activities or treatment of employment in programs or activities in compliance with State and Federal Statutes. If you feel you have been discriminated against, you have the right to file a complaint with the Agency by calling 618-222-2561 or 800-326-3221.



DISTRICT OFFICES:  
126 VANDALIA, SUITE 1  
COLLINSVILLE, ILLINOIS 62234  
618/345-2176  
jayhoffman@charter.net

216 CRANE STREET  
EDWARDSVILLE, IL 62025  
618/692-9710  
(BY APPOINTMENT)

1310 NIEDRINGHAUS  
GRANITE CITY, IL 62040  
618/877-9098  
(BY APPOINTMENT)

CAPITOL ADDRESS:  
263-S STRATTON BUILDING  
SPRINGFIELD, ILLINOIS 62706  
217/782-8018



**JAY C. HOFFMAN**  
STATE REPRESENTATIVE • 112TH DISTRICT

COMMITTEES:

JUDICIARY 1 - CIVIL LAW

LABOR

RAILROAD SAFETY

TRANSPORTATION REGULATION,  
ROADS & BRIDGES

June 25, 2009

IDOT, Division of Public & Intermodal Transportation  
J.R. Thompson Center  
100 West Randolph, Suite 6-600  
Chicago, IL. 60601

Re: 5310 Grant Application

Dear Sir or Madam:

I am writing in support of the application submitted to the Illinois Department of Transportation for a section 5310 Transportation Capital Assistance Grant recently submitted by Main Street Community Center in Edwardsville, Illinois.

Main Street Community Center is in vital need of replacing their two 12-passenger vehicles, as one vehicle is no longer serviceable and the other's age is making it completely unreliable. Main Street Community Center provides extremely essential transportation for the elderly and disabled people of Edwardsville Township, the City of Edwardsville, Glen Carbon, and Maryville, Illinois. Replacing these current vehicles will greatly improve the safety in the transporting of the disabled and elderly residents of this area by the Main Street Community Center.

I hope you will look favorably on their application. If you have any questions, please feel free to contact me at (618) 345-2176.

Thank you for your generous time and consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Jay C. Hoffman".

Jay C. Hoffman  
State Representative  
112<sup>th</sup> District

JCH/rlv



#4 Emmie L. Kaus Lane • Alton, IL 62002  
Office: (618) 465-0044 • Fax: (618) 465-0056

**RESIDENTIAL OPTIONS INC.**  
AN AFFILIATE OF CHARLISSE HOUSING, INC.

June 24, 2009

Main Street Community Center  
1003 North Main St.  
Edwardsville, IL 62025

Dear Ms. Kemp,

Residential Options has learned of your IDOT 5310 grant application for two twelve passenger vehicles which will replace 2 older less serviceable vehicles presently utilized to transport elderly and disabled citizens of your community.

We congratulate you on the services that you provide to the elderly and disabled and ask that the Illinois Department of Transportation look upon your request with favor. Please inform us of the outcome of your application and we wish you well in your endeavors.

Sincerely,

A handwritten signature in cursive script that reads "Laurine Hamm". The signature is written in black ink and is positioned above the printed name and title.

Laurine Hamm  
Grants Coordinator

Applicant Name

Main Street Community Center, Inc.

**B. Local Coordination Activities with Existing Agencies Providing Transportation (add pages if necessary)**

Remember to document your efforts to generate written support from other agencies; and show the work done to develop a coordinated service plan with other local agencies. Include communications with agencies serving like-client needs in your service area, as well as those listed in the table above - especially if they are IDOT-funded transit authorities, currently recognized IDOT-Certified Public Providers (CPPs), or agencies who currently operate IDOT program vehicles.

Seek to determine if your clients' transportation needs could be met through accommodation with these existing services, to add capacity and ensure maximum vehicle utilization.

Please describe existing and proposed group efforts in your area, and the participating agencies. A current list of Certified Public Providers is provided in Appendix D (page39). You must detail why you feel a separate service is needed in that same service area. Just be sure to include any letters of support from other local agencies or specialized service providers.

(NOTE: If you are in the Chicago Metropolitan area, letters of support are required from PACE as applicable to your location.)

**C. HSTP Endorsement**

As part of the federal government's human services coordination initiative, all Section 5310 recipients must certify that projects are derived from a locally developed, coordinated public transit-human services transportation plan (HSTP). In the rural areas of Illinois, the Division has developed 11 regions each staffed with an HSTP Regional Coordinator (see pages 44 and 45). In the urban areas the Metropolitan Planning Organization (MPO) is the HSTP agency (see page 41 ). All Section 5310 applicants **OUTSIDE** Northeastern Illinois area should be actively involved in the development of these plans, and each Section 5310 application will need to be endorsed by their respective HSTP local transportation planning committee in order to be considered for funding by the Division.

**For applicants FROM Northeastern Illinois  
(Urbanized Area 2 Chicago/six county area)  
Part XI on page 20 must be filled out in order  
to be considered for endorsement.**

Applicant Name  
Main Street Community Center, Inc.

## PART X PARATRANSIT SERVICE FINANCIAL PLAN

THIS PART MUST BE COMPLETED BY NON-PROFIT AND IDOT CERTIFIED PUBLIC BODY APPLICANTS.

