

PART I
REQUIRED SUBMITTALS
MUST BE COMPLETED BY ALL APPLICANTS

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|---|
| Applicant Name Rides Mass Transit District |
|---|

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 |

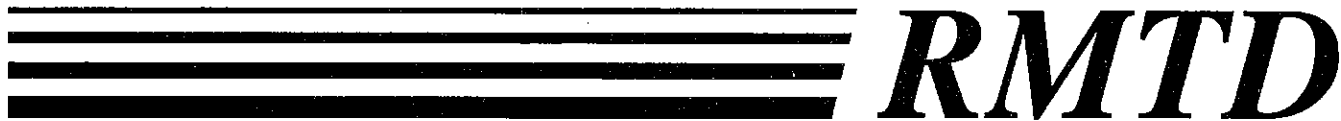
- (a) This data not required if applicant agency has included with another grant application for FY08 funding.
- (b) This information is required ONLY if you are applying for a vehicle for new or expanded service.
- (c) If applicant is in an urbanized (metropolitan) area outside the Chicago area, see 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) | N/A • |
| • Part IX Formal Coordination Efforts (if applicable, page 16 & 17) | • |
| • Part X Financial Plan (if applicable, pages 18 & 19) | • |
| • Part XI HSTP Review (To Be Completed only by Northeastern Illinois Applicants-Urbanized Area 2-- Cook, Lake, DuPage, Kane, Will & McHenry Counties) (page 20) | • |
| • 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) | ✓ ✓ |
| • 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) | |
| • 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.



RIDES MASS TRANSIT DISTRICT

June 15, 2009

Mr. Seth Gunnerson
South Central Illinois Regional
Planning & Development Commission
120 Delmar Avenue, Suite A
Salem, IL 62881

Dear Seth,

Please find enclosed Rides Mass Transit District's 2009 CVP application. We have scheduled the public hearing for July 15th and will forward any comment received. Please contact me if you require any additional information.

Sincerely,

Bill Jung, CEO
Rides Mass Transit District

Enclosure: 2009 CVP Application

**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 Rides Mass Transit District | Date of Application Filing 06/15/2009 |
| Street/Mailing Address, City, and Zip Code (Not just P. O. Box) 1200 W Poplar, Harrisburg, IL 62946 | Federal Tax Identification Number (TIN) 37-126918 |
| List general area served (counties, city, areas as applicable) (Detail in Part 5, Page 9) Pope, Hardin, Gallatin, Saline, Williamson, White, Wabash, Lawrence, Hamilton, Crawford, Jasper, Wayne, Richland and Edwards | Type of Applicant (see pg. 4 Section A) Private Non-Profit: _____ Section 5311 Grantee: _____ <input checked="" type="checkbox"/> X IDOT Certified Public Body: _____ |
| County Saline County HSTP Region (if rural-see page 43) HSTP Office (see pages 44) | Illinois State Tax Exempt Number E-9966-7576-03 |
| Application Contact Person: Bill Jung Title: CEO Phone: 618-253-8761 Vehicle Issues Contact Person: Bill Jung Title: CEO Phone: 618-253-8761 | App. Contact E-Mail: rmtdceo@ridesmtd.com Fax. (618) 252-2754 |

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) Rides Mass Transit District 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.

Bill Jung Tel. 618-253-8761 06/15/2009
Signature of Authorized Representative **Date**
 (As authorized by board resolution, see Appendix C)

Bill Jung CEO
Print name of Authorized Official **Title**

READ ALL INFORMATION CAREFULLY

**PART I
REQUIRED SUBMITTALS
MUST BE COMPLETED BY ALL APPLICANTS**

Applicant Name
Rides Mass Transit District

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 |
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| • Part I Submittal Matrix(A) and Application Checklist Completed (B), (page 4) | ✓ |
| • Part II Current Vehicle Inventory (page 5) | ✓ |
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| • Part IV Project Justification (if applicable, page 8) | |
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| • Part VI Fleet Control and Maintenance (if applicable, page 12) | |
| • Part VII Driver Training (if applicable, page 13) | |
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| • Part XI HSTP Review (To Be Completed only by Northeastern Illinois Applicants-Urbanized Area 2-- Cook, Lake, DuPage, Kane, Will & McHenry Counties) (page 20) | |
| • 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) | ✓ |
| • Appendix C Executed Board Resolution authorizing applicant's Official Representative (page 34) | ✓ |
| • Appendix D Application Preparation Guidance (pages 35-45) | Retain |
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| • Letter from MPO placing project in TIP (not applicable in Cook, Lake, DuPage, Kane, Will and McHenry Counties, or any non-urbanized area) | |
| • Letter of support from Certified Public Provider or local Transit Authority (if applicable) | |
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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.

