

**Carson City  
Agenda Report**

**Date Submitted:** August 25, 2015

**Agenda Date Requested:** September 3, 2015

**Time Requested:** 5 minutes

**To:** Mayor and Board of Supervisors

**From:** Fire Department

**Subject Title:** For Possible Action: To accept a grant from the Nevada Department of Transportation in the amount of \$42,646 for the purchase of a wheelchair van and to provide a match of \$8529.20. (Tom Taruli, Ttaruli@carson.org)

**Summary:** The Board of Supervisors is required to accept grants in excess of \$25,000, pursuant to policy. This grant was submitted by the Fire Department through the Nevada Department of Transportation Federal Transit Administration Program. The grant will provide 80% of the purchase price of a new wheelchair van, with the City required to provide a match of 20%. The total cost to the City would be \$8529.20.

**Type of Action Requested:**

Resolution

Formal Action/Motion

Ordinance

Other (Specify)

**Does This Action Require A Business Impact Statement:**

Yes  No

**Recommended Board Action:** I move to accept a grant from the Nevada Department of Transportation in the amount of \$42,646 for the purchase of a wheelchair van and to provide a match of \$8529.20.

**Explanation for Recommended Board Action:** The Fire Department currently owns four wheelchair vans to provide services to Carson-Tahoe Hospital. The hospital is expanding their services and the Fire Department needs an additional van in order to manage the increased demand.

**Applicable Statute, Code, Policy, Rule or Regulation:** N/A

**Fiscal Impact:** The City is required to provide a 20% match of \$8529.20.


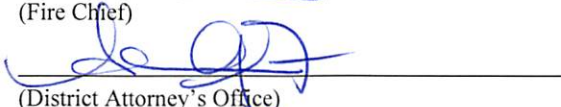


**Explanation of Impact:** The grant match is already in the budget.

**Funding Source:** Capital Projects Fund

**Alternatives:** Do not accept the grant award.

**Supporting Material:** 1) IFC agenda request  
2) NDOT grant public notice  
3) NDOT FY 2014-15 Vehicle Order Form

**Prepared By:** Janice Keillor, Grants Administrator

**Reviewed By:**  Date: 8/25/15  
(Fire Chief)  
 Date: 8/25/2015  
(District Attorney's Office)  
 Date: 8/25/15  
(Finance Director)  
 Date: 8/25/15  
(City Manager)

**Board Action Taken:**

		Aye/Nay
Motion: _____	1) _____	_____
	2) _____	_____
		_____
		_____
		_____

\_\_\_\_\_  
(Vote Recorded By)

## Internal Finance Committee – Agenda Request

IFC Meeting Date	July 30, 2014	Time Needed:	10 minutes
Requested By:	Giomi		
Description:	Request for grant match funds to wheelchair van purchase		
Fiscal Impact:	\$10,000	Fund:	to be determined
		Augmentation?	Yes

### Justification/Explanation

The Fire Department currently owns four wheel chair vans to provide services to Carson-Tahoe Hospital. One of those vans is a 2007 converted family van that we obtained through a donation from the State's surplus vehicle inventory. The hospital is planning construction and operation of a 188 bed skilled nursing facility that is expected to be open around this time next year. This purchase is in anticipation of them expanding their services. The opportunity to purchase this van now through the RTC/CAMPO administered grant from NDOT seems like the perfect opportunity and I didn't want to pass it up.

### Explanation of Fiscal Impact:

The money will be used to meet the 10% match required on capital purchases through this grant

Board of Supervisors Approval Required? No

### Explanation:

The purchase amount will be under \$50,000 and the van will be purchased off of a state contract, so no bidding is necessary.