**A. Please detail the expenses and revenues associated with funding your transportation services by service type. Show, under B. on page 19, your ability to match federal funds if necessary for the grant; and manage the capital asset. Refer to Appendix D for further guidance on completing this part.**

Applicant's Fiscal Year Budget Period \_May 2008 to \_April 2009

**PLEASE NOTE: TOTAL REVENUES SHOULD EQUAL TOTAL EXPENSES**

SERVICE TYPE  Activity/Line-Item	Replacement or Service Expansion Requests		NEW SERVICE Request
	Actual Spending for your Transportation Operation Previous 12 mos. (Calendar or Fiscal)	Projected Annual Budget for next 12 month period for Transportation Operations	Projected Annual Budget for next 12 month period, for All Transportation Operations
<b>Revenues:</b>			
Passenger Fares	0	0	
Operating Income from Service Contracts (see section B on next page)	27,806	27,806	
Operating Income from other Grants (see section B on next page)	0	0	
Donations	4,642	6,600	
General agency funds			
Other	5,220	5,574	
<b>Total Revenues (should equal expenses)</b>	37,668	39,980	
<b>Expenses – Operations</b>			
Driver Salaries and Fringe Benefits	10,828	12,800	
Dispatch/Supervisor Salaries and Fringe Benefits	14,000	14,000	
Maintenance (Parts and Labor)	5,220	5,000	
Materials and Supplies			
Fuel, Oil, Tires	4,534	5,100	
Insurance	1,266	1,260	
Vehicle Storage			
Other Telephones	1,020	1,020	
<b>Expenses – Administration</b>			
Management Salaries and Fringe			
Clerical/Bookkeeping Wages			
Rent, Utilities, Taxes			
Marketing /Promotion/Driver Training costs			
Other Audit	800	800	
<b>Total Expenses (should equal revenues)</b>	37,668	39,980	

Applicant Name Main Street Community Center, Inc.
--

**B. Funding Sources**

In the table below, please identify the specific sources of revenue income from "Service Contracts" and "other Grants" included in the budget table above.

Service Contracts: are contracts the applicant has with other "for profit" or "non-profit" organizations to provide transportation service for specific activities (work, shopping, nutrition programs, medical, etc.).

Other Grants: these are grants that the applicant receives to provide transportation service for specific activities (from Area Agency on Aging, Medicare, etc.).

Funding Sources:	Replacement or Service Expansion Requests		NEW SERVICE or New/Requested Vehicle(s)
	Actual Revenue for previous year for Transportation Services	Projected Annual Revenues for 12 month period for Transportation Services	Projected Annual Revenues for next 12 month period for All Transportation Services
<b>Service Contract Funding:</b>			
Title XX- II Dept of Human Services	27,806		
<b>Other Grant Funding:</b>			

Please offer any additional financial detail, future plans, or special direction that could assist in evaluating the application.

# APPENDICES



**Appendix A**  
**ILLINOIS DEPARTMENT OF TRANSPORTATION ("IDOT")**  
**AND FEDERAL TRANSIT ADMINISTRATION ("FTA")**  
**ASSISTANCE PROGRAMS**  
**JOINT CERTIFICATIONS AND ASSURANCES FOR APPLICANTS**

Name of Applicant Main Street Community Center, Inc.
---

**This Appendix must be completed by all Non-Profit and IDOT Certified Public Body Applicants**

By signing the attached AFFIRMATION OF APPLICANT'S ATTORNEY and JOINT CERTIFICATIONS AND ASSURANCES FOR IDOT & FTA PROGRAMS, the Applicant agrees to comply with the following applicable requirements (attached) of IDOT and FTA Assurance Programs Joint Certifications and Assurances for Grantees:

CERTIFICATION	CVP APPLICATION
1. Certifications and Assurances Required of each Applicant	Applicable
2. Lobbying Certification (if application is for more than \$100,000)	Applicable
3. Certification for Effects on Private Mass Transportation Companies	Applicable (for public bodies only)
4. Public Hearing Certification for Major Projects with substantial Impacts	Not Applicable
5. Certification for Acquisition of Rolling Stock	Not Applicable
6. Bus Testing Certifications	Not Applicable
7. Charter Service Agreement	Not Applicable (for 5310 Applicants)
8. School Transportation Agreement	Applicable
9. Certification for Demand Responsive Service	Not Applicable (for 5310 Applicants)
10. Alcohol Misuse and Prohibited Drug Use Certifications	Not Applicable (for 5310 Applicants)
11. Certification for Interest or Other Financing Costs	Not Applicable
12. Intelligent Transportation System Program Assurance	Not Applicable
13. Certifications and Assurances For The Urbanized Area Formula Program, The JARC Program and Clean Fuels Formula Program	Not Applicable
14. Certifications and Assurances for the Elderly and Persons With Disabilities Program	Applicable
15. Certifications and Assurances for the Nonurbanized Area Formula Program	Not Applicable (for 5310 Applicants)
16. Certifications and Assurances for the State Infrastructure Bank Program	Not Applicable

**The attached signature pages (Applicant and Applicant's attorney) must be appropriately completed and signed where indicated.**

AFFIRMATION OF APPLICANT'S ATTORNEY

For Main Street Community Center, Inc.  
(Name of Applicant)

As the undersigned Attorney for the above named Applicant, I hereby affirm to the Applicant that it has authority under state and local law to make and comply with the certifications and assurances as indicated on the foregoing pages. I further affirm that, in my opinion, the certifications and assurances have been legally made and constitute legal and binding obligations on the Applicant.

I further affirm to the Applicant that, to the best of my knowledge, there is no legislation or litigation pending or threatened that might adversely affect the validity of these certifications and assurances, or of the performance of the project.

