

**2011
APPLICATION
Federal Transit Administration
49 U.S.C.
SECTION 5310
Capital Assistance Program
For
Elderly and Persons with Disabilities**

Legal Name of Organization: Child Advocacy Services Center, Inc.
(As shown on the incorporation documents)

List all other DBA names: The Children's Place

Street Address: 2 East 59th St. Kansas City, Missouri 64113

Mailing Address: 2 East 59th St.

City: Kansas City

Zip: 64113

County: Jackson County

Congressional District: 5th

State Senate District: 10

State Representative District: 39

RPC/MPO Plan: Mid-America Regional Council

Phone: (816) 363-1898

Executive Director: Mr. David Matson

Contact Person: Roxane Hill

Phone: (816) 363-1898

Fax: (816) 363-0706

E-mail address:
hillr@tcpkc.org

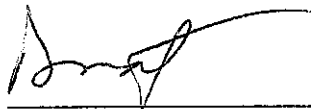
Appendix H: REQUIRED:

Nonprofit Corporation Number: N000- 17479

(Issued by the Missouri Secretary of State)

Federal Employer Identification Number (FEIN): 51-0195216

DUNS Number: 09-380-9275



Signature of Authorized Official

APPENDIX A
SECTION 5310 VEHICLE REQUEST FORM
2011

A separate form (copy) must be completed for each vehicle requested

Organization: Child Advocacy Services Center, Inc. / dba The Children's Place

REQUESTING: Replacement Vehicle** _____
 Vehicle to expand existing service _____
 Vehicle to start new service _____

To replace an existing **MoDOT** vehicle, please include the following information:

VIN 1GAHG39V051234672 Year 2005 Make Chevrolet

Current odometer reading 108,795 Vehicle condition Poor **Fair** Good

****If a vehicle has been replaced in a previous cycle, and you attempt to replace it again, your complete application will not be considered.**

INFORMATION FOR REQUESTED VEHICLE:

Type of vehicle requested:

Straight Van Raised Roof (Modified) Van _____ Mini-van _____ Modified Mini-van _____

Medium Duty Bus Type _____ Mini-bus _____ Other _____

List primary city and county to be served by this vehicle: Kansas City / Jackson County
 City County

Daily hours actual transportation services will be performed with this vehicle. (If you transport passengers from 7 - 9 am and then again from 3 - 5 pm, *your transportation hours are 4 hours daily.*)
 Enter number of transportation hours: 6

Below, estimate the number of one-way passenger trips to be provided and the unduplicated persons to be served. (If a person is taken to a nutrition site, later to a grocery store, and then home, 3 (one-way) trips have been provided, but only one unduplicated person).

<u>TRIPS PER MONTH</u>	<u>UNDUPLICATED PERSONS PER MONTH</u>	<u>TYPE OF TRIPS TO BE PROVIDED</u> <u>(% OF USE, should = 100%)</u>
Elderly _____	Elderly _____	Medical <u>20</u>
Persons with Disabilities <u>418</u>	Persons with Disabilities <u>15</u>	Education <u>80</u>
Other _____	Other _____	Nutrition _____
		Recreation _____
		Shopping _____
		Employment _____
		Other* _____
		*Describe _____

Type of Agency (Senate Bill 40, Workshop, Senior Center, Etc.)

Private nonprofit behavioral health care organization providing therapeutic and early childhood education services to abused and neglected young children and prevention services to parents/caregivers.

Major Funding Sources

MO Children's Division, MO Department of Health and Senior Services, Jackson County Mental Health Levy, United Way, MO Department of Public Safety, Medicaid and MC+

APPENDIX B

Brief Outline of Transportation Service Provided

(Including days and hours of operation, and the type of clientele)

Transportation services are provided to transport children enrolled in the Day Treatment Services program from their homes to The Children's Place in the morning and back home in the afternoon. Children also are transported on field trips, using a 1996 van donated by Variety Club. The Children are here Monday, Tuesday, Thursday and Friday from 9 am to 3 pm and Wednesday from 9 am to noon throughout the year. Emergency transportation is also provided.

Service Area (Cities and Counties)

Kansas City: Jackson County

APPENDIX C

Number and Type of All Vehicles Operated by Agency (Indicate which vehicles are ADA equipped and which are MoDOT funded)

2009 Chevy Van	15 passenger	Section 5310 vehicle
2006 Chevy Van	15 passenger	Section 5310 vehicle
2005 Chevy Van	15 passenger	Section 5310 vehicle
2005 Chevy Van	15 passenger	Section 5310 vehicle
2003 Chevy Van	13 passenger	Section 5310 vehicle
2000 Dodge Van	15 passenger	Section 5310 vehicle
1998 Ford Van	15 passenger	Section 5310 vehicle
1996 Dodge Van	15 passenger	Section 5310 vehicle

Appendix C (Continued)

<u>1994 Dodge Van</u>	<u>15 passenger</u>	<u>Section 5310 vehicle</u>
<u>1996 Ford Van</u>	<u>15 passenger</u>	<u>Donated-Variety Club</u>
<u>1996 Mercury Mini-Van</u>	<u>7 passenger</u>	<u>Donated-local auto dealership</u>

The first five vans are used regularly to transport children between their homes and The Children's Place. The Variety Club van is used regularly for field trips, and the Mini-Van is used for emergency transportation for the children.

