



**STATE OF NEW JERSEY**

**SENIOR CITIZENS & DISABLED RESIDENTS  
TRANSPORTATION ASSISTANCE PROGRAM  
JANUARY 1, 2024 – DECEMBER 31, 2024**

**&**

**FTA NON-URBANIZED AREA FORMULA PROGRAM  
(SECTION 5311)  
JANUARY 1, 2024 – DECEMBER 31, 2024**

County	Union
Name of Transportation System	Union County Paratransit System
Applicants Legal Name	County of Union
Address	10 Elizabethtown Plaza, 2 <sup>nd</sup> Floor
	Elizabeth, NJ 07207
Name & Title of Person Completing the Application	Deana Mesaros
	Division Director
Phone Number	908-659-5001
Agency Website	<a href="https://ucnj.org/dhs/accessible-transportation/">https://ucnj.org/dhs/accessible-transportation/</a>
E-Mail Address	dmesaros@ucnj.org

NJ TRANSIT  
Local Programs and Minibus Support  
One Penn Plaza East, 4<sup>th</sup> floor  
Newark, New Jersey 07105-2246  
Phone: (973) 491-8891

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## TECHNICAL CAPACITY

All applicants must demonstrate the technical capacity to carry out the services proposed. At a minimum the applicant must be able to demonstrate:

- The financial ability to perform and deliver the service applying for and awarded.
- An adequate level of staffing and grant experience and knowledge to comply with all FTA grant requirements.
- An adequate level of staffing and operational experience needed in delivering the service as per grant award.
- An adequate level of staffing and maintenance experience for performing required maintenance on vehicles used or purchased for this service.
- An adequate level of vehicles including back-up vehicles to perform the service under this program.
- An established driver training program to ensure safe and reliable service to all passengers.
- The service provided is not duplicating other services funded under FTA or other funding sources.
  - All FTA subrecipients must be part of the local Coordinated Human Services Transportation Plan (CHSTP).
- Written procedures and policies for operations, grant administration and FTA reporting requirements.
- The proposed service meets the funding requirement. (i.e.: if requesting funds under Section 5311- services must be provided in the rural area for the general public.)
  - This must be demonstrated through sample map of service and screen shot of website and marketing materials.

**While completing this application ensure that you are clearly documenting the technical capacity required to deliver this State and/or Federal funded project.**

If applicant is providing route deviation service with published timetable/schedule, please include copies of timetables.

### **Additional Requirements for all timetable/marketing materials:**

- Systems must provide a measure of distance of route deviation (i.e.: ¼ mile, ½ mile, etc.)
- Systems must provide information to the public on how to request route deviation.
- A phone number for requesting deviation in advance.
- A statement that deviation service is open to the general public.
- Title VI “Notice to Beneficiaries”
- ADA Reasonable Modification language
- Instructions on how to obtain information in alternate format or languages.
- The universal symbol of accessibility

## **PROPOSED SCHEDULE FOR CASINO REVENUE APPLICATION FOR YEAR 2024**

The following timetable is for guidance purposes only and should be used to assist you in planning the completion of your SCDRTAP application in a timely manner. NJ TRANSIT understands that dates and local procedures may vary.

### **No less than 30 days before your hearing**

By this date you should have:

- Published your public hearing notice in two different local newspapers, notice must be published at least 30 calendar days prior to hearing date.
- Sent copy of public hearing notice to all municipal clerks in county.
- Sent copy of public hearing to all interested agencies including but not limited to senior centers, nutrition sites, adult workshops, senior and disabled non-profit agencies.
- Posted large print on-board public hearing notices in your vehicles.

### **At your Public Hearing**

By this date you should have:

- Read into the public hearing record summary of 2023 (to date) grant activities and proposed 2024 SCDRTAP budget.
- Provide copies of summary of 2023 grant activities (to date) and copies of proposed 2024 budget. (should be available in alternative format upon request)

### **Fourteen (14) days After Public Hearing:**

- A copy of summary of 2024 grant activities/goals and copies of proposed 2024 grant activities/goals and budget should be placed in the main branch of the county library and/or the County Website for public review at least 14 days after the public hearing date. The County should make every effort to have a full application in the library and/or the website available. If the entire application is not available 14 days after the hearing, the county should place a copy of the proposed description of service and proposed line-item budget in the library and/or website for public review.

### **Friday, September 8, 2023**

**Application due to NJ TRANSIT.** If the full transcript of the public hearing, notarized public hearing notices and/or original Commissioner Resolution is not available by this date please note it on your cover letter and submit it as soon as available.

**Please note:** The County must meet with their local CAC to review the proposed service activities, goals, and budget for 2024. Their input and feedback should be considered in the planning process for this application.

## SECTION I – COUNTY INFORMATION

## Project Contacts/Personnel

1. Subrecipient key contacts.
- This section must be completed.**

Table 1

Name	Title	Address	Phone #	E-mail
Edward T. Oatman	Commissioner / Director	10 Elizabethtown Plaza- 6 <sup>th</sup> Fl Elizabeth, NJ 07207	908-527-4100	eoatman@ucnj.org
Karen Dinsmore	Procurement Contact	10 Elizabethtown Plaza- 2 <sup>nd</sup> Fl Elizabeth, NJ 07207	908-527-4809	kdinsmore@ucnj.org
Jason Shanley	Audit Contact	10 Elizabethtown Plaza- 5 <sup>th</sup> Fl Elizabeth, NJ 07207	908-527-4051	jshanley@ucnj.org
Claudia Martins	EEO Contact*	10 Elizabethtown Plaza- 6 <sup>th</sup> Fl Elizabeth, NJ 07207	908-527-4289	cmartins@ucnj.org
Manuel Ramirez	ADA Representative*	10 Elizabethtown Plaza- 2 <sup>nd</sup> Fl Elizabeth, NJ 07207	908-527-4432	mmramirez@ucnj.org
Stella Malpere	Title VI Representative*	10 Elizabethtown Plaza- 4 <sup>th</sup> Fl Elizabeth, NJ 07207	908-527-4230	smalpere@ucnj.org
Evelio Salermo	Safety Officer*	10 Elizabethtown Plaza- 6 <sup>th</sup> Fl Elizabeth, NJ 07207	908-527-4064	esalermo@ucnj.org
Deana Mesaros	NVRA Site Coordinator	10 Elizabethtown Plaza- 2 <sup>nd</sup> Fl Elizabeth, NJ 07207	908-659-5001	dmesaros@ucnj.org

\*Required for Section 5311, recommended for SCDRTAP

2. Provide the name, title, phone number, e-mail address and estimated percentage of their salary that will be charged to the grants. **For example:** Administrator, Operations Manager, Safety Officer. **Do not** list each individual Operator, Dispatcher, or Reservationist - list the number of these positions and percentage charged per grant.

Table 2

Staff Member		Phone #	E-mail	SCDRTAP		5311	
Name	Title			Admin %	Operating %	Admin %	Operating %
Deana Mesaros	Division Director	908-659-5001	dmesaros@ucnj.org	<10.99%			
Salma Ramirez	Clerk/typist	908-659-5000	sramirez@ucnj.org	<10.99%			
Thomas Tiplady	Diesel Mechanic	908-659-7472	Thomas.Tiplady@ucnj.org		<12.96%		
Brian Lutz	Diesel Mechanic	908-659-7472	Brian.lutz@ucnj.org		<12.96%		
3 <sup>rd</sup> Party Contractor	42 Drivers 4 Dispatchers 2 Reservationists 3 Road Supervisors				~76.05%		

3. By grant, for positions that will only be partially charged to either grant, describe how the estimated percentage of the salary to be charged to the grant was derived.

- a) Describe what mechanism(s) are used to verify the actual time that an individual spends on grant related activities.

**Every individual listed above their primary job function is Paratransit. The mechanism to verify time spent is indicated on their timesheets.**

4. Describe the methodology that is used to determine how trips are charged to each funding source or grant.

**The funding source the trips are charged to be determined by the intake person based on the information provided by the passenger during the intake process**

**Title III (Older Americans Act) – Gives preference to individuals age 60 and over, with the greatest social and economic needs and those that are impoverished, frail or vulnerable who require transportation.**

**Title XIX (Medicaid) – These trips are assigned to us through Logisticare (Modivcare) for the purpose of transporting Medicaid eligible passengers to medical providers. These providers must either participate in the Medicaid program or meet the requirements for participation.**

**Veterans Association – Provide transportation to veterans that are residents of Union County to VA hospitals and regional VA offices.**

**JARC (Job Access and Reverse Commute) – A Federally funded program to assist localities to develop new or expanded transportation services that connect welfare recipients and other low-income persons to jobs and other employment related services. Targeted to developing new or expanded services such as shuttles, vanpools, new bus routes, connector services to mass transit and guarantee ride home programs for welfare recipients and low-income persons. Also, provides transportation services to suburban employment centers from urban, rural and other suburban locations for all populations.**

**SCDRTAP (Senior Citizens & Disabled Resident Transportation Assistance Program) – Passengers that do not meet any of the above criteria but, are elderly or disabled residents of Union County are then considered qualified for transportation under this grant to medical, education, employment, shopping, recreation, nutrition sites and for bus or rail service.**

**County (subsidy funding) The Union County Board of County Commissioners contributes funding beyond what all grants and other revenues contribute that is needed to meet the expenses of the Paratransit system and the demand of remaining passengers requesting use of the Paratransit system traveling anywhere within the County.**

5. Attach an official organizational chart for those involved in your transportation program. If you contract out your service to a third-party vendor, include an organization chart for the vendor's operations. **(Attach as NJT Attachment A and B)**

**Attached NJT Attachment A & B**

6. List SCDRTAP Citizens Advisory Committee 2024 meeting dates, locations (if held online, please note which web-based application ex. ZOOM, MS Teams, etc.) and times.

**See UC Attachment 01**

7. Provide us with the names of SCDRTAP Citizen Advisory Committee Members. Indicate if the members are senior citizens, people with disabilities or consumer advocates and demographics of the board. Indicate Chairperson, and if applicable, Vice-Chairperson of Committee.

**See UC Attachment 01**



## Documents and Recordkeeping

Refer to program documents listed below that are maintained relating to program activities. Indicate which staff member(s) performs the administration and oversight of the following:

Table 3

Documents	Name and Title of Responsible Person
Grant Application / Administration	Deana Mesaros, Division Director Union County Paratransit System
Contract (w/ NJ TRANSIT)	Deana Mesaros, Division Director Union County Paratransit System
Operations/Manifest	David Messe, General Manager MPC Bus Corp. NJ
Financial Records	Alicja Baszak, County of Union Department of Finance
Procurement / Bid Documents Including RFP's	Karen Dinsmore, Assistant Director Union County Department of Human Services
Daily Pre-Trip form	David Messe, General Manager MPC Bus Corp. NJ
	Daniel Silva, Safety Manager MPC Bus Corp. NJ
Maintenance Records	Thomas Tiplady Union County Department of Motor Vehicles
	Deana Mesaros, Division Director Union County Paratransit System
Driver Training	David Messe, General Manager MPC Bus Corp. NJ
	Daniel Silva, Safety Manager MPC Bus Corp. NJ

Monthly/Quarterly Ridership Reports	Salma Ramirez Union County Paratransit System
Drug & Alcohol Data	Daniel Silva, Safety Manager MPC Bus Corp. NJ
	Deana Mesaros, Division Director Union County Paratransit System
Monitoring 3 <sup>rd</sup> Party Contractors	Deana Mesaros, Division Director Union County Paratransit System
Complaints (ADA, Title VI, Service, etc)	Manuel Ramirez, Director, Bureau of Americans with Disabilities Compliance, Union County Department of Economic Development
	Stella Malpere, Union County Office of Affirmative Action
	Deana Mesaros, Division Director Union County Paratransit System
Others:	

## Procedures for Grant Administration Reporting

1. Complete Table 4 and **only attach any policies and procedures that have been revised since the 2023 SCDRTAP/5311 application.** Please label any attachment(s) as NJT Attachment C.