Lawrence O. Taliano  
Signature of Applicant's Attorney

6/28/09  
Date at Signature

LAWRENCE O. TALIANO 1L- 6180418  
Print Name of Applicant's Attorney  
ARDC Registration Number

JOINT CERTIFICATION AND ASSURANCES FOR IDOT & FTA PROGRAMS

Please Print or Type: Name of Applicant/Agency: Main Street Community Center, Inc.

Name and Relationship of Board Authorized Representative: Carol A. Keene – President of the Board

BY SIGNING BELOW, on behalf of the Applicant, I declare that the Applicant has duly authorized me to make these certifications and assurances and bind the Applicant's compliance. Thus, the Applicant agrees to comply with all State and Federal statutes, regulations, executive orders, and Federal requirements applicable to each application it makes to the Federal Transit Administration (FTA) and/or the Illinois Department of Transportation (IDOT) in Federal Fiscal Year 2009.

IDOT and the FTA intend that the certifications and assurances in Appendix A, should apply, as required, to each project for which the Applicant seeks now, or may later seek, FTA or IDOT assistance during Federal Fiscal Year 2009.

The Applicant affirms the truthfulness and accuracy of the certifications and assurances it has made in the statements submitted herein with this document, and any other submission made to FTA or IDOT, and acknowledges that the provisions of the Program Fraud Civil Remedies Act of 1986, 31 U.S.C. 3801, *et seq.*, and implemented by U.S. DOT regulations, "Program Fraud Civil Remedies," 49 CFR. part 31 apply to any certification, assurance or submission made to IDOT or FTA. The criminal fraud provisions of 18 U.S.C. 1001 apply to any certification, assurance, or submission made in connection with the Urbanized Area Formula Program, 49 U.S.C. 5307, and may apply to any other certification, assurance, or submission made in connection with any program administered by FTA or IDOT.

In signing this document, I declare under penalties of perjury that the foregoing certifications and assurances, and any other statements made by me on behalf of the Applicant are true and correct.

Date: June 29, 2009

Carol A. Keene

Authorized Representative of Applicant

## 1. CERTIFICATIONS AND ASSURANCES REQUIRED OF APPLICANT

### A. Authority of Applicant and Its Representative

The authorized representative of the Applicant and legal counsel who sign these certifications, assurances, and agreements attest that both the Applicant and its authorized representative have adequate authority under state and local law and the by-laws or internal rules of the Applicant organization to:

- (1) Execute and file the applications for federal assistance on behalf of the Applicant,
- (2) Execute and file the required certifications, assurances, and agreements on behalf of the Applicant binding the Applicant, and
- (3) Execute grant and cooperative agreements with FTA or IDOT on behalf of the Applicant.

### B. Standard Assurances

The Applicant assures that it will comply with all applicable state & federal statutes, regulations, executive orders, FTA circulars, and other federal administrative requirements in carrying out any grant or cooperative agreement awarded by FTA. The Applicant acknowledges that it is under a continuing obligation to comply with the terms and conditions of the grant or cooperative agreement issued for its approved Project with IDOT or FTA. The Applicant understands that federal laws, regulations, policies, and administrative practices might be modified from time to time and affect the implementation of the Project. The Applicant agrees that the most recent state & federal requirements will apply to the Project, unless IDOT or FTA issues a written determination otherwise.

### C. Debarment Suspension and Other Responsibility Matters Primary Covered Transactions

Until new federal debarment and suspension regulations are promulgated that discontinue the current requirement for the Debarment and Suspension Certification and in accordance with U.S. Department of Transportation (U.S. DOT) regulations on Governmentwide Debarment and Suspension (Nonprocurement) at 49 CFR Part 29.510, the Applicant certifies to the best of its knowledge and belief, that it and its principals:

- (1) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;
- (2) Have not within a three-year period preceding this Certification been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (3) Are not presently indicted for or otherwise criminally charged or by civil action by a governmental entity (federal, state or local) with commission of any of the offenses listed in paragraph (2) of this certification; and,
- (4) Have not within a three year period preceding this Agreement had one or more public transactions (federal, state, or local) terminated for cause or default.

The Applicant certifies that if it becomes aware of any later information that contradicts the statements in paragraphs (1) through (4) above, it will promptly inform IDOT. Should the Applicant be unable to certify to statements set forth in paragraphs (1) through (4) above, it shall so acknowledge with its signature and provide a written explanation to IDOT.

### D. Drug-Free Workplace Certification

Until new U.S. DOT Drug-Free Workplace regulations that rescind the requirements for a Drug-Free Workplace certification are promulgated, and in accordance with Illinois and U.S. DOT regulations on Drug-Free Workplace Requirements (Grants) at 30 ILCS 580/1 et seq. and 49 CFR Part 29 at Subpart F, as amended by 41 U.S.C. Section 702, the Applicant certifies that it will provide a drug-free workplace by:

- (1) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (2) Establishing an ongoing drug-free awareness program to inform employees about:
  - (a) the dangers of drug abuse in the workplace;
  - (b) the Applicant's policy of maintaining a drug-free workplace;
  - (c) any available drug counseling, rehabilitation, and employee assistance programs; and,
  - (d) the penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
- (3) Making it a requirement that each employee to be engaged in the performance of the grant or cooperative agreement be given a copy of the statement required by paragraph (1);

- (4) Notifying the employee in the statement required by paragraph (1) that, as a condition of employment financed with federal and state assistance provided by the grant or cooperative agreement, the employee will:
  - (a) abide by the terms of the statement, and
  - (b) notify the employer in writing of his or her conviction of a criminal drug statute occurring in the workplace no later than 5 calendar days after such conviction.
- (5) Notifying IDOT in writing, within 10 calendar days after receiving notice under paragraph (4)(b) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every project officer or other designee on whose project activity the convicted employee was working. Notice shall include the identification number(s) of each affected grant or cooperative agreement.
- (6) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (4)(b), with respect to any employee who is so convicted:
  - (a) taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  - (b) requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state or local health, law enforcement, or other appropriate agency.
- (7) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (1), (2), (3), (4), (5), and (6). The Applicant has or will provide to IDOT a list identifying its headquarters location and each workplace it maintains in which project activities supported by IDOT are conducted.

