



# Transportation Disadvantaged Trip & Equipment Grant Application Form

<b>Legal Name</b>	Brevard County Board of County Commissioners d/b/a Space Coast Area Transit		
<b>Federal Employer Identification Number</b>	59-6000523		
<b>Registered Address</b>	401 S. Varr Ave		
<b>City and State</b>	Cocoa, FL	<b>Zip Code</b>	32922
<b>Contact Person for this Grant</b>	Karen Petters	<b>Phone Number Format 111-111-1111</b>	321-635-7815
<b>E-Mail Address [Required]</b>	Karen.Petters@brevardfl.gov		
<b>Project Location [County(ies)]</b>	Brevard County	<b>Proposed Project Start Date</b>	7/1/2020
<b>Budget Allocation</b>			
Grant Amount – State Allocation [90%]		\$1,580,812.00	
Grant Amount – Local Match [10%]		\$175,646.00	
Grant Amount – Hold Harmless [90%]		\$0.00	
Grant Amount – Hold Harmless Match [10%]		\$0.00	
Voluntary Dollar Amount		\$181.00	
Local Match for Voluntary Dollars [In Kind]		\$20.00	
<b>Total Project Amount</b>		<b>\$1,756,659.00</b>	

<b>Capital Equipment Request</b>	
<b>Description of Capital Equipment</b>	<b>\$ Amount</b>
<b>Total Project Amount</b>	<b>\$ 0.00</b>

## Local Coordinating Board Review IS Required if Requesting Capital Equipment

If the purchase of capital equipment is included in this Application Form, the application has been reviewed by the \_\_\_\_ Local Coordinating Board.

Not Applicable

\_\_\_\_\_  
**Signature of Local Coordinating Board Chairperson**

\_\_\_\_\_  
**Date**

I, the authorized Grantee Representative, hereby certify that the information contained in this form is true and accurate and is submitted in accordance with the 2020-21 Program Manual and Application Instructions for the Trip & Equipment Grant.

\_\_\_\_\_  
**Signature of Grant Recipient Representative**

\_\_\_\_\_  
**Date**

Bryan Lober, Chair

As approved by the Board on 5/5/2020



**20 - \_\_\_\_\_**  
**AUTHORING RESOLUTION**

A RESOLUTION of the Brevard County Board of County Commissioners, hereinafter BOARD, hereby authorizes the filing and execution of a Transportation Disadvantaged Trip & Equipment Grant Agreement with the Florida Commission for the Transportation Disadvantaged.

WHEREAS, this BOARD is eligible to receive a Transportation Disadvantaged Trip & Equipment Grant and to undertake a transportation disadvantaged service project as authorized by Section 427.0159, Florida Statutes, and Rule 41-2, Florida Administrative Code.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD THAT:

1. The BOARD has the authority to enter into this grant agreement.
2. The BOARD authorizes Bryan Lober, Chair, to execute the grant agreement, amendments, warranties, certifications and any other documents which may be required in connection with the agreement with the Florida Commission for the Transportation Disadvantaged on behalf of the Brevard County Board of County Commissioners.
3. The BOARD'S Registered Agent in Florida is the Chair. The Registered Agents address is 2725 Judge Fran Jamieson Way, Viera, FL 32940.
4. The BOARD authorizes the Transit Services Director to sign any and all assurances, reimbursement invoices, warranties, certifications and any other documents which may be required in connection with the agreement or subsequent agreements.

DULY PASSED AND ADOPTED THIS 5<sup>th</sup> DAY OF MAY, 2020.

