Capital Metro Vehicle Grant Program

Requirements and Selection Criteria

Background

Capital Metro is seeking proposals from qualified applicants for the Vehicle Grant Program. The goal of this program is to promote innovative solutions to provide services to address critical community needs as well as increase wheelchair accessible transportation options for people who have limited access to transportation.

The program will offer accessible retired MetroAccess vehicles to successful applicants that provide community-based services and transportation for the community. Vehicle trips provided through this program shall be coordinated as much as possible with existing Capital Metro services and other transportation resources in the region.

Vehicles will be distributed to organizations to reach two community goals:

1. To meet an unmet need in the community for accessible transportation, such as providing transportation to veterans, seniors, individuals with disabilities, individuals with low income, individuals with limited English proficiency or individuals with limited access to transit.

2. To provide support for organizations with innovative solutions to delivering basic needs services such as food, homelessness services, healthcare, literacy, or other community-based services.

In exchange for the vehicle(s), recipients will track the type and amount of services provided and/or vehicle trips and will provide a quarterly report to Capital Metro for a period of two years. Capital Metro will provide the reporting format.

This packet contains the application for vehicles, additional information, and selection criteria for the program.
Eligibility

Proposed projects that support Capital Metro efforts to reach the one or both community goals described above are eligible to receive vehicles through this program.

Eligible projects will be scored and ranked.

Additional Information

The vehicles are retired 2014 MetroAccess MV1 vehicles. All MetroAccess branding will be removed from the vehicles. Instead, a decal will be placed on the vehicle to acknowledge that the vehicle has been provided by Capital Metro.
• The vehicles generally carry one individual in a wheelchair and up to three ambulatory passengers.

• A commercial driver’s license (CDL) is not required to drive the vehicles.

• Average mileage of the vehicles is 230,354 miles.

• Capital Metro is not allowed to provide gifts and will not sign gift donation forms. A value is assigned to the vehicle, so appropriate taxes apply at the tax office.

• Application must clearly designate the primary applicant who will be named as buyer on vehicle title, if selected as a recipient.

• Organizations will be required to sign an interlocal agreement or a vehicle transfer agreement, whichever is more appropriate, for transfer of the van and to outline program participation requirements.

• The recipient will assume ownership of the vehicle. Capital Metro will offer the recipient one vehicle maintenance checkup annually for a period of two years. The recipient is responsible for all other maintenance of the vehicle. Capital Metro does not guarantee or warranty them.

• After the vehicle transfer, the organizations will have 14 days to provide Capital Metro with a copy of vehicle insurance and temporary tags.

• Applicant must demonstrate they have the financial and management capacity to operate, maintain and ensure granted vehicle, if selected as a recipient.

• Applicants shall not use the vehicle for political purposes, such as assisting a campaign for election or for the promotion of or opposition to any ballot proposition.
Application Schedule

| Informational Meeting: Virtual | 10:30 AM  
April 22, 2021 |
|-------------------------------|------------------|
| Applications Due              | 5:00 PM  
(Please complete electronically.) | May 12, 2021 |

Applications can be requested via email at tina.porter@capmetro.org or by calling (512) 369-6047.

The informational meeting is not mandatory, but the information received from attendance will be valuable in completing the application.

Application Submittal

Completed applications must be emailed to tina.porter@capmetro.org no later than 5:00 p.m. on Wednesday, May 12, 2021. Incomplete applications will not be scored.

Selection Criteria Summary

The selection process is competitive and involves a team review and evaluation using the criteria identified below. In addition to these specific criteria, geographic equity and diversity in population groups served will be used as balancing factors in making final selections.

Applications in the Capital Metro service area or those that coordinate or support Capital Metro services will receive additional favorability.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstrated Community Benefit*</td>
<td>45%</td>
</tr>
<tr>
<td>2. Total Number of Trips Provided or Services rendered</td>
<td>25%</td>
</tr>
<tr>
<td>3. Clarity and Quality of Application</td>
<td>10%</td>
</tr>
<tr>
<td>4. Aligns with Capital Metro’s Strategic Vision (See Appendix A)</td>
<td>10%</td>
</tr>
<tr>
<td>5. Evidence of Financial/Management Ability to Maintain Vehicle</td>
<td>10%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>
Five percent (5%) of Criteria #1: Demonstrated Community Benefit is dedicated to projects in the service area and for the support or coordination of Capital Metro services. Projects in the Capital Metro service area that support or coordinate with Capital Metro services will receive up to 5% consideration. Projects outside the service area but which coordinate or support Capital Metro services, will receive some level of consideration. Projects outside of Capital Metro’s service area which do not support or coordinate with Capital Metro services will not receive any of the five percent (5%) consideration.
Capital Metro Vehicle Grant Program Application

