



# Iowa Department of Transportation

## General Information and Instructions for Completion of the Iowa Department of Transportation Form 020107 "Certification Application For Coordination of Public Transit Services"

If your agency expends funds for the transportation of clients to services, please complete the attached Certification Application. Transportation service includes, but is not limited to, transporting clients in agency-owned vehicles, by agency staff, by volunteers, or through purchase of service vendor payments, or contracts for service agreements.

The purpose of this application is to obtain information on **how various agencies provide client transportation services**. The questions in this application relate only to client transportation activities. This application should be completed and returned to the state agency requesting the completion. (*EXAMPLE: If the State Department of Human Services is requesting that you complete this application, the completed application should be forwarded to the State Department of Human Services.*)

**NOTICE: In many cases, Local Human Service Agencies receive funds from several different state agencies to provide a variety of services. If your agency falls into this category, you will not need to complete an application for each source of funds. Instead, you should indicate all sources of funds used for client transportation as indicated in Section IV. Please understand that the application should be completed annually, either prior to the beginning of each fiscal year in which funds will be expended for client transportation services, or at some other time indicated by the state agency.**

### GENERAL INSTRUCTIONS

State, Administering Agency: Provide the name of the state agency requesting this information:  
(*EXAMPLE: If DHS is requesting this information, enter DHS as the State funding agency.*)

#### I. General Information

Provide the legal name of your agency, your agency's address, the person responsible for completion of the Application, telephone number, your agency's service area, types of clients served, types of services provided, and indicate whether or not your agency provides transportation services and if so uses public funds for it.

#### II. Transportation Activities

Provide information on the types of client groups served by checking all applicable groups. Additionally, indicate all types of services provided, and approximate breakdown of these services (in miles) according to time periods shown. Please also indicate if your agency purchases any transportation services from an urban or regional transit system and provide name of the same.

#### III. Agency Operated Vehicle Fleet

Please list all vehicles operated by your agency. For each vehicle indicate its year and model, passenger capacity in terms of number of seats (*excluding driver*) and wheelchair securement locations, any special equipment it has, what percent of time it is used for passenger transportation, average number of passengers transported monthly, average vehicle miles driven monthly, and whether or not the vehicle is owned or leased. Please use additional sheet(s) if necessary.

#### IV. Funding Sources Used for Support of Transportation

Please note every source of funds that your agency uses to support transportation. The total in this section must equal the sum of expenditures in Sections V and VI.

#### V. Purchase of Service

Please note all transportation services purchased from sources listed in terms of average monthly ridership, average vehicle miles and yearly expenditure. Provide an estimate of average monthly ridership in terms of single, one-way passenger trips\*, unduplicated.

#### VI. Operation of Own Transportation Service

Indicate the amount of funds your agency is requesting or anticipates to spend for the actual operation of your transportation service. In evaluating total operational costs, include the yearly salaries and fringe benefits for all personnel who are involved in transportation. (*If a staff person is involved in transportation for only 10 percent of his/her total job time, 10 percent of his/her total yearly salary and benefits should be shown in the transportation budget. This is extremely important in order to identify the true cost of your agency's transportation service.*)

\* A one-way passenger trip occurs each time a passenger boards a vehicle; one passenger could count for more than one trip. Example: A trip carrying a client from his/her home to the doctor, then to a shopping center, and back home is considered **three** (3) one-way passenger trips.

## STAFF

**Administrative Personnel.** Administrative personnel includes transportation coordinators, clerical position, dispatchers, and schedulers. If an administrator allocates any part of his/her time to transportation, that part of his/her time should be included in the transportation budget. *(EXAMPLE: If a transportation administrator attributes 15 percent of his/her time to transportation administration, 15 percent of his/her total yearly salary should be included under the transportation budget.)*

**Drivers.** Include all yearly salaries and benefits of full-time as well as part-time drivers.

**Maintenance.** Include all yearly salaries and benefits of full-time as well as part-time maintenance personnel.

**Professional Staff.** When professional staff are used to transport clients, their time spent arranging for and providing transportation to clients should be included in the transportation budget. *(EXAMPLE: If a professional counselor spends 5 percent of his/her time arranging for and providing transportation to clients, 5 percent of this person's yearly salary and benefits would be included in the transportation budget.)*

**Escorts.** Include all yearly salaries and benefits of full-time or part-time escorts.

**Volunteers.** Indicate the per mile rate and the total yearly amount of reimbursement paid to volunteers.

**Other (Specify.)** This category should include any additional yearly personnel costs necessary for the operation of your transportation service.

Enter the subtotal for this section at the right.

## VEHICLE OPERATING COSTS

This section is designed to obtain information concerning the costs associated with running all vehicles.