#### **E. Intergovernmental Review Assurance**

If required, the Applicant assures that each project application submitted to IDOT for assistance has been or will be submitted, as required by each state, for intergovernmental review to the appropriate state and local agencies. Specifically, the Applicant assures that it has fulfilled or will fulfill the obligations imposed on FTA by U.S. DOT regulations, "Intergovernmental Review of Department of Transportation Programs and Activities." 49 CFR Part 17.

#### **F. Nondiscrimination Assurance**

In accordance with 49 U.S.C. Section 5332, Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C. Section 2000d, and U.S. DOT regulations, "Nondiscrimination in Federally Assisted Programs of the Department of Transportation - Effectuation of Title VI of the Civil Rights Act," 49 CFR Part 21.7, the Applicant assures that it will comply with all requirements pursuant to 49 CFR Part 21; FTA Circular 4702.1, "Title VI Program Guidelines for Federal Transit Administration Recipients", and other applicable directives so that no person in the United States, on the basis of race, color, national origin, creed, sex, or age will be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination in any program or activity (particularly in the level and quality of mass transportation services and mass transportation related benefits) for which the Applicant receives federal financial assistance from the U.S. DOT or FTA.

The Applicant assures that the project or program will be conducted, property acquisitions will be undertaken, and project equipment will be operated in compliance with all requirements of 49 CFR Part 21 and 49 U.S.C. Section 5332. The Applicant understands that this assurance extends to its entire facility and to equipment operated in connection with the Project.

The Applicant assures that it will take appropriate action to ensure that any transferee receiving property financed with federal assistance derived from U.S. DOT or FTA will comply with the provisions of 49 CFR Part 21 and 49 U.S.C. Section 5332. As required by 49 CFR Part 21.7(a)(2), the Applicant will include in each third party contract, subgrant, or sub-agreement appropriate clauses to impose the requirements of 49 CFR Part 21, and 49 U.S.C. Section 5332; and include appropriate provisions imposing those requirements in deeds and instruments recording the transfer of real property, structures, improvements.

The Applicant assures that it will promptly take the necessary actions to effectuate this assurance. In particular, the Applicant will notify the public that complaints pertaining to discrimination in the provision of mass transportation-related services or benefits may be filed with U.S. DOT or FTA. Upon request by U.S. DOT or FTA, the Applicant assures that it will submit the requisite information pertaining to its compliance with these requirements. The Applicant assures that it will make such changes in its 49 U.S.C. Section 5332 and Title VI implementing procedures as U.S. DOT or FTA may request.

## **G. Assurances of Nondiscrimination on the Basis of Disability**

As required by 49 U.S. C. 5332 and in accordance with U.S. DOT regulations, "Nondiscrimination on the Basis of Handicap in Programs and Activities Receiving or Benefiting from Federal Financial Assistance," 49 CFR Part 29, the Applicant assures that, as a condition to the approval or extension of any federal financial assistance from FTA or U.S. DOT to construct any facility, obtain any rolling stock or other equipment, undertake studies, conduct research, or to participate in or obtain any benefit from any program administered by FTA or IDOT, no otherwise qualified person with a disability shall be, solely by reason of that disability, excluded from participation in, denied the benefits of, or otherwise subjected to discrimination in any program or activity receiving or benefiting from federal financial assistance administered by the FTA or IDOT or any entity within U.S. DOT.

Specifically, the Applicant assures it will implement any program or operate any facility so assisted in compliance with all applicable requirements imposed by U.S. DOT regulations implementing the Rehabilitation Act of 1973, as amended, 29 U.S.C. Section 794 et seq., and the Americans with Disabilities Act of 1990, as amended, 42 U.S.C. Section 12101 et seq. and implementing U.S. DOT regulations, 49 CFR Parts 27, 37, and 38, as well as all applicable regulations and directives issued in accordance thereto by other federal departments or agencies.

## **H. Procurement Compliance**

The Applicant certifies that its procurements and procurement system that involved FTA assistance will comply with all applicable requirements imposed by federal and state laws, executive orders, or regulations and FTA directives (including the requirements of FTA Circular 4220.1E, "Third Party Contracting Guidelines," including any revisions thereto) and other requirements FTA may issue and any revisions thereto. The Applicant certifies that it will include in its contracts financed in whole or in part with FTA assistance all clauses required by federal and state laws, executive orders, or regulations, and will ensure that each subrecipient and contractor will also include in its subagreements and contracts financed in whole or in part with FTA assistance all applicable clauses required by federal laws, executive orders, or regulations.