Rides Mass Transit District Vehicle Inventory

| Bus # | State Grant # | Fed. Funding | V.I.N. # | Year | Make | Model / Type | Status | Operator | Mileage | Date In Service | FTA Replace Date | Mileage Date | Design Capacity | Tie-Down | Use |
|-------|-----------------------|--------------|--------------------|------|----------|-------------------------|--------|----------|---------|-----------------|------------------|--------------|-----------------|----------|-----|
| R-4 | LOCAL FUNDS | | 1BA6GH4R0PX577875 | 1993 | DODGE | CARAVAN RAMPED MINI VAN | B | RMTD | 278812 | 10/17/84 | 10/17/98 | 5/27/09 | 6 | 2 | D |
| R-5 | CAP-95-535-FED | 5310 | 2B4GP44R3TR800904 | 1996 | DODGE | CARAVAN RAMPED MINI VAN | B | RMTD | 420614 | 10/16/96 | 10/16/01 | 5/27/09 | 6 | 2 | D |
| R-6 | CAP-95-535-FED | 5310 | 2B4GP44R3TR800917 | 1996 | DODGE | CARAVAN RAMPED MINI VAN | B | RMTD | 412341 | 10/16/96 | 10/16/01 | 5/27/09 | 6 | 2 | D |
| R-8 | CAP-98-755-100% | | 1B4GP44R3VB310545 | 1987 | DODGE | CARAVAN RAMPED MINI VAN | B | RMTD | 471596 | 11/11/97 | 11/11/02 | 5/27/09 | 6 | 2 | D |
| R-10 | LOCAL FUNDS | | 2P4FP25B3XR143337 | 1999 | PLYMOUTH | VOYAGER RAMPED MINI VAN | B | RMTD | 407733 | 5/18/99 | 5/18/04 | 5/27/09 | 6 | 2 | D |
| R-11 | LOCAL FUNDS | | 2P4FP25B2XR143166 | 1999 | PLYMOUTH | VOYAGER RAMPED MINI VAN | B | RMTD | 430698 | 6/1/99 | 6/1/04 | 5/27/09 | 6 | 2 | D |
| R-12 | LOCAL | | 2B4GP44R3TR800910 | 1996 | DODGE | CARAVAN RAMPED MINI VAN | B | RMTD | 173259 | 3/4/04 | 3/4/08 | 5/27/09 | 6 | 2 | D |
| R-13 | LOCAL | | 2B4GP44R3TR810501 | 1996 | DODGE | CARAVAN RAMPED MINI VAN | B | RMTD | 147960 | 1/3/08 | 1/3/01 | 5/27/09 | 6 | 2 | D |
| H-19 | CAP-94-484-ILL 100% | 5310 | 1FDKE30M4RH840027 | 1994 | FORD | ELDORADO (BOC) | B | RMTD | 570746 | 10/1/94 | 10/1/98 | 5/27/09 | 14 | 2 | D |
| H-33 | CAP-94-484-ILL 100% | 5310 | 1FDKE30M3RH875187 | 1994 | FORD | ELDORADO (BOC) | B | RMTD | 449248 | 12/10/94 | 12/10/98 | 5/27/09 | 14 | 2 | D |
| H-34 | CAP-94-484-ILL 100% | 5310 | 1FDKE30M3RH875188 | 1994 | FORD | ELDORADO (BOC) | B | RMTD | 445202 | 12/10/94 | 12/10/98 | 5/27/09 | 14 | 2 | R |
| H-35 | CAP-94-484-ILL 100% | 5310 | 1FDKE30M7RH875189 | 1994 | FORD | ELDORADO (BOC) | B | RMTD | 471724 | 12/10/94 | 12/10/98 | 5/27/09 | 14 | 2 | R |
| H-39 | RURAL PEORIA TRANSFER | 5310 | 4CDK64E2BR2107325 | 1995 | FORD | OSHKOSH ELDORADO (BOC) | B | RMTD | 402162 | 9/18/95 | 9/18/99 | 5/27/09 | 19 | 2 | R |
| H-41 | CAP-95-535-FED | 5310 | 2B7KB31Z7TK165497 | 1996 | DODGE | RAM RAISED ROOF VAN | B | RMTD | 404614 | 9/18/96 | 9/17/01 | 5/27/09 | 10 | 2 | D |
| H-42 | CAP-95-535-FED | 5310 | 1FDKE30F1THB08869 | 1996 | FORD | ELDORADO (BOC) | B | RMTD | 408154 | 11/19/96 | 11/19/03 | 5/27/09 | 14 | 4 | R |
| H-43 | CAP-96-536-FED | 5310 | 1FDKE30F5THB08860 | 1996 | FORD | ELDORADO (BOC) | B | RMTD | 400666 | 11/19/96 | 11/26/03 | 5/27/09 | 14 | 4 | R |
| H-44 | CAP-96-555-ILL | 5310 | 1FDLE40F9VH841674 | 1997 | FORD | ELDORADO (BOC) | B | RMTD | 439060 | 8/26/97 | 6/26/04 | 5/27/09 | 14 | 4 | R |
| H-45 | IL 97-559-FED | 5310 | 1FDLE40F4VH831270 | 1997 | FORD | ELDORADO (BOC) | B | RMTD | 446255 | 6/26/97 | 6/26/04 | 5/27/09 | 14 | 4 | R |
| H-46 | CAP-96-555-ILL 100% | | 1FDLE40F6VH832789 | 1997 | FORD | ELDORADO (BOC) | B | RMTD | 469950 | 6/26/97 | 6/26/04 | 5/27/09 | 14 | 4 | R |
| H-47 | CAP-96-555-ILL 100% | | 1BAGG8SA3WF078459 | 1996 | BLUEBIRD | BLUEBIRD | B | RMTD | 263404 | 11/20/97 | 11/20/04 | 5/27/09 | 30 | 4 | R |
| H-48 | CAP-95-535-FED | 5310 | 1BAGG8SA3XW1079460 | 1996 | BLUEBIRD | BLUEBIRD | B | RMTD | 321358 | 11/20/97 | 11/20/04 | 5/27/09 | 30 | 4 | R |
| H-49 | CAP-98-617-FED | 5309/STATE | 1FDXE40F4VH8B1374 | 1998 | FORD | ELDORADO (BOC) | B | RMTD | 399259 | 11/9/98 | 11/20/04 | 5/27/09 | 14 | 4 | R |
| H-50 | CAP-98-617-FED | 5309/STATE | 1FDXE40F3VH8B1380 | 1998 | FORD | ELDORADO (BOC) | B | RMTD | 407761 | 11/9/98 | 11/9/05 | 5/27/09 | 14 | 4 | R |
| H-51 | CAP-98-617-FED | 5309/STATE | 1FDXE40F1VH8B1381 | 1998 | FORD | ELDORADO (BOC) | B | RMTD | 421794 | 11/9/98 | 11/9/05 | 5/27/09 | 14 | 4 | R |
| H-52 | CAP-98-617-FED | 5309/STATE | 1FDXE40F3VH8B1382 | 1998 | FORD | ELDORADO (BOC) | B | RMTD | 354244 | 11/9/98 | 11/9/05 | 5/27/09 | 14 | 4 | R |
| H-53 | CAP-99-617-FED | 5309/STATE | 1BAGG8SA3XW1069004 | 1999 | BLUEBIRD | BLUEBIRD | B | RMTD | 246163 | 4/8/99 | 4/8/06 | 5/27/09 | 31 | 2 | R |
| H-54 | CAP-99-654-FED | 5309/STATE | 1FDXE40F4XH8A5444 | 1999 | FORD | ELDORADO (BOC) | A | RMTD | 398558 | 8/13/99 | 8/13/06 | 5/27/09 | 14 | 4 | R |
| H-55 | CAP-99-654-FED | 5309/STATE | 1BAGG8PAXYF092337 | 2000 | BLUEBIRD | BLUEBIRD | A | RMTD | 102502 | 11/19/99 | 11/19/06 | 5/27/09 | 31 | 0 | R |
| H-57 | LOCAL FUNDS | | 1FDKE30F9SH860488 | 1995 | FORD | GOSHEN | B | RMTD | 373413 | 5/22/00 | 5/22/02 | 5/27/09 | 20 | 2 | R |
| H-58 | CAP-00-689-FED | 5309/STATE | 1FDXE45F2YHCC1220 | 2001 | FORD | ELDORADO (BOC) | A | RMTD | 319862 | 11/3/00 | 11/3/07 | 5/27/09 | 14 | 4 | R |
| H-59 | CAP-00-689-FED | 5309/STATE | 1FDXE45F4YHCC1221 | 2001 | FORD | ELDORADO (BOC) | A | RMTD | 325341 | 11/3/00 | 11/3/07 | 5/27/09 | 14 | 4 | R |
| H-60 | CAP-00-685-FED | 5310 | 1FDXE45F6YHCC1222 | 2001 | FORD | ELDORADO (BOC) | A | RMTD | 322213 | 11/3/00 | 11/3/07 | 5/27/09 | 14 | 4 | R |
| H-61 | GRANT # 121X1ZZ1091 | FED JADHS | 1FDXE45F02HA49846 | 2002 | FORD | ELDORADO (BOC) | A | RMTD | 286604 | 3/15/02 | 3/15/09 | 5/27/09 | 14 | 4 | R |
| H-62 | GRANT # 121X1ZZ1091 | FED JADHS | 1FDXE45F22HA49849 | 2002 | FORD | ELDORADO (BOC) | A | RMTD | 277698 | 3/15/02 | 3/15/09 | 5/27/09 | 14 | 4 | R |