Section 1: General Information

1. Name of Vehicle Grant Program Manager: _____________________

2. Name of Agency/Organization: ______________________________

3. Mailing Address: __________________________________________

4. Telephone: ________________________________________________

5. Email: ____________________________________________________

6. Partner Agency/Organization: ________________________________
   Partner Agency/Organization: ________________________________

7. Type of Applicant(s) (check all that apply):
   ___Non-Profit Agency
   ___Government Agency
   ___Community Service
   ___Senior Center/Convalescent Center
   ___Church
   ___Other Organization, please specify: ________________________

8. Number of vehicles you are requesting for this program: ________

9. If applicable, please provide the following information:

   a. Documentation of 501(c)(3) status
   b. A list of the board of directors or similar governing body of the agency
   c. The most recent IRS Form 990 or similar IRS documentation
Section 2: Description of Proposed Vehicle Use

Please answer the following questions:

1. Describe the community based or transportation problem you are proposing to solve. Include in your answer the population you will serve, the area(s) of the Capital Metro service area you will serve, purpose of the services or transportation, extent of vehicle use and any other information you want us to know.

2. How many vehicle trips and community-based services do you expect to provide with the vehicle over the course of the two-year program? Please show how you arrived at your estimate and describe the basis of your projection.

   a. If the vehicle will be used to expand and existing service, estimate the annual number of new services that will be provided and/or explain how the vehicle will be used to expand service delivery.

   b. If the vehicle will replace existing service, please state the age and mileage of your current vehicle(s) and estimate the annual number of services that will be provided with the new vehicle.

   c. If the vehicle will create a new service, provide an estimate of the annual number of new services that will be provided with the vehicle.

3. How many of the vehicle trips described in Question 2 will be wheelchair accessible trips?

4. Please describe your service area and include a map of the proposed service area. Include in your answer whether a portion of the trip origin or destination will be inside the Capital Metro service area.

5. Please describe how your organization coordinates the delivery of
community-based services or transportation efforts with other community programs, community-based organizations or transportation providers.

6. To what extent does existing bus and/or paratransit service currently meet your organization’s transportation needs? If current Capital Metro service does not work for your organization, why not? To what extent does your organization use Capital Metro services?

7. Is this application in coordination with any other agencies? If yes, briefly explain how the use of the vehicle will be divided among the agencies/organizations involved. (All participating agencies/organizations are required to sign the certification and should also be identified on Page 1 of this application).

8. Describe how your agency will fund the operating expenses (fuel, periodic maintenance, repairs, insurance, etc.) for the vehicle(s) and provide information on how your agency will manage the program.
Section 3: Certification

I certify that, to the best of my knowledge, the information in this application is true and accurate and that this agency/organization has the necessary financial and managerial capability to adequately operate, maintain, and insure the vehicle for which this application is being made.

Signature of Lead Agency/Organization Board Chair/Executive Officer:

____________________________________________________
Typed Name/Title: Date:__________

Signature of Partner Agency/Organization Board Chair/Executive Officer:

____________________________________________________
Typed Name/Title: Date:____________

Signature of Partner Agency/Organization Board Chair/Executive Officer:

____________________________________________________
Typed Name/Title: Date:____________
Appendix A

Capital Metro Strategic Vision Alignment

MISSION

Capital Metro connects our community by providing people with quality transportation choices.

VISION

Capital Metro is transforming the daily lives of Central Texans by providing a robust, sustainable transportation network.

Strategic Priorities

Delivering the Mission

High Quality Customer Experience

Provide intuitive, consistently reliable, and safe service meeting the transportation needs of the community

▸ Safety & Risk
▸ Continuous improvement
▸ Dynamic change
▸ Culture of innovation

Enabling the Vision

Valued Community Partner

Demonstrate the value of public transportation to deliver a plan for future mobility

• Educate & Call to Action
• Build partnerships
• Value of transit
• Project Connect

Metrics

1. Brand reputation
2. All Transit performance score
3. Project Connect program progress
4. Organizational partner satisfaction