## **I. Certifications Prescribed by the Office of Management and Budget (SF-424B and SF-424D)**

The Applicant certifies that it:

- (1) Has the legal authority to apply for federal assistance and the institutional, managerial, and financial capability (including funds sufficient to pay the non-federal share of project cost) to ensure proper planning, management, and completion of the project described in its application.
- (2) Will give FTA, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
- (3) Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest or personal gain.
- (4) Will initiate and complete the work within the applicable project time periods following receipt of FTA approval.
- (5) Will comply with all statutes relating to nondiscrimination including, but not limited to:
  - (a) Title VI of the Civil Rights Act, 42 U.S.C. Section 2000d, which prohibits discrimination on the basis of race, color, or national origin;
  - (b) Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. Sections 1681 through 1683, and 1685 through 1687, and U.S. DOT regulations, "Nondiscrimination on the Basis of Sex in Education Programs or Activities Receiving Federal Financial Assistance," 49 CFR Part 25, which prohibits discrimination on the basis of sex;
  - (c) Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. Section 794, which prohibits discrimination on the basis of handicaps;
  - (d) The Age Discrimination Act of 1975, as amended, 42 U.S.C. Sections 6101 through 6107, which prohibit discrimination on the basis of age;
  - (e) The Drug Abuse Office and Treatment Act of 1972, Pub. L. 92-255, March 21, 1972, and amendments thereto, 21 U.S.C. Section 1174 et seq., relating to nondiscrimination on the basis of drug abuse;
  - (f) The Comprehensive Alcohol Abuse and Alcoholism Prevention Act of 1970, Pub. L. 91-616, December 31, 1970, and amendments thereto, 42 U.S.C. Section 4581 et seq., relating to nondiscrimination on the basis of alcohol abuse or alcoholism;

- (g) The Public Health Service Act of 1912, as amended, 42 U.S.C. Sections 290dd-3 and 290ee-3, related to confidentiality of alcohol and drug abuse patient records;
  - (h) Title VIII of the Civil Rights Act, 42 U.S.C. Section 3601 et seq., relating to nondiscrimination in the sale, rental, or financing of housing;
  - (i) Any other nondiscrimination provisions in the specific statutes under which federal assistance for the project may be provided including, but not limited to 49 U.S.C. Section 5332, which prohibits discrimination on the basis of race, color, creed, national origin, sex, or age, and prohibits discrimination in employment or business or business opportunity, and section 1101(b) of the Transportation Equity Act for the 21st Century, 23 U.S.C. Section 101 note, which provides for participation of disadvantaged business enterprises in FTA programs; and
  - (j) The requirements of any other nondiscrimination statute(s) that may apply to the project.
- (6) Will comply, or has complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended, (Uniform Relocation Act) 42 U.S.C. Section 4601 et seq., which among other things, provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of federal participation in purchases. As required by U.S. DOT regulations, "Uniform Relocation Assistance and Real Property Acquisition for Federal and Federally Assisted Programs," at 49 CFR Part 24.4, and Sections 210 and 305 of the Uniform Relocation Act, 42 U.S.C. Sections 4630 and 4655, the Applicant assures that it has the requisite authority under applicable state and local law and will comply or has complied with the requirements of the Uniform Relocation Act, 42 U.S.C. Section 4601 et seq., and U.S. DOT regulations, "Uniform Relocation Assistance and Real Property Acquisition for Federal and Federally Assisted Programs," 49 CFR Part 24 and will comply with or has complied with that Act and those U.S. DOT implementing regulations, including, but not limited to the following:
- (a) The Applicant will adequately inform each affected person of the benefits, policies, and procedures provided for in 49 CFR Part 24;
  - (b) The Applicant will provide fair and reasonable relocation payments and assistance required by 42 U.S.C. Sections 4622, 4623, and 4624; 49 CFR Part 24; and any applicable FTA procedures, to or for families, individuals, partnerships, corporations or associations displaced as a result of any project financed with FTA assistance;
  - (c) The Applicant will provide relocation assistance programs offering the services described in 42 U.S.C. Section 4625 to such displaced families, individuals, partnerships, corporations or associations in the manner provided in 49 CFR Part 24 and FTA procedures;
  - (d) Within a reasonable time before displacement, the Applicant will make available comparable replacement dwellings to displaced families and individuals as required by 42 U.S.C. Section 4625(c)(3);
  - (e) The Applicant will carry out the relocation process in such a manner as to provide displaced persons with uniform and consistent services, and will make available replacement housing in the same range of choices with respect to such housing to all displaced persons regardless of race, color, religion, or national origin;
  - (f) In acquiring real property, the Applicant will be guided to the greatest extent practicable under state law, by the real property acquisition policies of 42 U.S.C. Sections 4651 and 4652;
  - (g) The Applicant will pay or reimburse property owners for necessary expenses as specified in 42 U.S.C. Sections 4653 and 4654, understanding that FTA will participate in the Applicant's costs of providing those payments and that assistance for the project as required by 42 U.S.C. Section 4631;
  - (h) The Applicant will execute such amendments to third party contracts and subagreements financed with FTA assistance and execute, furnish, and be bound by such additional documents as FTA may determine necessary to effectuate or implement the assurances provided herein; and
  - (i) The Applicant agrees to make these assurances part of or incorporate them by reference into any third party contract or subagreement, or any amendments thereto, relating to any project financed by FTA involving relocation or land acquisition and provide in any affected document that these relocation and land acquisition provisions shall supersede any conflicting provisions.