Table 4

PROCEDURES/POLICIES	Date Revised
Driver Manual/Operations Manual	<b>See C1</b>
Reservation/In-take Policy (RSD procedures/policies)	<b>See C2</b>
No Show/Denial Policy	<b>See C3 *</b>
Fares/Donation Policy	<b>See C3 *</b>
Vehicle Maintenance Policy	<b>See C4</b>
Vehicle Accident Policy	<b>See C5</b>
Capital Replacement Policy	<b>See C6</b>
Third Party Monitoring Policy	<b>See C7</b>
Route Deviation Policy	<b>N/A</b>
Complaint Policy	<b>See C3*</b>
Indirect Cost Allocation Plan	<b>N/A</b>
ADA Procedures/Policy (Should Include all ADA related policies including Reasonable Modification, ADA complaint, wheelchair securement etc.)	<b>See C3*</b>
Title VI Program Non-Discrimination Policy	<b>See C3*</b>
CAC By-Laws (SCDRTAP)	<b>See C8</b>
Procurement Policy (County's)*	<b>See C9</b>
Drug and Alcohol Plan*	<b>See C10</b>
EEO Plan	<b>See C11</b>
Other:	
Other:	
Other:	

\*Required for Section 5311

## SECTION II - DESCRIPTION OF SERVICE

### Service Description

1. Describe any changes that were made (days, hours of operations) in 2022 to date.

SCDRTAP: **Hours of operation have returned to normal since the COVID-19 pandemic.**

**Hours of Operation are as follows:**

- **Regular Service: Monday – Friday 7:30 a.m.- 5:30 p.m. with available scheduling for Evening Service from 5:30 p.m.- 10:30 p.m.**
- **Saturday Service is available from 8:00 a.m. - 6:00 p.m.**
- **Sunday- Closed**

\*No changes to date for 2023\*

Section 5311:

2. Describe, in detail, the proposed project for 2024. Include type of service provided by grant type (i.e. deviated fixed route, demand response), days & hours of operation and trip purpose by funding.

SCDRTAP:

**To provide curb-to-curb transportation to seniors (60+), persons with disabilities and/or economically disadvantaged residents of Union County Monday through Friday from 7:30 a.m. to 5:30 p.m. with limited service on Saturday and evenings. We provide transportation for medical, mental health, employment, education, nutrition, shopping, recreation and bus and rail service. A fee of \$3.00 is charged per one way trip. Transportation is available on a first-come-first served basis. Group and/or evening transportation is provided by special arrangement through the administrative office by calling 908-659-5000. Veterans' transportation is provided every Tuesday and Thursday to Lyons Hospital and every Monday and Wednesday to East Orange VA Hospital. Transportation is provided daily to the veterans' clinic at Daily to the Piscataway VA Clinic.**

**\*Please refer to page 7 Question 4 for funding source detail \***

Section 5311(In and out of rural area):

## Service Operations

Describe how the following functions are performed by your system. Explain any differences between your SCDRTAP and 5311 programs.

1. Demand response reservation process:
  - a) Provide the phone number for reservations and provide the hours and days reservations are accepted. If there is more than one provider, list name, telephone number and the hours and days that they accept reservations.

**Reservations can be made Monday through Friday 8 a.m. to 4 p.m. by calling the scheduling office at 908-241-8300. First-time callers should call between the hours of 1 p.m. and 4 p.m.**

- b) What is the minimum and maximum amount of time needed to reserve a trip?  
**The minimum amount of time needed is 5 to 7 days.**  
**The maximum amount of time needed to reserve a trip is 2 weeks.**
  - c) Will you accept a same-day reservation?  
**Not typically, unless there is availability to accommodate the person's need for transportation.**
  - d) What is your agency's available hours for open appointments other than subscription trip? (For example, limited capacity from 7-10am and 3-5pm due to nutrition and/or non-competitive employment).  
**We recommend that passengers make open appointments between the hours of 10 a.m. to 2 p.m., this time frame has more availability as it is not as busy.**  
  
**Early morning and later in the afternoon are busier with limited availability, most vehicles are in use dropping off and picking up passengers from sheltered workshops and adult day care centers.**
  - e) Do you maintain a customer profile? If yes, what information is contained in this profile?  
**Yes, customer profiles consist of name, address, phone number, D.O.B., Medicaid eligible, income level, ethnicity & voter registration opportunity (required by government funding source), disability or special needs, mobility device, emergency contact name and phone number.**

- f) Do you ensure that staff understand their responsibilities and duties as employees of a voter registration agency under the NVRA?

**Yes**

- g) Do you verbally afford the opportunity to register to vote to customers during the initial intake call, recertification or change of address?

**Yes**

- h) How is customer eligibility verified for SCDRTAP?

**Eligibility is determined as the intake information is being taken for the first time by date of birth, disability, income level and status, such as Medicaid eligibility or veterans' status. Eligibility verification does not differ between seniors (60+) and/or persons with disabilities.**

- i) How is a trip identified as Section 5311 eligible?

**N/A**

- j) Name the computer routing and scheduling software product currently used for operations. Include yearly license fee/cost for this product.

**TripSpark by NOVUS - This license is obtained by our 3<sup>rd</sup> Party Contractor, MPC and is included in the contract with the County of Union.**

- k) How is the above computer routing and scheduling product used? Please check all that apply.

☒ Customer database

☒ Computer assisted routing and scheduling

☒ Generate ridership reports

- l) Describe any other computer technology used for operations. Example: mobile data terminal, global positions systems, AVL, Tablets, IVR, Cameras, Etc.

**Operators utilize tablets with NOVUS GPS, IVR and DriveCam recording system.**

- M) How does your telephone reservationist greet your customers when they call your agency? Provide word by word example of first interface customers have with your agency. i.e.: "Good Morning, thank you for calling NJ TRANSIT how can I help you?"

**Hello Union County Paratransit- How can I help you?**

**Americans with Disabilities Act (ADA) Service Provisions and Requirements**

1. Does your program have a way for customers with visual impairments waiting at a stop to know what bus has arrived? Vehicle Identification Mechanisms are required on routes where multiple vehicles always serve the same stop. Please note, it is suggested that it be done as a common passenger courtesy.  
☒ Yes      ☐ No      ☐ N/A
2. Does your program permit individuals with disabilities to travel with their service animals?  
☒ Yes      ☐ No
3. Lift and Securements
  1. Do you have securements for mobility devices on your vehicles?  
☒ Yes      ☐ No
  2. Do you service passengers whose mobility devices cannot be secured to your satisfaction on your vehicles?  
☐ Yes      ☒ No  
  
If yes, do you allow a passenger to remain in their mobility device without requiring them to transfer to another seat? (explain)  
☐ Yes      ☐ No
  3. Does your staff provide assistance with the use of lifts, ramps and securement systems?  
☒ Yes      ☐ No
  4. Do you permit individuals with disabilities who do not use a mobility device to use the lift or ramp, including standees?  
☒ Yes      ☐ No
  5. Do you allow wheelchair passengers to refuse a lap belt if all other customers are not required to use one?  
☐ Yes      ☒ No
4. Do you provide service to persons using respirators or portable oxygen?  
☒ Yes      ☐ No
5. Do you ensure adequate time for individuals with disabilities to board or disembark a vehicle?  
☒ Yes      ☐ No

6. Do you provide training to operators of deviated fixed routes and demand responsive service including training for the safe operating of the vehicles and accessibility equipment and the proper treatment of people with disabilities? Drivers and support staff should have regular sensitivity training in addition to other required driver training.
- ☒ Yes ☐ No
7. Do you make reasonable accommodations in policies, practices, or procedures when such accommodations are necessary to avoid discrimination on the basis of disability?
- ☒ Yes ☐ No
8. Do you make information about how to contact the agency to make requests for reasonable modifications readily available to the public through the same means it uses to inform the public about its policies and practices?
- ☒ Yes ☐ No
9. Did applicant make reasonable accommodations for employees and/or passengers with disabilities during the past year in accordance with Title III of the ADA? (Please make sure your Reasonable Accommodation policy is attached as part of Attachment C).

☐ Yes ☐ No If yes, explain.

**\*No requests were made**

## Service Area Details and Feeder Service

Please note rural areas are defined by US Census data. Be aware the 2020 census may impact your rural funding once results are final.

Complete the following by Grant:

1. List area you propose to serve in this application by grant.

SCDRTAP:

**Union County serves 21 municipalities: Berkeley Heights, Clark, Cranford, Elizabeth, Fanwood, Garwood, Hillside, Kenilworth, Linden, Mountainside, New Providence, Plainfield, Rahway, Roselle, Roselle Park, Scotch Plains, Springfield, Summit, Union, Westfield and Winfield Park. We transport to a 5 mile radius outside of the county Monday through Friday; anything beyond the 5 miles we transport on Monday and Wednesday for medical proposes only.**

Section 5311: (Include the specific municipalities served. Please ensure all rural area are included as these funds derived from a formula grant using population in the rural area of your county. Allocations may be altered if areas are not served)

**N/A**



2. Provide a list of relevant common sites and key trip generators, including central business districts, major employment centers, shopping centers, hospitals, social service centers and college/universities, apartment complexes, senior complexes. Indicate those that are in your 5311-service area. In addition, provide a map of your Section 5311-service area as **NJT Attachment U**.

**(Section 5311 subrecipients are required to submit a map of your 5311 service area, if you are operating a deviated fixed route service, please indicate the route on the map).**

N/A

3. Indicate if the proposed service feeds other services? (check all that apply):

Private bus service	<input type="checkbox"/> SCDRTAP	<input type="checkbox"/> 5311
List bus routes _____		
Municipal bus service	<input type="checkbox"/> SCDRTAP	<input type="checkbox"/> 5311
List municipalities _____		
County bus service	<input type="checkbox"/> SCDRTAP	<input type="checkbox"/> 5311
List bus routes _____		
County paratransit	<input type="checkbox"/> SCDRTAP	<input type="checkbox"/> 5311
List counties _____		
NJ TRANSIT train service	<input checked="" type="checkbox"/> SCDRTAP	<input type="checkbox"/> 5311
List train line & stations: <u>All train stations in Union County</u>		
NJ TRANSIT local fixed route bus	<input checked="" type="checkbox"/> SCDRTAP	<input type="checkbox"/> 5311
List route numbers: <u>All bus routes in Union County</u>		
NJ TRANSIT Light Rail	<input checked="" type="checkbox"/> SCDRTAP	<input type="checkbox"/> 5311
List train line & stations: <u>All light rail train stations in Union County</u>		
ACCESS LINK paratransit	<input type="checkbox"/> SCDRTAP	<input type="checkbox"/> 5311

As per 16:78-3.2 **Eligible Service Area:** recipients are required to provide service at least five miles beyond county boundaries under this program and are strongly encouraged to go beyond five miles if significant trip generators have been identified.

4. Does your agency provide transportation services within your county and at least five miles beyond the county boundaries?

☒ Yes      ☐ No

- a. What significant trip generators have been identified outside the county borders?

**Specialty doctors' offices and dialysis are our significant trip generators.**

- b. Do you provide non-medical out-of-county trips? If no, please explain.