**PUBLIC NOTICE**

**STATE OF NEVADA  
DEPARTMENT OF TRANSPORTATION  
INTERMODAL PLANNING/TRANSIT SECTION  
FEDERAL GRANT APPLICATION  
FEDERAL FISCAL YEAR 2015 (10/01/14 THRU 09/30/15)**

Separate applications are required for each Federal Transit Administration Program applied for.  
For further information or assistance, please contact the Transit Division at  
**775-888-7466 or 775-888-7312**

**Applications must be postmarked or hand delivered on or before:**

**April 15, 2014**

Nevada Department of Transportation  
Multimodal Transportation Planning/Transit Section  
1263 S. Stewart Street  
Carson City, NV 89712

**All documents must be signed by persons with signature authority and their legal counsel.**

**Categories and Criteria** — Below are the categories which will be used to rank all submitted applications for FTA funding. It is important to address each category as it pertains to your organization. Funding allocation will be based on how your application ranks among all submitted applications.

**Mission/Vision Statement (Page 7 of the application)**

Applicant's vision/mission statement: Include the organization's mission statement which clearly states the use of the proposed project funds. It needs to be clear how this funding enhances the organization's objective.

**Vehicle (Page 8 and 9 of the application)**

(Page 8) Identify vehicle(s) requested as well as if the vehicle(s) is a replacement or an expansion vehicle. Please note any special vehicle(s) options to be requested, (i.e. 4-wheel drive, bike racks, etc.)

(Page 9) Existing vehicle inventory: Describe the existing vehicle fleet. Please list all vehicles in your inventory whether obtained through NDOT or another source.

Insurance: A Certificate of Insurance will need to be provided. The state requires minimum liability coverage and NDOT requires full coverage for the vehicle as long as NDOT holds title. (The standard insurance for a paratransit vehicle under this program is Liability and Property Damage Insurance with a limit of \$1,000,000. for each occurrence, for bodily injury, and property damage, naming the Department of Transportation as an additional insured. This shall be maintained through the useful life of the vehicle and until NDOT releases lien of the title.)

**Budget (Pages 10, 11 & 12)**

All applicants complete Page 10 for Operating and Capital purchase funds they are requesting. Remember if you are requesting both operating funds and capital purchase funds separate applications will need to be submitted for each. Page 11 is to be completed for 5311 funds only and page 12 completed for 5339 and 5310 capital funds only.

**Revenue:** This source is separate from the match source. This source offsets the overall budget. This can be in the form of farebox contributions/revenue, donations, or agency financial assistance from service groups, businesses charities, etc.

**Match source/availability:** The source of the matching funds must be verifiable. A letter stating the monetary commitment from the contributing agency/entity must be included in the application, behind the budget sheets.

**Project Justification (Page 13)**

Please complete page 13 detailing your agency and its purpose to ensure proper ranking of your application.

Access type: Discuss equal access to your program and use of this service by all persons eligible. This includes, but is not limited to, the Federal Civil Rights Compliance and Activity issues involving Title VI non discrimination, Equal Employment Opportunity, Disadvantaged Business Enterprises and Americans with Disabilities Act; and state access and disability statutes, policies and guidelines.

Service area: List anticipated/proposed routes, schedules, trip priorities, etc. Describe the geographic service area including scheduled and non-scheduled trips to adjoining areas. Please don't include brochures. This needs to be a written document.

**Maintenance and Safety (Please include within the submitted Application Packet)**

A maintenance plan is required whether there is an existing plan or if a new plan will be developed. This plan should include documented vehicle maintenance/accident repairs and ensure oversight for routine scheduled or non-scheduled maintenance activities.

**Training**

A training policy is required: At a minimum the policy should contain the frequency, the type and who will be trained in safety, substance abuse awareness, passenger sensitivity, and customer service.

**Drug and Alcohol Policy (Please include within the submitted Application Packet)**

Sub-recipients of 5311 FTA funds are required to comply with regulations issued by the FTA on drug and alcohol testing, 49 C.F.R. Part 655. Among other requirements, these regulations require that all safety sensitive employees be tested for drug and alcohol use, pre-employment (drug only), random, reasonable suspicion and post accident, that certifications be made and reports submitted. There are limited exceptions to the testing requirements for contract maintenance workers under Section 5311 and for volunteers. Annual reporting of the testing results must be submitted to NDOT by sub recipients on Management Information System (MIS) forms.