- (7) To the extent applicable will comply with the Davis-Bacon Act, as amended, 40 U.S.C. Section 3141 et seq., the Copeland Act, as amended, 18 U.S.C. Section 874, and the Contract Work Hours and Safety Standards Act, as amended, 40 U.S.C. Sections 3701 et seq., regarding labor standards for federally-assisted subagreements.
- (8) To the extent applicable, will comply with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973, as amended, 42 U.S.C. Section 4012a(a), which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- (9) Will comply with environmental standards that may be prescribed to implement the following federal laws and executive orders:
  - (a) Institution of environmental quality control measures under the National Environmental Policy Act of 1969, as amended, 42 U.S.C. Section 4321 et seq. , and Executive Order No. 11514, as amended, 42 U.S.C. Section 4321 note;
  - (b) Notification of violating facilities pursuant to Executive Order No. 11738, 42 U.S.C. Section 7606 note;
  - (c) Protection of wetlands pursuant to Executive Order No. 11900, 42 U.S.C. Section 4321 note, and the Interagency Wetland Policy Act (20 ILCS 830).
  - (d) Evaluation of flood hazards in floodplains in accordance with Executive Order No. 11988, 42 U.S.C. Section 4321 note;
  - (e) Assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972, as amended, 16 U.S.C. Section 1451 et seq.
  - (f) Conformity of federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended, 42 U.S.C. Section 7401 et seq.;
  - (g) Protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, 42 U.S.C. Section 300h et seq.;
  - (h) Protection of endangered species under the Endangered Species Act of 1973, as amended, Endangered Species Act of 1973, as amended, 16 U.S.C. Section 1531 et seq.;
  - (i) Environmental protections for federal transit programs, including, but not limited to protections for a park, recreation area, or wildlife or waterfowl refuge of national, state, or local significance or any land from a historic site of national, state, or local significance used in a transit project as required by 49 U.S.C. Section 303;
  - (j) Protection of the components of the national wild and scenic rivers system, as required under the Wild and Scenic Rivers Act of 1968, as amended, 15 U.S.C. Section 1271 et seq.; and
  - (k) Provision of assistance to FTA and IDOT in assuring compliance with section 106 of the National Historic Preservation Act of 1966, as amended, 16 U.S.C. Section 470f, Executive Order No. 11593 (identification and protection of historic properties), 16 U.S.C. Section 470 note, and the Archaeological and Historic Preservation Act of 1974, as amended, 16 U.S.C. Section 469a-1 et seq.
- (10) Will comply with the Lead-Based Paint Poisoning Prevention Act, 42 U.S.C. Section 4831(b), which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
- (11) Will not dispose of, modify the use of, or change the terms of the real property title, or other interest in the site and facilities on which a construction project supported with FTA assistance takes place without permission and instructions from the awarding agency. Will record the federal interest in the title of real property in accordance with FTA directives and will include a covenant in the title of real property acquired in whole or in part with federal assistance funds to assure nondiscrimination during the useful life of the project.
- (12) Will comply with FTA requirements concerning the drafting, review, and approval of construction plans and specifications of any construction project supported with FTA assistance. As required by U.S. DOT regulations, "Seismic Safety," 49 CFR Part 41.117(d), before accepting delivery of any building financed with FTA assistance, it will obtain a certificate of compliance with the seismic design and construction requirements of 49 CFR Part 41.
- (13) Will provide and maintain competent and adequate engineering supervision at the construction site of any project supported with FTA assistance to ensure that the complete work conforms with the approved plans and specifications and will furnish progress reports and such other information as may be required by FTA or IDOT.



- (14) Will comply with the National Research Act, Pub. L. 93-348, July 12, 1974, as amended, regarding the protection of human subjects involved in research, development, and related activities supported by the FTA assistance, and DOT regulations, "Protection of Human Subjects," 49 CFR Part II.
- (15) Will comply with the Laboratory Animal Welfare Act of 1966, as amended, 7 U.S.C. Section 2131 et seq., and U.S. Department of Agriculture regulations, "Animal Welfare," 9 CFR Subchapter A, parts 1, 2, 3 and 4, pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by FTA assistance.
- (16) Will have performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996, 31 U.S.C. Section 7501 et seq. and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations," and the most recent applicable OMB A-133
- (17) Will comply with all applicable requirements of all other federal laws, executive orders, regulations, and policies governing the project.

## **2. LOBBYING CERTIFICATION REQUIRED FOR EACH APPLICATION EXCEEDING \$100,000**

In accordance with U.S. DOT regulations, "New Restrictions on Lobbying," at 49 CFR Part 20.110, for each application for federal assistance exceeding \$100,000, the Applicant's authorized representative certifies to the best of his or her knowledge and belief that:

- A. No federal appropriated funds have been paid or will be paid, by or on behalf of the Applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal grant or cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal grant or cooperative agreement.
- B. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal grant or cooperative agreement, the Applicant shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions as amended by "Government wide Guidance for New Restrictions on Lobbying," including the information required by the form's instructions, which may be amended to omit such information as permitted by 31 U.S.C. Section 1532.
- C. The Applicant shall require that the language of this certification be included in the award documents for each sub-award at any tiers (including subcontracts, subgrants, sub-agreements and contract under grants and cooperative agreements financed with FTA assistance) and that each applicant shall certify and disclose accordingly.

