

2024 OC EMSD Program Project Nomination – Operating Projects

Complete Application Checklist for OPERATING Projects <i>All Attachment files should be clearly named prior to upload.</i>	
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General Information

Agency (Applicant) Legal Name:	City of Costa Mesa		
Physical Address (No P.O. Box):	77 Fair Drive		
City, County, ZIP:	Costa Mesa, Orange, 92626		
Applicant Contact Name:	Kevin Stoddart		
Applicant Contact Title:	Senior Recreation Supervisor		
Email:	kevin.stoddart@costamesaca.gov	Phone:	714-327-7561
Alternate Contact:	Enyelber Franco		
Alternate Email:	Enyelber.franco@costamesaca.gov	Phone:	714-327-7544
Application Type: <i>Please indicate Capital or Operating</i>	Capital & Operating		
Project Title:	Senior Taxi Program		
Phase of Work that request would support (New Services, Service Expansions, Service Restoration, Mobility Management, Driver and Travel Related Trainings, and First-and-Last Mile Connections, etc.) Be sure to include a brief description for each item:	Service Continuity		
Brief Project Description – Include an explanation of the type of service, management, training, or connections being provided with applicable details:			
Total EMSD Request	\$ 228,000		
Total Project Cost (Match included)	\$ 285,000		
Application Priority to applicant agency:	Priority 1 of 1		

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Part I – Applicant Profile

Agency Information

Briefly describe your agency’s purpose and program. Include days and hours of the operation of your transportation program and the services your agency currently provides or intends to provide. Supporting documentation must be attached (e.g., agency brochure). *Attachment 1 included?* Yes No

The City of Costa Mesa Senior Center Senior Taxi Program is funded through the Orange County Transportation Authority (OCTA) Project U funds, a 20% match from the City’s general fund, and a \$75,000 grant from Hoag Hospital to provide transportation through contractor California Yellow Cab (CYC) to eligible seniors living in the City of Costa Mesa. The program is offered at no-cost to eligible Senior Center members, Monday through Friday between 8a.m. to 4p.m. (excluding observed holidays).

Agency Geographic Area

Service Area (briefly indicate areas served by proposed project, additional detail should be provided in the required map attachment)

Transportation requests are restricted to the City’s boundaries, except for non-emergency medical rides. The Senior Taxi Program also provides transportation to non-emergency medical appointments within the City of Costa Mesa and to medical facilities outside of the City including: Anaheim, Fountain Valley, Garden Grove, Huntington Beach, Irvine, Midway City, Newport Beach, Orange, Santa Ana, Tustin, Westminster and the Long Beach VA.

Please attach a clear and high-quality map delineating the service boundaries of your agency and relevant to this application. *Attachment 2 included?* Yes No

Applicant Profile

Provide the total number of clients currently served by the agency, and provide a breakdown of those who are seniors, disabled, or a wheelchair user. **If a client can be identified in more than one category, choose the one category that is most limiting to the client.** A client is counted only once. For example, an elderly person who uses a wheelchair would be counted **once**, as a wheelchair user.

A person with disabilities is someone of any age who is not able to use fully accessible public fixed-route services, whether temporarily or on a long-term basis, regardless of whether they need to use a wheelchair.

Race/Ethnicity/National Origin information is collected for reporting purposes.

Total number of clients currently served by your agency’s transportation program (do not duplicate or double count)		Race/Ethnicity/National Origin served by your program by percentage. (Total 100%)	
Number of seniors	337	American Indian & Alaska Native	0.6 %
Number of individuals w/disabilities	565	Asian	9.2 %
Number of wheelchair/lift users	144	Black or African American	1.0 %
TOTAL NUMBER OF CLIENTS	1,046	Hispanic or Latinx	10.5 %
		Native Hawaiian & Pacific Islander	0.5 %
		Middle Eastern or North African	1.3 %
		White & European American	55.8 %
Total number of wheelchair/lift clients divided by clients	14 %	All Other	21 %
		Specified Race:	%
		TOTAL MUST BE 100%	100 %