**No**

- c. Does your agency place any restrictions on out of county trips? If yes, please explain

**We provide out of County trips over the five-mile limit on Monday & Wednesday only.**

- d. Does your service extend beyond the required 5 miles outside the county borders? If yes, please explain

**Monday & Wednesday for medical purposes only.**

## Service Coordination

All service providers must have in place a Coordinated Human Service Transportation Plan (CHSTP) that has been locally developed. The CHSTP may include the intercity bus needs of seniors, people with disabilities, and low-income populations. The FTA encourages the inclusion of intercity transportation in the CHSTP.

Provide the following:

1. Date last updated CHSTP: September 2018 Plans should be updated every 5 years.

Attach all addendums and/or updates to your CHSTP since 2022 to date. Attach as NJT Attachment D.

2. Please list tentative CHSTP stakeholder 2024 meetings dates, locations and times (meeting can be virtual if necessary) Meetings should be scheduled at a minimum of two times a year. Meeting must be scheduled prior to submission of this application.

December 2023

April 2024

August 2024

3. Did your Agency hold any CHSTP meeting in 2022 to Date?

☐ Yes ☒ No

If yes, please list dates of when meeting occurred

Meeting Date\_\_\_\_\_

Meeting Date\_\_\_\_\_

Meeting Date\_\_\_\_\_

Meeting Date\_\_\_\_\_

If no, please explain.

**Due to scheduling conflicts we have not been able to host a CHSTP meeting. We are exploring alternative solutions to expedite the CHSTP meeting.**

4. List all formal and informal coordination efforts with other agencies, organizations, municipalities and/or counties where **no money** is involved in Table 5. The description of the service provided should include trip purposes, customer characteristics, days, and span of hours. Submit copies of all written agreements as NJT Attachment E.

Table 5

Name of Agency	Description of Service Provided
N/A	

5. List all contracts in which you receive **funds from an agency** to provide service. Complete Table 6. The description of the service provided should include trip purposes, customer characteristics, days and span of hours. Submit copies of all written agreements as NJT Attachment F.

Table 6

Name of Agency	Contract Term	Unit Cost	Annual Revenue	Description of Service Provided
Logisticare (Modivcare)	Yearly	\$14-\$25 Per Trip	Approx.: \$15,000	Provide Medical Transportation Monday-Friday 7:30am- 5:30pm
Inroads to Opportunities	Yearly	\$6.00 Per trip	Approx.: \$12,000	Partial Care Transportation Monday-Friday 7:30am- 5:30pm
Sage	Yearly	\$6.00 Per Trip	Approx.: \$36,000	Partial Care Transportation Monday-Friday 7:30am- 5:30pm

## **Route Deviation**

1. If you operate route deviation service, explain how the trips are documented and how deviation requests are tracked.

**N/A**

2. List routes and provide data in Table 7.

**N/A**

Table 7

Route by Name	Is This Route Funded by SCDRTAP?	Is This Route Funded by 5311?	Annual One-Way Trips	Annual Total # of Times Vehicle Deviates from Route
N/A				

3. Is it your policy to announce stops at transfer points, major intersections, and destination points, at adequate intervals along a route and an individual stop upon request? This requirement must be noted in driver manual.

☐ Yes ☐ No

4. Do your vehicles have signage showing route and destination?

☐ Yes ☐ No

5. Do you allow deviation for general public passengers?

☐ Yes ☐ No

6. Do your vehicles have the universal accessibility symbol?

☐ Yes ☐ No

7. What is the allowable distance identified in your route deviation policy?

## School Bus/Charter/Incidental Use

Does your agency operate any school bus service?

☐ Yes ☒ No

Does your agency operate any service that is defined as charter?

☐ Yes ☒ No

*Charter service is defined as:*

*Transportation provided at the request of a third party for the exclusive use of a bus or van for a*

*negotiated price; or*

*Transportation provided to the public for events or functions that occur on an irregular basis or for a limited duration and:*

- *A premium fare is charged that is greater than the usual or customary fixed route fare;*  
*or*
- *The service is paid for in whole or in part by a third party*

**Please complete Attachment T; Charter Service Certification Form.**

Does your agency provide meal delivery or other incidental services?

☐ Yes      ☒ No

If yes, at what times of the day?

Do the services interfere with the provision of transit service?

☐ Yes      ☒ No

## Training

1. Have any new trainings been implemented?

☐ Yes      ☒ No

If yes, please explain.

2. Do you provide training for your Administration /Operations staff?

☒ Yes      ☐ No

If yes, list trainings and recertification requirements.

**Various mandatory safety training throughout the year.**

3. Do you and/or your third-party service provider provide training for your drivers?

☐ Yes      ☐ No

If yes, list trainings and recertification requirements.

**On the job training is provided to Administration/ Operations staff. Trainees sit with other departments to understand the entire operation. Including spending the day with a bus operator to better understand how routes work.**

4. Does your agency have a certified driver trainer on staff, or do you outsource your trainings?

**MPC provides additional trainings to their driver's in safety, ADA and customer service.**

## 2023 Short-Term Program Goals Review

Please provide in detail your status of your agency' 2023 goals and completed deliverables.

**2023- To increase the security of the Paratransit fleet.**

a.) We increased the security of our fleet by upgrading to a different security company. We still are pursuing the fencing of the property but have invested in barricades to make the property less accessible during nights. Additionally, we installed Catalytic Converters locks on County owned vehicles. We are fortunate as of today we have not had any other instances of Catalytic Converter thefts.

**2023- To safety increase ridership to target more than just medical trips.**

a.) We have marketed different types of trips and have successfully increased our recreational trips. Specifically, we are actively reaching out to organizations to transport to Union County Park's events.

**2023-To reduce County spending by securing additional grant funding.**

a.) While we have been fortunate to increase our grant funding by 6% from last year there has not been a reduction in Union County's allocation. We are experiencing an increase in trips and hourly rate from the previous year. We are working on securing additional funding to not only reduce the County allocation but to provide additional service.

## 2024 Short-Term Program Goals

List at least three goals to improve your system in grant year 2024. Include Milestones on how you will obtain these goals.

### Goal 1.

**To create new and improve existing partnerships.**

Collaboration plays a crucial role in the success and effectiveness of Paratransit. The unique and diverse needs of our seniors and individuals with disabilities require a multi-faceted approach that no single entity can fully address. Our 2024 initiative will be to increase collaboration among senior centers, disability advocacy groups, community organizations, and local municipalities. By fostering strong collaborations Paratransit services can be tailored to meet the specific requirements of passengers and create a more inclusive transportation system. Ultimately, a strong collaborative effort enables Paratransit services to identify challenges, elevate the overall quality of transportation, and promote a community where everyone can enjoy equal opportunities for mobility and independence.

**Milestones 1: Union County will host a series of listening sessions to identify the needs of community that will improve accessibility and service.**

**Milestones 2: Union County will invest in these community relationships that will lead to meaningful collaborations.**

**Goal 2.**

**To increase visibility and public awareness of the Paratransit system.**

Public awareness is of great importance in the utilization of Paratransit. Many individuals in the community may not be aware of the existence of Paratransit transportation options. Through education and outreach, our 2024 goal is to increase Paratransit's presence in the community by creating a marketing campaign. Additionally, increased awareness can lead to greater support for funding and resources, enabling the expansion and improvement of Paratransit.

**Milestones 1: Union County will create a new marketing campaign to showcase Paratransit.**

**Milestones 2: Union County will participate more outreach events to increase visibility within the community.**

**Goal 3.**

**To reduce County spending by securing additional grant funding.**

Advocacy for funding is a pivotal aspect in ensuring the continued growth and enhancement of Paratransit. Securing increased financial support is vital to meet the rising demand and evolving needs of our seniors and individuals with disabilities. By staying up to date on all Federal & State grant opportunities it is our goal to secure additional funding sources. These funding sources are essential as they enable Paratransit to provide residents who depend on it for medical transportation such as; dialysis, chemotherapy, radiation, physical therapy, prescription pick-ups, and mental health as well as education, employment, nutrition, and food shopping.

**Milestones 1: Explore additional funding options by staying up to date on grant funding opportunities.**

**Milestones 2: Find areas to increase trip efficiency resulting in more trips completed while managing cost.**



## SECTION III – BUDGET

### Program Budgets

Complete attached Excel spreadsheets for your grant year 2022 Expenditure and grant year 2024 projected budgets. Please make sure to include **ALL** funding sources. You can edit the heading to include funding sources that are not listed.

### Close-out funds

Does your agency have carry-over funds that will be added into the 2024 SCDRTAP budget? Please note close-out funds should be added to your 2024 allocation and **shown in the attached budget spreadsheet 2024 proposed budget by funding source**. Be sure that the funds were not previously requested by way of a budget modification. Also, keep in mind that if you don't indicate close-out funds in this application but later request it there is a possibility the availability of funds will be delayed.

☐ Yes      ☒ No

What Calendar year(s) carryover funds will be added to the 2024 budget? **N/A**

Provide the amount of funds that will be added. **N/A**

To what budget will you be adding your carryover funds to? **N/A**

- ☐ Operating  
☐ Administration  
☐ Capital

Describe in detail what your carryover funds will be allocated for?  
**N/A**

### Alternative Revenue Total Collected for Calendar Year 2022

1. Is a fare charged to use your 5311 service? **N/A**  
☐ Yes      ☐ No
2. Is a fare charged to use your SCDRTAP service?  
☒ Yes      ☐ No
3. Is there a donation policy to use your 5311 service? **N/A**  
☐ Yes      ☐ No

4. Is there a donation policy to use your SCDRTAP service?

☐ Yes ☒ No

5. Are funds from donations and fares placed in an account for transportation?

☒ Yes ☐ No

If no, explain.

6. Explain how donations/fares are collected.

**Fares are collected monthly; an invoice is mailed to the passenger the month following their service. All payments are accepted in the form of a check or money order only and mailed to the contracted vendor in order that their account may be credited. Passengers that fall below the Federal Health and Human Service Poverty Guidelines or are Medicaid recipients are exempt from paying a fare.**

7. Complete Table 8 with all dollar amounts earned through alternative revenue sources.

Table 8

Alternative Revenue	Revenue Collected in 2022	Revenue Projected for 2024
Fares / SCDRTAP	\$100,000.00	\$110,000.00
Fares / 5311	N/A	N/A
Donations / SCDRTAP	N/A	N/A
Donations / 5311	N/A	N/A
Advertising on vehicles	\$9,000.00	\$5,000.00
Medicaid (Modivcare)	\$17,874.90	\$20,000.00
Revenue Contracts	\$42,000.00	\$50,000.00
Other		
Other		
Total	~\$168,874.90	~ \$185,000.00

# Indirect Administrative Costs

1. By grant, do you charge indirect cost to either SCDRTAP or 5311?  
If yes, attach your approved Indirect Cost Plan as NJT Attachment G.

SCDRTAP

☐Yes ☒No

5311- **N/A**

☐Yes ☐No

What federal agency has approved your indirect cost plan for 5311?

2. Has the applicant made a change in its accounting system and/or cost rate proposed methodology, thereby affecting the previously approved cost allocation plan/indirect cost rate and its basis of application?

☐Yes ☒No

# Third Party Contracting

1. Current Third Party Contracting  
Please list all transit-related third-party purchases and contracts that were funded (i.e., transportation services, computer routing/scheduling or services, dispatching, auditing, drug and alcohol testing, legal, and marketing, vehicles, maintenance) to a third party.

Table 9 – SCDRTAP **2023\***

Name of Agency	Contract Term	Unit Cost	Annual Cost	Description of Service Purchased
MPC	2023- Year 2	\$79.26	\$4,439,194.08	Routing and scheduling

**Table 10 – 5311 2023\***

Name of Agency		Contract Term	Unit Cost	Annual Cost	Description of Service Purchased
N/A					

**2. Proposed Third Party Contracting**

Please list all transit-related third party proposed purchase and contracts that will be funded (i.e., transportation services, computer routing/scheduling or services, dispatching, auditing, drug and alcohol testing, legal, marketing, vehicles, maintenance) to a third party.