The Applicant understands that this certification is a material representation of fact upon which reliance is placed and that the submission of this certification is a prerequisite for providing Federal assistance for a transaction covered by 31 U.S.C. Section 1352; and the Applicant also understands that any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

## **3. CERTIFICATION PERTAINING TO THE EFFECTS OF THE PROJECT ON PRIVATE MASS TRANSPORTATION COMPANIES**

As required by 49 U.S.C. Section 5323(a)(1), the Applicant certifies that before it acquires property or an interest in property of a private mass transportation company or operates mass transportation equipment or a facility in competition with or in addition to transportation service provided by an existing mass transportation company it has or will have:

- A. Found that the assistance is essential to carrying out a program of projects as determined by the plans and programs of the metropolitan planning organization;
- B. Provided for the participation of private mass transportation companies to the maximum extent feasible, consistent with applicable FTA requirements and policies;
- C. Paid or will pay just compensation under state or local law to a private mass transportation company for its franchises or property acquired; and
- D. Acknowledged that assistance falls within the labor standards compliance requirements of 49 U.S.C. Section 5333(a) and 5333(b).

## 8. SCHOOL TRANSPORTATION AGREEMENT

- A. As required by 49 U.S.C. Section 5323(f) and FTA regulations, "School Bus Operations," at 49 CFR Part 605.14, the Applicant agrees that it:
- (1) Engage in school transportation operations in competition with private school transportation operators only to the extent permitted by an exception provided by 49 U.S.C. Section 5323(f), and implementing regulations, and
  - (2) Comply with the requirements of 49 CFR Part 605 before providing any school transportation using equipment or facilities acquired with federal assistance awarded by FTA and authorized by 49 U.S.C. Section 53 or Title 23 U.S.C. for transportation projects.
- B. The Applicant understands that the requirements of 49 CFR Part 605 will apply to any school transportation it provides, the definitions of 49 CFR Part 605 apply to this school transportation agreement, and a violation of this agreement may require corrective measures and the imposition of penalties, including debarment from the receipt of further federal assistance for transportation.

## 14. CERTIFICATIONS AND ASSURANCES FOR THE ELDERLY AND PERSONS WITH DISABILITIES PROGRAM

The Applicant administering on behalf of the state the Elderly and Persons with Disabilities Program authorized by 49 U.S.C. 5310 certifies and assures that the following requirements and conditions will be fulfilled:

The Applicant has or will have the necessary legal, financial, and managerial capability to apply for, receive and disburse Federal assistance authorized for 49 U.S.C. 5310; and to implement and manage the project.

The Applicant assures that it is recognized under state law as either a private nonprofit organization with the legal capability to contract with the state to carry out the proposed project; or is a public body that has met the statutory requirements to receive Federal assistance authorized for 49 U.S.C. 5310.

The private nonprofit Applicant's application for 49 U.S.C. 5310 assistance contains information from which the state concludes that the transit service provided or offered to be provided by existing public or private transit operators is unavailable, insufficient, or inappropriate to meet the special needs of the elderly and persons with disabilities.

The Applicant assures that sufficient non-Federal funds have been or will be committed to provide any required local share.

- A. The Applicant has, or will have by the time of delivery, sufficient funds to operate and maintain the vehicles and equipment purchased with Federal assistance awarded for this project.
- B. The Applicant assures that before being issued formal approval of a project, its Elderly and Persons with Disabilities Formula Program is included in the Statewide Transportation Improvement Program as required by 23 U.S.C. 135. All projects in urbanized areas recommended for approval are included in the annual element of the metropolitan Transportation Improvement Program in which the subrecipient is located; and any public body that is a prospective recipient of capital assistance has provided an opportunity for a public hearing.
- C. The Applicant recognizes that it will be ultimately responsible for implementing many Federal requirements covered by the certifications the Applicant has signed. Having taken appropriate measures to secure the necessary compliance by each Applicant, the state assures, on behalf of each Applicant, that each Applicant has:
- (1) Coordinated or will coordinate to the maximum extent feasible with other transportation providers and users, including social service agencies authorized to purchase transit service;
  - (2) Complied or will comply with all applicable civil rights requirements;
  - (3) Complied with or will comply with applicable requirements of U.S. DOT regulations on participation of disadvantaged business enterprises in U.S. DOT programs;
  - (4) Complied or will comply with Federal requirements regarding transportation of elderly and persons with disabilities;
  - (5) Complied with or will comply with applicable provisions of 49 CFR part 605 pertaining to school transportation operations;
  - (6) Viewing its demand responsive service to the general public in its entirety, complied or will comply with the requirement to provide demand responsive service to persons with disabilities, including persons who use wheelchairs, meeting the standard of equivalent service set forth in 40 CFR 37.77(c), if it purchases non-accessible vehicles for use in demand responsive service for the general public;

- (7) Established or will establish a procurement system and conducted or will conduct its procurements in compliance with all applicable requirements imposed by Federal laws, executive orders, or regulations and the requirements of FTA Circular 4220.1D, "Third Party Contracting Requirements," and other implementing requirements FTA may issue;
  - (8) Complied or will comply with the requirement that its project provides for the participation of private mass transportation companies to the maximum extent feasible;
  - (9) Paid or will pay just compensation under state or local law to each private mass transportation company for its franchise or property acquired under the project;
  - (10) (10) Complied or will comply with all applicable lobbying requirements for each application exceeding \$100,000;
  - (11) (11) Complied or will comply with all applicable nonprocurement suspension and debarment requirements;
  - (12) (12) Complied or will comply with all applicable bus testing requirements for new bus models;
  - (13) (13) Complied with, or to the extent required by FTA, will comply with, applicable FTA Intelligent Transportation
  - (14) System (ITS) architecture requirements; and
  - (15) Complied or will comply with all applicable pre-award and post-delivery review requirements.
- H. Unless otherwise noted, each of the Applicant's projects qualifies for a categorical exclusion and does not require further environmental approvals, as described in the joint FHWA/FTA regulations. "Environmental Impact and Related Procedures," at 23 CFR 771.117(c). The Applicant certifies that financial assistance will not be sought for any project that does not qualify for a categorical exclusion described in 23 CFR 771.117(c) until FTA has made the required environmental finding. The state further certifies that no financial assistance be provided for a project requiring a conformity finding in accordance with the Environmental Protection Agency's Clean Air Conformity regulations at 40 CFR parts 51 and 93, until FTA makes the required conformity finding.
- I. The Applicant will enter into a written agreement stating the terms and conditions of assistance by which the project will be undertaken and completed.
- J. The Applicant recognizes the authority of FTA, U.S. DOT, IDOT and the Comptroller General of the United States to conduct audits and reviews to verify compliance with the foregoing requirements and stipulations, and assures that, upon request, the Applicant will make the necessary records available to FTA, U.S. DOT IDOT and the Comptroller General of the United States. The Applicant also acknowledges its obligation under 49 CFR 18.40(a) to monitor project activities carried out to assure compliance with applicable Federal requirements.