Annual Operating Budget

Estimated Income	
a. Passenger Revenue:	\$ 0

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b. Other Revenue:	\$ 0
c. Total Grants ¹ , Donations, Subsidies from Other Agency Funds:	\$ 201,000
TOTAL INCOME	\$
Estimated Expenses	
a. Wages, Salaries and Benefits (non-maintenance personnel)	\$ 0
b. Maintenance & Repair (salaries and estimated costs for current and requested vehicles/equipment)	\$ 0
c. Fuels	\$ 0
d. Casualty & Liability Insurance	\$ 0
e. Administrative & General Expense	\$ 0
f. Other Expenses (e.g., materials & supplies, taxes)	\$ 0
g. Contract Services (specify): California Yellow Cab taxi service	\$ \$360,000
TOTAL EXPENSES	\$ \$360,000

Operating Fund Sources

Operating Fund Sources	Prior Year	Current Year	Next Year
a. Hoag Hospital Grant	\$ \$50,000	\$ \$75,000	\$ 75,000
b. M2 Project U	\$ \$126,000	\$ \$126,000	\$ 132,000
c. City's General Fund	\$ 31,500	\$ 31,500	\$ 63,000
d.	\$	\$	\$
TOTAL OPERATING			\$ 270,000

Audited Financial Statement

Attach a copy of your agency's **current** (i.e., within the last 2 years) **audited financial statement** showing no instance of non-compliance as an attachment. Provide a summary of the results/findings. *Attachment 3 included?* Yes No

The City of Costa Mesa's 2023 Annual Comprehensive Financial Report is attached.

Title VI and ADA Requirements and Complaints

Describe any lawsuits or complaints against your **entire agency** within the last year alleging Title VI discrimination on the basis of race, color, or national origin, and/or any lawsuits or complaints in regard to the Americans with Disability Act. At a minimum, please include the date and description of complaint(s) or lawsuit(s), and current status. **A written response is required.** N/A is not an acceptable response.

The City of Costa Mesa has had no lawsuit against it for non-compliance with Title VI.

Project Need

The Orange County Enhanced Mobility for Seniors and Disabled (EMSD) grant program is intended to enhance the mobility of seniors and individuals with disabilities by providing local transportation funding to meet the transportation needs of seniors beyond traditional public transportation and individuals with disabilities.

1. **Check the appropriate box below as applicable. One box must be checked.**

Insufficient: Available public transportation and paratransit services are insufficient to meet the needs of the target population or equipment needs replacement to ensure continued service (i.e., service at capacity; service

¹ Grants in this instance does not include this grant request.

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parameters, routes, hours and/or needs are not met due to eligibility and/or trip criteria; projected future need; lack of or need of additional accessible vehicles, etc.).

Inappropriate: Target population has needs that are difficult or impossible to serve on available public transportation and/or paratransit.

Existing Transit Service

2. Please describe how existing public transit or paratransit, including fixed-route, ADA complementary paratransit and private paratransit does not meet the needs of your senior and disabled clients.

There are no known public transit services that provide door to door transportation at no cost to a service area as large as the City's non-medical transportation service area with a booking time of 48 hours or less in advance. The combination of free transportation in a large service area with taxi cabs and California Yellow Cab's quality customer service has caused the program to grow beyond current funding sources.

3. Describe the transportation needs of seniors and individuals with disabilities to be served by the proposed project. **This is an** assessment of transportation needs for individuals with disabilities or seniors which may be based on the experience and perceptions of the planning partners or on more sophisticated data collection efforts, and gaps in service. *Attachment 4 included?* Yes No

The Coordinated Plan Section speaks about the growing population of older adults and frail older adults. With the increase population something that has become popular for this group is age-in-place. Which means older adults are choosing to remain in their local areas. This is causing an increase in local trip programs. With frail older adults, long trip times and the need for door-through-door transportation programs has seen an increase in demand.

