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## 5310 Application Submission

Home / Funding / Enhanced Mobility of Seniors and Individuals with Disabilities (Section 5310) / 5310 Application Submission

Applicant Information				
You will be able to save in progress once you start filling o inks. The save and continue function does not save files the abel the files you are uploading according to instructions.	hat you uploaded through the	online application. You w	rill need to upload your attachments again l	before submitting. Please
Contact Name (Required)				
First		Last		
Contact Phone: (Required)		Contact Email: (R	lequired)	
egal Name of Agency: (Required)		Agency Email:		
Type of Organization (select one): (Required)  Private non-profit agency  State or local government authority  Operator of public transportation services (including p	rivate operators or public tra	nsit services)		
Federal Tax ID: (Required)	DUNS:		Ohio Charter #:	
00-000000	00000000			
Agency Address (Required)				
Address Line 2				
City		State		
ZIP / Postal Code				
s there a public transit system(s) serving the project a	rea? (Required)			
○ Yes				
O No	·			
Jpload Attachment A: Verification of Unavailable, Insu ou must include a letter from the transit system serving y			agencies will work together or verifying the	e transit system's inability to
neet your clients' needs. Please name your file "Your Ager	· ·			
Choose File NO FILE CHOSEN				
Max. file size: 5 MB.				
Jpload Attachment B: Applicant Financial Information	(Required)			
Single Full Audit or Annual Financial Statement — Provide 3750,000 and not required to conduct full audits, OKI acce his information to determine an assessment of financial ri	epts annual financial stateme	nts prepared by a professi	onal accountant or tax preparer in lieu of a	single full audit. OKI reviews
han the agency's overall financial state; an agency has no subrecipient agencies by requiring copies of annual audits name your file "Your Agency-Attachment B."	record of stable financial co	ntrols; or have significant	findings reported by an audit. Note that OK	I will continue to monitor
Choose File NO FILE CHOSEN				
Choose File NO FILE CHOSEN  Max. file size: 20 MB.				

ADDRESS: 720 E. PETE ROSE WAY, SUITE 420 CINCINNATI, OHIO 45202

PHONE: 513.621.6300 EMAIL: INFO@OKI.ORG WEB: OKI.ORG

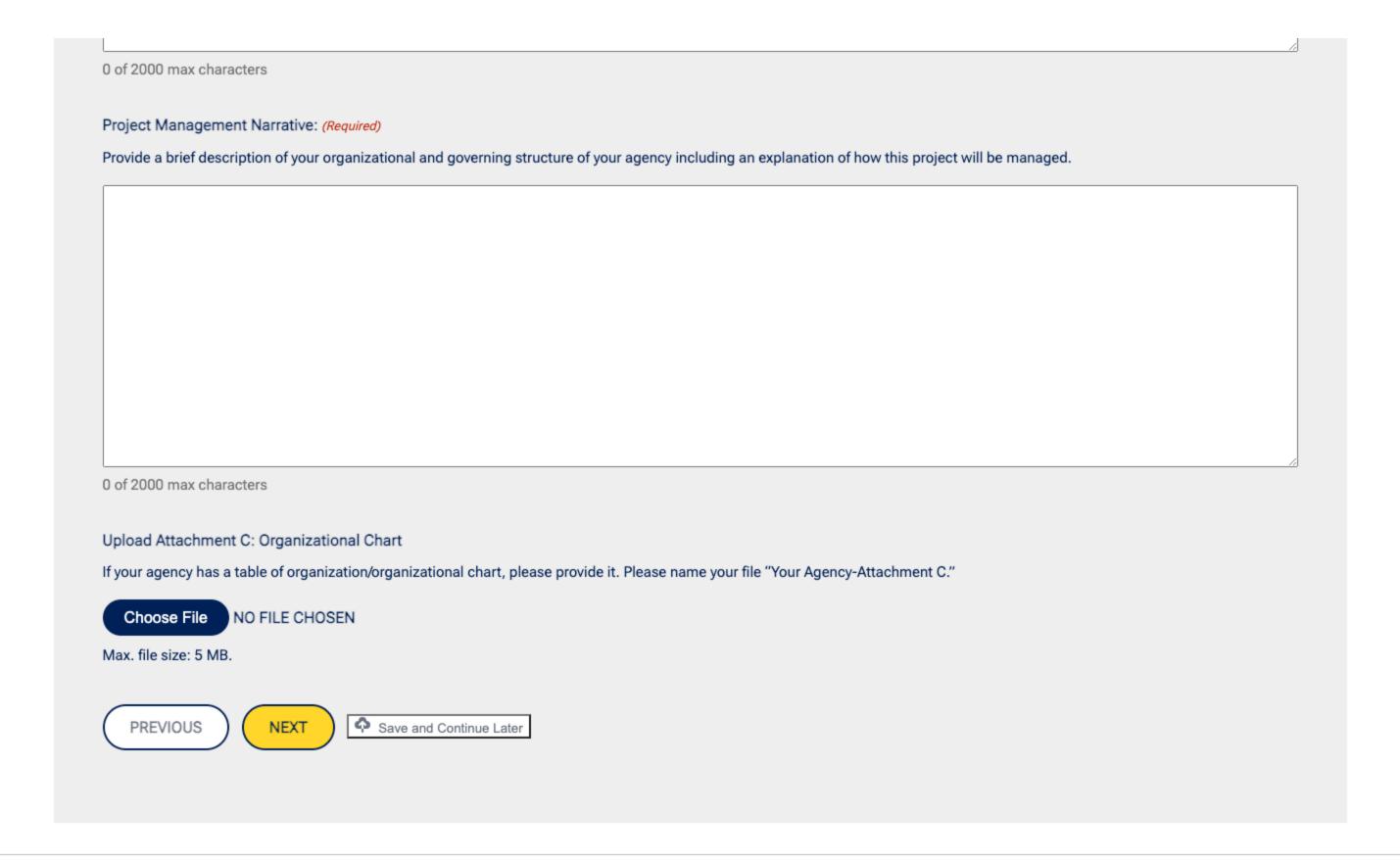
OFFICE HOURS: 8:00 A.M. – 4:30 P.M.