## Appendix B Public Hearing Notice

**NOTE: To be published locally 14 days before the scheduled hearing (see page 36)**

(Sample Language)

### Notice of Public Hearing

MAIN STREET COMMUNITY CENTER, INC.

RE: State of Illinois Paratransit Vehicle Grant for, City of Edwardsville, Glen Carbon, Edwardsville Township, Maryville, and rural Edwardsville

Notice is hereby given that a public hearing will be held by: Main Street Community Center, Inc.

On: July 16, 2009

At: 3:30 pm

Where: Main Street Community Center, Inc

In: Recreation Room

I. For the purpose of considering a project for which financial assistance is being sought from the Illinois Department of Transportation, pursuant to the Illinois Department of Transportation's general authority to make such Grants, and which is generally described as follows:

A. The grant requests two Light Duty Paratransit Vehicles w/lift for 12 passengers to provide door-to-door transportation service to 60+ older adults and the disabled adults in our service area. The cost of the vehicles is \$104,000.

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This project will be included in a Consolidated Vehicle Procurement Program undertaken by the State of Illinois on behalf of **Main Street Community Center, Inc.** with State and Federal Funds.

B. Relocation Relocation Assistance will not be required.

C. Environment This project is being implemented to minimize environmental impact.

D. Comprehensive Planning This project is in conformance with comprehensive transportation planning in the area.

E. Elderly and Disabled All new equipment included in this project will meet ADA accessibility rules for the elderly and persons with disabilities.

II. At the hearing the Main Street Community Center, Inc. will afford an opportunity for interested persons or agencies to be heard with respect to the social, economic and environmental aspects of the project. Interested persons may submit orally or in writing, evidence and recommendations with respect to said project.

III. A copy of the application for a state grant for the proposed project for the intended service area will be made available for public inspection at Main Street Community Center, Inc.

Jacqueline Kamp, Executive Director  
1003 N. Main Street, Edwardsville, IL  
618-656-0300

**\* Note to Applicants:** Please Submit public hearing minutes, as well as written and verbal comments from the proceedings, with your completed Application to IDOT-DPIT.

copy

**Main Street**   
**Community Center**

1003 North Main Street  
Edwardsville, IL 62025  
mainstreetcommunitycenter.org  
p: (618) 656-0300  
f: (618) 656-0135

June 29, 2009

Edwardsville Intelligencer  
117 N. Second Street  
Edwardsville, IL 62025

Dear Sir:

Please run the enclosed one time only on Wednesday, July 1, 2009.

Please send the billing to my attention.

We will also need a Certificate of Publication.

Thank you.

Jacqueline Kamp  
Executive Director

## Appendix C

### BOARD OF DIRECTORS' RESOLUTION

Authorization of application for, and execution of, a Public Transportation Capital Assistance Grant under the Illinois Department of Transportation's general authority to make such grants..

WHEREAS, the provision of general public and/or specialized paratransit service is essential to the transportation of elderly, disabled and other transportation disadvantaged persons; and

WHEREAS, The Illinois Department of Transportation's general authority to make such Grants, makes funds available to offset certain capital costs of a private non-profit, general public or a IDOT Certified Public Provider transportation system providing specialized paratransit service; and

WHEREAS, grants for said funds will impose certain obligations upon the recipient.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF DIRECTORS OF THE MAIN STREET COMMUNITY CENTER:

Section 1. That an application be made to the Division of Public and Intermodal Transportation, Department of Transportation, State of Illinois, for a financial assistance grant under The Illinois Department of Transportation's general authority to make such Grants, for the purpose of off-setting certain general public and/or Elderly and Disabled Transportation Program capital costs of MAIN STREET COMMUNITY CENTER.

Section 2. That Jackie Kamp, an employee of MAIN STREET COMMUNITY CENTER is hereby authorized and directed to execute and file such application on behalf of MAIN STREET COMMUNITY CENTER.

Section 3. That Jacqueline Kamp of MAIN STREET COMMUNITY CENTER is authorized to furnish such additional information as may be required by the Division of Public & Intermodal Transportation in connection with the aforesaid application for said grant.

Section 4. That Jacqueline Kamp of MAIN STREET COMMUNITY CENTER is hereby authorized and directed to execute and file on behalf of the MAIN STREET COMMUNITY CENTER any grant agreement pursuant to said application.

PRESENTED and ADOPTED this 23<sup>rd</sup> day of JUNE, 2009

Carol A. Keene  
CAROL A. KEENE  
President, Board of Directors

ATTESTED: Jacqueline Kamp  
Executive Director  
Title