2024 OC EMSD Program Project Nomination – Operating Projects Part II – Funding Request

Funding Request Summary

Step 1: Check and complete the funding request summary form below to summarize all projects proposed under the operating project category. If you are requesting multiple projects under a category, please make copies of the tables for each project as applicable.

- Mobility Management
- Operating Assistance

Step 2: Complete and attach a separate project budget for each of your proposed projects.

Are you a current recipient of any of the following funds?

FTA 5310
 Jobs Access and Reverse Commute/New Freedom
 Senior Mobility Program (Project U)
 Community Circulator (Project V)
 Other: _____

Have you also submitted a Capital Project application under this year’s EMSD grant program? Yes No

Application Funding Request Summary – Note: Fill in once remaining section is completed

Project Component	Total Project Cost (Request + Match)	Match	Match % ²	Funding Request ³ (Total - Match)	Indirect Cost (10% maximum)	Contingency (5-10%)
Operating Assistance	\$ 285,000	\$ 57,000	0 %	\$ 228,000	\$ 0	\$ 22,800
Mobility Management	\$ N/A	\$ N/A	N/A %	\$ N/A	\$ N/A	\$ N/A
TOTAL	\$ 285,000	\$ 57,000	0	\$ \$228,000	\$	\$ 22,800

Please note that the total funding request per applicant may not exceed \$1.5 million.

Proposed Local Match Source for Operating Requests

Project Component	Local Match Amount (consistent with previous table)	Local Match Sources
Operating Assistance	\$57,000	City’s General Fund
Mobility Management	N/A	

Requested Programming Year

Please indicate in which Fiscal Year (FY) funding is planned to be requested. Note that applicants may request programming funds for FY 2024/25, 2025/26, or 2026/27 **ONLY** (fiscal years ending June 30). See the Timely-Use of Funds Section of the guidelines for more information.

Operations Programing FY Request	FY 24/25-25/26
Mobility Management Programming FY Request	FY N/A

² 20% minimum for Operating Assistance and 10% for Mobility Management.

³ Up to 80% (for Operating Assistance) or 90% (for Mobility Management) of project cost or no greater than \$1 million – funding request should consider indirect and contingency costs, not to exceed a combined \$1 million.

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Detailed Mobility Management and Operating Assistance Funding Requests

Funding Request for Mobility Management (MM) ⁴			
Scope:			
<i>Include service period.</i>			
Activity	Brief Description	Cost	
		\$	
		\$	
		\$	
		\$	
	Subtotal	\$	
Indirect Costs – Activity	Brief Description	Cost	
		\$	
		\$	
		\$	
		\$	
	Indirect Subtotal (No greater than 10% of the total project cost)	\$	
	Contingency Line Item (to account for changes due to cost increases, project delays, etc..) 5-10%	\$	
TOTAL REQUEST FOR MOBILITY MANAGEMENT		\$	

Funding Request for Operating Assistance (OA) ⁴			
Scope:			
Requesting operating assistance to fund the City of Costa Mesa’s Senior Medical Transportation program at its current capacity in order to keep the program free of charge to the City’s qualifying seniors.			
Activity	Brief Description	Cost	
Non-Emergency Medical Transportation FY 24/25 – FY 25/26	Free door to door transportation for non-emergency medical appointments from Costa Mesa to non-emergency medical appointments in the aforementioned operational area beginning January 2025 through the end of FY 25/26, for a total of 18 months. Anticipated monthly cost is \$20,000 per month. Requesting EMSD operating support to fund 13.5 of this 18 month period, with the remainder to be covered by the existing annual grant from Hoag Hospital, which is estimated at \$112,500 for the aforementioned 18 month period.	\$	\$360,000
Non-medical Transportation FY 24/25 – FY 25/26	Cost of providing non-medical rides for all other allowable purposes under M2 Project U within the boundaries of the City of Costa Mesa. Non-medical transportation will not be funded by any EMSD grant.	\$	\$270,000
		\$	
		\$	
	Subtotal	\$	\$630,000
Indirect Costs – Activity	Brief Description	Cost	
		\$	
		\$	

