**AGENCY NAME/DBA (both)**

**NAME OF PLAN**

**COUNTIES COVERED**

|  |  |  |
| --- | --- | --- |
|  | **PAGE #** | **CABINET USE ONLY** |
| 1. **4(Four) Main Points of Plan** |  |  |
| * An assessment of available services that identifies current transportation providers (public, private, and nonprofit) |  |  |
| * An assessment of transportation needs of individuals to be served with the funding sought, that is, persons with disabilities, older adults, and people with low incomes |  |  |
| * Strategies, activities, and/or projects to address the identified gaps between current services and needs, as well as opportunities to improve efficiencies in service delivery |  |  |
| * Priorities for implementation based on resources (from multiple program sources), time, and feasibility for implementing specific strategies and/or activities |  |  |
|  |  |  |
| 1. **Identified Stakeholders** |  |  |
| * Local Officials |  |  |
| * Community Based Organizations |  |  |
| * Public Transit Providers |  |  |
| * State and Local Human Service Agencies |  |  |
| * Transportation Consumers |  |  |
| * State and Local Transportation Planning Agencies |  |  |
| * Other Stakeholders |  |  |

|  |  |  |
| --- | --- | --- |
| 1. **Initial Meeting** |  |  |
| * Date |  |  |
| * Other Meeting(s) |  |  |

|  |  |  |
| --- | --- | --- |
| 1. **Establish Commitments and Form Partnerships** |  |  |
| * Formal Agreement among Participants |  |  |

|  |  |  |
| --- | --- | --- |
| 1. **Specify Goals, Objectives, Constraints, and Priorities** |  |  |
| * For 5310 |  |  |

|  |  |  |
| --- | --- | --- |
| 1. **Jointly Identify Client Needs** |  |  |
| * Elderly |  |  |
| * Disabled Persons |  |  |
| * Persons with Low Income/Welfare Recipients (optional) |  |  |

|  |  |  |
| --- | --- | --- |
| 1. **Identify Transportation Resources (list shared resources)** |  |  |

|  |  |  |
| --- | --- | --- |
| 1. **Design Detailed Service and Financial Options** |  |  |

|  |  |  |
| --- | --- | --- |
| 1. **Select and Recommend a Plan of Action** |  |  |

|  |  |  |
| --- | --- | --- |
| 1. **Describe Competitive Selection Process** |  |  |

|  |  |  |
| --- | --- | --- |
| 1. **Documentation to Confirm Agency and Community Commitments** |  |  |

|  |  |  |
| --- | --- | --- |
| 1. **Develop Implementation and Funding Plan for Selected Alternative** |  |  |

|  |  |  |
| --- | --- | --- |
| 1. **Ranking/Funding Criteria Included** |  |  |

|  |  |  |
| --- | --- | --- |
| 1. **Project Budget Included** |  |  |

|  |  |  |
| --- | --- | --- |
| 1. **Executed Plan** |  |  |
| * Executed Date(s) |  |  |
| * Signature Page |  |  |
| * Board/Committee |  |  |

|  |  |  |
| --- | --- | --- |
| **Comments** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Signature Title Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State/OTD Project Manager Signature Title Date