**Customer Satisfaction and Community Support (Please include within the submitted Application Packet)**

Letters of Support: Provide any current (within the past 12 months) letters of support, if available, for the services.

Survey Reports: Include a summary of informal survey results and on-board rider satisfaction if available.

Other: Include any other indications of community support for the program. This can include considerations for funding from groups, strong rider interest, documentation of high levels of interest by client groups at City Council/Supervisors/Commissioners meetings, etc.

## FTA Funding Sources

**For your application to be considered complete, please only check one funding source. If multiple funding sources are desired please submit a separate application for each.**

### **5310 (Capital/Vehicle) Funds   x   (20% match required)**

This program (49 U.S.C. 5310) provides formula funding to States for the purpose of assisting private nonprofit organizations or Governmental entities in meeting the transportation needs of the elderly and persons with disabilities. Eligible subrecipients are private non-profit organizations, governmental authorities where no non-profit organizations are available to provide service, and governmental authorities approved to coordinate services.

### **5311 (Operating) Funds        (40% match required)**

### **5311 (Administration) Funds        (20% match required)**

### **5311 (Capital)        (5% match require)**

This program (49 U.S.C. 5311) provides formula funding to states for the purpose of supporting public transportation in rural areas (populations less than 50,000). Funds may be used for operating, and intercity bus service. It can also be used for job access and reverse commute projects which is defined as a transportation project to finance planning, capital and operating costs that support the development and maintenance of transportation services designed to transport welfare recipients and eligible low-income persons to and from jobs and activities related to their employment. Eligible subrecipients include state agencies, local public bodies, Indian tribes, nonprofit organizations and operators of public transportation services.

### **5339 (Bus and bus facilities)        (20% match required)**

This program (49 U.S.C. 5339) provides funding to replace, rehabilitate, and purchase buses and related equipment as well as construct bus-related facilities. This includes the acquisition of buses for fleet and service expansion, bus maintenance and administrative facilities, transfer facilities, bus malls, transport centers, intermodal terminals, park-and-ride stations, passenger shelters and bus stop signs, accessory and miscellaneous equipment such as mobile radio units, fare boxes, computers, shop and garage equipment. Eligible subrecipients include public agencies or private non-profit organizations engaged in fixed-route public transportation, including those providing services open to a segment of the general public as defined by age, disability, or low income.

**For more information on the programs above please refer to FTA's website:**

**[http://www.fta.dot.gov/funding/grants\\_financing\\_263.html](http://www.fta.dot.gov/funding/grants_financing_263.html)**

**If you have questions regarding which funding source is appropriate for your service please feel free to contact the NDOT Transit Section at (775) 888-7466 or (775) 888-7312.**

**Project funding from the programs listed above is subject to the availability of grant funding and the amount of project funding requests received.**