**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

Rides Mass Transit District

H-96

Form 1 of 20. (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 (1st, 2nd, 1st.)

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

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

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 | <input type="radio"/> 5 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| Light Duty Paratransit Vehicle (10-12 pass) | 95,000 Miles | <input type="radio"/> 6 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| Medium Duty Paratransit/School Bus (13-16 pass) | 120,000 Miles | <input type="radio"/> 8 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| Super Medium Duty Paratransit Vehicle (>16 pass) | 180,000 Miles | <input type="radio"/> 9 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| Heavy Duty Transit Vehicle (>30 pass) | 280,000 Miles | <input type="radio"/> 10 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| • 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 # |
|-----|--------------|----------------|--------------------|---|
| 02 | Ford | Eldorado (BOC) | 05/27/09 181553 | 1FDWE35L42HB44408 CAP-02-791-CVP |

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

**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

Rides Mass Transit District H-3

Form 2 of 20. (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 (1st, 2nd, 2nd)

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

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

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 | <input type="radio"/> 5 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
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F. Please provide Replacement Vehicle Identification Information for the vehicle being replaced:

| Yr. | Manufacturer | Type | Date/Mileage | (if applicable) VIN # IDOT Contract # |
|-----|--------------|------------------|--------------------|---|
| 00 | Dodge | Econoline Van SU | 05/27/09 172738 | 2B7LB31Z9YK168459 CAP-00-690-ILL |

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

**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

Rides Mass Transit District

H-10

Form 3 of 20. (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)
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C. Category of Request (Check appropriate category)

- Replacement of owned vehicle
- Replacement of leased vehicle
- Service Expansion (see p.14)
- 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 (1st, 2nd, 3rd)

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

| Yr. | Manufacturer | Type | Date/Mileage | (if applicable) VIN # IDOT Contract # |
|-----|--------------|---------|--------------------|---|
| 02 | Chevy | Mid-Bus | 05/27/09 170029 | 1GBJG31F621183233 Local Funds |

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

**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

Rides Mass Transit District

H-97

Form 4 of 20. (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
- Replacement of leased vehicle
- Service Expansion (see p.14)
- 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 (1st, 2nd, 4th.)