**Fuel and Oil.** The cost of all fuel and oil which your agency anticipates using during the upcoming program year should be included.

**Maintenance and Repair.** All costs for vehicle maintenance and repair anticipated for the upcoming year other than maintenance staffing costs should be included.

**Vehicle Insurance.** Enter your expected total yearly transportation insurance cost.

**Licensing and Fees.** Indicate the anticipated yearly cost of licenses and related fees.

**Staff Mileage Reimbursements (rate per mile).** If your agency expends funds to reimburse staff to transport clients to and from services, enter the amount expected to be spent in the new program year.

**Indirect Cost or Overhead.** These costs may include, but are not limited to utilities, office rent, supplies, etc. This figure may be a portion of the total overall yearly indirect cost for your service program. *(EXAMPLE: If the transportation service accounts for 10 percent of the total service program, 10 percent of the total indirect cost of the service program should be budgeted toward transportation.)*

**Other.** Specify other transportation related operating expenses that have not been included in this section.

Enter the subtotal at the right.

## PURCHASE OR LEASE OF VEHICLES AND SPECIAL EQUIPMENT

If your agency plans to purchase or lease vehicles and equipment during the upcoming fiscal year, please indicate the vehicle type. In addition, indicate the number of vehicles that will be purchased or leased. Any request for vehicles must be consistent with the area's transportation planning documents. *(Transit Development Plan or other)*. Specify if the proposed vehicles will be used to replace existing vehicles or expand the existing service. If the vehicles that are to be purchased or leased have special equipment (*i.e., lifts, ramps, two-way radios, etc.*), please indicate such in the appropriate section.

Also indicate the expenditures associated with the lease or purchase of vehicles and equipment for the upcoming year.

**THE TOTAL TRANSPORTATION EXPENDITURES, SECTION V PLUS SECTION VI, MUST EQUAL THE TOTAL AMOUNT OF FUNDS INDICATED UNDER SECTION IV.**



CERTIFICATION APPLICATION  
FOR COORDINATION OF PUBLIC TRANSIT SERVICES

Date \_\_\_\_\_

(Appendix to rule 761--910.4(324A))

FY \_\_\_\_\_

State/Federal Administering Agency \_\_\_\_\_

**I. General Information**

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Service Area (counties): \_\_\_\_\_

Types of Clients: \_\_\_\_\_

Types of Services: \_\_\_\_\_

Does agency provide transportation services?  Yes  No

Does agency use public funds for transportation?  Yes  No

**II. Transportation Activities**

Population groups served:  Elderly  Youth  Economically Deprived  Public

Persons with physical disabilities  Persons with mental disabilities  Other \_\_\_\_\_

Describe others: \_\_\_\_\_  
\_\_\_\_\_

Services Accessed:  Medical  Day Care  Shopping  Nutrition  Employment

Recreation  Education/training  Other social services \_\_\_\_\_

What percent of your transportation service (in terms of miles driven) is operated during the following time periods?

\_\_\_\_\_ % weekdays + \_\_\_\_\_ % evenings + \_\_\_\_\_ % weekends = 100%

Is any part of agency's transportation purchased from an urban or regional transit system?  Yes  No

If yes, please indicate system: \_\_\_\_\_  
\_\_\_\_\_



**V. Purchase of Service (Contracts and Vendor Agreements):** Annual Total \$ \_\_\_\_\_

	Average Monthly Ridership	Average Monthly Vehicle Miles	Projected Annual Expenditures
Taxi			\$
Intracity bus			\$
Regional/Urban Transit System			\$
Other - specify			\$
			\$
			\$
<b>Annual Total</b>			\$

**VI. Operation of Own Transportation Service:** Annual Total \$ \_\_\_\_\_

STAFF	Number	% of Time	Projected Annual Expenditures
Administrative			\$
Drivers			\$
Maintenance			\$
Professional			\$
Escorts			\$
Volunteers Reimbursement		\$ /mile	\$
Other - specify			\$
<b>Subtotal</b>			\$

VEHICLE OPERATING COSTS	Projected Annual Expenditures
Fuel and Oil	\$
Maintenance and repair	\$
Insurance	\$
License and fees	\$
Staff mileage reimbursement \$ /mile	\$
Indirect cost or overhead	\$
Other - specify	\$
<b>Subtotal</b>	\$

(Continued on Back Side)

**Purchase or Lease of Vehicles and Special Equipment**

Vehicle Type	Number to be Leased	Number to be Purchased	Number for Replacement	Number for Expansion	Special Equipment	Projected Annual Cost
						\$
						\$
						\$
Subtotal						\$

**Note: The total funding in Section IV must equal the total expenditures in Section V plus Section VI.**