APPLICATION CHECKLIST			
INCOMPLETE APPLICATIONS WILL BE RETURNED			
APPLICANT REVIEW	PAGE	APPLICATION CHECKLIST WITH ITEMS REQUIRED	STAFF REVIEW
<input checked="" type="checkbox"/>	4	FTA FUNDING SOURCES	<input type="checkbox"/>
<input checked="" type="checkbox"/>	5-6	FEDERAL GRANT APPLICATION	<input type="checkbox"/>
<input checked="" type="checkbox"/>	7	VEHICLE INVENTORY	<input type="checkbox"/>
<input checked="" type="checkbox"/>	8-9	BUDGET	<input type="checkbox"/>
<input checked="" type="checkbox"/>	following budget	MATCH SOURCE DOCUMENTATION	<input type="checkbox"/>
<input checked="" type="checkbox"/>	10	PROJECT JUSTIFICATION	<input type="checkbox"/>
<input checked="" type="checkbox"/>	following project justification	AUTHORIZING RESOLUTION	<input type="checkbox"/>
<input checked="" type="checkbox"/>	1-14	SPECIAL SECTION 13 (c) WARRANTY OPINION OF COUNSEL	<input type="checkbox"/>
<input checked="" type="checkbox"/>	APPENDIX A	FEDERAL FISCAL YEAR 2014 CERTIFICATIONS AND ASSURANCES	<input type="checkbox"/>
<input checked="" type="checkbox"/>	include in application packet	ADA POLICY	<input type="checkbox"/>
<input checked="" type="checkbox"/>	include in application packet	DRUG AND ALCOHOL POLICY (5311 Only)	<input type="checkbox"/>
<input checked="" type="checkbox"/>	include in application packet	VEHICLE/FACILITY MAINTENANCE POLICY	<input type="checkbox"/>
<input checked="" type="checkbox"/>	include in application packet	TRAINING POLICY	<input type="checkbox"/>
<input checked="" type="checkbox"/>	include in application packet	VEHICLE POLICY (driver/rider information)	<input type="checkbox"/>
<input checked="" type="checkbox"/>	include in application packet	COMPLAINT RESOLUTION POLICY	<input type="checkbox"/>
<input checked="" type="checkbox"/>	include in application packet	COPY OF VEHICLE INSURANCE POLICY (Evidencing Commercial Liability, General Liability, Collision, and Comprehensive Liability insurance, with a limit of not less than One Million and no/100 Dollars (\$1,000,000.00) per occurrence.)	<input type="checkbox"/>
<input checked="" type="checkbox"/>	include in application packet	PUBLIC NOTICE- (Please review Appendix A "Certifications and Assurances" - Protections for Private Transportation Providers	<input type="checkbox"/>
<input checked="" type="checkbox"/>	include in application packet	CURRENT LETTERS OF SUPPORT (From previous 12 month period of service )	<input type="checkbox"/>

\*Please provide 1 original application and 1 copy

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
NDOT STAFF SIGNATURE



**PLEASE BE ADVISED THAT UPON ACCEPTANCE OF THIS APPLICATION FOR FTA FUNDING THERE MAY BE ADDITIONAL OBLIGATORY REQUIREMENTS UPON ENTERING INTO AN EXECUTED AGREEMENT INCLUDING BUT NO LIMITED TO THE FOLLOWING:**

**Quarterly Ridership Report (NDOT approved form)**

**Quarterly Vehicle Performance Measurement Report (NDOT approved form)**

**Quarterly written copies of current routes, schedules, and fares of the Transportation System**

**Quarterly written Progress Report (detailing any changes or additions to the System)**

**Insurance policy certificates, declaration pages and endorsements designating the Nevada Department of Transportation as an additional insured evidencing Commercial Liability, General Liability, Collision, and Comprehensive Liability Insurance, with a limit of not less than One Million and no/100 Dollars (\$1,000,000.00) per occurrence.**

**Annual U.S. Department of Transportation Drug and Alcohol Testing Management Information System (MIS) Data Collection Form**

**Follow the Federal Transit Administration (FTA) of the U.S. Department of Transportation 49 CFR Part 655, as amended, that mandates urine drug testing and breath alcohol testing for safety-sensitive positions, and prohibits performance of safety-sensitive functions when there is a positive test result. The U. S. Department of Transportation (USDOT) has also published 49 CFR Part 40, as amended, that sets standards for the collection and testing of urine and breath specimens.**

**STATE OF NEVADA  
DEPARTMENT OF TRANSPORTATION  
TRANSPORTATION AND MULTIMODAL PLANNING/TRANSIT SECTION  
FEDERAL GRANT APPLICATION  
FEDERAL FISCAL YEAR 2015 (10/01/14 THRU 09/30/15)**

Please fill out a separate application for each Grant Program you are applying for. Attach the original signed documents along with 1 complete copy of your application package and send to the Nevada Department of Transportation Multimodal Transportation Planning/Transit Section 1263 S. Stewart Street Carson City NV, 89712. Please retain 1 complete copy for your records.

