



New Hampshire Department of Transportation

STATE FY 2015

PUBLIC TRANSPORTATION GRANT APPLICATION: PART I

5339 Bus and Bus Facilities Program

AGENCY NAME: _____

TOTAL FEDERAL FUNDS REQUESTED FOR AGENCY (all projects):	\$
TOTAL LOCAL MATCH REQUIRED:	\$

HOW TO APPLY

1. Complete Agency Summary Information on following pages.
2. Complete “sfy15_nhdot_5339_appl_partII” Excel spreadsheet, including summary tab and “project details” tabs for each separate project.
3. Use attachment checklist to ensure application is complete. Incomplete applications will be returned to the applicant for revision.
4. Ensure signature is included once completed.
5. Submit electronic copies of all required plans and documents with application via email to Fred Butler, Public Transportation Administrator, at: fbutler@dot.state.nh.us

Contact Information:

Fred Butler
Public Administrator, Bureau of Rail & Transit
NH Department of Transportation
7 Hazen Dr.
Concord, NH 03302
tel: (603) 271-2565
fbutler@dot.state.nh.us



3. **TRAINING**

Provide a brief summary of your agency’s training program for transportation staff and the current status of training activities.

4. **SAFETY**

Provide a brief summary of your agency’s safety plan for your transportation program.

5. **AGENCY SERVICE LEVEL INFORMATION**

Provide the following information for all services your agency provides (not just this project)

Agency-wide Information	SFY 14 (actual)	SFY 15 (projected)	SFY 16 (projected)
	(July 2013-June 2014)	(July 2014-June 2015)	(July 2015-June 2016)
Revenue Vehicle Hours			
Revenue Vehicle Miles			
Passenger Trips			

Revenue Hours and Miles: total for all vehicles used in the agency’s passenger transportation programs

Passenger Trips: total of one-way trips (individual passenger boardings) for all agency programs

Total # of agency vehicles: _____

END OF SUMMARY SECTION



ATTACHMENTS CHECKLIST

ALL requests also require:

	Label	Description
	1	Completed project spreadsheet (“sfy15_nhdot_5339_project_info.xlsx”)
	2	Letters of commitment of matching funds
	3	Public Notice of grant application
	4	List of Board of Directors with affiliations if any
	5	Agency capital plan identifying requested capital item
	6	Recommended but not required: Letters of support, analyses from studies, etc.

VEHICLE requests also require:

	Label	Description
	7	Bus Schedule and fare information
	8	Service Area map indicating population density for project area(s). Map may be obtained from regional planning agencies
	9	Vehicle inventory (unless already on file at NHDOT)
	10	Seating diagram
	11	(If expansion vehicle) Description of proposed expansion, including source of operating funds

8. SIGNATURE

I certify that to the best of my knowledge the information in this application is true and accurate and that this organization has the necessary fiscal, legal and managerial capability to implement and manage the project associated with this application.

(Must be signed by someone with authority to sign contracts on behalf of your organization.)

Signature: _____ Date: _____

Printed Name: _____

Title: _____

Agency: _____