**Table 11– SCDRTAP 2024** (please make sure to include proposed CAPITAL purchases).

Name of Agency	Contract Term	Unit Cost	Annual Cost	Description of Service Purchased
MPC	Year 3	\$81.68	\$4,592,212.96	Routing and scheduling

**Table 12 – Section 5311\* 2024**

Name of Agency	Contract Term	Unit Cost	Annual Cost	Description of Service Purchased
N/A				

\*All procurements for SCDRTAP and S5311 over \$1,000 require prior approval of NJ TRANSIT, this includes service and capital procurements. Section 5311 third party contracts must include applicable federal clauses and be reviewed and approved by NJ Transit prior to advertising. All vendors with multiyear contracts under FTA programs must sign annual certifications in order to remain compliant.

## SECTION IV – PROJECT EQUIPMENT

### Vehicle Inventory

Attach a current inventory list of all vehicles in fleet using excel spreadsheet that was provided.

If possible, inventory should be sorted by oldest model year listed first.

Attach as NJT Attachment H (Use provided Excel spreadsheet)

The inventory includes:

- A. License plate number
- B. VIN
- C. Mileage
- D. Year of Purchase
- E. Funding Source
- F. Vehicle Manufacturer – (engine manufacturer) - Ford, International, Chevy, etc.
- G. Vehicle Body – when a chassis or body is altered by another manufacturer (such as Blue Bird, Champion), the company completing the alteration is considered the body manufacturer.
- H. Vehicle Model – the manufacturer's model name and/or number.
- I. Vehicle Type
  - Bus 40 ft. – large transit bus
  - Bus 35 ft. – medium transit bus
  - Bus < 30 ft. – small transit bus, 18-24 passenger
  - Bus < 30 ft. – minibus (158" WB)
  - Bus < 30 ft. – extended minibus (176" WB)
  - Automobile/Sedans – Sedan/wagons
  - Accessible minivan
  - Van
  - Sports Utility Vehicle-SUV
- J. Vehicle Length
- K. Vehicle Cost
- L. Grant Year
- M. Location
- N. Use and condition
- O. In-service Date
- P. Projected Retirement Date – *All counties should have a vehicle replacement plan*
- Q. Proposed Disposition Action (Auctioned; Active; Competitive Sale Process, Transferred, Returned to NJ TRANSIT)
- R. Fuel – DF (Diesel); GA (Gas); AF (Alternative Fuel)
- S. Floor Plan – Please include # seats; # foldaway; foldaway type; # securements. (For example: If you have a vehicle that can seat 14 and has a floor plan that seats 12 ambulatory, has one double foldaway seat that seats an additional two and one securement position up you would provide information as follows:)
  - # of seats: 12
  - # of Foldaway: 1
  - Foldaway: (seats one or two) 2
  - # of securements: 1
- T. Accessible – LF (low floor); LE (lift-equipped); NA (not accessible)
- U. Other - fill in description

## Non-Vehicle Inventory

FTA funded non-vehicle inventory, for those subrecipients who have used 5311 funds to purchase non-vehicle items. Attach as NJT Attachment I (Use provided Excel spreadsheet).

Inventory/Asset Name	Serial Number	Funding Source	Grant Year	Date of Purchase	Original Purchase Price	Maintenance Plan Required for Items over \$5,000.00*	Date Useful Life will be met
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*All items purchased with FTA funding must be tagged with grant year, funding source and date of purchase.*

## Capital Disposal 2022

1. Did the applicant dispose of any vehicles and/or equipment purchased with SCDRTAP funds in calendar year 2022(to date)?

☐ Yes ☒ No

If yes, were any vehicles and/or equipment removed from service before the end of useful life?

☐ Yes\* ☒ No

\*If yes, complete the Table 13 below

2. Did the applicant dispose of any vehicles and/or equipment purchased with Section 5311 funds in 2022?

☐ Yes ☒ No

If yes, were any vehicles and/or equipment removed from service before the end of useful life?

☐ Yes\* ☒ No

\*If yes, complete the Table 13 below

Table 13

Description of Disposed Equipment	Grant Used to Purchase Equipment			Was NJ TRANSIT notified?		Date of Notification	Amount Received if Auction or Sold	Was Supporting Documentation Submitted?		Appraised Value if Vehicle was removed prior to useful life	Name of Appraiser
	SCDRTAP	5311		Yes	No			Yes	No		

## SECTION V - PUBLIC OUTREACH

### Public Outreach Activities

1. Describe special events, presentations, conferences, articles, news coverage, reports or any other forms of media that the county participated in 2022 to-date. In addition, if applicable, any activities that may be planned for 2024.

**Union County Paratransit provides transportation services for numerous activities taking place throughout the County. We hope to increase our special trip activities by partnering with internal County offices in 2024. We are fortunate to have one of our CAC board members who is an editor for the Senior News, she often shares information about Union County Paratransit featured in the paper. Union County Paratransit participated in 2023 NJ TransAction Conference that offered informative workshops that were beneficial.**

2. Provide a list of locations of where transportation marketing materials are distributed in the service area, how often are they distributed?

**The County holds many events throughout the year including street fairs, craft shows, fishing derbies, Harvest Festival, Family Flix, Bio-Blitz, concerts in the park where Paratransit vans are used either for transporting residents or a vehicle is on display. The Commissioner Informational van attends nearly all these events and is also frequently requested by townships and local organizations. This van is a hub of information about the services offered to county residents; the "Paratransit User's Guide" in both English and Spanish along with the Route 22 Safety Shuttle brochures can be found in this van. The User's Guide is also distributed in different public offices throughout the County. (i.e. DHS, Div. on Aging, One Stop Operations, libraries).**

3. In planning public transportation services, private sector providers must be given an opportunity to express their views. How does the subrecipient allow for input on services from private operators in the service area?

**Both public transportation and private sector providers are given the opportunity to attend and make comments at SCDRTAP Public Hearing that is held annually. If unable to attend letters sent in with comments are addressed. Additionally, this year we have added a Contact Us section allowing for the public to submit comments all year. At any time throughout the year the Director can be reached to discuss any transportation issues.**

## Marketing Materials

1. Attach SCDRTAP and Section 5311 marketing materials. (i.e., system brochure, timetables, cable TV ads, advertising, mailings, newspaper articles and copies of website). Attach as NJT Attachment J
2. Do you make service information available in accessible format upon request?  
☒ Yes      ☐ No

## Public Hearing and Notification (only required for SCDRTAP funding)

Attach all documents as NJT Attachments K1-K7

1. The notice should include the location, when and where the application will be available for public review. The notice must be advertised in two different newspapers at least 30 days prior to the public hearing dates. Submit notarized copies of both public notices with application as NJT Attachment K1. **Attached- NJT Attachment K1**
2. The Public Hearing Notice must be sent to all Municipal Clerks. The Public Hearing Notice must also be sent to county organizations, agencies, and associations that serve senior citizens and people with disabilities. Submit a list of organizations that the letter was sent to as NJT Attachment K2. **Attached- NJT Attachment K2**
3. A large print of the Public Hearing Notice must be posted on all system vehicles. Notice must be posted on all vehicles at least 30 days prior to the public hearing and left on the vehicles until the date of the hearing. Submit a sample of the vehicle notice as NJT Attachment K3. **Attached- NJT Attachment K3**

## Prior and After Public Hearing Date:

1. Prior to the Public Hearing a copy of the 2024 budget and goals must be available for public review on the County Website and in the Public Library, (at least 14 days after the public hearing date). Include in the exhibit the screen shot of website and copies of correspondence requesting the posting, and/or name of the Branch, address and date copy was placed in Library as NJT Attachment K4.
2. Once your application is completed an electronic copy of the 2024 application must be placed on the county website for public review. Attach a screen shot of the county website with the link to the electronic application as NJT Attachment K5.
3. The County must meet with their local CAC to review the proposed service activities, goals and budget for 2024. Their input and feedback should be considered in the planning process for this application. Please indicate the date of this CAC meeting and include copy of meeting minute notes showing application was reviewed with CAC members as NJT Attachment K6.



4. Copies of the 2024 application (if available) or a summary of proposed activities, goals and proposed budget should be available at the public hearing.

**Yes- See K7**

5. Complete public hearing transcripts must be submitted. If not available by application due date the transcripts can be submitted after the application's filing deadline as NJT Attachment K7.

**SECTION VI - ADDENDUMS**

**SCDRTAP Maintenance of Effort (MOE) Certification**

Excerpt from Guidelines, Description and certification of Maintenance of Effort (MOE)

(a) The purpose of the Senior Citizen and Disabled Resident Transportation Assistance Program to provide for additional or expanded transportation services to senior citizens and disabled residents. Therefore, designated recipients must maintain the same level of funding for senior citizen and transportation services as prior years.

(b) In order to comply with this Maintenance of Effort (MOE) requirement, the application must contain senior citizen and disabled resident transportation non-capital expense data from the past two years prior to the implementation of the Senior Citizen and Disabled Resident Transportation Assistance Program. This data should include non-capital expenditures of the designated recipient and/or applicant and any other agency, group, or groups, which will participate in the coordinated transportation program. Data from groups joining the coordinated system since the implementation of the Senior Citizen and Disabled Resident Transportation Assistance Program must be added to the original year period immediately preceding their joining the coordinated system

Actual Maintenance of Effort for 2022	\$472,000
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Proposed Maintenance of Effort for 2024	\$472,000
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If the MOE for 2024 has increased/decreased, please explain below:

## Sample of Required SCDRTAP Application Cover Letter

Attach as NJT Attachment L

Date

Janelle Rivera, Director  
NJ TRANSIT  
Local Programs and Community Mobility  
One Penn Plaza East, 4<sup>th</sup> floor  
Newark, New Jersey 07105-2246

Dear Ms. Rivera:

The (Name of County) is hereby applying for funds under Senior Citizens & Disabled Residents Transportation Assistance Program (SCDRTAP). The approval of this grant will enable transportation services to be available to the senior citizens and disabled residents in our County. (Name of County) is requesting \$\_\_\_\_\_ for 2024. The scheduled public hearing date is \_\_\_\_\_. The application will be available at the following locations \_\_\_\_\_ as of the following date \_\_\_\_\_.

To my knowledge, all information provided in support of this application is true and correct. If you have questions or require additional information, please contact (Name and Title of Principal Organization Contact) at (Phone Number).

As the Applicant, the (Name of County) agrees to comply with all regulations and administrative guidance required for application to the Senior Citizens and Disabled Resident Transportation Assistance Program for the program year 2024. The Applicant affirms the truthfulness and accuracy of the information it has made in the statements submitted herein and any other submission made to NJ TRANSIT. In signing this document, I declare the foregoing information and any other statement made on behalf of the Applicant are true and correct.

Sincerely,

(Signature of Authorized Representative of Applicant)

Print Name

Title of Authorized Representative of Applicant

## SCDRTAP Applicant Authorizing and Supporting Resolution

Sample Text for Authorizing Resolution. Attach as NJT Attachment M.

Resolution authorizing the filing of an application to NJ TRANSIT on behalf of (Subrecipient) for a grant under the Senior Citizen and Disabled Resident Transportation Assistance Act, as amended.