**Applicant** Carson City on behalf of the Carson City Fire Department

\*If you are a County applying on behalf of a transit system, please provide names and addresses for both the County and the transit system.

**Physical Address** 777 S. Stewart St

**Mailing Address** same

**Contact**

**Person/Official** Stacey Giomi

**Title** Fire Chief

**Telephone** 775-263-7150

**Fax** 775-887-2209

**E-mail address** sgiommi@carson.org

**Federal Tax ID#** 88-6000189

**DUNS #** 782889851

**Type of Agency**  Private Non-Profit  
 Private For-Profit  
 Governmental Agency  
 Tribal Agency (Sovereign Nation)  
 Other (describe)

**Type of Service**  Senior Center/Disabled Workshop  
 Demand-Response (Dial-a-Ride, Door to Door)  
 Deviated Fixed-Route  
 Fixed route  
 Other (describe)

Service dedicate to a fixed route

**Mission/Vision Statement:**

The mission and vision of the Carson City Fire Department is to serve the public with pride, commitment, and compassion.

**SERVICE**

- Clientele Served**
- Elderly (60+ years old)
  - Persons with disabilities
  - Low Income/Welfare
  - Commuters
  - General Public (18-59 years old)
  - Children (under age 5)
  - Children (5-7 years old)
  - Children (8-17 years old)

- Location**
- Non-Urban Area (Rural under 50,000 population)
  - Small Urban Area (50,000 - 200,000 population)
  - Las Vegas
  - Reno
  - Carson City

- Cities Served**
- Carson City
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

- Counties Served**
- Lyon County (portions of)
  - Douglas County (portions of)
  - Washoe County (portions of)
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

**VEHICLE/BUSES REQUESTED**

**COSTS WILL  
DEPEND ON BIDS  
RECEIVED**

Quantity	VEHICLE DESCRIPTION	Estimated Cost
	Mini van w/Ramp & Dropped Floor	\$50,000.00
X	3 ambulatory w/2 wheelchair or	\$50,000.00
	6 ambulatory passengers	\$50,000.00
	Paratransit Type Bus w/Lift	\$75,000.00
	16 ambulatory w/1 wheelchair	\$75,000.00
	Paratransit Shuttle Bus w/Lift	\$77,000.00
	10 ambulatory w/3 wheelchair or	\$77,000.00
	12 ambulatory w/2 wheelchair or	\$71,000.00
	20 ambulatory passengers	\$75,000.00
	Other please attach estimate*	
<b>TOTAL QUANTITY</b>	<b>TOTAL COST</b>	<b>\$ 50,000.00</b>

\*Staff may ask for additional documentation

Agency Name Carson City Fire Dept.

Vehicle Inventory

Vehicle Identification Number	License #	Condition Poor/Good/ Excellent	Year & Vehicle Mode (BU=Bus, CU=Cutaway, VN=Van, MV=Minivan)	Vehicle Length	Seating Capacity	ADA Access Vehicle Yes/No	Mileage	Funding Source*	Vehicle to be Replaced Yes/No
1FTSS3EL4CDB21201	EX62240	Good	2012 VN	20'	3/2	Yes	39,141	Local G	No
1FTSS3EL2CDB21200	EX62241	Good	2012 VN	20'	3/2	Yes	40,200	Local G	No
1GBDV1314D174531	EX62267	Fair	2007 MV	15'	3/1	Yes	48,180	NDOT	No
1FTNE1EW2CDB39375	EX64306	Excellent	2012 VN	18'	3/2	Yes	9,419	Local G	No
		Excellent							

**FTA BUDGET (1 of 3) ALL APPLICANTS 5311, 5339, 5310**

<b><u>PROJECT ADMINISTRATION EXPENSES 5311</u></b>	
Director/Bookkeeper/Secretary (Salaries Including Benefits)	_____
Insurance Premiums	_____
Office Expenses (Phone/Utilities)	_____
Office Supplies	_____
Facilities & Equip Rental	_____
Marketing/Advertising	_____
Cost of Admin For Drug & Alcohol	_____
Other (Specify)	_____
<b>(A) TOTAL ADMIN. EXPENSES</b>	<b>\$ _____</b>