**2011
APPLICATION
Federal Transit Administration
49 U.S.C.
SECTION 5310
Capital Assistance Program
For
Elderly and Persons with Disabilities**

Legal Name of Organization: City of Kansas City, MO, Parks and Recreation Department

(As shown on the incorporation documents)

List all other DBA names: _____

Street Address: 4600 East 63rd Street

Mailing Address: 4600 East 63rd Street

City: Kansas City

Zip: 64130

County: Jackson

Congressional District: 05

State Senate District: 009

State Representative District: 043

RPC/MPO Plan: Mid-America Regional Council

Executive Director: Mark McHenry

Phone: (816) 513-7503

Contact Person: Mark Bowland

Phone: (816) 513-7590

Fax: (816) 513-7535


E-mail address:
mark.bowland@kcmo.org

Appendix H: REQUIRED:

Nonprofit Corporation Number: N000- N/A
(Issued by the Missouri Secretary of State)

Federal Employer Identification Number (FEIN): 44-6000201

DUNS Number: 148751618


Signature of Authorized Official 7-1-11

Type of Agency (Senate Bill 40, Workshop, Senior Center, Etc.)
Municipal Corporation

Major Funding Sources

Tax revenues and grants

APPENDIX B

Brief Outline of Transportation Service Provided

(Including days and hours of operation, and the type of clientele)

The Parks and Recreation Department will provide on-call and scheduled transportation for elderly and disabled Kansas City residents, from their residences to parks and recreation activities at parks, community centers, cultural centers and golf courses. Rides will be scheduled between the hours of 9:00 a.m. and 9:00 p.m. Monday through Saturday. A majority of participants will be low income and persons of color. There will be no charge for the service. This project will advance the policy goals of Accessibility and Economic Vitality.

Service Area (Cities and Counties)

Kansas City, MO

Jackson County

Clay County

Platte County

Cass County

APPENDIX C

Number and Type of All Vehicles Operated by Agency (Indicate which vehicles are ADA equipped and which are MoDOT funded)

The Parks and Recreation Department maintains a fleet of 473 vehicles, which includes vehicles for maintenance, as well as for human-services transportation.

A complete listing of vehicles will be made available upon request.

**2011
APPLICATION
Federal Transit Administration
49 U.S.C.
SECTION 5310
Capital Assistance Program
For
Elderly and Persons with Disabilities**

Legal Name of Organization: Comprehensive Mental Health Services
(As shown on the incorporation documents)

List all other DBA names: _____

Street Address: 17844 East 23rd Street

Mailing Address: P.O. Box 260 Independence, Missouri 64051

City: Independence Zip: 64057

County: Jackson Congressional District: 5

State Senate District: 8,9,11,21

State Representative District: 49-54

RPC/MPO Plan: E

Executive Director: William Kyles Phone: (816) 254-3652

Contact Person: Joy Copeland Phone: (816) 254-3652

Fax: (816) 254-9243

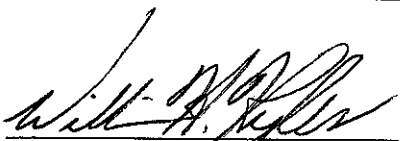
E-mail address:
jcope@thecmhs.com

Appendix H: REQUIRED:

Nonprofit Corporation Number: N000- 09146
(Issued by the Missouri Secretary of State)

Federal Employer Identification Number (FEIN): 43-0949079

DUNS Number: 038288098


Signature of Authorized Official

APPENDIX A
SECTION 5310 VEHICLE REQUEST FORM
2011

A separate form (copy) must be completed for each vehicle requested

Organization: Comprehensive Mental Health Services inc.

REQUESTING: Replacement Vehicle** _____
 Vehicle to expand existing service _____
 Vehicle to start new service _____

To replace an existing **MoDOT** vehicle, please include the following information:

VIN 2B6LB3125XK566626 Year 1999 Make Van

Current odometer reading 93,122 Vehicle condition Poor Fair Good

****If a vehicle has been replaced in a previous cycle, and you attempt to replace it again, your complete application will not be considered.**

INFORMATION FOR REQUESTED VEHICLE:

Type of vehicle requested:

Straight Van _____ Raised Roof (Modified) Van _____ Mini-van _____ Modified Mini-van _____

Medium Duty Bus Type _____ Mini-bus _____ Other that holds 12 passengers

List primary city and county to be served by this vehicle: Independence / Jackson
 City County

Daily hours actual transportation services will be performed with this vehicle. (If you transport passengers from 7 - 9 am and then again from 3 - 5 pm, *your transportation hours are 4 hours daily.*)

Enter number of transportation hours: 6

Below, estimate the number of one-way passenger trips to be provided and the unduplicated persons to be served. (If a person is taken to a nutrition site, later to a grocery store, and then home, 3 (one-way) trips have been provided, but only one unduplicated person).

<u>TRIPS PER MONTH</u>	<u>UNDUPLICATED PERSONS PER MONTH</u>	<u>TYPE OF TRIPS TO BE PROVIDED</u> <u>(% OF USE, should = 100%)</u>
Elderly <u>100</u>	Elderly <u>50</u>	Medical <u>65</u>
Persons with Disabilities <u>450</u>	Persons with Disabilities <u>100</u>	Education <u>10</u>
Other _____	Other _____	Nutrition _____
		Recreation <u>10</u>
		Shopping <u>5</u>
		Employment <u>10</u>
		Other* _____
		*Describe _____

Type of Agency (Senate Bill 40, Workshop, Senior Center, Etc.)

Mental Health Facility and Drug Rehabilitation Service

Major Funding Sources

Fee for Service from State and local governments agencies plus grants from local foundations.

APPENDIX B

Brief Outline of Transportation Service Provided

(Including days and hours of operation, and the type of clientele)

Monday-Friday 7 a.m. to 9 p.m.

All clients have a mental health or addiction history.