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

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

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 | <input type="radio"/> 5 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| Light Duty Paratransit Vehicle (10-12 pass) | 95,000 Miles | <input type="radio"/> 6 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| Medium Duty Paratransit/School Bus (13-16 pass) | 120,000 Miles | <input type="radio"/> 8 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| Super Medium Duty Paratransit Vehicle (>16 pass) | 180,000 Miles | <input type="radio"/> 9 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| Heavy Duty Transit Vehicle (>30 pass) | 280,000 Miles | <input type="radio"/> 10 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |

• 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 # |
|-----|--------------|----------------|--------------------|---|
| 02 | Ford | Eldorado (BOC) | 05/27/09 157105 | 1FDWE35L92HB48907 CAP-02-791-CVP |

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

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

Rides Mass Transit District

H-9

Form 5 of 20. (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
- Replacement of leased vehicle
- Service Expansion (see p.14)
- 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 (1st, 2nd, 5th).

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

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

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 | <input type="radio"/> 5 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| Light Duty Paratransit Vehicle (10-12 pass) | 95,000 Miles | <input type="radio"/> 6 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| Medium Duty Paratransit/School Bus (13-16 pass) | 120,000 Miles | <input type="radio"/> 8 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| Super Medium Duty Paratransit Vehicle (>16 pass) | 180,000 Miles | <input type="radio"/> 9 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| Heavy Duty Transit Vehicle (>30 pass) | 280,000 Miles | <input type="radio"/> 10 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |

• 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 # |
|-----|--------------|---------|--------------------|---|
| 02 | Chevy | Mid-Bus | 05/27/09 153066 | 1GBJG31R121184056 Local Funds |

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

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

Rides Mass Transit District

H-6

Form 6 of 20. (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
- Replacement of leased vehicle
- Service Expansion (see p.14)
- 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 (1st, 2nd, 6th).

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

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

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 | <input type="radio"/> 5 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| Light Duty Paratransit Vehicle (10-12 pass) | 95,000 Miles | <input type="radio"/> 6 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| Medium Duty Paratransit/School Bus (13-16 pass) | 120,000 Miles | <input type="radio"/> 8 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| Super Medium Duty Paratransit Vehicle (>16 pass) | 180,000 Miles | <input type="radio"/> 9 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| Heavy Duty Transit Vehicle (>30 pass) | 280,000 Miles | <input type="radio"/> 10 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |

• 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 # |
|-----|--------------|----------|--------------------|---|
| 94 | Ford | S350 Van | 05/27/09 148875 | 1FTJS34G7RHB78607 Local Funds |

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

**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

Rides Mass Transit District

R-13

Form 7 of 20. (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
- Replacement of leased vehicle
- Service Expansion (see p.14)
- 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 (1st, 2nd, 7th.

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

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

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 | <input type="radio"/> 5 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| Light Duty Paratransit Vehicle (10-12 pass) | 95,000 Miles | <input type="radio"/> 6 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| Medium Duty Paratransit/School Bus (13-16 pass) | 120,000 Miles | <input type="radio"/> 8 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| Super Medium Duty Paratransit Vehicle (>16 pass) | 180,000 Miles | <input type="radio"/> 9 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| Heavy Duty Transit Vehicle (>30 pass) | 280,000 Miles | <input type="radio"/> 10 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |

• 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 | Caravan Ramped Mini Van | 05/27/09 147860 | 2B4GP44R3TR810501 Local Funds |

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

**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

Rides Mass Transit District

H-99

Form 8 of 20. (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
- Replacement of leased vehicle
- Service Expansion (see p.14)
- 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 (1st, 2nd, 8th).

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

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

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 | <input type="radio"/> 5 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| Light Duty Paratransit Vehicle (10-12 pass) | 95,000 Miles | <input type="radio"/> 6 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| Medium Duty Paratransit/School Bus (13-16 pass) | 120,000 Miles | <input type="radio"/> 8 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| Super Medium Duty Paratransit Vehicle (>16 pass) | 180,000 Miles | <input type="radio"/> 9 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| Heavy Duty Transit Vehicle (>30 pass) | 280,000 Miles | <input type="radio"/> 10 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| • 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 # |
|-----|--------------|----------------|--------------------|---|
| 03 | Ford | Eldorado (BOC) | 05/27/09 127082 | 1FDWE35L13HB88075 CAP-03-856-CVP |

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

**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

Rides Mass Transit District H-62

Form 9 of 20. (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 (1st, 2nd, etc.) 9th.

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

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

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 | <input type="radio"/> 5 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| Light Duty Paratransit Vehicle (10-12 pass) | 95,000 Miles | <input type="radio"/> 6 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| Medium Duty Paratransit/School Bus (13-16 pass) | 120,000 Miles | <input type="radio"/> 8 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| Super Medium Duty Paratransit Vehicle (>16 pass) | 180,000 Miles | <input type="radio"/> 9 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| Heavy Duty Transit Vehicle (>30 pass) | 280,000 Miles | <input type="radio"/> 10 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |

• 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 # |
|-----|--------------|----------------|--------------------|--|
| 02 | Ford | Eldorado (BOC) | 05/27/09 277698 | 1FDXE45F22HA49849 Grant # 121X1ZZ1091 FED- JADHS |

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

**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

Rides Mass Transit District H-65

Form 10 of 20. (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 (1st, 2nd, etc.) 10th.