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Applicant Information	2 Project Information	3 Agency History with 5310 Fund	ing 4 Project A	Advancement of the Coordinated Plan	
Project Information					
Project Name					
Types of Project Reques	æd				
Vehicle Request? (Required)  O Yes					
○ No					
If yes, quantity?					
Please enter a number from 1	to 999.				
Preventative Maintenance?	(Required)				
○ Yes ○ No					
Equipment? (Required)					
○ Yes					
○ No If yes, what kind?					
, , , , , , , , , , , , , , , , , , , ,					
Mobility Management Prog	ram? (Required)				
○ No					
Project Description Narrativ					
Provide a brief description of concise, we are only looking		you are requesting funding to provide; v	vhy the project is needed	d; and what population type this project will serve. Please b	е
0 of 3500 max characters					
Project Goals Narrative: <i>(Rec</i>	quired)				
Goals should be SMART. Spe	cific, Measurable, Attainab	ole, Relevant, and Time-Bound.			



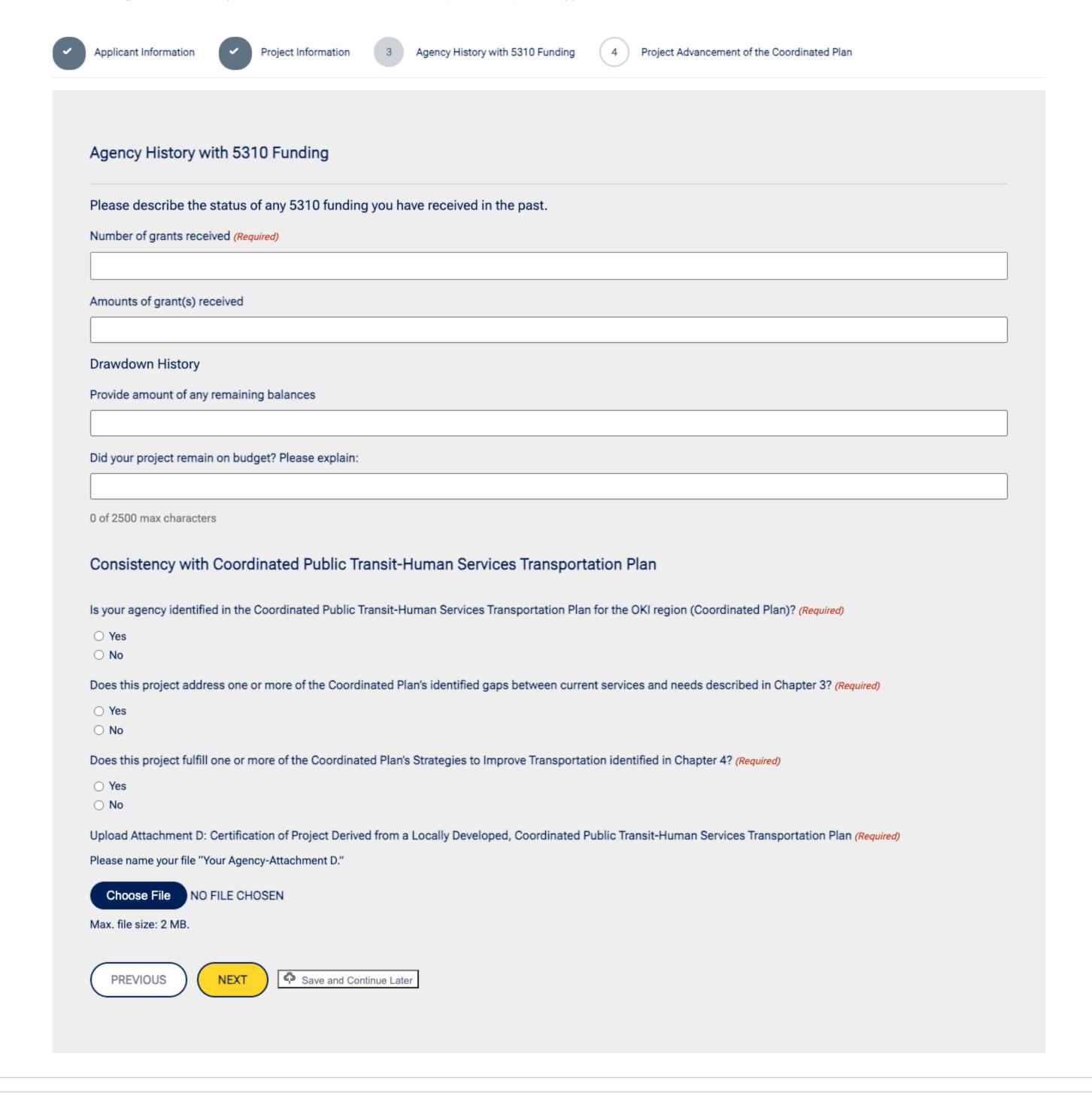
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TERMS OF USE & ACCESSIBILITY PRIVACY POLICY