⁴ The maximum request amount per applicant for operating type projects is \$1,000,000 for two years of service operations, that is either for mobility management or operating assistance or a combination of the two. The total maximum applicant request for capital and operating combined is \$1.5 million.

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		\$	
		\$	
	Indirect Subtotal (No greater than 10% of the total project cost)	\$	
	Contingency Line Item (to account for changes due to cost increases, project delays, etc..) 5-10%	\$	\$22,800
	TOTAL REQUEST FOR OPERATING ASSISTANCE	\$	\$285,000
	TOTAL COST OF PROJECT⁵	\$	\$630,000

General Questions

1. Indicate the type(s) of proposed transportation service for the project. (Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Expansion of existing paratransit service beyond the minimum requirements of ADA
<input type="checkbox"/> New or continuation of paratransit service beyond the minimum requirements of ADA
<input type="checkbox"/> Expansion of an existing mobility management project
<input checked="" type="checkbox"/> First and last mile trips | <input type="checkbox"/> New mobility management project
<input type="checkbox"/> Expansion of existing driver and/or travel training project
<input type="checkbox"/> New driver and/or travel training project |
|---|--|

2. Is the proposed project an expansion of current service supported by a prior funding award from OCTA?

No Yes – Provide grant program and agreement number:

3. Does your agency intend to use a third-party contractor for the proposed project service?

No Yes

3a. If yes, is your contract on file with OCTA?

N/A No Yes – If yes, Provide the name of the vendor and agreement number below:

3b. If yes, what is the operating period of the existing third-party service contract?

N/A

What was the service period:

3c. Is there a written option in the contract to extend beyond the base years?

N/A No Yes – Identify page/paragraph number:

⁵ Total project cost will include Local Match + Mobility Management and/or Operating Assistance Request(s) + Contingency Cost + Indirect Costs

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Part III – Scored Questions

A. Goals and Objectives (10 Points)

1. Briefly describe a detailed project description. Please include service operating period (up to a maximum of two years of service) Provide the following information as it pertains to this project – information can be found at <https://www.census.gov/quickfacts/fact/table/US/PST045219>. (3 Points – 3-High, 2-Medium, 1-Low)

- a. Total Population (number of people) in Your Service Area: **108,354** people.
- b. Number of Eligible Individuals with Disabilities Served by This Project: **1,046** people.

The City currently operates an existing program through a combination of grant funding and General Fund dollars. Funding will be exhausted by February 2025 at current ridership levels, which makes the funding of this application even more vital to the continuity of services for our elderly and disabled community members.

2. Briefly describe how your proposed project is consistent with the goals and objectives of the EMSD grant program for Operating Projects as stated in the Program Goals of the Application Instructions. Specify how your proposed project is included in the current Orange County Public Human Services Transportation Coordination Plan (Coordinated Plan) by referencing the relevant goal, objective and/or strategy. (Indicate the section/page numbers). A copy of the Coordination Plan is available for review at: <https://www.octa.net/pdf/HumanServicesTransportation.pdf>. (5 Points – 5-High, 4-Medium-High, 3-Medium, 2-Medium-Low, 1-Low)

This program aligns with the stated EMSD program goals through support of local agencies providing service within their communities. This will serve to continue services that our aging and disabled community significantly rely upon without imposing fees or reductions in service. Additionally, funding this important service will avoid gaps in mobility, aligning with Page 72 of the Orange County Public Human Services Transportation Coordination Plan’s stated goal of restoring and enhancing the specialized public transit network to meet the needs of the target populations in a post covid-19 environment.