Service Area (Cities and Counties)

Jackson County Missouri

APPENDIX C

Number and Type of All Vehicles Operated by Agency (Indicate which vehicles are ADA equipped and which are MoDOT funded)

1994 Dodge ADA	126,470 reading 12 Rider Capacity	Owned	Modot owned Yes
1996 Dodge ADA	75,274 12 Rider Capacity	Owned	Modot owned Yes
1996 Jeep non-ADA	185,419	Owned	Modot owned No
1997 Dodge ADA	141,706 12 Rider Capacity	Owned	Modot owned Yes
1998 Dodge ADA	108,516 12 Rider Capacity	Owned	Modot owned Yes
1998 Windstar non-ADA	129,041 2 Rider Capacity	Owned	Modot owned No
1999 Ford Bus ADA	93,122 20 Rider Capacity	Owned	Modot owned Yes
1999 Dodge ADA	91,370 12 Rider Capacity	Owned	Modot owned Yes

APPENDIX C cont.

Number and Type of All Vehicles Operated by Agency (Indicate which vehicles are ADA equipped and which are MoDOT funded)

Vehicles Year/Make/Type	Handicapped	Odometer	Owned	Modot Vehicle
2005 Chevy Van	non-ADA	91,676	X	Y
2006 Ford MiniBus	non-ADA	28,374	X	Y
2007 Chevy Van	non-ADA	73,587	X	Y
2008 Chevy Van Express Van	non-ADA	38,855	X	Y
2008 Ford Startran Mini Bus	non-ADA	27,237	X	Y
2009 Chevy Express Van	non-ADA	19,381	X	Y
2010 Ford Elkhart Coach	non-ADA	5,475	X	Y
2010 Ford Escape	non-ADA	12,000	X	N

**2011
APPLICATION
Federal Transit Administration
49 U.S.C.
SECTION 5310
Capital Assistance Program
For
Elderly and Persons with Disabilities**

Legal Name of Organization: Concerned Care Inc.
(As shown on the incorporation documents)

List all other DBA names: NA

Street Address: 320 Armour Road

Mailing Address: North Kansas City Missouri

City: _____ **Zip:** 64116

County: Clay **Congressional District:** 6th

State Senate District: 17th

State Representative District: 31st

RPC/MPO Plan: Missouri District 4 (MARC-KC)

Executive Director: Barbara Griggs **Phone:** (816) 474-3026

Contact Person: Jim Huffman **Phone:** (816) 474-3026

Fax: (816) 473-3029 **E-mail address:** jim@concernedcarekc.org

Appendix H: REQUIRED:

Nonprofit Corporation Number: N000- 12483063
(Issued by the Missouri Secretary of State)

Federal Employer Identification Number (FEIN): 43-0975464

DUNS Number: 076260975


Signature of Authorized Official

**APPENDIX A
SECTION 5310 VEHICLE REQUEST FORM
2011**

A separate form (copy) must be completed for each vehicle requested

Organization: Concerned Care Inc.

REQUESTING: Replacement Vehicle** _____
 Vehicle to expand existing service x _____
 Vehicle to start new service _____

To replace an existing **MoDOT** vehicle, please include the following information:

VIN ^{NA} _____ Year _____ Make _____

Current odometer reading _____ Vehicle condition Poor Fair Good

****If a vehicle has been replaced in a previous cycle, and you attempt to replace it again, your complete application will not be considered.**

INFORMATION FOR REQUESTED VEHICLE:

Type of vehicle requested:

Straight Van _____ Raised Roof (Modified) Van xx Mini-van _____ Modified Mini-van _____

Medium Duty Bus Type _____ Mini-bus _____ Other _____

List primary city and county to be served by this vehicle: Gladstone/North Kansas City/Liberty / Clay County
 City _____ County _____

Daily hours actual transportation services will be performed with this vehicle. (If you transport passengers from 7 - 9 am and then again from 3 - 5 pm, your transportation hours are 4 hours daily.)
 Enter number of transportation hours: 5.0

Below, estimate the number of one-way passenger trips to be provided and the unduplicated persons to be served. (If a person is taken to a nutrition site, later to a grocery store, and then home, 3 (one-way) trips have been provided, but only one unduplicated person).

<u>TRIPS PER MONTH</u>	<u>UNDUPLICATED PERSONS PER MONTH</u>	<u>TYPE OF TRIPS TO BE PROVIDED (% OF USE, should = 100%)</u>
Elderly _____	Elderly _____	Medical 20%
Persons with Disabilities <u>7</u>	Persons with Disabilities <u>316</u>	Education 3%
Other _____	Other _____	Nutrition 15%
		Recreation 6%
		Shopping 14%
		Employment 21%
		Other* 21%
		*Describe

Type of Agency (Senate Bill 40, Workshop, Senior Center, Etc.)

Not-for Profit organization that provides a variety of residential and community services for individuals with developmental disabilities (Mental Retardation-Autism etc.) in Clay County Missouri

Major Funding Sources

The Developmental Disability Resource Board of Clay County, The Department of Mental Health and Development

APPENDIX B

Brief Outline of Transportation Service Provided

(Including days and hours of operation, and the type of clientele)

This program generally provides transportation seven days a week for individuals with developmental disabilities in Clay County.

Transportation may be provided from the time period approximately between 7:30am to 9:00pm, depending on each individual consumer or group (riders) needs and schedules.

