

2022 SECTION 5310 OPERATING APPLICATION

SECTION I. APPLICANT INFORMATION

Legal Name of Organization: <b>Town of Wilton</b>	
Address: <b>238 Danbury Rd</b>	
City/Town: <b>Wilton</b>	Zip code: <b>06897</b>

Website: <b>www.wiltonct.org</b>
Phone Number: <b>203-563-0100</b>

Contact Name: <b>Stephen Pierce</b>
Contact Title: <b>Parks &amp; Recreation Director</b>
Contact Email Address: <b>steve.pierce@wiltonct.org</b>

Federal Employer Identification Number: -
DUNS Number:

Agency/Organization Type: <input type="checkbox"/> Private Nonprofit Organization <sup>1</sup> <input checked="" type="checkbox"/> State or Local Governmental Entity <input type="checkbox"/> Public Transportation Operator <input type="checkbox"/> Other (specify):
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What is your organization's mission and purpose? (Limited to 400 Characters): <b>The Town of Wilton's Dial-A-Ride mission is to provide safe, dependable transportation to residents who are Senior Citizens, or Disabled, allowing them the independence to continue living in our community.</b>
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What are the transportation services your organization provides? (Limited to 400 Characters): <b>The Town of Wilton Dial-A-Ride program provides transportation to Senior Citizens and disabled residents in town Mondays through Fridays and to Norwalk Tuesdays and Thursdays. This program allows residents without personal transportation a way to live independently in our community. A nominal fee is charged, \$1.00 one way in town and \$2.00 one way to Norwalk. Should a resident need financial assistance the fee is waived. Trips may include doctor's appointments, food shopping, going to work, visiting with friends, or attending community programs, such as Senior Center activities, picnics in the park, July 4<sup>th</sup> or Memorial Day community celebrations</b>
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<sup>1</sup>**Additional Requirement**

If your organization is a Private Nonprofit Organization (NPO), include a copy of your *Articles of Incorporation* with this application, even if your organization has previously received Section 5310 grant funding. Applicants that are State or Local Governmental Entities or Public Transportation Operators are exempt from this requirement.

**SECTION II. PROJECT PROPOSAL**

1. What State Fiscal Year (SFY) is your organization requesting operating funding for? (i.e. SFY 2024 starts July 1, 2023 and ends June 30, 2024)

**SFY 2024**

2. Why is your organization requesting operating funding? Describe your proposed project in detail.

**The Town is seeking funds to purchase a Ford Transit Wheel chair accessible van to replace a 12 passenger non-wheel chair accessible vehicle. The vehicle we would like to purchase has that can seat 4 to 6 ambulatory riders and has 2 wheel chair stations. We have two other vans which seat 8 ambulatory riders with two wheelchair stations. The requested vehicle is smaller allowing us better and safer maneuverability in some of our riders pick up locations, and an additional capacity to pick up residents who use a wheelchair.**

3. How would the proposed project serve seniors and individuals with disabilities?

**We provide transportation to doctors appointments, shopping, senior programs, special events, social visits with friends, and more in the Town of Wilton and also Norwalk. This new van will increase our ability to service this community.**

4. What is your organization’s proposed service area? List all of the municipalities to be served by this project.

Municipality 1: <b>Wilton</b>	Municipality 6:
Municipality 2: <b>Norwalk</b>	Municipality 7:
Municipality 3:	Municipality 8:
Municipality 4:	Municipality 9:
Municipality 5:	Municipality 10:
Municipality 11:	Municipality 12:
Municipality 13:	Municipality 14:
Municipality 15:	Municipality 16:
Municipality 17:	Municipality 18:
Municipality 19:	Municipality 20:
Additional municipalities:	

5. When will the proposed service/project operate and how many one-way trips are projected for each day?

	Start (AM/PM)	End (AM/PM)	# of Passenger Trips
Sunday	<b>0</b>	<b>0</b>	<b>0</b>
Monday	<b>9:00 AM</b>	<b>4:00 PM</b>	<b>25</b>
Tuesday	<b>9:00 AM</b>	<b>4:00 PM</b>	<b>30</b>
Wednesday	<b>9:00 AM</b>	<b>4:00 PM</b>	<b>28</b>

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	Start (AM/PM)	End (AM/PM)	# of Passenger Trips
Thursday	9:00 AM	4:00 PM	35
Friday	9:00 AM	4:00 PM	26
Saturday	0	0	0

6. Would your organization operate the service or contract out the service?

- Applicant would operate service
- Contracted provider would operate service

If proposing to contract out the service, identify the service provider below<sup>2</sup>:

7. How does this proposed project go above and beyond the requirements of the Americans with Disabilities Act of 1990?

**This proposed project will extend the capabilities of Dial-A-Ride service allowing us to serve a greater number of the town’s population through a demand responsive system. This grant will continue to make the Town of Wilton comply with Sec. 12144 of the Americans with Disabilities Act with respect to a public entity operating a demand responsive system. Aside from meeting requirements for the vehicle, our staff assists passengers onto and off the van, along with their packages. During Covid we worked with the local department of health to maintain safe transit for the drivers and passengers by erecting plexiglass shields and minimizing riders to keep them six feet apart from one another. While this limited ridership, patrons were able to get to work, go shopping, attend doctor’s appointments, and more.**

8. Would your organization operate this service in coordination with another organization?  Yes  No

If yes, explain the coordination in detail below<sup>3</sup>:

If no, explain any ongoing discussions or proposed plans to coordinate in the future.  
**We will engage conversations with Norwalk Transit as we have done in the past**

9. What gap identified in the [Locally Coordinated Public Transit Human Service Transportation Plan](#)

<sup>2</sup> **Additional Requirement**

If your organization currently contracts out service, include a copy of the service agreement with this application.

<sup>3</sup> **Additional Requirement**

If your organization currently coordinates with another organization to provide transportation service, include a copy of the interagency agreement with the application.

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(LOCHSTP) does your organization’s proposal address? Select all that apply.

<p><b>Information &amp; Awareness Gaps</b></p> <p><input type="checkbox"/> Inter-regional coordination</p> <p><input type="checkbox"/> Informational awareness &amp; service marketing</p> <p><input type="checkbox"/> Centralized information resource</p> <p><input type="checkbox"/> Passenger training</p> <p><b>Temporal Gaps</b></p> <p><input checked="" type="checkbox"/> Weekday off-peak service</p> <p><input type="checkbox"/> Weekend service</p> <p><input checked="" type="checkbox"/> Holiday service</p> <p><input type="checkbox"/> Urgent Non-Emergency Medical Transportation (NEMT)</p> <p><input type="checkbox"/> Same-day service</p>	<p><b>Geographical Gaps</b></p> <p><input type="checkbox"/> Service to/from rural areas</p> <p><input type="checkbox"/> Inter/Intra-regional transportation</p> <p><b>Client Gaps</b></p> <p><input type="checkbox"/> Non-ADA eligible service</p> <p><input checked="" type="checkbox"/> Door-to-Door service</p> <p><input type="checkbox"/> Door-through-Door service</p> <p><b>Service Quality Gaps</b></p> <p><input checked="" type="checkbox"/> Accessible vehicle (non-taxi)</p> <p><input type="checkbox"/> <b>Other (specify):</b></p>
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10. CTDOT has recently begun an update to the LOCHSTP plan, to identify existing gaps in transportation for seniors, people with disabilities and persons earning low-income, and devise strategies to address those gaps and improve coordination of services. Would your organization be interested in participating in the process or receiving information about it?

Yes       No

If yes, *and* your organization has not already received LOCHSTP outreach from CTDOT, a regional Mobility Manager or the local Regional Council of Governments, indicate your organization’s designated contact information below and the Section 5310 team will relay your organization’s interest to the appropriate CTDOT contact.

Name	Title	Email Address	Phone Number
Stephen Pierce	Parks & Recreation Director	Steve.pierce@wiltonct.org	203-834-6234 ext 6

11. Estimate the number of individuals in the following groups to be served by the proposal:

<b>2</b> Black	Pacific Islander	Alaskan Native	<b>127</b> White
<b>6</b> Hispanic	American Indian	<b>12</b> Asian	<b>3</b> Other

12. Explain how the number of individuals in question #11 were estimated. Note that organizations not currently collecting this information from passengers may request it on a voluntary basis.

The numbers based on the latest demographics as provided on the Town’s website. Link: [Wilton - 2021 Town Profile \(wiltonct.org\)](http://Wilton-2021-Town-Profile-wiltonct.org) With approximately 150 active riders using our service, we took the percent of the demographic breakdown based on the percent listed on the website

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13. How would your organization inform seniors and individuals with disabilities about the service?