3. Explain how the project meets the program requirement of providing transportation related activities and/or service beyond those required by the ADA. Describe how the project increases or enhances the availability of transportation of the targeted population. (2 Points – Appropriate, 1-Adquate, 0-Inadequate)

Currently the Costa Mesa Senior Center offers a door-through-door service program free of charge for residents of Costa Mesa ages 60 and older. The purpose of the program is to allow participants to integrate themselves back into the community and to keep themselves out of isolation at home. The program is available to give rides in the attached service area and operates from Monday through Friday from 8 a.m.-4 p.m. Under the agreed upon service plan with OCTA and the City of Costa Mesa, the program is available to provide ride requests for the Costa Mesa Senior Center, medical appointments, nutrition, shopping, personal care, and social/recreation rides to include amusement parks, aquarium/zoo, beach/park, community-cultural events, education/employment, family-friends, funeral/memorial service, government office/service, library/museum/historical site, movies/theater/concert, religious institutions, restaurants, sporting/fitness, transit center/hub.

B. Project Implementation (15 Points)

1. For Operating Assistance projects, describe your operational plan that includes defined routes, schedules, current/projected ridership, key personnel, and marketing strategies. For Mobility Management projects, describe your implementation plan that includes project tasks timeframes, benchmarks, key milestones, key personnel, deliverables and estimated completion dates. Attach supporting documentation to substantiate this plan(s). (8 Points – 8-High, 6-Medium-High, 5-Medium, 4 Medium-Low, 2-Low) *Attachment 6 included?* Yes No

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Currently, eligible members of the City’s Senior Taxi Program may book rides with 48 hours notice. All rides are free and operate in the aforementioned and attached service area. In January 2023, the program was providing a combined total of approximately 700 rides per month between both medical and non-medical components of the program. In May 2024, the program provided approximately 2,200 rides. The senior population in Costa Mesa has seen steadily growing for the past decade and doesn’t show signs of plateauing or declining. In an attempt to capture this increasing population the Senior Center does periodic outreach through its in-house licensed social worker and distribution of the Center’s monthly Newsletter which features a write up about the transportation program. With the marketing efforts, increasing senior population, and the want/need for social/recreational rides, the Costa Mesa Senior Center is providing a level of service that cannot be sustained without additional funding.

2. Please describe how your current services have met your prior performance goals and objectives. How is this project proposal different than what is existing, and what do you intend to accomplish with the new funding?
(7 Points – 7-High, 5 to 6-Medium-High, 4-Medium, 2 to 3-Medium-Low, 1-Low)

Prior transportation service demand was sufficiently funded by M2 Project U funding, the City’s match, and a grant from Hoag Hospital. The City’s operational model for the Senior Taxi Program is totally free, has a huge service area, and rides can be scheduled on short notice. This has caused the program to expand beyond the annual budget. The EMSD grant will allow current medical ridership levels to remain where they are, with no impact to the cost or the boundaries. If ridership continues to expand beyond the levels funded through this grant, the city will implement more restrictive boundaries on non-emergency medical rides more in line with the operation of SMP programs from surrounding cities in Orange County.

C. Program Performance Indicators (10 Points)

1. Please provide the performance measures and objectives for your proposed project(s) below. Check and complete applicable project category. (2 Points – Appropriate, 1-Adquate, 0-Inadequate)