Service Area (Cities and Counties)

County of Clay County

North Kansas City

Gladstone

Excelsior Springs

Kearney

Liberty

APPENDIX C

Number and Type of All Vehicles Operated by Agency (Indicate which vehicles are ADA equipped and which are MoDOT funded)

1999 Dodge 14 pass

2008 Chev. Express 14 pass.-MoDoT

2006 Chev. Uplander-MoDot-ADA

2006 Ford Braun MoDoT-ADA

1999 Ford Econo

2001 Ford E350 14 pass.

2008 Chev. Express MoDoT

2005 Chev. Express MoDoT

2001 PT Cruiser

1998 Ford Escort

2002 Ford Escort

1999 Ford Tarus

2006 Chevy HHR

2005 Chev. Express 14 pass. MoDoT

2008 Chev. Express 14 pass MoDoT

2001 Ford Econo. 14 pass.

2008 Chev. Uplander MoDoT

2001 Ford Econo. 14 pass

2002 Dodge 14 pass. MoDoT

1993 Ford Econo. 14 pass.

1994 Dodge Maxi. 14 pass.

2001 Windstar 7 pass

2010 Chev. Express 14 pass MoDoT

**2011
APPLICATION
Federal Transit Administration
49 U.S.C.
SECTION 5310
Capital Assistance Program
For
Elderly and Persons with Disabilities**

Legal Name of Organization: Harry S. Truman Children's Neurological Center

(As shown on the incorporation documents)

List all other DBA names: TNC Community

Street Address: 9515 E. 32nd Street S., Independence, MO 64052

Mailing Address: 12404 E. US 40 Highway, Independence, MO 64055

City: Independence

Zip: 64055

County: Jackson

Congressional District: 5

State Senate District: 11

State Representative District: 52

RPC/MPO Plan: Mid-America Regional Council

Executive Director: James Landrum

Phone: (816) 373-5060

Contact Person: James Landrum

Phone: (816) 373-5060

Fax: (816) 373-5787

E-mail address:

mlandrum@tnccommunity.com

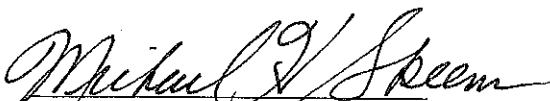
Appendix H: REQUIRED:

Nonprofit Corporation Number: N000- 19924

(Issued by the Missouri Secretary of State)

Federal Employer Identification Number (FEIN): 44-0608429

DUNS Number: 030700538


Signature of Authorized Official

Type of Agency (Senate Bill 40, Workshop, Senior Center, Etc.)

Residential Group Home

Major Funding Sources

Missouri Medicaid, Missouri Department of Mental Health, United Way, EITAS (Jackson County) & Clay County DDRB

APPENDIX B

Brief Outline of Transportation Service Provided

(Including days and hours of operation, and the type of clientele)

The vehicle for our group home that houses individuals with intellectual/developmental disabilities runs weekdays, 7:00 am-9:30 am to take our individuals to work, workshops and day programs. Pick up is from 2:30 pm-5:00 pm. During the evening, individuals go

grocery shopping, run errands or recreational activities (5:00 pm-7:30 pm) On weekends, individuals participate in a variety of community integration activities - approximately 8:00 am - 8:00 pm.

Service Area (Cities and Counties)

Kansas City/Jackson

Independence/Jackson

Raymore/Jackson

North Kansas City/Clay

APPENDIX C

Number and Type of All Vehicles Operated by Agency (Indicate which vehicles are ADA equipped and which are MoDOT funded)

1996 Van: ADA

2005 Minibus: ADA & MoDot

2005 Van: ADA & MoDot

2004 Van: ADA & MoDot

2001 Escort

1998 Van: ADA

2007 Minivan

2011 Minibus: ADA & MoDot

2011 Minibus: ADA & MoDot

**2011
APPLICATION
Federal Transit Administration
49 U.S.C.
SECTION 5310
Capital Assistance Program
For
Elderly and Persons with Disabilities**

Legal Name of Organization: Mattie Rhodes Memorial Society
(As shown on the incorporation documents)

List all other DBA names: _____
Mattie Rhodes Center

Street Address: 1740 Jefferson

Mailing Address: _____

City: Kansas City

Zip: 64108

County: Jackson

Congressional District: 5

State Senate District: 10

State Representative District: 37

RPC/MPO Plan: MARC

Executive Director: John Fierro

Phone: (816) 581-5621

Contact Person: Amy Couture

Phone: (816) 581-5621

Fax: (816) 471-2521

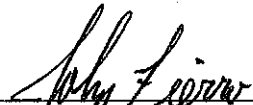
E-mail address:
acouture@mattierhodes.org

Appendix H: REQUIRED:

Nonprofit Corporation Number: N000- 15840
(Issued by the Missouri Secretary of State)

Federal Employer Identification Number (FEIN): 44-0546343

DUNS Number: 155226558



Signature of Authorized Official

Type of Agency (Senate Bill 40, Workshop, Senior Center, Etc.)

(For "Describe" category above, 33% is for volunteerism like Meals on Wheels, and 67% for Independent Living Skills.)

Mattie Rhodes Center is a community-based agency

Major Funding Sources

EITAS, Bank of America, Jackson County Mental Health Levy, Healthcare Foundation of Greater Kansas City

APPENDIX B

Brief Outline of Transportation Service Provided

(Including days and hours of operation, and the type of clientele)

For Visionaries program, majority are Spanish-speaking individuals with developmental disabilities. On Mondays, approximately 8 are picked up and they deliver Meals On Wheels from 9:30a.m.-2pm. On Tuesdays, 2pm-7:30-pm, 11 are picked up and they work on Independent Living Skills, like visit laundromat, vote at Union Station, do recycling, volunteer at Harvesters, or go to a radio station to learn about different professions. Thurs 10-1, 8 are picked up at high school, go to destination, then back.