<b><u>REVENUE</u></b>	
(MUST INCLUDE PROJECTED FAREBOX REVENUE)	
Source	Dollar Amount
Contract with hospital	\$ 20,000
_____	_____
_____	_____
_____	_____
<b>(E) TOTAL REVENUE</b>	<b>\$ 20,000</b>

<b><u>CAPITAL OPERATING EXPENSES 5311</u></b>	
Preventative Maintenance (Defined as all maintenance costs)	_____
Office (Furniture/Computer)	_____
Vehicle Leases	_____
Mobility Management	_____
Other (Specify)	_____
<b>(B) TOTAL CAPITAL EXPENSES</b>	<b>\$ _____</b>

<b><u>MATCH</u></b>	
Source	Dollar Amount
Local Government General Fund	\$ 10,000
_____	_____
_____	_____
_____	_____
<b>(F) TOTAL MATCH</b>	<b>\$ 10,000</b>

<b><u>OPERATING EXPENSES 5311</u></b>	
Driver/Dispatcher Salaries (Including Benefits)	_____
Fuel/Oil Fluids	_____
Contract Operator	_____
Other (Specify)	_____
<b>(C) TOTAL OPERATING EXPENSES</b>	<b>\$ _____</b>

<b><u>CAPITAL PURCHASES (5339 or 5310)</u></b>	
Buses/Van/Paratransit Vehicle	\$ 50,000
Radios/Comm Equipment	_____
Bus Facilities (Shelters, Signs)	_____
Vehicle Overhaul/Rehab/etc.	_____
Other (Specify)	_____
<b>(D) TOTAL CAPITAL PURCHASES</b>	<b>\$ 50,000</b>

**5311 BUDGET ONLY (2 of 3)**



TOTAL ADMINISTRATION EXPENSES	_____	(A) On Budget Page 1
FTA ADMINISTRATIVE AMOUNT	_____	80% of total
SUB-RECIPIENT ADMINISTRATIVE MATCH 20%		20% of total

TOTAL CAPITAL EXPENSES	_____	(B) On Budget Page 1
FTA CAPITAL AMOUNT	_____	95% of total
SUB-RECIPIENT CAPITAL AMOUNT		5% of total

TOTAL OPERATING EXPENSES	_____	(C) On Budget Page 1
TOTAL FAREBOX REVENUE	_____	(E) On Budget Page 1
NET OPERATING EXPENSES	_____	Total expenses minus total farebox
FTA OPERATING AMOUNT	_____	60% of total
SUB-RECIPIENT OPERATING AMOUNT		40% of total

**PLEASE LIST FUNDING BELOW IN WHOLE DOLLARS**

**TOTAL FTA FUNDS REQUESTED**  (FTA ADMINISTRATION, CAPITAL & OPERATING FROM ABOVE)

**SUB-RECIPIENT MATCH**  ADMINISTRATION, CAPITAL & OPERATING FROM ABOVE)

**ESTIMATED ANNUAL HOURS OF SERVICE** \_\_\_\_\_

This is the number of hours you estimate you will operate transit services for the next year (Oct. 1 thru Sept. 30)

**\*COST PER REVENUE SERVICE HOUR** \_\_\_\_\_

This is the total net projected expenses divided by the estimated annual hours of service.

**5311 Rural & Small Urban \$6.2M Statewide**

This program provides funding for the purpose of supporting public transportation in areas of less than 50,000 populations. Funding may be used for operating and intercity bus services. It can also be used for job access and reverse commute projects which is defined as a transportation projects to finance planning and operating costs that support the development and maintenance of transportation services designed to transport welfare recipients and eligible low-income persons to and from jobs and activities related to their employment.