WHEREAS, in 1984 the governor of New Jersey signed into law legislation creating the "Senior Citizen and Disabled Resident Transportation Assistance Act;" and,

WHEREAS, under this law Casino Tax Revenues may be utilized for the provision of elderly (60+) and disabled transportation; and,

WHEREAS, the county of (Name of County) must submit an application to NJ Transit Corporation to obtain funding in amount of \$\_\_\_\_\_ for period covering January 1, 2024 to December 31, 2024;

NOW, THEREFORE, BE IT RESOLVED BY (Name of Governing Body)

1. (Title of Subrecipient's Designated Official) shall forward one (1) original application together with one (1) certified copy of this resolution to:

NJ TRANSIT  
Local Programs & Minibus Support  
One Penn Plaza East- 4<sup>th</sup> Floor  
Newark, NJ 07105-2246; and,

2. BE IT FURTHER RESOLVED, that the (Name of Subrecipient's Designated Official) is hereby authorized to execute the necessary contractual agreements on behalf of the county of (Name of County).

## SECTION VII – 5311 ADDITIONAL ITEMS

The following are only required by Section 5311 Applicants

### **Opinion of Counsel Letter- 5311**

Sample Opinion of Counsel-Attach as NJT Attachment N

(Date)

(Name of Applicant)

(Address of Applicant)

To Whom It May Concern:

This communication will serve as the requisite opinion of counsel to be filed with NJ TRANSIT in connection with the application of Name of Applicant for financial assistance pursuant to the provisions of Section 5311 of the Federal Transit Act, as amended for administration, capital, and operating assistance project(s). The legal authority for (Name of Applicant's) ability to carry out administration, capital and/or operating assistance projects directly, by lease, contract, or otherwise is set forth below:

(Name of Applicant) is authorized to provide and assist public transportation by acquisition, construction and operation of existing or additional transit facilities. This assistance may be provided directly or by agreements with other parties.

The authority of (Name of Applicant) to provide funds for the local share of the project is set forth in (cite source and provide a copy of, for example, of the local ordinance passed by County Board of Chosen Freeholders or other governing body authorizing funding for the local share, if applicable).

I have reviewed the pertinent Federal State and local laws, and I am of the opinion that there is no legal impediment to making application for Section 5311 assistance. Furthermore, as a result of my examination, I find that there is no pending or threatened litigation or other action, which might in any way adversely affect the proposed project in the program or the ability of Name of Applicant to carry out such projects in the program.

Sincerely,

Legal Counsel

## ADA Certification of Equivalent Service

Attachment O

The **County of Union** certifies that its demand responsive/ Route Deviation service offered to individuals with disabilities, including individuals who use wheelchairs, is equivalent to the level and quality of service offered to individuals without disabilities. Such service, when viewed in its entirety, is provided in the most integrated setting feasible and is equivalent with respect to:

- (1) Response time;
- (2) Fares;
- (3) Geographic service area;
- (4) Hours and days of service;
- (5) Restrictions on trip purpose;
- (6) Availability of information and reservation capability; and
- (7) Constraints on capacity or service availability.

In accordance with 49 CFR 37.77, public entities operating demand responsive/ Route Deviation systems for the general public which receive financial assistance under 49 U.S.C. 5311 or 5307 must file this certification with the appropriate state program office before procuring any inaccessible vehicle. Such public entities not receiving FTA funds shall also file the certification with the appropriate state program office. Such public entities receiving FTA funds under any other section of the FT Act must file the certification with the appropriate FTA regional office. This certification is valid for no longer than one year from its date of filing.

Deana Mesaros

(Name of authorized official)

Division Director, Union County Paratransit System

(Title)

(Signature)

Date: \_\_\_\_\_

## Civil Rights

### Equal Employment Opportunity (EEO)

An EEO program is required if an applicant in previous Federal fiscal year (only FTA funds) - received in excess of \$1 million or planning assistance in excess of \$250,000 and has 100 or more mass transit related employees.

For the period January 1, 2022 through December 31, 2022, answer the following:

1. How many transit related employees does your agency have?  
65
2. Is the applicant required to have an EEO Program?  
☒ Yes      ☐ No
  - a. If yes, does the applicant have an approved program in place?  
☒ Yes      ☐ No
  - b. If no required program is in place, provide estimated date of completion.  
Date:
3. Were any complaints received between the period January 1, 2022 and December 31, 2022?  
☐ Yes      ☒ No

If yes, summarize complaints, any informal or formal EEO complaints (only from transit related employees) received, and describe how these complaints were addressed or resolved.

## Title VI

Does your agency have a current approved Title VI program submitted to NJ TRANSIT?

☒ Yes      ☐ No

Has your agency received any complaints, investigations or lawsuits alleging discrimination in the delivery of transportation service within the last three years?

☐ Yes      ☒ No

If yes, provide a description of the allegation and the current status and/or outcome.

Has any federal entity conducted a Title VI compliance review of your agency within the last three years?

☐ Yes      ☒ No

If yes, provide the following:

- Purpose/Reason for Review
- Name of the Agency that Performed the Review
- Summary of Findings/Recommendations
- Status and/or Disposition

Do you have any pending grant applications to other federal agencies (besides FTA)?

☐ Yes ☒ No

If yes, provide a brief description of pending applications to other federal agencies.

Has your agency had a finding of noncompliance by any other federal agency?

☐ Yes ☒ No

## Rolling Stock – N/A

Only fill Table 15 if you are purchasing rolling stock under the 5311 grant.

If you are applying for rolling stock your Section 5311 contract will be reduced for the cost of the vehicle (s). NJ TRANSIT purchases all rolling stock on behalf of our FTA subrecipients. In addition, there is a required local match of 10% for capital purchases. The subrecipient is given a choice at time of vehicle purchase to pay the 10% local match either by: 1) being invoiced by NJ TRANSIT for the 10% match or 2) if subrecipient receives SCDRTAP funds we will reduce by budget modification your SCDRTAP contract at time of purchase by an amount equal to the 10% cost of vehicle.

Table 15

	Budget Grant Approval (Shows current fleet numbers)	Amount of Change (Shows additions to fleet if expansion)	After Grant Approval (Shows final fleet total after grant is relieved)
I. Active Fleet			
A. Peak Requirement			
B. Spares			
C. Total(A+B)			
D. Spare Ratio(B/A)			
II. Inactive Fleet			
A. Contingency Reserve			
B. Pending Disposal			
C. Total (A+B)			
III. Total Fleet			
(IC + IC)			



## Fleet Replacement – N/A

If Section 5311 vehicle is being purchased is for replacement fill in this section, regardless of funding source.

Make/Model:

Year of Manufacture:

Vehicle I.D. Number (VIN):

Month/Year Placed in Revenue Service:

Accumulated Revenue Miles:

Estimated Month/Year to be Taken Out of Revenue Service:

Condition:

Original Grant Purchased Under:

**Notice to the Public on the Availability of Funds**

### Capital Public Notice Requirement

As per the FTA there must be an opportunity for public review and comment for all FTA funded capital projects. To comply with this requirement all Section 5311 subrecipients awarded a capital project (vehicle, mobility management project and/or other capital equipment) must do a public notice in a newspaper soliciting public comment. A public hearing is only required if the capital project has a significant economic, social or environmental impact in the community.

#### PUBLIC NOTICE

Notice is hereby given that \_\_\_\_\_ has made application to  
Agency Name

NJ TRANSIT for \_\_\_\_\_ to assist in providing  
How many and what type of vehicles

transportation to general public in rural areas of \_\_\_\_\_, New Jersey. This project  
List areas utilizing vehicle(s)

will be partially funded with FTA S5311 funds under a grant submitted to the Federal Transit Administration.

Any interested party who has a significant, social, economic or environmental interest is invited to provide comments within 30 days to:

(Name of Subrecipient)  
(Address)

**PLEASE NOTE:**

When returning application, please include: Original notarized copies of Public Notices that actually appeared in the newspaper on two separate days. (Raised seal not required as long as the newspapers provide a certification and proof of publication.) Attach as NJT Attachment P.

**Financial Management Systems**

1. Does the applicant have fiscal control and accounting procedures sufficient to do the following:
  - a. Permit the preparation of reports necessary to comply with program and statutory requirements.  
☒ Yes      ☐ No
  - b. Permit the tracking of funds to ensure that funds have not been used in violations of restrictions and prohibitions applicable to program.  
☒ Yes      ☐ No
2. Please describe accounting system used – include name of system.  
**The County staff rely on the County Financial System (Edmunds) to track accounts receivable and payable.**
3. Do you keep separate accounting records for this project?  
☒ Yes      ☐ No

**Suspension and Debarment- N/A**

It is the Section 5311 subrecipient's responsibility to ensure that none of their third-party contractors are debarred, suspended, ineligible, or voluntarily excluded from participation in FTA funded projects.

Has the required suspension/debarment clause been included in bid specs (services or capital) and the final contract for all third-party contracts over \$25,000 utilizing FTA Section 5311 funds? (For bid specs and contracts covering 2022-2023 contract year)  
☐ Yes      ☐ No

Prior to entering into third-party contracts over \$25,000 (services or capital) agency must review the website System for Awards Management (SAM) at [www.sam.gov](http://www.sam.gov). The new website [sam.gov](http://sam.gov) provides a more detailed profile of the vendor including disbarment, a UEI (Unique Entity Identifier) number and federal debt then previous excluded party listing system website. (Subrecipient should print screen which would show date website was checked and verify whether vendor was NOT debarred or suspended from participating in federally funded contracts.)

Did subrecipient check SAM prior to entering into a contract with vendor during 2022-2023?

☐ Yes

☐ No

If applicable, who is your Third-Party Vendor?

What is your Third-Party Vendor's Unique Entity Identification #? *(UEI # can be obtained via SAM.gov)*

Is your Third-Party Vendor an active entity?

☐ Yes

☐ No

Please include a copy of their SAM.gov profile as **Attachment V**. *(Agencies are required to confirm Third-Party active registration status on an annual basis.)*

**Local In-Kind Match and Match Source – 5311 – N/A**

Do you plan on using an in-kind match for 2024 5311?

☐Yes                      ☐No

\*If yes, what is the total amount and source(s)?

Total Amount \$ \_\_\_\_\_ Source(s): \_\_\_\_\_

\*Documentation must be submitted by applicants who indicated they would be providing an in-kind match in period. Provide breakdown of proposed match dollars in Table 16.

\*Documentation must be submitted by applicants who indicated they would be providing an in-kind match in period **January 1, 2024, to December 31, 2024.**

Provide breakdown of proposed match dollars in Table 16.

Table 16

Funding Match Source	Match Amount 5311
Local Funds: (list)	
State Funds: (list) (i.e., Human Service funding)	
Revenue Contracts (list) (i.e., vehicle advertising contracts list indicate revenue source/contracts used as match)	
Federal (Non-FTA)	
SCDRTAP funding	
In-Kind (list)	
Other specify	

**5311 Budget Request**  
**FTA Non-Urbanized Area Formula Program (Section 5311)**  
**January 1, 2024 - Dec 31, 2024**  
**Project Budget Request (include Match)**

Table 14

Operating	Budget Request
Total Operating (should include total budget for this program)	
(-Fares)	
(-Donation)	
Total Operating	
Administrative	Budget Request
Total Administrative	
Capital	Budget Request
Total Capital	
GRAND TOTAL	

## **Special Section 5333(b)**

The attached Special Warranty and the procedures incorporated therein represent the understandings of the Department of Labor and the Department of Transportation with respect to the formula Grant Program for Areas Other Than Urbanized Areas (C.F.R. U.S.C. Section 5311)

The Department of Transportation will make this Special Warranty a part of the contract of assistance between the U. S. Department of Transportation and each state agency designated to receive and administer funds under Section 5311 of the Urban Mass Transportation Act of 1964, as amended.