Service Area (Cities and Counties)

Kansas City, Jackson County

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPENDIX C

Number and Type of All Vehicles Operated by Agency (Indicate which vehicles are ADA equipped and which are MoDOT funded)

1998 Dodge Van (15 passenger)

1999 GMC Safari

1996 Ford Taurus

None are ADA equipped and

none are MoDOT funded.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**2011
APPLICATION
Federal Transit Administration
49 U.S.C.
SECTION 5310
Capital Assistance Program
For
Elderly and Persons with Disabilities**

Legal Name of Organization: Platte County Board of Services for the Developmentally Disabled
(As shown on the incorporation documents)

List all other DBA names: _____

Street Address: 7900 NW 106th Street, Kansas City, MO 64153

Mailing Address: Same

City: _____

Zip: _____

County: Platte

Congressional District: 6

State Senate District: 34

State Representative District: 29,30,32

RPC/MPO Plan: MARC

Phone: (816) 891-0990

Executive Director: Janice Tilman

Phone: (816) 891-0990

Contact Person: Ken Willeke

Fax: (816) 891-0937

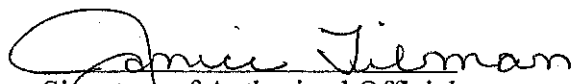
E-mail address:
ken.willek@pcbsdd.org

Appendix H: REQUIRED:

Nonprofit Corporation Number: N000- NA
(Issued by the Missouri Secretary of State)

Federal Employer Identification Number (FEIN): 43-1232724

DUNS Number: 168819118


Signature of Authorized Official

Type of Agency (Senate Bill 40, Workshop, Senior Center, Etc.)

Senate Bill 40

Major Funding Sources

Division of Developmental Disabilities, County Tax Levy

APPENDIX B

Brief Outline of Transportation Service Provided

(Including days and hours of operation, and the type of clientele)

Vehicle will be used to transport people with developmental disabilities to and from their jobs and day programs.

Hours are Monday thru Friday 6 am to 10:30 pm. Additionally vehicle will be used on off hours to transport people with developmental disabilities to shop, medical appointments, grocery shop, recreation and leisure activities, etc.

Service Area (Cities and Counties)

Kansas City Metropolitan Area

Platte County

APPENDIX C

Number and Type of All Vehicles Operated by Agency (Indicate which vehicles are ADA equipped and which are MoDOT funded)

Attachment C

Platte County Board of Services
 MODOT 5310 Fiscal Year 2011 Application
 Fleet Analysis @ 12/31/10

Year	Make	Model	Handicapped Equipped	Rider Capacity	Owned
2002	Dodge	(1) Lift van	Yes	6	Yes
2002	Dodge	Minivan	No	6	Yes
2003	Dodge	Minivan	No	6	Yes
2003	Ford	(1) Lift van	Yes	6	Yes
2003	Ford	Raised roof van	No	11	Yes
2004	Ford	Raised roof van	No	11	Yes
2004	Ford	Raised roof van	No	11	Yes
2005	Chevrolet	(1) 15 pass van	No	14	Yes
2005	Dodge	Minivan	No	6	Yes
2006	Chevrolet	Minivan	No	6	Yes
2006	Chevrolet	Minivan	No	6	Yes
2006	Chevrolet	Minivan	No	6	Yes
2006	Chevrolet	Minivan	No	6	Yes
2006	Ford	(1) Lift van	Yes	6	Yes
2006	Ford	Raised roof van	No	11	Yes
2006	Ford	Raised roof van	No	11	Yes
2007	Chevrolet	Minivan	No	6	Yes
2007	Chevrolet	Minivan	No	6	Yes
2007	Chevrolet	Pickup	No	1	Yes
2007	Ford	Raised roof van	No	11	Yes
2007	Kia	Minivan	No	6	Yes
2007	Kia	Minivan	No	6	Yes
2008	Chevrolet	(1) 15 pass van	No	14	Yes
2008	Chevrolet	(1) 15 pass van	No	14	Yes
2008	Ford	Raised roof van	No	11	Yes
2009	Chevrolet	(1) 15 pass van	No	14	Yes
2009	Ford	Car	No	3	Yes
2009	Kia	Minivan	No	6	Yes
2009	Kia	Minivan	No	6	Yes
2009	Kia	Minivan	No	6	Yes
2009	Kia	Car	No	3	Yes
2009	Kia	Car	No	3	Yes
2010	Ford	Raised roof van	No	11	Yes

(1) 5310 Grant Vehicles

**2011
APPLICATION
Federal Transit Administration
49 U.S.C.
SECTION 5310
Capital Assistance Program
For
Elderly and Persons with Disabilities**

Legal Name of Organization: Special Neighbors, Inc.
(As shown on the incorporation documents)

List all other DBA names: _____

Street Address: 3675 S. Noland Rd.; Ste. 110

Mailing Address: _____

City: Independence

Zip: 64055

County: Jackson

Congressional District: 5th

State Senate District: 011

State Representative District: 052

RPC/MPO Plan: Transportation 2040 MARC

Phone: (816) 836-3462

Executive Director: John Davis

Contact Person: Jennifer Seidel

Phone: (816) 836-3462

Fax: (816) 836-5158

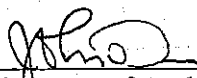
E-mail address:
jennifer@specialneighbors.org

Appendix H: REQUIRED:

Nonprofit Corporation Number: N000- 20863
(Issued by the Missouri Secretary of State)

Federal Employer Identification Number (FEIN): 43-1154462

DUNS Number: 057226003



Signature of Authorized Official

APPENDIX A
SECTION 5310 VEHICLE REQUEST FORM
2011

A separate form (copy) must be completed for each vehicle requested

Organization: Special Neighbors, Inc.

REQUESTING: Replacement Vehicle** _____
 Vehicle to expand existing service _____
 Vehicle to start new service _____

To replace an existing **MoDOT** vehicle, please include the following information:

VIN 2B7KB31Z22K134916 Year 2002 Make Dodge Ram

Current odometer reading 113,384 Vehicle condition Poor Fair Good

****If a vehicle has been replaced in a previous cycle, and you attempt to replace it again, your complete application will not be considered.**

INFORMATION FOR REQUESTED VEHICLE:

Type of vehicle requested:

Straight Van _____ Raised Roof (Modified) Van _____ Mini-van _____ Modified Mini-van _____

Medium Duty Bus Type _____ Mini-bus _____ Other _____

List primary city and county to be served by this vehicle: Blue Springs / Jackson County
 City County

Daily hours actual transportation services will be performed with this vehicle. (If you transport passengers from 7 - 9 am and then again from 3 - 5 pm, your transportation hours are 4 hours daily.)