**BREVARD COUNTY COMMISSIONERS**  
**BREVARD COUNTY, FLORIDA**

\_\_\_\_\_  
Bryan Lober, Chair  
As approved by the Board on 5/5/2020

ATTEST:

Signature \_\_\_\_\_  
Scott Ellis, Clerk



## **TRANSPORTATION DISADVANTAGED TRIP & EQUIPMENT GRANT STANDARD ASSURANCES**

The Grantee hereby assures and certifies that:

1. The Grantee has the requisite fiscal, managerial, and legal capacity to carry out the Transportation Disadvantaged Program and to receive and disburse State funds.
2. The Grantee is aware that the Trip & Equipment Grant is a reimbursement grant. Reimbursement of funds will be approved for payment upon receipt of a properly completed invoice with supporting documentation.
3. Trip & Equipment Grant funds will not be used to supplant or replace existing federal, state, or local government funds.
4. The Grantee understands that an approved written eligibility application and eligibility support documentation is required and is to be maintained for each rider who receives a trip or bus pass funded by the Transportation Disadvantaged Trust Fund. Such documentation shall be made available upon request by CTD staff or its designee.
5. The Grantee is aware that if capital equipment is purchased with these grant funds, equipment must be received by the recipient no later than June 30, 2021.
6. The Grantee recipient is aware that the approved project must be complete by June 30, 2021, which means services must be provided by that date or reimbursement will not be approved.
7. Capital equipment purchased through this grant shall comply with the recipient's competitive procurement requirements or Chapter 287 or Chapter 427, Florida Statutes.

This certification is valid for the agreement period for which the grant application is filed.

Signature: \_\_\_\_\_ Date: As approved by the Board on 5/5/2020

Name: Byran Lober

Title: Chair

Agency: Brevard County Board of County Commissioners  
d/b/a Space Coast Area Transit

# Application for Space Coast Area Transit Transportation Disadvantaged Services



The Transportation Disadvantaged Service Program provides transportation services to the elderly, disabled, economically disadvantaged, children at risk and to those with no feasible means of transportation. For more information, please call the Space Coast Area Transit Customer Service line at 321-633-1878.

**PLEASE CALL SPACE COAST AREA TRANSIT AT 321-633-1878 FOR MORE INFORMATION.**

## ***Section A – Personal Information***

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Mailing Address (If Different) \_\_\_\_\_

Subdivision Name \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_ Medicaid # (If Applicable) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Please list other family members/dependents who need (and are eligible for) transportation:

<u>Name</u>	<u>Date of Birth</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

## ***Section B – Availability of Other Transportation***

1. Do you own a vehicle? Yes \_\_\_ No \_\_\_ If yes, please state: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

2. Please state the reason why you cannot drive your vehicle (e.g. Medical, Vehicle Troubles, etc):

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

3. Are you looking for permanent \_\_\_\_\_ or temporary \_\_\_\_\_ transportation service? Please check one.

4. Does any other member of your household own a vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Could anyone in your household, family or friends transport you to your appointments? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please explain why:

\_\_\_\_\_

6. How are you currently being transported to your appointments? \_\_\_\_\_
7. Do you live in a facility that could provide transportation to you? Yes \_\_\_\_ No \_\_\_\_ If yes, please provide the name of the facility: \_\_\_\_\_
8. Are you enrolled in any other program(s) that will pay for or provide you with transportation services? Yes \_\_\_\_ No \_\_\_\_ If yes, please provide the name of the program(s): \_\_\_\_\_
9. Do you have a disability that prevents you from using Space Coast Area Transit's Fixed Route Service? Yes \_\_\_\_ No \_\_\_\_
10. How does this disability prevent you from using Space Coast Area Transit's Fixed Route Services? Please explain completely.
- \_\_\_\_\_
- \_\_\_\_\_

### **Section C – Common Destinations**

Please list all Hospitals, Doctors, Medical Facilities, Employment, Educational and other locations that you visit on a regular basis. Please use an additional sheet of paper if you need more space.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Section D – Special Needs**

Please check or list any special needs you may require.

Manual Wheelchair \_\_\_\_ Powered Wheelchair \_\_\_\_ Powered Scooter \_\_\_\_ Walker \_\_\_\_ Cane \_\_\_\_ Respirator \_\_\_\_  
Service Animal \_\_\_\_ Personal Care Attendant (PCA) \_\_\_\_  
Child Seat \_\_\_\_ (Note: Guardians/attendants are responsible for providing child seats for each child being transported.)