The Secretary of Labor has found that the terms and conditions of the Special Warranty meet the requirements of Section 5333(b) of the Urban Mass Transportation Act of 1964, as amended. Accordingly, the Secretary of Labor hereby makes the certification that inclusion of these terms and conditions in formula grant contract for small urban and rural program grants meets the requirements of Section 5311 of the Urban Mass Transportation Act of 1964, as amended.

### **A. General Application**

The Public Body (A) agrees that, in the absence of waiver by the Department of Labor, the terms and conditions of this warranty, as set forth below, shall apply for the protection of the transportation related employees of any employer providing transportation services assisted by the Project (Recipient), and the transportation related employees of any other surface public transportation providers in the transportation service area of the project.

The Public Body shall provide to the Department of Labor and maintain at all times during the Project an accurate, up-to-date listing of all existing transportation providers which are eligible Recipients of transportation assistance funded by the Project, in the transportation service area of the Project, and any labor organizations representing the employees of such providers.

Certification by the Public Body to the Department of Labor that the designated Recipients have indicated in writing acceptance of the terms and conditions of the warranty arrangement will be sufficient to permit the flow of Section 5311 funding in the absence of a finding of non-compliance by the Department of Labor.

### **B. Standard Terms and Conditions**

The Project shall be carried out in such a manner and upon such terms and conditions as will not adversely affect employees of the Recipient and of any other surface public transportation provider in the transportation service area of the Project. It shall be an obligation of the Recipient and any other legally responsible party designated by the Public Body to assure that any and all transportation services assisted by the Project are contracted for and operated in such a manner that they do not impair the rights and interest of affected employees. The term a Project, as used herein, shall not be limited to the particular facility, service, or operation assisted by Federal funds, but shall include any changes, whether organizational, operational, technological, or otherwise, which are a result of the assistance provided. The phrase "as a result of the Project," shall when used in this arrangement, include events related to the Project occurring in anticipation of, during, and subsequent to the Project and any program of efficiencies or economies related thereto; provided, however, that volume rises and falls of business, or changes in volume and character of employment brought about by causes other than the Project (including any economies or efficiencies unrelated to the Project) are not within the purview of this arrangement.

An employee covered by this arrangement, who is not dismissed, displaced or otherwise worsened in his position with regard to his employment as a result of the Project, but who is dismissed, displaced or otherwise worsened solely because of the total or partial termination of the Project, discontinuance of Project services, or exhaustion of Project funding shall not be deemed eligible for a dismissal or displacement allowance within the meaning of paragraphs (6) and (7) of the Model agreement or

applicable provisions of substitute comparable arrangements.

- (a) Where employees of a Recipient are represented for collective bargaining purposes, all Project services provided by that Recipient shall be provided under an in accordance with any collective bargaining agreement applicable to such employees which is then in effect.
- (b) The Recipient or legally responsible party shall provide to all affected employees sixty (60) days notice of intended actions which may result in displacements or dismissal or rearrangements of the working forces. In the case of employees represent by a union, such notice shall be provided by certified mail through their representatives. The notice shall contain a full and adequate statement of the proposed changes, and an estimate of the number of employees affected by the intended changes, and the number and classifications of any jobs in the Recipient=s employment available to be filled by such affected employees
- (c) The procedures of this subparagraph shall apply to cases where notices involve employees represented by a union for collective bargaining purposes. At the request of either the Recipient or the representatives of such employees' negotiations for the purposes of reaching agreement with respect to the application of the terms and conditions of this arrangement shall commence immediately. If no agreement is reached within twenty (20) days from the commencement of negotiations, any party to the dispute may submit the paragraph (4) of this warranty. The foregoing procedures shall be complied with and carried out prior to the institution of the intended action.

For the purpose of providing the statutory required protections including those specifically mandated by Section 5333(b) of the Act, the Public Body will assure as a condition of the release of funds that the Recipient agrees to be bound by the terms and conditions of the National (Model) Section 5333(b) Agreement executed July 23, 1975, identified below<sup>2</sup>, provided that other comparable agreements may be substituted therefore, if approved by the Secretary of Labor and certified for inclusion in these conditions.

Any dispute or controversy arising regarding the application, interpretation, or enforcement of any of the provisions of this arrangement which cannot be settled by and between the parties at interest within thirty (3) days after the dispute or controversy first arises, may be referred by any such party to any final and binding disputes settlement procedure acceptable to the parties, or in the event they cannot agree upon such procedure, to the Department of Labor or an impartial third party designated by the Department of Labor for final and binding determination. The compensation and expenses of the impartial third party, and any other jointly incurred expenses shall be borne equally by the parties to the proceeding and all other expenses shall be paid by the party incurring them.

In the event of any dispute as to whether or not a particular employee was affected by the Project, it shall be his obligation to identify the Project and specify the pertinent facts of the Project relied upon. It shall then be the burden of either the Recipient or other party legally responsible for the application of these conditions to prove that factors other than the Project affected the employees. The claiming employee shall prevail if it is established that the Project had an effect upon the employee even if other factors may also have affected the employee.

The Recipient or other legally responsible party designated by the Public Body will be financially responsible for the application of these conditions and will make the necessary arrangements so that any employee covered by these arrangements, or the union representative of such employee, may file claim of violation of these arrangements with the Recipient within sixty (60) days of the date he is terminated or laid off as a result of the Project, or within eighteen (5311) months of the date his position with respect to his employment is otherwise worsened as a result of the Project. In the latter case, if the events giving rise to the claim have occurred over an extended period, the 18-month limitation shall be measured from the last such event. No benefits shall be payable for any period prior to six (6) months from the date of the filing of any claim.

Nothing in this arrangement shall be construed as depriving any employee of any rights or benefits which such employee may have under existing employment or collective bargaining agreements, nor shall this arrangement be deemed a waiver of any rights of any union or of any represented employee derived from any other agreement or provision of federal, state or local law.

In the event any employee covered by these arrangements is terminated or laid off as a result of the Project, he shall be granted priority of employment or reemployment to fill any vacant position within the control of the Recipient for which he is, or by training or retraining within a reasonable period can become qualified. In the event training or retraining is required by such employment or reemployment, the Recipient or other legally responsible party designated by the Public Body shall provide, or provide for, such training or retraining at no cost to the employee.

The Recipient will post, in a prominent and accessible place, a notice stating that the Recipient has received federal assistance under the Urban Mass Transportation Act and has agreed to comply with the provisions of Section 5333(b) of the Act. This notice shall also specify the terms and conditions set forth herein for the protection of employees. The Recipient shall maintain and keep on file all relevant books and records in sufficient details as to provide the basic information necessary to the proper application, administration, and enforcement of these arrangements and to the proper determination of any claims arising thereunder.

Any labor organization which is the collective bargaining representative of employees covered by these arrangements, may become a party to these arrangements by serving written notice of its desire to do so upon the Recipient and the Department of Labor. In the event of any disagreement that such labor organization represents covered employees, or is otherwise eligible to become a party to these arrangements, as applied to the Project, the dispute as to whether such organization shall participate shall be determined by the Secretary of Labor.

In the event the Project is approved for assistance under the Act, the foregoing terms and conditions shall be made part of the contract of assistance between the federal government and the Public Body or Recipient of federal funds; provided, however, that this arrangement shall not merge into the contract of assistance, but shall be independently binding and enforceable by and upon the parties thereto, and by any covered employee or his representative, in accordance with its terms, nor shall any other employee protective agreement merge into this arrangement, but each shall be independently binding and enforceable by and upon the parties thereto, in accordance with its terms.

#### **C. Waiver**

As a part of the grant approval process, either the recipient or other legally responsible party designated by the Public Body may in writing seek from the Secretary of Labor a waiver of the statutory required protections. The Secretary will waive these protections in cases, where at the time of the requested waivers, the Secretary determines that there are no employees of the Recipient or of any other surface public transportation providers in the transportation services area who could be potentially affected by the Project. A 30-day notice of proposed waiver will be given by the Department of Labor and in the absence of timely objection; the waiver will become final at the end of the 30-day notice period. In the event of timely objection, the Department of Labor will review the matter and determine whether a waiver shall be granted. In the absence of waiver, these protections shall apply to the Project.



**5333(b) Certification Letter**

Attach as NJT Attachment Q

Date:

Janelle Rivera, Director  
NJ TRANSIT  
Local Programs and Community Mobility  
One Penn Plaza East, 4<sup>th</sup> floor  
Newark, New Jersey 07105-2246

Dear Ms. Rivera:

The (Name of Applicant) has made application to NJ TRANSIT and the Federal Transit Administration pursuant to Section 5311 of the Federal Transit Act, as amended for a mass transportation grant to assist in the reimbursement of operating and/or non-operating expenses for the period January 1, 2024, to December 31, 2024.

The (Name of Applicant) agrees that in the absence of a waiver by the Department of Labor, the terms and conditions of the Special Section 5333(b) Warranty shall apply for the protection of the employees of any employer providing transportation service assisted by the Project, and the employees of any other surface public transportation providers which are eligible recipients, in the transportation service area of the Project. The Warranty arrangement shall be made part of the contract of assistance and shall be binding and enforceable by and upon the parties thereto, by any covered employee or his representative.

Additionally, pursuant to Section (A) of the Special Section 5333(b) Warranty, included with this submission is a listing of all transportation providers in the geographic area of our project and any labor organizations representing the employees of such providers.

Sincerely,

Signature of Authorized Representative  
Title

## Listing of Operators and Union Representatives

As part of the 5333(b) warranty process applicants must submit an accurate and up-to-date listing of all existing transportation providers in the Section 5311 service area of the project. Applicants must also include any labor organizations representing such providers. A complete statewide list (**Exhibit C**) is submitted by NJ TRANSIT to the US Department of Labor. Do not include NJ TRANSIT as a transportation provider in your area.

Submit all changes on Table 19 below (include any additions, deletions or changes to the transportation providers listed in Exhibit C – do not retype information from or on Exhibit C). Note if a (D)eleletion, (A)ddition or (C)hange to the Exhibit by adding a (D), (A) or (C) after the name of the provider in the first column. If “no changes” indicate that below.

To assist you we also included a list of major private for-profit transportation providers in the state on Exhibit A. Take note that other organizations including taxi and private non-profit organizations may provide transportation and have union representation as well and should be listed.

Note to applicant – include your county and indicate if there is a driver union.

Table 19

Other Transportation Providers in Section 5311 Service Area	Name of Union	Union Address	Union Phone Number	E-Mail Address of Union

Sample of Required S5311 Application Cover Letter

Attach as NJT Attachment R

Date

Janelle Rivera, Director  
NJ TRANSIT  
Local Programs and Community Mobility  
One Penn Plaza East, 4<sup>th</sup> floor  
Newark, New Jersey 07105-2246

Dear Ms. Rivera:

The (Name of Applicant) is hereby applying for a grant under FTA Section 5311 of the Federal Transit Act, as amended. The approval of this grant will enable public transportation services to be available to the small urban and rural residents of our service area.

(Name of Applicant) is requesting Non-Operating and/or Operating Assistance for the period **January 2024- December 2024**. The total amount of federal and state funds requested is as follows:

<b>January 2024- December 2024</b>	<b>OPERATING</b>	<b>NON-OPERATING</b>
FTA Section 5311 Funds:		
State match funds:		
Local match funds:		
Total:		

To my knowledge, all information provided in support of this application is true and correct. If you have questions or require additional information, contact Name and Title of Principal Organization Contact and Phone Number.