Enter number of transportation hours: 3

Below, estimate the number of one-way passenger trips to be provided and the unduplicated persons to be served. (If a person is taken to a nutrition site, later to a grocery store, and then home, 3 (one-way) trips have been provided, but only one unduplicated person).

<u>TRIPS PER MONTH</u>	<u>UNDUPLICATED PERSONS PER MONTH</u>	<u>TYPE OF TRIPS TO BE PROVIDED</u> <u>(% OF USE, should = 100%)</u>
Elderly _____	Elderly _____	Medical <u>4%</u>
Persons with Disabilities <u>450</u>	Persons with Disabilities <u>8</u>	Education <u>2%</u>
Other _____	Other _____	Nutrition <u>2%</u>
		Recreation <u>10%</u>
		Shopping <u>17%</u>
		Employment <u>65%</u>
		Other* <u>0%</u>

*Describe

**APPENDIX A
SECTION 5310 VEHICLE REQUEST FORM
2011**

A separate form (copy) must be completed for each vehicle requested

Organization: Special Neighbors, Inc.

REQUESTING: Replacement Vehicle** _____
 Vehicle to expand existing service _____
 Vehicle to start new service _____

To replace an existing **MoDOT** vehicle, please include the following information:

VIN 2B7LB31Z2WK150513 Year 1998 Make Dodge

Current odometer reading 143,321 Vehicle condition Poor Fair Good

****If a vehicle has been replaced in a previous cycle, and you attempt to replace it again, your complete application will not be considered.**

INFORMATION FOR REQUESTED VEHICLE:

Type of vehicle requested:

Straight Van _____ Raised Roof (Modified) Van _____ Mini-van _____ Modified Mini-van _____

Medium Duty Bus Type _____ Mini-bus _____ Other _____

List primary city and county to be served by this vehicle: Independence / Jackson
 City County

Daily hours actual transportation services will be performed with this vehicle. (If you transport passengers from 7 - 9 am and then again from 3 - 5 pm, *your transportation hours are 4 hours daily.*)

Enter number of transportation hours: 4

Below, estimate the number of one-way passenger trips to be provided and the unduplicated persons to be served. (If a person is taken to a nutrition site, later to a grocery store, and then home, 3 (one-way) trips have been provided, but only one unduplicated person).

<u>TRIPS PER MONTH</u>	<u>UNDUPLICATED PERSONS PER MONTH</u>	<u>TYPE OF TRIPS TO BE PROVIDED</u> <u>(% OF USE, should = 100%)</u>
Elderly _____	Elderly _____	Medical 0%
Persons with Disabilities <u>398</u>	Persons with Disabilities <u>10</u>	Education 0%
Other _____	Other _____	Nutrition 2%
		Recreation 9%
		Shopping 3%
		Employment 88%
		Other* 0%

*Describe

Type of Agency (Senate Bill 40, Workshop, Senior Center, Etc.)
Residential provider for individuals with developmental disabilities.

Major Funding Sources

Department of Mental Health, Medicaid, Developmental Disability Services of Jackson County

APPENDIX B

Brief Outline of Transportation Service Provided

(Including days and hours of operation, and the type of clientele)

Special Neighbors provides residential services to individuals with developmental disabilities. Services, including transportation, are provided by staff seven days a week on an as needed basis. This includes transportation to and from work, medical appointments, recreational and leisure activities, shopping and nutrition.

Service Area (Cities and Counties)

Independence/Jackson		
Blue Springs/Jackson		
Kansas City/Jackson		
Grain Valley/Jackson		

APPENDIX C

Number and Type of All Vehicles Operated by Agency (Indicate which vehicles are ADA equipped and which are MoDOT funded)

2006 Chevrolet 3500*	2004 Buick Century	*These vehicles are leased from Developmental Disability Services of Jackson County, which were from the MoDOT 5309 program.
2005 Ford E350 (ADA)*	2008 Ford E350	
2005 Ford E350 (ADA & MoDot)	1998 Dodge Conversion (ADA)*	
2006 Shuttle Bus (ADA)	1998 Dodge Conversion (ADA)*	
1999 Ford E350 (ADA)		
2008 Ford E350 (ADA)		
2002 Dodge Ram E3500 (MoDot)		
2006 Ford Taurus		

**2011
APPLICATION
Federal Transit Administration
49 U.S.C.
SECTION 5310
Capital Assistance Program
For
Elderly and Persons with Disabilities**

Legal Name of Organization: The Community of the Good Shepherd
(As shown on the incorporation documents)

List all other DBA names: _____

Street Address: 10101 James A. Reed Road

Mailing Address: Same

City: Kansas City

Zip: 64134

County: Jackson

Congressional District: 5

State Senate District: 10

State Representative District: 050

RPC/MPO Plan: 10/E

Executive Director: Sharon Higney

Phone: (816) 767-8090

Contact Person: Leroy Raab

Phone: (816) 767-8090

Fax: (816) 767-8091

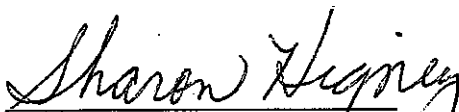
E-mail address:
shigney@cgshepherd.org & lraab@cgshepherd.org

Appendix H: REQUIRED:

Nonprofit Corporation Number: N000- 09743
(Issued by the Missouri Secretary of State)

Federal Employer Identification Number (FEIN): 43-0903057

DUNS Number: 858663289


Signature of Authorized Official

Type of Agency (Senate Bill 40, Workshop, Senior Center, Etc.)

Residential Group Homes, Individualized Supported Living Apartments/ Homes and Semi-Independent Living Apartments

Major Funding Sources

State of Missouri Medicaid Wavier, Missouri Department of Mental Health.