**The Dial-A-Ride service is listed on the Town website, we work with the Senior Center Director to make seniors aware through their monthly Senior publications, we attend events like the Wilton Farmers Market to provide information to attendees about our program. All vans have the contact number on them. WE put information on the Parks & Recreation social media sites as well**

14. How would your organization inform seniors and individuals with disabilities with Limited English Proficiency about the service? Select all that apply

- Enlist the help of bilingual staff or employees proficient in another language, including sign language
- Utilize a professional translation service
- Offer Language Identification and/or I Speak cards
- Subscribe to a language interpretation service on an as-needed basis (i.e., Voiance)
- Communicate with relatives or guardians of the LEP individual
- Provide picture cards or visual aids
- Coordinate with another municipal department, nonprofit organization or local government to share translation resources
- Miscellaneous (specify):

15. How does this project proposal complement other sources of funding or grants received from local, state and/or federal public resources?

**The Town has two other larger Dial-A-Ride vehicles. This vehicle allows greater maneuverability in tight spaces that we encounter at some resident's homes making it difficult for the rider to access the vans, and the drivers to navigate. This vehicle will increase our capacity to carry non-ambulatory residents.**

16. How would your organization resolve a complaint regarding transportation service?

**Any complaints received are forwarded to the Director of Parks & Recreation, who will assess the concern, reply to the complainant and discuss with all staff.**

17. Who in your organization would be responsible for ensuring timely reporting and communicating with the Connecticut Department of Transportation (CTDOT)? Include the name, title and contact information of the responsible individual(s) for each.

	Name	Title	Email Address	Phone Number
Reporting:	Stephen Pierce	Parks & Recreation Director	Steve.pierce@wiltonct.org	203-834-6234 ext 6
Communication:	Stephen Pierce	Parks &	Steve.pierce@wiltonct.org	203-834-6234

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		<b>Recreation Director</b>		<b>ext 6</b>
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**SECTION III. ANNUAL BUDGET(S)**

The annual budget page is available on the state contracting portal (CTsource) with the 2022 Section 5310 grant application materials and is titled *Section 5310 Operating Application – Budget Page*. The budget page must be completed and submitted as part of the application package.

Estimate the following annual statistics of your organization’s proposed service. For help on how to calculate costs per hour and mile, please refer to Appendix D in the Application Instructions packet.

	<b>Days of Service</b>	<b>Hours/Day</b>	<b>Miles/Day</b>	<b>Daily Ridership</b>	<b>Cost/Hour</b>	<b>Cost/Mile</b>
Weekday	255	6	98	29	116.02	24
Saturday	0	0	0	0	0	0
Sunday	0	0	0	0	0	0
Holiday	2	6	15	20	116.02	24
<b>ANNUAL TOTAL:</b>	<b>257</b>					

SECTION VI. TITLE VI REQUIREMENTS ACKNOWLEDGEMENT

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving Federal financial assistance.<sup>4</sup>

If awarded Section 5310 funding, your organization:

1. Would be responsible for reviewing and ensuring compliance with all applicable provisions and requirements of FTA Circular 4702.1B "[Title VI Requirements and Guidelines For Federal Transit Administration Recipients.](#)"
2. Would be required to develop a Title VI Program and submit it to the Connecticut Department of Transportation (CTDOT) Office of Contract Compliance (OCC) for acceptance **prior** to receiving funding.
3. Would be required to include the documents listed below into a Title VI program:
  - a. Title VI Notice to the Public
  - b. Title VI Complaint Process and Procedures
  - c. Title VI Complaint Form
  - d. Title VI Complaint Log
  - e. Public Participation Plan
  - f. Language Assistance Plan (including a Four-Factor Analysis)
  - g. A table depicting the membership of non-elected committees and councils (membership of which is selected by the recipient), broken down by race, and a description of the process the organization uses to encourage minority participation.
4. Would be required to update the Title VI Program periodically (at least every three years), to incorporate changes and additional responsibilities that may arise.

I have read and been informed of the Title VI requirements my organization would need to comply with if awarded Section 5310 funding. I understand that failure to comply with the requirements under Title VI may result in a delay or denial of funding.

Grant Applicant Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

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<sup>4</sup> Specifically, Title VI provides that "no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." (42 U.S.C. Section 2000d).



SECTION VII. APPLICANT SIGNATURE

**Required Signature:** By typing my name on the signature line below, I confirm that I have completed this application to the best of my knowledge on behalf of my organization, and that I have read and understand the *2022 Section 5310 Application Instructions*. I have made a copy of the completed application packet for my records.

Grant Applicant Signature<sup>5</sup>: \_\_\_\_\_ Date: \_\_\_\_\_

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<sup>5</sup> Name of person who completed the grant application. CTDOT will also accept a typed name or electronic signature.