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

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

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 | <input type="radio"/> 5 yrs, in documented unsafe & poor operating condition <input type="radio"/> R condition |
| Light Duty Paratransit Vehicle (10-12 pass) | 95,000 Miles | <input type="radio"/> 6 yrs, in documented unsafe & poor operating condition <input type="radio"/> R condition |
| Medium Duty Paratransit/School Bus (13-16 pass) | 120,000 Miles | <input type="radio"/> 8 yrs, in documented unsafe & poor operating condition <input type="radio"/> R condition |
| Super Medium Duty Paratransit Vehicle (>16 pass) | 180,000 Miles | <input type="radio"/> 9 yrs, in documented unsafe & poor operating condition <input type="radio"/> R condition |
| Heavy Duty Transit Vehicle (>30 pass) | 280,000 Miles | <input type="radio"/> 10 yrs, in documented unsafe & poor operating condition <input type="radio"/> R 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 # |
|--|--------------|---------------|--------------------|---|
| 03 | IHC/MID | International | 05/27/09 240473 | 1HVBTA FM83H585202 CAP-01-743-CVP |
| Criteria 2 Justification (i.e., documentation vehicle is unsafe or in poor condition –include, photos, receipts) Exceeds Mileage | | | | |

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

Rides Mass Transit District H-84

Form 11 of 20. (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 (1st, 2nd, etc.) 11th.

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

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

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 | <input type="radio"/> 5 yrs, in documented unsafe & poor operating condition <input type="radio"/> condition |
| Light Duty Paratransit Vehicle (10-12 pass) | 95,000 Miles | <input type="radio"/> 6 yrs, in documented unsafe & poor operating condition <input type="radio"/> condition |
| Medium Duty Paratransit/School Bus (13-16 pass) | 120,000 Miles | <input type="radio"/> 8 yrs, in documented unsafe & poor operating condition <input type="radio"/> condition |
| Super Medium Duty Paratransit Vehicle (>16 pass) | 180,000 Miles | <input type="radio"/> 9 yrs, in documented unsafe & poor operating condition <input type="radio"/> condition |
| Heavy Duty Transit Vehicle (>30 pass) | 280,000 Miles | <input type="radio"/> 10 yrs, in documented unsafe & poor operating condition <input type="radio"/> 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 # |
|-----|--------------|----------------|--------------------|---|
| 02 | Ford | Eldorado (BOC) | 05/27/09 243499 | 1FDXE45F12HA40205 CAP-00-699-FED |

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

**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

Rides Mass Transit District

H-66

Form 12 of 20. (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 (1st, 2nd, 12th).

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

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

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 | <input type="radio"/> 5 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| Light Duty Paratransit Vehicle (10-12 pass) | 95,000 Miles | <input type="radio"/> 6 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| Medium Duty Paratransit/School Bus (13-16 pass) | 120,000 Miles | <input type="radio"/> 8 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| Super Medium Duty Paratransit Vehicle (>16 pass) | 180,000 Miles | <input type="radio"/> 9 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| Heavy Duty Transit Vehicle (>30 pass) | 280,000 Miles | <input type="radio"/> 10 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| • 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 # |
|-----|--------------|---------------|--------------------|---|
| 03 | INC/MID | International | 05/27/09 217998 | 1HVBTFM53H585206 CAP-02-791-CVP |

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

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

Rides Mass Transit District

H-71

Form 13 of 20. (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 (1st, 2nd, 13th).

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

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

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 | <input type="radio"/> 5 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| Light Duty Paratransit Vehicle (10-12 pass) | 95,000 Miles | <input type="radio"/> 6 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| Medium Duty Paratransit/School Bus (13-16 pass) | 120,000 Miles | <input type="radio"/> 8 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| Super Medium Duty Paratransit Vehicle (>16 pass) | 180,000 Miles | <input type="radio"/> 9 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| Heavy Duty Transit Vehicle (>30 pass) | 280,000 Miles | <input type="radio"/> 10 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| • 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 # |
|-----|--------------|-------------------|--------------------|---|
| 03 | Ford | Eldorado (BOC) | 05/27/09 208347 | 1FDXE45F23HB88039 CAP-03-856-CVP |

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

**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

Rides Mass Transit District

H-73

Form 14 of 20. (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
- Replacement of leased vehicle
- Service Expansion (see p.14)
- 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 (1st, 2nd, 14th).

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

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

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 | <input type="radio"/> 5 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| Light Duty Paratransit Vehicle (10-12 pass) | 95,000 Miles | <input type="radio"/> 6 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| Medium Duty Paratransit/School Bus (13-16 pass) | 120,000 Miles | <input type="radio"/> 8 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| Super Medium Duty Paratransit Vehicle (>16 pass) | 180,000 Miles | <input type="radio"/> 9 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| Heavy Duty Transit Vehicle (>30 pass) | 280,000 Miles | <input type="radio"/> 10 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |

• 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 # |
|-----|--------------|---------------|--------------------|---|
| 04 | IHC/MID | International | 05/27/09 189217 | 1HVBTA FM94H654819 CAP-03-856-CVP |

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

**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

Rides Mass Transit District

H-1

Form 15 of 20. (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 (1st, 2nd, 15th).

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

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

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 | <input type="radio"/> 5 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| Light Duty Paratransit Vehicle (10-12 pass) | 95,000 Miles | <input type="radio"/> 6 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| Medium Duty Paratransit/School Bus (13-16 pass) | 120,000 Miles | <input type="radio"/> 8 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| Super Medium Duty Paratransit Vehicle (>16 pass) | 180,000 Miles | <input type="radio"/> 9 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| Heavy Duty Transit Vehicle (>30 pass) | 280,000 Miles | <input type="radio"/> 10 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| • 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 # |
|-----|--------------|-------------------|--------------------|---|
| 05 | Ford | Eldorado (BOC) | 05/27/09 111804 | 1FDWE35L75HB44262 CAP-04-876-CVP |

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

**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

Rides Mass Transit District H-98

Form 16 of 20. (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
- Replacement of leased vehicle
- Service Expansion (see p.14)
- 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 (1st, 2nd, 16th).