APPENDIX B

Brief Outline of Transportation Service Provided

(Including days and hours of operation, and the type of clientele)

Daily, Sunday through Saturday, 6:30am to 9:00pm, 100 hours per week to provide transportation to and from Workshops,

Adult Day Programs, Medical Appointments, Personal Shopping and Recreational Activities for Developmentally Disabled

Individuals.

Service Area (Cities and Counties)

Kansas City, Jackson

Lee's Summit, Jackson

APPENDIX C

Number and Type of All Vehicles Operated by Agency (Indicate which vehicles are ADA equipped and which are MoDOT funded)

See Attachment enclosed

CGS Vehicle Inventory Listing

Appendix C attachment

Vehicle #	Make	Model	Series	Year	ADA	MoDot
1	Dodge	Ram 3500	Maxiwagon	2001	No	Yes
2	Ford	E350		2000	No	Yes
3	Dodge	Caravan	EV	2001	No	Yes
4	Chevy	Uplander	Entervan	2007	Yes	Yes
5	Chevy	3500		2005	No	Yes
6	Ford	Freestar		2006	No	Yes
7	Mercury	Sable		2001	No	Yes
8	Dodge	B3500		1997	Yes	Yes
9	Ford	Windstar		2000	No	Yes
10	Chevy	Express	3500	2008	No	Yes
11	Chevy	Express	3500	2008	No	Yes
12	Ford	E350		2008	Yes	Yes
13	Dodge	Grand Caravan	SE	2009	Yes	Yes
14	Dodge	Grand Caravan	SE	2009	Yes	Yes
15	Dodge	Grand Caravan	SE	2010	Yes	Yes

**2011
APPLICATION
Federal Transit Administration
49 U.S.C.
SECTION 5310
Capital Assistance Program
For
Elderly and Persons with Disabilities**

Legal Name of Organization: Triality, Inc.
(As shown on the incorporation documents)

List all other DBA names: _____

Street Address: 6600 Royal St., Ste. 105

Mailing Address: 6600 Royal St., Ste. 105

City: Pleasant Valley

Zip: 64068

County: Clay

Congressional District: 6

State Senate District: 17

State Representative District: 35

RPC/MPO Plan: 10, E MARC

Phone: (816) 781-0177 x224

Executive Director: Wendy Witcig

Contact Person: Mark Riley

Phone: (816) 781-0177 x221

Fax: (816) 781-9271

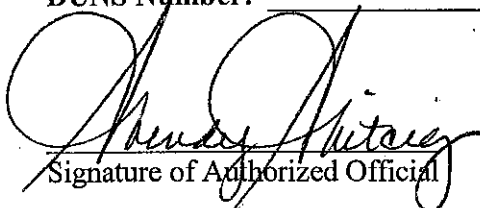
E-mail address:
mriley@tralityinc.org

Appendix H: REQUIRED:

Nonprofit Corporation Number: N000- 16125
(Issued by the Missouri Secretary of State)

Federal Employer Identification Number (FEIN): 43-1043496

DUNS Number: 930416003


Signature of Authorized Official

Type of Agency (Senate Bill 40, Workshop, Senior Center, Etc.)

Not for profit state contractor providing employment, community integration and community living services to adults with developmental disabilities

Major Funding Sources

Medicaid, Missouri Department of Mental Health, Clay County Developmental Disabilities Resource Board

APPENDIX B

Brief Outline of Transportation Service Provided

(Including days and hours of operation, and the type of clientele)

Transportation is provided for community integration activities for adults with developmental disabilities M-F, 9:00-4:00.

Transportation for employment services (interviews, jobs) to same type of clientele can be provided all hours each day of week.

Transportation for same type of clientele in community living (medical, recreation) is available all hours each day of week.

Service Area (Cities and Counties)

Excelsior Springs
Kansas City
Kearney
Liberty
North Kansas City
Parkville
Platte City

Clay County
Jackson County
Platte County

APPENDIX C

Number and Type of All Vehicles Operated by Agency (Indicate which vehicles are ADA equipped and which are MoDOT funded)

1- 2003 Ford F350 Van, ADA, MoDOT
1- 1994 Ford E150 Van, ADA
1- ADA, MoDOT van awarded 2009
2- ADA, MoDOT vans awarded 2010

Type of Agency (Senate Bill 40, Workshop, Senior Center, Etc.)

Not for profit state contractor providing employment, community integration and community living services to adults with developmental disabilities

Major Funding Sources

Medicaid, Missouri Department of Mental Health, Clay County Developmental Disabilities Resource Board

APPENDIX B

Brief Outline of Transportation Service Provided

(Including days and hours of operation, and the type of clientele)

Transportation is provided for community integration activities for adults with developmental disabilities M-F, 9:00-4:00.

Transportation for employment services (interviews, jobs) to same type of clientele can be provided all hours each day of week.

Transportation for same type of clientele in community living (medical, recreation) is available all hours each day of week.