Sincerely,

(Signature of Authorized Representative of Applicant)

Print Name  
Title of Authorized Representative of Applicant

## **5311 Applicant Authorizing and Supporting Resolution**

The applicant must also attach a supporting resolution in the application if any portion of the Applicant's local match comes from another organization, municipality, government entity or other funding source. Below is Sample Text for Authorizing Resolution. Attach as NJT Attachment S

Resolution authorizing the filing of an application to NJ TRANSIT and the Department of Transportation, United States of America, on behalf of (Subrecipient) for a grant under the Federal Transit Act, as amended.

WHEREAS, the Secretary of Transportation is authorized to make grants for a general public transportation program of projects in other than urbanized areas under Section 5311 of the Federal Transit Act, as amended;

WHEREAS, the grant for financial assistance will impose certain obligations upon the Subrecipient (Legal Name of Applicant), including the provision of the local share of the project costs in the program;

WHEREAS, it is required by the U.S. Department of Transportation in accordance with the provisions of Title VI of the Civil Rights Act of 1965, that in connection with the filing of an application for assistance under the Federal Transit Act, as amended, the Subrecipient gives an assurance that it will comply with Title VI and EEO requirements of the Civil Rights Act of 1964 and U.S. Department of Transportation requirements; and

WHEREAS, the Subrecipient is required to adhere to the requirements as specified in the U.S. Department of Transportation's Minority Business Enterprise (MBE) regulation set forth in 49 C.F.R. Part 23, Subpart D.

NOW, THEREFORE, BE IT RESOLVED BY (Name of Governing Body)

1. That (Title of Applicant's Designated Official) is authorized to execute and file an application on behalf of Subrecipient (Legal Name of Applicant) with NJ TRANSIT who as the Designated Recipient will apply to the U.S. Department of Transportation requesting aid in the financing of administration, capital and/or operating assistance projects pursuant to Section 5311 of the Federal Transit Act, as amended.
2. That (Title of Applicant's Designated Official) is authorized to execute and file with such applications and assurance or any other document required by the U.S. Department of Transportation effectuating the purposes of Title VI and EEO requirements of the Civil Rights Act of 1964.
3. That (Title of Applicant's Designated Official) is authorized to set forth and execute affirmative minority business policies pursuant to 47 C.F.R. Part 23, Subpart D.
4. That (Title of Authorized Representative) is authorized to furnish such additional information as the U.S. Department of Transportation may require in connection with the application.
5. That (Title of Applicant's Designated Official) is authorized to execute grant agreements on behalf of Legal Name of Applicant for aid in the financing of the administration, capital and/or operating assistance.
6. That (Governing Body of Applicant) hereby authorize the amount of (\$ amount) be obligated as the local share required under the provisions of the grant application.

**NJT Attachment T - CHARTER SERVICE COMPLIANCE CERTIFICATION**

This certification must be submitted annually to NJ TRANSIT's Department of Local Programs by each subrecipient who operates vehicles and/or receives federal funds under any Federal Transit Administration (FTA) Program administered by NJ TRANSIT. This form confirms your Charter activity for the prior calendar year.

<https://www.transit.dot.gov/regulations-and-guidance/access/charter-bus-service/charter-bus-service-regulations-0>

☒ N/A – My agency does not engage in any charter activities as defined in 49 CFR part 604

\*Agency Name Union County Paratransit

\* Must type Agency Name (whether you check N/A above)

Signature \_\_\_\_\_

Print Name of Authorized Official \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Subrecipients and their contractors, are prohibited from using federally-funded equipment or facilities to provide charter service, except on an incidental basis; and then, only when one or more of the six exceptions set forth in the charter service regulation in 49 CFR Section 604.9 (b) apply. Other conditions include recovering the fully allocated cost of the service and putting the revenues earned back into your transportation Program.

**The following are the limited exceptions when a subrecipient may provide charter service:**

- **Official government business;**
- **Qualified Human Service Organizations (elderly, persons with disabilities, and low income individuals);**
- **When no registered charter provider responds to a notice sent by a subrecipient;**
- **Leasing (must exhaust all available vehicles first);**
- **By agreement with all registered charter providers;**
- **Petitions to the Administrator: Events of regional or national significance, or hardship.**

If charter service is provided under one of these exceptions, please complete below:

**Charter Service Certification:**

As required by FTA regulations, (name of county) hereby certifies that it is in compliance with 49 CFR part 604 which states that subrecipients of FTA assistance that provided charter services must comply with the FTA Charter Regulations. This includes posting charter service requests on the FTA's Register Charter Provider Website. This further certifies that the subrecipient has documented each and every use of the equipment awarded by NJ TRANSIT for charter service including the customer, dates, times, equipment identification, trip origin, and destination.

**Location of Charter Service Records:**

The records for charter service operated by the above-named subrecipient during the calendar year mentioned above are currently maintained at the following address:

**I hereby make the above certifications and state that I am an authorized official of the county.**

Print name: Deana Mesaros

Title: Division Director, Union County Paratransit System

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Exhibit A – A List of Private Bus Operators Serving New Jersey

<p>Aristocrat Limo &amp; Bus Co.</p> <p>354 Kingston Road Parsippany, NJ 07054 973-887-2726 Fax: 973-884-1880 Mr. Robert Wright Mrs. Brenda Baxter Safety Director: Richard Wright</p>	<p>Atlantic Express Coachways, Inc.</p> <p>7 North Street Staten Island, NY 10302 718-556-8078 FAX: 718-556-8042 Ms. Laura Cagnetta Safety Director: Mr. Ron Caruso</p>	<p>Ayan Travel, Inc.</p> <p>149 17<sup>th</sup> Avenue Elmwood Park, NJ 07407 973-340-8750 FAX: 973-340-8759 E-MAIL: <a href="mailto:ayanbus@yahoo.com">ayanbus@yahoo.com</a> Ms. Beverly Corasio</p>
<p>Bestway Coach Express, Inc.</p> <p>2 Mott Street Suite 705 New York, NY 10013 212-608-8988 FAX: 212-608-9169 E-MAIL: <a href="mailto:info@bestwaycoach.com">info@bestwaycoach.com</a> WEBSITE: <a href="http://www.bestwaycoach.com">www.bestwaycoach.com</a> Mr. Wilson Cheng Mr. Kelvin Chan</p>	<p>Camptown Bus Lines, Inc.</p> <p>126-140 Frelinghuysen Avenue Newark, NJ 07114-1633 973-242-6100 FAX: 973-242-4123 E-MAIL: <a href="mailto:camptownbus@verizon.net">camptownbus@verizon.net</a> Mr. Thomas M. Zambolla</p>	<p>Carefree Bus Tours</p> <p>45 Somerset Place Clifton, NJ 07017 1-800-640-9429 973-778-4000 FAX: 973-778-4610 E-MAIL: <a href="mailto:CBL4000@aol.com">CBL4000@aol.com</a> Mr. Paul Lenoir</p>
<p>Classic Tours/Classic Cruisers, Inc.</p> <p>1533 Prospect Street Lakewood, NJ 08701 732-657-1144 FAX: 732-367-8233 By request only Mr. Mark R. Waterhouse</p>	<p>Coachman International Tours, Inc.</p> <p>P.O. Box 8328 Haledon, NJ 07538 201-398-9855 FAX: 201-398-9855 EMAIL: <a href="mailto:coachmanintl@optonline.net">coachmanintl@optonline.net</a> Mr. Richard Jaeger Ms. Pauline Wolthouse, VP</p>	<p>Coastal Coach</p> <p>603 Whildam Ave N. Cape May, NJ 08204 609-602-2271 FAX: 609-345-5300 E-MAIL: <a href="mailto:tidi03@aol.com">tidi03@aol.com</a> Mr. Tim Generale</p>
<p>Express Tours, Inc/Golden Express</p> <p>15 Division Street 3<sup>rd</sup> Floor New York, NY 10002 212-966-8433 FAX: 212-343-7207 Mr. Richard Chow Ms. May Chow</p>	<p>Greyhound Lines, Inc.</p> <p>3104 Pacific Avenue Atlantic City, NJ 08401 609-345-5921 FAX: 609-345-5927 Mr. Nate Karp E-MAIL: <a href="mailto:nkarp@greyhound.com">nkarp@greyhound.com</a></p>	<p>Infinity Tours, Inc.</p> <p>6013 Al Ventura Road Wallington, NJ 07057 201-507-5055 FAX: 201-507-5001 Ms. Mary Ann Kamrowski Safety Director: Mr. Tom Boyle</p>
<p>Jay/Nay Travel</p> <p>PMB 106-621 Beverly Rancocas Road Willingboro, NJ 08046 609-877-7127 FAX: 609-877-7546 E-MAIL: <a href="mailto:sales@jayandnaytravel.com">sales@jayandnaytravel.com</a> WEBSITE: <a href="http://www.jayandnaytravel.com">www.jayandnaytravel.com</a> Mr. John Mills Ms. Renee Mills</p>	<p>Lakeland Bus Lines, Inc.</p> <p>PO Box 898 425 E. Blackwell Street Dover, NJ 07802-0898 973-366-0600 Ext. 632 FAX: 973-366-8012 E-MAIL: <a href="mailto:ttaylor@lakelandbus.com">ttaylor@lakelandbus.com</a> WEBSITE: <a href="http://www.lakelandbus.com">www.lakelandbus.com</a> Mr. Tom Taylor Ext. 632 Mr. Tom Graves</p>	<p>Leprechaun Lines, Inc</p> <p>100 Leprechaun Lane New Windsor, NY 12550 845-565-7900 FAX: 845-565-1220 E-MAIL: <a href="mailto:fgallagher@leprechaunlines.com">fgallagher@leprechaunlines.com</a> Mr. Frank Gallagher</p>
<p>Lion Trailways</p> <p>Hornet and Ranger Roads Rio Grande, NJ 08242 609-889-0925 FAX: 609-889-0033 E-MAIL: <a href="mailto:info@lionbus.com">info@lionbus.com</a> WEBSITE: <a href="http://www.lionbus.com">www.lionbus.com</a> Mr. Nick Paglione</p>	<p>Martz Lines</p> <p>239 Old River Road Wilkes-Barre, PA 18702 570-821-3838 FAX: 570-821-3813 E-MAIL: <a href="mailto:shenry@martzgroup.com">shenry@martzgroup.com</a> WEBSITE: <a href="http://www.martzgroup.com">www.martzgroup.com</a> Mr. Scott E. Henry</p>	<p>Passaic Valley Coach Lines</p> <p>71 River Road Chatham, NJ 07928-1930 973-635-2374 FAX: 973-635-0199 E-MAIL: <a href="mailto:www.wayne@passaicvalleycoach.com">www.wayne@passaicvalleycoach.com</a> WEBSITE: <a href="http://passaicvalleycoach.com">passaicvalleycoach.com</a> Mr. Wayne Braunwarth</p>
<p>Peter Pan Bus Lines</p> <p>25 County Avenue Secaucus, NJ 07094 201-866-6001 FAX: 201-866-6234</p>	<p>Raritan Valley Bus Service</p> <p>PO Box 312 Metuchen, NJ 08840-0312 732-549-1212 FAX: 732-549-1168</p>	<p>Safety Bus</p> <p>7200 Park Avenue Pennsauken, NJ 08109 856-665-2662 FAX: 856-665-0658</p>