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

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

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 | <input type="radio"/> 5 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| Light Duty Paratransit Vehicle (10-12 pass) | 95,000 Miles | <input type="radio"/> 6 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| Medium Duty Paratransit/School Bus (13-16 pass) | 120,000 Miles | <input type="radio"/> 8 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| Super Medium Duty Paratransit Vehicle (>16 pass) | 180,000 Miles | <input type="radio"/> 9 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| Heavy Duty Transit Vehicle (>30 pass) | 280,000 Miles | <input type="radio"/> 10 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |

• 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 # |
|-----|--------------|----------------|--------------------|---|
| 03 | Ford | Eldorado (BOC) | 05/27/09 108397 | 1FDWE35LX3HB88074 CAP-03-856-CVP |

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

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

Rides Mass Transit District

H-47

Form 17 of 20. (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 (1st, 2nd, 17th).

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

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

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 | <input type="radio"/> 5 yrs, in documented unsafe & poor operating condition <input type="radio"/> 6 yrs, in documented unsafe & poor operating condition |
| Light Duty Paratransit Vehicle (10-12 pass) | 95,000 Miles | <input type="radio"/> 6 yrs, in documented unsafe & poor operating condition <input type="radio"/> 8 yrs, in documented unsafe & poor operating condition |
| Medium Duty Paratransit/School Bus (13-16 pass) | 120,000 Miles | <input type="radio"/> 8 yrs, in documented unsafe & poor operating condition <input type="radio"/> 9 yrs, in documented unsafe & poor operating condition |
| Super Medium Duty Paratransit Vehicle (>16 pass) | 180,000 Miles | <input type="radio"/> 9 yrs, in documented unsafe & poor operating condition <input type="radio"/> 10 yrs, in documented unsafe & poor operating condition |
| Heavy Duty Transit Vehicle (>30 pass) | 280,000 Miles | <input type="radio"/> 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 # |
|-----|--------------|----------|--------------------|---|
| 98 | Bluebird | Bluebird | 05/27/09 263404 | 1BAGGBSA3WF078459 CAP-96-555-IL |

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

**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

Rides Mass Transit District H-85

Form 18 of 20. (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
- Replacement of leased vehicle
- Service Expansion (see p.14)
- 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 (1st, 2nd, 18th.)

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

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

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 | <input type="radio"/> 5 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| Light Duty Paratransit Vehicle (10-12 pass) | 95,000 Miles | <input type="radio"/> 6 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| Medium Duty Paratransit/School Bus (13-16 pass) | 120,000 Miles | <input type="radio"/> 8 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| Super Medium Duty Paratransit Vehicle (>16 pass) | 180,000 Miles | <input type="radio"/> 9 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| Heavy Duty Transit Vehicle (>30 pass) | 280,000 Miles | <input type="radio"/> 10 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| • 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 # |
|-----|--------------|----------|--------------------|---|
| 98 | Bluebird | Bluebird | 05/27/09 218885 | 1BAGGBSA4WF078454 CAP-96-555-IL |

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

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

Rides Mass Transit District

H-86

Form 19 of 20. (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
- Replacement of leased vehicle
- Service Expansion (see p.14)
- 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 (1st, 2nd, 19th).

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

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

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 | <input type="radio"/> 5 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| Light Duty Paratransit Vehicle (10-12 pass) | 95,000 Miles | <input type="radio"/> 6 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| Medium Duty Paratransit/School Bus (13-16 pass) | 120,000 Miles | <input type="radio"/> 8 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| Super Medium Duty Paratransit Vehicle (>16 pass) | 180,000 Miles | <input type="radio"/> 9 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| Heavy Duty Transit Vehicle (>30 pass) | 280,000 Miles | <input type="radio"/> 10 yrs, in documented unsafe & poor operating condition <input type="radio"/> R |
| • 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 # |
|-----|--------------|----------|--------------------|---|
| 98 | Bluebird | Bluebird | 05/27/09 161594 | 1BAGGBSAXWF078457 CAP-95-535-FED |

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

**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

Rides Mass Transit District

H-4

Form 20 of 20 (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 (1st, 2nd, 20th.

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

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

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 | <input type="radio"/> 5 yrs, in documented unsafe & poor operating condition <input type="radio"/> condition |
| Light Duty Paratransit Vehicle (10-12 pass) | 95,000 Miles | <input type="radio"/> 6 yrs, in documented unsafe & poor operating condition <input type="radio"/> condition |
| Medium Duty Paratransit/School Bus (13-16 pass) | 120,000 Miles | <input type="radio"/> 8 yrs, in documented unsafe & poor operating condition <input type="radio"/> condition |
| Super Medium Duty Paratransit Vehicle (>16 pass) | 180,000 Miles | <input type="radio"/> 9 yrs, in documented unsafe & poor operating condition <input type="radio"/> condition |
| Heavy Duty Transit Vehicle (>30 pass) | 280,000 Miles | <input type="radio"/> 10 yrs, in documented unsafe & poor operating condition <input type="radio"/> 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 # |
|-----|--------------|------------------|-------------------|---|
| 93 | Ford | Econoline Van SU | 05/27/09 99195 | 1FTJS34M6PHB82330 Local Funds |

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

ESTIMATED PROJECT BUDGET MUST BE COMPLETED BY ALL APPLICANTS

| G. Estimated CVP Budget | | | | | | | Estimated Total Cost Line Total x Unit Cost (d) x (e) |
|--|-------------------------------|---------------------------------------|-------------------------------|--------------------------|---|---|---|
| Vehicle Type | Capacity (Approx.) | Requested Number of Units | | | Line Total (a)+(b)+(c) (d) | Estimated Unit Cost (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. | | | | | \$52,000 | \$ |
| Medium Duty Paratransit Vehicle (w/lift) MD | 14 pass. | 10 | | | | \$59,000 | \$ 590,000 |
| Super Medium Duty Para- Transit Vehicle (w/lift) SMD | 22 pass. | 10 | | | | \$94,000 | \$ 940,000 |