Operating Assistance Annual Performance Measures and Objectives		
Existing Service		
<input checked="" type="checkbox"/> <i>Current Geographic Coverage</i>	Number of one-way trips per day:	Approximately 42 medical rides per day
<input checked="" type="checkbox"/> <i>Current Service Hours/Days</i>	Number of new miles (one-way) on weekdays:	No new miles
<input checked="" type="checkbox"/> <i>Current System Capacity</i>	Number of new miles (one-way) on weekends:	No weekend operation
<input type="checkbox"/> <i>Current access/Connections</i>		
Service Expansion		
<input type="checkbox"/> <i>Current Geographic Coverage</i>	Number of one-way trips per day:	N/A
<input type="checkbox"/> <i>Current Service Hours/Days</i>	Number of new miles (one-way) on weekdays:	N/A
<input type="checkbox"/> <i>Current System Capacity</i>	Number of new miles (one-way) on weekends:	N/A
<input type="checkbox"/> <i>Current access/Connections</i>		
Mobility Management		
<input type="checkbox"/> <i>Mobility Management</i>	Number of customer contacts:	N/A
	Number of one-way trips:	N/A
<input type="checkbox"/> <i>One Stop Center/Customer Referral</i>	Number of customer contacts:	N/A
<input type="checkbox"/> <i>Trip/Itinerary Planning</i>	Number of customer contacts:	N/A
<input type="checkbox"/> <i>One-on-One Travel Training</i>	Number of people trained	N/A
<input type="checkbox"/> <i>Group Training</i>	Number of people trained:	N/A
<input type="checkbox"/> <i>Internet-Based Information</i>	Number of web hits:	N/A
<input type="checkbox"/> <i>Information Materials/Marketing</i>	Description of materials/distribution:	N/A
<input type="checkbox"/> <i>Driver Training</i>	Number of drivers trained:	N/A

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2. Identify the performance measures/indicators to track the effectiveness of your project and include the number of people you anticipate being served, and the number and purpose of trips that the project will provide (and other measurable units of service). Include the desired outcome (impact) that the project will have on the target community. (5 Points – 5-High, 4-Medium-High, 3-Medium, 2-Medium-Low, 1-Low)

The program is currently providing non-emergency transportation to qualifying seniors in the aforementioned operational area. Approximately 800 to 1000 rides are provided per month at a cost of approximately \$20,000. The EMSD grant will help sustain this level of ridership for non-emergency medical rides in the operational area at no cost.

3. Based on the performance objectives/ outcomes that you provided in the question C.2, describe methodologies and procedures for ongoing monitoring and evaluation of the project or service. (3 Points – 3-High, 2-Medium, 1-Low)

Ridership will continue to be monitored monthly through monthly reports/invoices from California Yellow Cab. If ridership grows beyond the financial capacity of the program, the operational area will shrink accordingly. If necessary, fees will be implemented as a last resort.

D. Coordination, Outreach, and Sustainability (11 Points)

1. Describe the available non-profit, public transit, or paratransit, including fixed route, ADA complementary paratransit services available in your agency's geographic area, and identify the relevant section/page number of the Coordinated Plan. Describe the transportation needs of your senior and disabled clients to be served by the proposal and identify the relevant section/page number of the Coordinated Plan. (2 Points – Appropriate, 1-Adquate, 0-Inadequate)

Attachment 7 included? Yes No

Page 38 of the Coordinated Plan lists transportation providers in the county, however, none of the services operate at the price point, with as large of an operational area, and with as much scheduling ease as the City's current model. On Page 39 of the coordinated plan, getting to and from medical appointments are listed as the greatest need for seniors in Orange County and cost of getting transportation is listed as the biggest barrier.

2. List all stakeholders involved in the proposed project. Describe how the project will be coordinated with other social service agencies and/or public transportation providers. (e.g., sharing vehicles, dispatching, scheduling, maintenance, coordinating client trips, training, etc.) Attach your letters of support from stakeholders to the grant application. (3 Points – 3-High, 2-Medium, 1-Low) *Attachment 8 included?* Yes No

City of Costa Mesa is bringing a presentation to City Council on July 16 to solicit feedback from local non-profits. No stakeholders at the time of writing the application. Cottie Petrie-Norris's office has endorsed the City's grant application.