Service Area (Cities and Counties)

Excelsior Springs
Kansas City
Kearney
Liberty
North Kansas City
Parkville
Platte City

Clay County
Jackson County
Platte County

APPENDIX C

Number and Type of All Vehicles Operated by Agency (Indicate which vehicles are ADA equipped and which are MoDOT funded)

1- 2003 Ford F350 Van, ADA, MoDOT
1- 1994 Ford E150 Van, ADA
1- ADA, MoDOT van awarded 2009
2- ADA, MoDOT vans awarded 2010

**2011
APPLICATION
Federal Transit Administration
49 U.S.C.
SECTION 5310
Capital Assistance Program
For
Elderly and Persons with Disabilities**

Legal Name of Organization: Tri-County Mental Health Services, Inc.
(As shown on the incorporation documents)

List all other DBA names: _____

Street Address: 3100 NE 83rd Street, Ste. 1001

Mailing Address: 3100 NE 83rd Street, Ste. 1001

City: Kansas City

Zip: 64119

County: Clay

Congressional District: 6

State Senate District: 17

State Representative District: 38

* RPC/MPO Plan: Mid-America Regional Council

Phone: (816) 468-0400

Executive Director: Tom Cranshaw

Contact Person: JoAnn Werner

Phone: (816) 468-0400

Fax: (816) 468-6635

E-mail address:
joannw@tri-countymhs.org

Appendix H: REQUIRED:

Nonprofit Corporation Number: N000- 42244
(Issued by the Missouri Secretary of State)

Federal Employer Identification Number (FEIN): 43-1556416

DUNS Number: 621539576


Signature of Authorized Official

* Transportation Outlook 2040 (Coordinated Public Transit - Human Services Transportation Plan)

TYPE OF AGENCY

Tri-County Mental Health Services, Inc. exists to provide prevention and recovery-oriented behavioral health services which are quality assured and responsive to consumer needs. In 1973 Tri-County Community Health Center was established on the campus of North Kansas City Hospital. In 1990, Tri-County Mental Health Services, Inc. created a new organization governed by a not for profit community board, and has progressed as a freestanding 501(c) (3) corporation. Currently and for the last 38 years, Tri-County remains the primary, private, not for profit provider of behavioral health services to our community of more than 320,000 people living in the counties of Clay, Platte and Ray. (Brochure enclosed)

MAJOR FUNDING SOURCES

- State of Missouri Department of Mental Health
- Clay, Platte, Ray Mental Health Tax Levy Board
- Limited commercial insurance

ATTACHMENT B




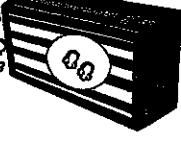




Tri-County Mental Health Services, Inc. provides transportation services for adults diagnosed with a serious and persistent mental illness to attend an adult psychosocial rehabilitation program. Tri-County also provides transportation to assist our consumers in accessing necessary metabolic screenings and other health related screenings as part of a new disease management initiative to coordinate and integrate behavioral and physical healthcare. The philosophy of the agency is to help persons with severe and disabling mental disorders live as independently as possible in the community and to live satisfying lives.

Regular operating hours for our adult day treatment program are Monday-Friday, 9:00 a.m. until 3:00 p.m. Tri-County provides door-to-door transportation each business day from 7:30 a.m. – 9:30 a.m. picking up persons to come to the center; 11:00 a.m. – 2:00 p.m. providing transportation to community outings; and then 2:30 p.m. – 4:30 p.m. returning persons to their residence. There are community events on weekends or evenings that we provide transportation for our consumers and are in addition to our regular programming schedule. These events include major league sporting events, Renaissance Festival, Missouri State Fair, MOAPSR Conference, North Kansas City Snake Parade, just to name a few.

Transportation for the coordination of physical health care will be provided Monday-Friday, 8:00 a.m. – 5:00 p.m.

The primary service area is Kansas City, Liberty, Gladstone, Riverside and Parkville Missouri. All are located in Clay and Platte Counties of Missouri.

Tri-County Mental Health Services, Inc. current mileage on a monthly basis is approximately 5491 miles per month. As stated earlier in Attachment A, this average is based on 22 work days per month, primarily in and around Kansas City, Gladstone, and Liberty areas in Missouri. 90% of the transportation provided for our consumers is to assist them in meeting individual rehabilitation goals and access to physical health services. Education is centered on the necessary skills and resources needed to reach goals and the opportunity to practice those skills, build up self confidence, and become the master of their own recovery. A sample weekly calendar is enclosed.

VAN LINE 516-9751	MONDAY June 13	TUESDAY June 14	WEDNESDAY June 15	THURSDAY June 16	FRIDAY June 17
Staff	Nicki Jody Julie Matt Fred	Nicki Jody Julie Fred	Nicki Jody Julie Matt Fred	Nicki Jody Julie Fred	Nicki Jody Julie Matt Fred
8:30	CURRENT EVENTS				
10:00	COMMUNITY MEETING George	COMMUNITY MEETING Shelley	COMMUNITY MEETING Patricia	COMMUNITY MEETING William	COMMUNITY MEETING
11:00	COFFEE SOCIAL Matt GROCERY SHOPPING Fred DUAL RECOVERY Ginny LIFE SKILLS Nicki	BUDGETING Julie  PARK WALKING Jody	LIFE SKILLS Matt THRIFT STORES Fred	IMR Nicki NEWSLETTER Dory & Jody 	WAL-MART Fred COOKING Vince LIFE SKILLS Matt
12:15	LUNCH & RELAXATION				
1:00	SMOKING CESSATION Tobi  COPING Julie	WAL-MART Fred COPING Nicki & Joe	HOT DOG/BRAUT-WURST SALE! (1/2 proceeds to Joplin) PICTIONARY Vince LIBRARY Matt	COMMUNITY OUTING Nicki MEDICATION Julie	MOVIES X2 We will be going out to the movies and having a movie at the North Star Club. Bring \$3.00 if you are going out to the movies. 
2:00	(2:30) BINGO 	TRIVIA Nicki 	(2:30) BINGO 	POOL TOURNAMENT 	Friday Surprise! Woo Hoo!
Lunch Menu	Spaghetti Salad	Pot Luck	Sandwiches Soup Hot Dogs/Braut sale	Potato Bar	

ATTACHMENT C

Number and Type of All Vehicles Operated by Agency:

- 2009 Chevrolet 15 passenger van, MODOT funded
- 2008 StarCraft 18 passenger mini-bus, MODOT funded and ADA equipped
- 2005 Ford 15 passenger van
- 2003 Ford Windstar 7 passenger mini van
- 2001 Ford Windstar 7 passenger mini van