Total CVP Request: \$ 1,530,000

Comments:

**FEDERAL FISCAL YEAR 2009 CERTIFICATIONS AND ASSURANCES FOR
 FEDERAL TRANSIT ADMINISTRATION ASSISTANCE PROGRAMS**
(Signature page alternative to providing Certifications and Assurances in TEAM-Web)

Name of Applicant: Rides Mass Transit District

The Applicant agrees to comply with applicable provisions of Categories 01 – 24. X
 OR

The Applicant agrees to comply with applicable provisions of the Categories it has selected:

| <u>Category</u> | <u>Description</u> | |
|-----------------|---|-------|
| 01. | Assurances Required For Each Applicant. | _____ |
| 02. | Lobbying. | _____ |
| 03. | Procurement Compliance. | _____ |
| 04. | Protections for Private Providers of Public Transportation. | _____ |
| 05. | Public Hearing. | _____ |
| 06. | Acquisition of Rolling Stock for Use in Revenue Service. | _____ |
| 07. | Acquisition of Capital Assets by Lease. | _____ |
| 08. | Bus Testing. | _____ |
| 09. | Charter Service Agreement. | _____ |
| 10. | School Transportation Agreement. | _____ |
| 11. | Demand Responsive Service. | _____ |
| 12. | Alcohol Misuse and Prohibited Drug Use. | _____ |
| 13. | Interest and Other Financing Costs. | _____ |
| 14. | Intelligent Transportation Systems. | _____ |
| 15. | Urbanized Area Formula Program. | _____ |
| 16. | Clean Fuels Grant Program. | _____ |
| 17. | Elderly Individuals and Individuals with Disabilities Formula Program and Pilot Program. | _____ |
| 18. | Nonurbanized Area Formula Program for States. | _____ |
| 19. | Job Access and Reverse Commute Program. | _____ |
| 20. | New Freedom Program. | _____ |
| 21. | Paul S. Sarbanes Transit in Parks Program. | _____ |
| 22. | Tribal Transit Program. | _____ |
| 23. | Infrastructure Finance Projects. | _____ |
| 24. | Deposits of Federal Financial Assistance to a State Infrastructure Banks. | _____ |

FEDERAL FISCAL YEAR 2009 FTA CERTIFICATIONS AND ASSURANCES SIGNATURE PAGE
(Required of all Applicants for FTA assistance and all FTA Grantees with an active capital or formula project)

AFFIRMATION OF APPLICANT

Name of Applicant: Rides Mass Transit District

Name and Relationship of Authorized Representative: Bill Jung, CEO

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 Federal statutes and regulations, and follow applicable Federal directives, and comply with the certifications and assurances as indicated on the foregoing page applicable to each application it makes to the Federal Transit Administration (FTA) in Federal Fiscal Year 2009.

FTA intends that the certifications and assurances the Applicant selects on the other side of this document, as representative of the certifications and assurances in this document, should apply, as provided, to each project for which the Applicant seeks now, or may later, seek FTA 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, and acknowledges that the Program Fraud Civil Remedies Act of 1986, 31 U.S.C. 3801 *et seq.*, and implementing U.S. DOT regulations, "Program Fraud Civil Remedies," 49 CFR part 31 apply to any certification, assurance or submission made to FTA. The criminal provisions of 18 U.S.C. 1001 apply to any certification, assurance, or submission made in connection with a Federal public transportation program authorized in 49 U.S.C. chapter 53 or any other statute

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.

Signature

Name Bill Jung, CEO

Authorized Representative of Applicant

Date:

4/29/2009

AFFIRMATION OF APPLICANT'S ATTORNEY

For (Name of Applicant): Rides Mass Transit District

As the undersigned Attorney for the above named Applicant, I hereby affirm to the Applicant that it has authority under State, local, or tribal government law, as applicable, 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 imminent that might adversely affect the validity of these certifications and assurances, or of the performance of the project.

Signature

Name Robert C. Wilson

Attorney for Applicant

Date:

4-30-09

Each Applicant for FTA financial assistance and each FTA Grantee with an active capital or formula project must provide an Affirmation of Applicant's Attorney pertaining to the Applicant's legal capacity. The Applicant may enter its signature in lieu of the Attorney's signature, provided the Applicant has on file this Affirmation, signed by the attorney and dated this Federal fiscal year.

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;

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 of 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.

Opinion of Counsel

I, the undersigned am an attorney licensed by and duly admitted to practice law in the State of Illinois and am counsel for and attorney for the Rides Mass Transit District. In this capacity, my opinion has been requested concerning the eligibility of the Rides Mass Transit District for grant assistance under the provisions of the Civil Administrative Code of Illinois [20 ILCS 2705/49 et seq.]. You are hereby advised as follows:

1. The Rides Mass Transit District is an eligible recipient as defined in state regulations.
2. There are no provisions in the Rides Mass Transit District's charter or by-laws or in the statutes of the State, the United States of America, or any other local ordinances that preclude or prohibit the Rides Mass Transit District from making said application for or contracting with the State for the purpose of receiving a State capital improvement grant.
3. The undersigned has no knowledge of any pending or threatened litigation, in either Federal or State courts, which would adversely affect this application, or which seeks to prohibit the Rides Mass Transit District from contracting with the State for the purpose of receiving a State capital improvement grant.