Do you have any other needs/conditions (cultural, religious, physical, psychological, etc.) that we need to be aware of in order to transport you safely? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain: \_\_\_\_\_

### **Section E – Certification and Acknowledgment**

I understand and affirm that the information provided in this application for Non-Emergency Transportation Disadvantaged services is true and correct to the best of my knowledge and will be kept confidential and shared only with medical and transportation professionals involved in evaluating and determining my needs and eligibility for transportation to and from eligible services as well as appointments. I understand that providing false or misleading information or making fraudulent claims or making false statements on behalf of others could constitute a felony under the laws of the State of Florida.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

***Please make sure this form is entirely filled out and signed. An incomplete application will not be processed.***

Please mail this form to: Space Coast Area Transit  
401 South Varr Ave  
Cocoa, FL 32922

**Allow twenty-one (21) business days to process your application. Please call Space Coast Area Transit at 321-633-1878 to see if you qualify and to schedule transportation services.**

### **FOR OFFICE USE ONLY**

#### **Section F – Review Results**

Date Received \_\_\_\_\_ New Eligibility Application \_\_\_\_ Redetermination \_\_\_\_  
Reviewed By \_\_\_\_\_ Date Approved \_\_\_\_\_ Date Denied \_\_\_\_\_ Reason for Denial \_\_\_\_\_  
Letter \_\_\_\_ Mode \_\_\_\_ Funding Source: Medicaid ( Y / N ) TD ( Y / N )  
SCAT-031 TD Eligibility Service Application (11/2016)



**TITLE: Transportation Disadvantaged Eligibility Program Procedure**

## **PROCEDURE**

**NUMBER:** TS-AO-32  
**CANCELS:** 11/16/2016  
**APPROVED:** 06/28/2019  
**REVIEW:** 07/01/2022

### **I OBJECTIVE**

To establish a written procedure to determine eligibility for the Transportation Disadvantaged Program.

### **II DEFINITIONS AND REFERENCES**

- A. Transportation Disadvantaged Program— Transportation program funded by the State of Florida to provide transportation to those persons who because of physical or mental disability, income status, or age are unable to transport themselves or to purchase transportation and are, therefore, dependent upon others to obtain access to health care, employment, education, shopping, social activities, or other life-sustaining activities, or children who are handicapped or high-risk or at-risk as defined in s. 411.202.
- B. TDSP— Transportation plan developed and approved locally to maintain and/or improve transportation services for the Transportation Disadvantaged in Brevard County. The Transit Development Plan also serves as the Locally Coordinated Human Services Transportation Plan for Brevard County.
- C. SCAT-031 – Application for Space Coast Area Transit Transportation Disadvantaged Services.

### **III PROCEDURES**

- A. In order for a person to be provided transportation under the Transportation Disadvantaged program, the person must meet the eligibility requirements as defined in Florida Statue 427 and the Brevard County TDSP.

- B. A new customer requesting Transportation Disadvantaged service must fill out and sign the Brevard County Transportation Disadvantaged Eligibility Application (SCAT-031) before services can be provided.
- C. Or, the customer can request transportation over the phone and the Space Coast Area Transit Customer Service Representative will fill out the application, based on information provided by the resident. Transportation will be automatically provided to the customer for the first 21 days.
- D. In the case of an application completed via phone, Space Coast Area Transit shall mail a copy of the completed application to the customer. The customer must sign the application verifying that the information on the application is true and correct. If the signed application is not returned by the end of 21 days from the initial completion, Transportation Disadvantaged service will be suspended until a signed application is received by Space Coast Area Transit.
- E. The completed applications will remain on file with Space Coast Area Transit and documentation of the customer's eligibility will be maintained on the reservation software.
- F. Space Coast Area Transit will review and test a portion of customers eligibility applications every 12 months to monitor compliance with documentation requirements associated with eligibility determination.

#### IV RESERVATION OF AUTHORITY

The Authority to issue or revise this procedure is reserved to the Director of the Transit Services Department.



\_\_\_\_\_  
Scott Nelson  
Transit Services Director

6/28/19  
Date