**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
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|  |  |  |
| 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
 |  |  |

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

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

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| 1. **Specify Goals, Objectives, Constraints, and Priorities**
 |  |  |
| * For 5310
 |  |  |
| * For 5311 JARC Activities (optional)
 |  |  |

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

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| 1. **Identify Transportation Resources (list shared resources)**
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| 1. **Design Detailed Service and Financial Options**
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| 1. **Select and Recommend a Plan of Action**
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| 1. **Describe Competitive Selection Process**
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| 1. **Documentation to Confirm Agency and Community Commitments**
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| 1. **Develop Implementation and Funding Plan for Selected Alternative**
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| 1. **Ranking/Funding Criteria Included**
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| 1. **Project Budget Included**
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| 1. **Executed Plan**
 |  |  |
| * Executed Date(s)
 |  |  |
| * Signature Page
 |  |  |
| * Board/Committee
 |  |  |

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| **Comments** |  |  |
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Agency Signature Title Date

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State/OTD Project Manager Signature Title Date