Based upon the foregoing, I am of the opinion that the Rides Mass Transit District is an eligible recipient under the provisions of the Act, and that it is fully empowered and authorized to apply for and to accept the grant from the State.

Signature: 
Robert C. Wilson

Attorney for: Rides Mass Transit District

Date: 4-16-09

Notice of Public Hearing
Rides Mass Transit District

RE: Capital Assistance Grant Application, Improvements for the Counties of: Pope, Hardin, Saline, Gallatin, White, Wayne, Hamilton, Edwards, Wabash, Lawrence, Richland, Jasper, Crawford and Williamson.

I. Notice is hereby given that a public hearing will be held by the Rides Mass Transit District.

Date: July 15, 2009

Time: 2:00 p.m.

Place: Rides Mass Transit District

Room: Administration Office

1200 W Poplar

Harrisburg, IL 62946

For the purpose of considering a project for which financial assistance is being sought from the Illinois Department of Transportation, pursuant to its Capital Grants Program. The project is generally described as follows:

- A. Project Description: Ten (10) Medium Duty and ten (10) Super Medium Duty Paratransit Vehicles, ADA Equipped. Total projected project cost \$1,530,000.
- B. Relocation: Relocation Assistance will not be required.
- C. Environment: This project is being implemented to minimize environmental impacts.
- D. Comprehensive Planning: This project is in conformance with comprehensive transportation planning in the area.
- E. Elderly and Handicapped: All new facilities included in this project will be accessible to the elderly and handicapped.

II. At the hearing, the Rides Mass Transit District 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. The Rides Mass Transit District requests that any hearing impaired person wishing to attend this Public Hearing notify the CEO, Bill Jung, 618-253-8761 at least one week before the scheduled hearing date so that arrangements can be made to provide an interpreter.

IV. A copy of the application for a state grant for the proposed project will be made available for public inspection at Rides Mass Transit District, 1200 W Poplar, Harrisburg, IL.

Contact Person:

Bill Jung, CEO
Rides Mass Transit District
1200 W Poplar
Harrisburg, IL 62946

Telephone :

(618) 253-8761

RESOLUTION 102

Authorizing 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 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 or a IDOT Certified Public Body 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 GOVERNING BOARD OF THE Rides Mass Transit District.


Section 1. That an application be made to the Division of Public 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 Elderly and Disabled Transportation Program capital costs of Rides Mass Transit District.

Section 2. That the Chairman or Chief Executive Officer of the Rides Mass Transit District is hereby authorized and directed to execute and file on behalf of the Rides Mass Transit District.

Section 3. That the Chairman or Chief Executive Officer of the Rides Mass Transit District is authorized to furnish such additional information as may be required by the Division of Public Transportation in connection with the aforesaid application for said grant.

Section 4. That the Chairman or Chief Executive Officer of the Rides Mass Transit District is hereby authorized and directed to execute, file and perform on behalf of the Rides Mass Transit District any grant agreement pursuant to said application.

PRESENTED and ADOPTED this 12th day of February, 2009



Secretary
Title



Chairman
Title

20 vehicles

68090
6/17

CERTIFICATE OF PUBLICATION

STATE OF ILLINOIS
COUNTY OF SALINE

Rides Mass Transit District
11200 W. Poplar St
Harrisburg IL 62946

GATEHOUSE MEDIA, INC., a Corporation, organized and existing pursuant to the laws of the State of Illinois, does hereby certify that it is the PUBLISHER of THE DAILY REGISTER, that said DAILY REGISTER is a secular and public newspaper of general circulation in said county, printed and published daily (except Sunday and holidays) in the English language, in the City of Harrisburg in said County of Saline and State of Illinois, and is a newspaper as defined in Chapter 100, Section 5, Illinois Revised Statutes.

It further certifies that the said DAILY REGISTER has been regularly printed and published in said City of Harrisburg, County of Saline and State of Illinois for at least six months prior to the date of the first publication of the notice hereinafter mentioned.

It further certifies that a notice, of which the annexed notice is a true printed copy, has been regularly published in said newspaper 1 times, once in each week for 1 successive weeks, the first publication thereof having been made in the issue of said newspaper published on June 17, 2009, and the last publication thereof having been made in the issue of said newspaper published on June 17, 2009.

In Witness Whereof, the said DAILY REGISTER, publisher aforesaid, has caused its name to be hereunto signed on this 17th day of June, 2009.

Publication Fee \$ 48⁶⁰

The Daily Register
James W. Wilson
Publisher

CERTIFICATE NO. 68090

#68090
Notice of Public Hearing
Rides Mass Transit District
RE: Capital Assistance Grant Application Improvements for the Counties of Pope, Hardin, Saline, Gallatin, White, Wayne, Hamilton, Edwards, Wabash, Lawrence, Richland, Jasper, Crawford and Williamson.
I. Notice is hereby given that a public hearing will be held by the Rides Mass Transit District, Date: July 15, 2009 Time: 2:00 p.m. Place: Rides Mass Transit District Room: Administration Office 1200 W Poplar Harrisburg, IL 62946
For the purpose of considering a project for which financial assistance is being sought from the Illinois Department of Transportation, pursuant to its Capital Grants Program. The project is generally described as follows:
A. Project Description: Ten (10) Medium Duty and ten (10) Super Medium Duty Paratransit Vehicles, ADA Equipped. Total projected project cost \$1,630,000.
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D. Comprehensive Planning: This project is in conformance with comprehensive transportation planning in the area.
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ELDORADO DAILY JOURNAL
Telephone: (618) 253-8761
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Contact Person: Bill Jung, CEO
Rides Mass Transit District
1200 W Poplar
Harrisburg, IL 62946