## 2024 SCDRTAP & 5311 Application

E-MAIL: <a href="mailto:frank@peterpanbus.com">frank@peterpanbus.com</a> WEBSITE: <a href="http://www.peterpanbus.com">www.peterpanbus.com</a> Mr. Frank Farrow	E-MAIL: <a href="http://www.raritanvalleybus.com">www.raritanvalleybus.com</a> Mr. Steve Yelencsics Mr. Steve Yelencsics, Jr.	Mr. Thomas Dugan, Jr.
Sheppard Bus Service 35 Rockville Road Bridgeton, NJ 08302 856-451-4004 FAX: 856-453-1620 E-MAIL: <a href="mailto:john@sheppardbus.com">john@sheppardbus.com</a> Mr. John Sheppard Mr. Ken Sheppard	Starr Tours 2531 E. State Street Trenton, NJ 08619 609-587-0626 FAX: 609-587-3052 E-MAIL: <a href="mailto:msussman@starrtours.com">msussman@starrtours.com</a> Mr. Mitchell Sussman	Stout's Charter Service, Inc. 20 Irven Street Trenton, NJ 08638 609-883-8891 FAX: 609-883-6682 E-MAIL: <a href="mailto:vivian@stoutsbus.com">vivian@stoutsbus.com</a> WEBSITE: <a href="http://www.stoutsbus.com">www.stoutsbus.com</a> Mr. Harry Stout Mr. Shawn Stout
Trans-Bridge Lines 2012 Industrial Drive Bethlehem, PA 18017 610-868-6001 Ext. 122 FAX: 610-868-9057 WEBSITE: <a href="http://www.transbridgebus.com">www.transbridgebus.com</a> Mr. Tom JeBran Mr. Len Marzen	Travelynk, INC 52 Bailly Drive Burlington, NJ 08016 201-232-0563 FAX: 201-232-0563 Michael Rodriguez	Triple D Travel PO Box 3208 Hamilton, NJ 08619 609-631-0200 FAX: 609-631-0047 Mr. David A. Tenney
Trolley Tours, Inc. 216 North Main Street (Route 9) PO Box 418 Forked River, NJ 08731-0418 609-971-6699 800-468-0446 FAX: 609-971-6341 E-MAIL: <a href="mailto:ronaldfaillace@hotmail.com">ronaldfaillace@hotmail.com</a> WEBSITE: <a href="http://www.trolleytoursinc.net">www.trolleytoursinc.net</a> Ronald R. Faillace, President	Vanderhoof Transportation 18 Wilfred Street West Orange, NJ 07052 973-325-0700 FAX: 973-669-9639 WEBSITE: <a href="http://www.evanderhoof.com">www.evanderhoof.com</a> Mr. Edward Vanderhoof	Via Bus 19 Tilton Street Hammonton, NJ 08037 609-567-7705 800-890-4756 FAX: 609-567-2328 Mr. Glenn Davis
Villani Bus Company 811 East Linden Avenue Linden, NJ 07036 908-862-3333 FAX: 908-474-8058 Mr. Dee Villani	Coach USA Northeast Region 349 First Street Elizabeth, NJ 07206 908-354-3330 FAX: 908-994-9338 E-MAIL: <a href="mailto:john.emberson@coachusa.com">john.emberson@coachusa.com</a> Mr. John Emberson	Community Coach 160 South Route 17 North Paramus, NJ 07652 201-225-7515 FAX: 201-225-7590 E-MAIL: <a href="mailto:jon.nguyen@coachusa.com">jon.nguyen@coachusa.com</a> Jon Nguyen
Olympia Trails 349 First Street Elizabeth, NJ 07206 908-354-3330 ext. 232 FAX: 908-994-9355 E-MAIL: <a href="mailto:jim.rutherford@coachusa.com">jim.rutherford@coachusa.com</a> Mr. Jim Rutherford	Rockland Coaches 180 Old Hook Road Westwood, NJ 07675 201-263-1254 ext. 418 FAX: 201-664-8036 E-MAIL: <a href="mailto:david.gee@coachusa.com">david.gee@coachusa.com</a> Mr. David Gee	Short Line/Hudson Transit/Coach USA 4 Leisure Lane Mahwah, NJ 07430 201-529-3666 ext. 1036 FAX: 201-529-0221 E-MAIL: <a href="mailto:mailto:Christine.Falzone@coachusa.com">mailto:Christine.Falzone@coachusa.com</a> George Grieve WEBSITE: <a href="mailto:george.grieve@coachusa.com">george.grieve@coachusa.com</a> Mr. George Grieve
Suburban Transit 750 Somerset Street New Brunswick, NJ 08901 732-249-1100 ext. 201 FAX: 732-545-7015 WEBSITE: <a href="mailto:ronald.kohn@coachusa.com">ronald.kohn@coachusa.com</a> Mr. Ronald Kohn	MPC Bus corp 320 Nassau Blvd, Garden City, NY 11530 718-647-2988-3600 FAX: 718-235-8075 E-MAIL: <a href="mailto:avona@totalbuscompany.com">avona@totalbuscompany.com</a> Mr. Augustino Vona	

## Exhibit B – Designated Leads for Human Services Transportation Coordination Plan

County	Lead	E-mail	Phone Number
Atlantic	Ms. Maribel Pabon	<a href="mailto:pabon_maribel@aclink.org">pabon_maribel@aclink.org</a>	609-645-7700 x4058
Bergen	Mr. Joseph Cinque	<a href="mailto:jcinque@co.bergen.nj.us">jcinque@co.bergen.nj.us</a>	201-336-3391
Burlington	Mr. Jerry Kilkenney	<a href="mailto:jkilkenney@co.burlington.nj.us">jkilkenney@co.burlington.nj.us</a>	609-265-5597
Camden	Ms. Carol Miller	<a href="mailto:cmiller@sjta.com">cmiller@sjta.com</a>	856-427-0988
Cape May	Mr. Dan Mulraney	<a href="mailto:dmulraney@co.cape-may.nj.us">dmulraney@co.cape-may.nj.us</a>	609-889-3700 x107
Cumberland	Ms. Barbara Nedohon	<a href="mailto:barbarane@co.cumberland.nj.us">barbarane@co.cumberland.nj.us</a>	856-453-2220
Essex	Mr. Michael Viera	<a href="mailto:michaelmvsr@aol.com">michaelmvsr@aol.com</a>	973-395-8418
Gloucester	Ms. Lisa Cerny	<a href="mailto:lcerny@co.gloucester.nj.us">lcerny@co.gloucester.nj.us</a>	856-686-8362
Hudson	Ms. Darice Toon	<a href="mailto:dtoon@hcnj.us">dtoon@hcnj.us</a>	201-369-5280 x4231
Hunterdon	Ms. Tara Shepherd	<a href="mailto:Tshepherd@gohunterdon.org">Tshepherd@gohunterdon.org</a>	908-788-5553
Mercer	Mr. Martin DeNero	<a href="mailto:mdenero@mercercounty.org">mdenero@mercercounty.org</a>	609-530-1970 x17
Middlesex	Mr. Stanley Subjinski	<a href="mailto:Stanley.Subjinski@co.middlesex.nj.us">Stanley.Subjinski@co.middlesex.nj.us</a>	732- 745-4029
Monmouth	Ms. Kathy Lodato	<a href="mailto:kathleen.lodato@co.monmouth.nj.us">kathleen.lodato@co.monmouth.nj.us</a>	732-577-6731
Morris	Ms. Christine Hellyer	<a href="mailto:chellyer@co.morris.nj.us">chellyer@co.morris.nj.us</a>	973-285-6858
Ocean	Mr. David Fitzgerald	<a href="mailto:dfitzgerald@co.ocean.nj.us">dfitzgerald@co.ocean.nj.us</a>	732-736-8989 x235
Passaic	Mr. Michael Parra	<a href="mailto:michaelp@passaiccountynj.org">michaelp@passaiccountynj.org</a>	973-305-5763/5758
Salem	Mr. Matthew Goff	<a href="mailto:Matthew.goff@salemcountynj.gov">Matthew.goff@salemcountynj.gov</a>	856-339-8622
Somerset	Mr. John Adair	<a href="mailto:Jadair@co.somerset.nj.us">Jadair@co.somerset.nj.us</a>	908-231-7116
Sussex	Ms. Christine Florio	<a href="mailto:cflorio@sussex.nj.us">cflorio@sussex.nj.us</a>	973-940-5200x1381
Union	Ms. Deana Mesaros	<a href="mailto:dmesaros@ucnj.org">dmesaros@ucnj.org</a>	908-659-7412
Warren	Ms. JanMarie McDyer	<a href="mailto:jmcdyer@co.warren.nj.us">jmcdyer@co.warren.nj.us</a>	908-475-6080



## SECTION VIII- COMPLETE APPLICATION CHECKLIST OF DOCUMENTS

The following documents are to be attached to this application.

<input checked="" type="checkbox"/>	NJT Attachment A	Organizational Chart
<input checked="" type="checkbox"/>	NJT Attachment B	Vendor Organization Chart (if applicable)
<input checked="" type="checkbox"/>	NJT Attachment C	Policies and Procedures
<input checked="" type="checkbox"/>	NJT Attachment D	CHSTP Addendums/Updates
<input checked="" type="checkbox"/>	NJT Attachment E	CHSTP Written Agreements (if applicable)
<input checked="" type="checkbox"/>	NJT Attachment F	Contracts Program receives funds from (if applicable)
<input type="checkbox"/>	NJT Attachment G	Indirect Cost Plan (if applicable) <b>N/A</b>
<input checked="" type="checkbox"/>	NJT Attachment H	Vehicle Inventory (use spreadsheet provided)
<input type="checkbox"/>	NJT Attachment I	Non-Vehicle Inventory (5311 only) <b>N/A</b>
<input checked="" type="checkbox"/>	NJT Attachment J	Marketing Materials
<input checked="" type="checkbox"/>	NJT Attachment K1	Notarized Copies of Public Notice
<input checked="" type="checkbox"/>	NJT Attachment K2	List of Organizations for Public Hearing Notice
<input checked="" type="checkbox"/>	NJT Attachment K3	Large Print Vehicle Notice
<input checked="" type="checkbox"/>	NJT Attachment K4	Library Public Notice Information
<input checked="" type="checkbox"/>	NJT Attachment K5	Website Screen Shot Public Notice
<input checked="" type="checkbox"/>	NJT Attachment K6	CAC Meeting Public Notice
<input checked="" type="checkbox"/>	NJT Attachment K7	Public Hearing Transcript
<input checked="" type="checkbox"/>	NJT Attachment L	SCDRTAP Application Cover Letter
<input checked="" type="checkbox"/>	NJT Attachment M	SCDRTAP Resolution
<input type="checkbox"/>	NJT Attachment N	Opinion of Counsel Letter (5311 only) <b>N/A</b>
<input checked="" type="checkbox"/>	NJT Attachment O	ADA Certification of Equivalent Service
<input type="checkbox"/>	NJT Attachment P	Capital Public Notice (5311 only if applicable) <b>N/A</b>
<input type="checkbox"/>	NJT Attachment Q	5333(b) Certification Letter (5311 only) <b>N/A</b>
<input type="checkbox"/>	NJT Attachment R	5311 Application Cover Letter <b>N/A</b>
<input type="checkbox"/>	NJT Attachment S	5311 Resolution <b>N/A</b>
<input checked="" type="checkbox"/>	NJT Attachment T	Charter Service Compliance Certification
<input type="checkbox"/>	NJT Attachment U	Section 5311 Service Map (5311 only if applicable) <b>N/A</b>
<input checked="" type="checkbox"/>	NJT Attachment V	SAM. gov Screenshot

☒ 2022 Actual Expenditures/2024 Proposed Budget

**Excel Spreadsheet attachments**

- 2022 Actual Expenditures by funding source/ 2024 Proposed budget by funding source
- NJT Attachment H Vehicle Inventory
- NJT Attachment I Non-Vehicle Assets **N/A**

**Exhibits:**

- **Exhibit A:** List of Private Bus Operators Serving New Jersey
- **Exhibit B:** Designated Leads for Human Services Transportation Coordination Plan
- **Exhibit C:** Transportation Providers and Labor Representatives Spreadsheet 2023