3. What outreach was done with your senior and disabled clients to demonstrate the need for this project? How was the feedback incorporated into the proposed project(s)? (3 Points – 3-High, 2-Medium, 1-Low)

The City of Costa Mesa has placed an item on their agenda for a public hearing at the Council meeting on July 16 to formally discuss the continuity of the project and solicit community feedback.

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4. Please describe your outreach methods with your senior and disabled clients to ensure their needs are being met and adjustments to service are made accordingly. Describe the strategies for sustaining this program beyond the two-year funding cycle. (3 Points –3-High, 2-Medium, 1-Low)

Surveys are sent out to all Senior Taxi Program participants twice per year. Senior Center members are also urged to call the senior center directly with comments, questions, and concerns about the program and all complaints are logged and shared with California Yellow Cab. California Yellow Cab follows up with all complaints and senior center staff resolve complaints with the senior center members.

The current agreement with California Yellow Cab ends on June 30 2026. The City will conduct an RFP for a shuttle service within the City of Costa Mesa and for a cab service for non-medical rides outside the county to ensure maximum efficiency for both programs.

E. Emergency Planning and Preparedness (4 Points)

1. What policies and procedures does your agency have in place to address emergency planning and preparedness? Has your agency participated in Countywide or Citywide emergency drills in the past year?
(4 Points – , 4-High, 3-Medium-High, 2-Medium-Low, 1-Low)

The City employs an Emergency Services Manager that oversees emergency planning. City Staff are required to complete NIMS and SIMS training modules and Parks & Community Services Staff also complete Red Cross Shelter Fundamentals training. The Parks & Community Services Department has mobilized twice in the last twelve months in anticipation of a necessity of shelter services within the city.

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Part IV – Certifications

Private Non-profit Agency – Corporation Status Inquiry

The EMSD grant program is intended to enhance mobility for seniors and individuals with disabilities by providing local transportation funding to private non-profit organizations, or to public agencies where no private non-profits are readily available to provide the proposed service.

To document eligibility as an EMSD grant applicant based on your status as a private nonprofit organization, verification of your incorporation number and current legal standing must be obtained from the *California Secretary of State Information Retrieval /Certification & Records Unit* (IRC Unit). The “Status Inquiry” document must be attached as an appendix to the application. To assist you in obtaining this information, use one of the following methods:

- To obtain Corporate Records Information over the Internet, go to <https://bizfileonline.sos.ca.gov/search/business> and enter your agency name. If you are active, print the page or screenshot for use as proof. If the verification of your status is not available at the time you submit your application, you must indicate the date on which you requested the verification and the estimated date it will be forwarded to OCTA.
- If you are unable to locate the information online, you can obtain the “Status Inquiry” document by making a written request to:

**California Secretary of State
Information Retrieval/Certification Unit (IRC)
1500 11th Street, 3rd Floor
Sacramento, CA 95814
(916) 653-6814**

Please **do not** attach articles of incorporation, bylaws or tax status documentation.

Attachment 9 included? Yes No

Private Non-profit Information

Legal Name of Non-profit Applicant:	
State of California Articles of Incorporation Number:	
Date of Incorporation:	
<i>Attachment 10 included?</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Public Agency Certification

To enhance mobility for seniors and individuals with disabilities, the EMSD grant program also offers local transportation funding opportunities to public agencies where no private non-profit organizations are readily available to provide the proposed service.

A public agency must certify that no non-profit organizations are readily available to provide the proposed service, by completing and signing the Public Agency Certification below. A public hearing is **required** as part of the application process and should be completed by the application due date of June 27, 2024. Further, please attach the following to your application:

1. Submit proof of a public hearing notice, a copy of the contact letter/notice sent to non-profit transportation providers informing them of the hearing and minutes or documentation that the hearing took place.
2. Submit a resolution that no non-profit agencies are readily available to provide the proposed service.
3. Complete Public Agency Certification.
4. Submit proof of contact with all non-profit transportation providers regarding notice of public hearing.