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Applicant Inform	nation	Project Information		Agency History with 5310 Funding	4	Project Advancement of the Coordinated Plan
Project Adv	ancemen	t of the Coordinate	ed Plan			
View the OKI	Coordinate	ed Plan to see the cha	pters refe	erenced in the following que	stions.	
What gaps in	n service will	this project help to fill?	The gaps b	below are identified in the curre	nt Coordir	nated Plan. Check all that apply (Required)
☐ Inadequate to ☐ Inadequate to ☐ Limited colla ☐ Unaffordable ☐ Inadequate to ☐ Inadequate to ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	transportation transportation aboration of s e fares, partic number and v	n options during evenings,	, late nights specialized arly across iral areas of s available t	s, and weekends for elderly, disable transportation users, particularly county or state lines.  If the region.  It ousers.	led and lo	
Describe how y	your project v	will fill gaps checked abo	ove (0-15 p	points) (Required)		
0 of 1000 max c						
		Coordinated Plan Chapt essed. (0-15 points) (Requ		this project undertake to addre	ss the ide	entified gaps in service? Include the Identified Need number from the
0 of 1000 max of 3. How does the		ovide service to the targe	eted popul	lations (seniors and/or individua	als with dis	isabilities)? (0-15 points) (Required)
J. How does th	iis project pro	ovide service to the targe	eteu popul	ations (semors and/or marviaus	no with dis	isabilities): (o 10 politis) (nequireo)
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0 of 1000 max of		s has the applicant unde	ertaken to h	help eliminate or reduce duplica	ation in se	ervices? (0-25 points) (Required)

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ehicle Request Details					
Complete one row for each roing to and from a location		s needed. *Passenger trips: A t	trip is counted every time a pa	ssenger boards a vehicle. For	example, 10 people in one vehicle
ype of Vehicle requested	Number of days per week vehicle will be operated	Estimated passenger trips to be provided per year*	Estimated mileage per year	Estimated hours per year	Replacement or new?
Current Vehicle Inve	ntory				
		ki.org website. If the OKI To of the information on the to	•		tory table to prepare your ent inventory.
he OKI Transit Asset Mana	agement Plan inventory is a	ccurate for my agency			
○ Yes ○ No					
		AM Inventory Attachment G			
Please name your file "Your A					
	CHOSEN				
Max. file size: 5 MB.					
Preventive Maintena	nce Request				
Jpload your completed Att	achment H: Preventative Ma	aintenance Spreadsheet			
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Γitle VI					
Jpload your completed Att	achment I: Title VI Data Col	lection Form (Required)			
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Application Certifica	tion				
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