Attachment 11 included? Yes No

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Certification of No Readily Available Service Providers

The public agency, **City of Costa Mesa**, certifies that there are no non-profit agencies readily available to provide the service proposed in this application.

Name of Certifying Representative:			
Title:			
Signature:			Date:
Date of Hearing:			
Attachment 12 provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Formal Letter Attached as Alternative</i>		

General Certifications and Assurances

1. The use of grant-funded vehicles or grant-funded activities beyond the scope of an awarded project is prohibited. A deviation from the awarded project scope requires prior approval from OCTA.
2. Grantees shall follow competitive procurement practices in the purchase of vehicles and the selection of vendors for all services which it does not provide using its own workforce.
3. Any procurement of vehicles or services will specify the use of vehicles meeting Americans with Disabilities Act accessibility standards.
4. Grant-funded vehicles must provide a minimum of 10 hours of service per week per vehicle or in coordination with other agencies.
5. Grantees shall perform, or ensure that a contracted vendor performs proper maintenance of all vehicles, including, at a minimum:
 - a) Daily Pre-Operation Inspections.
 - b) Scheduled preventative maintenance that meets or exceeds manufacturer requirements, including the maintenance of all accessibility features of the vehicles.
 - c) Maintenance records for each vehicle shall be retained for 5 years.
6. Grantees cooperate fully in annual motor coach carrier terminal inspections conducted by the California Highway Patrol.
7. Grantees shall procure and maintain adequate insurance coverage during the term of the project and throughout the useful life of the vehicle. Coverage shall be full coverage or subject to self-insurance provisions.
8. Grantees shall ensure that its operators, or its contracted vendor’s operators, are properly licensed and trained to proficiently perform duties safely, and in a manner that treats its riders with respect and dignity. Disability awareness and passenger assistance will be included in this training.
9. Grantees shall ensure that it maintains adequate oversight and control over all aspects of services that are provided by a contracted vendor.
10. Grantees shall submit a quarterly report to OCTA’s Community Transportation Services, which includes, at a minimum, a monthly and fiscal year-to-date summary of service and expenditures. Additional reporting may be requested as needed.
11. Grantees shall participate in OCTA marketing and outreach efforts to encourage use of transit services by seniors and individuals with disabilities.
12. Grantees shall note OCTA sponsorship in any promotional material for service funded under this agreement and may be required to display OCTA program logo on vehicles used in this program (excluding taxis).
13. Grantees shall ensure compliance with all applicable provisions of Title VI of the Civil Rights Act, Americans with Disabilities Act, and promptly notify OCTA of any issues or complaints.
14. Non-compliance to program requirements may result in relinquishment of vehicles and/or equipment to OCTA.

Coordinated Plan Certification

The projects selected for funding under the Orange County Enhanced Mobility for Seniors and Disabled (EMSD) grant program must be supported by the Coordinated Plan, which was developed through a process that includes


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representatives of public, private, and non-profit transportation and human services providers and participation by members of the Orange County community.

Orange County's current Coordinated Plan was adopted by the Orange County Transportation Authority (OCTA) Board of Directors on November 23, 2020. The Coordinated Plan is available for download and review at <https://www.octa.net/pdf/OCTA%20Coordination%20Plan.pdf>

I certify that the project in this application is supported by <i>Human Services Transportation Coordination Plan for Orange County.</i>	
Agency (Applicant) Legal Name:	City of Costa Mesa
Authorizing Agency Representative (Print):	Kevin Stoddart
Title:	Senior Recreation Supervisor
Signature:	
Date:	6/27/24

Application Certification

Authorizing Representative must certify the information contained in this application is true and accurate and has signature authority to enter into grant agreements on behalf of the applicant organization.	
Authorizing Agency Representative (Print):	Cecilia Gallardo-Daly
Title:	Assistant City Manager.
Signature:	 Lori Ann Farrell Harrison city manager.
Date:	6/27/24