**5339 / 5310 CAPITAL PURCHASES ONLY (Page 3 of 3)**

---

**PLEASE LIST FUNDING BELOW IN WHOLE DOLLARS**

**TOTAL FTA FUNDS REQUESTED 80%**

**\$ 40,000**

(FROM D ON BUDGET PAGE 1 OR ESTIMATED ATTACHMENT.)

**SUB-RECIPIENT MATCH 20%**

**\$ 10,000**

(FROM D ON BUDGET PAGE 1 OR ESTIMATED ATTACHMENT.)

**5339 Bus and Bus Facilities \$1M Statewide**

This program provides funding to replace, rehabilitate, and purchase buses and related equipment as well as construct bus-related facilities. This includes the acquisition of buses for fleet and service expansion, bus maintenance and administrative facilities, transfer facilities, bus malls, transport centers, intermodal terminals, park-and-ride stations, passenger shelters and bus stop signs, accessory and miscellaneous equipment such as mobile radio units, fare boxes, computers, and shop and garage equipment.

✓ **5310 Enhanced Mobility for Seniors & Individuals with Disabilities \$170K Statewide**

This program provides funds to 1) serve the special needs of transit-dependent populations beyond traditional public transportat service, where public transportation is insufficient, inappropriate, or unavailable; 2) projects that exceed the requirements of the Americans with Disabilities Act (ADA); 3) projects that improve access to fixed route service and decreased reliance on complementary paratransit; and 4) project that are alternatives to public transportation.

## **PROJECT JUSTIFICATION**

**1. Please describe in detail your transportation program and how this funding will enhance the services offered.**

The Carson City Fire Dept. operates a dedicated wheelchair van service for Carson-Tahoe Health. The van is used to deliver wheelchair bound patients to and from medical facilities centered around the Carson-Tahoe Health campus. The purchase of this van will allow additional patients to be transported within the system. The hospital will be expanding their medical campus with the addition of a 200 patient long-term care facility to be constructed in early 2015. We hope to increase our ability to deliver wheelchair services to the long-term care facilities in Carson City with the addition of this vehicle.

**2. Describe the transportation services currently being provided by your organization and/or others in the same region.**

We currently transport approximately 175 to 190 wheelchair bound patients throughout the Carson-Tahoe Health campus. We also transport patients from the medical campus to their residences or to high acuity level medical facilities anywhere within a 250 miles radius.

**3. Provide a detailed picture of your organization. Provide information regarding how your organization came to be. Include the future vision for the organization.**

The Carson City Fire Department was formed in 1963 as a group of volunteer firefighters. It has evolved over the last 150 to be the premiere fire and emergency medical services (EMS) agency in western Nevada. We provide fire and EMS services for both emergency and non-emergency events. In September of 2012, we recognized the need to expand our services to non-emergency wheelchair transportation. We entered into an agreement with Carson-Tahoe Health to provide wheelchair services, thereby expanding the services we offer and delivering a community need. Our vision for the future is to ensure we are delivering the proper level of medical care to our citizens. Further, we strive to transport our patients to the most appropriate medical care.

**4. Describe any (proposed or currently in use) connectivity/coordination efforts with surrounding area transit providers (future/existing).**

We don't specifically coordinate with regional transit providers. We do coordinate with our own ambulance service and that service is available to patients who cannot be moved with a wheelchair van. We also have interlocal agreements with all of the adjoining counties to share ambulance services.



**Please print out this document, fill in and obtain signatures, then include with your Application Package to the Nevada Department of Transportation.**

**AUTHORIZING RESOLUTION**

APPLICANT Carson City on behalf of the Carson City Fire Department  
(Printed Name of Transportation Provider)

AUTHORIZED REPRESENTATIVE R. Stacey Giomi  
(Printed name of Authorized Representative)

Resolution authorizing the filing of an application for a Federal Transit Administration / Nevada Department of Transportation grant under 49 USC Chapter 53.

WHEREAS, the U S Department of Transportation (USDOT) is authorized to make grants to states through the Federal Transit Administration (FTA) to support transportation projects under 49 USC Chapter 53; and

WHEREAS, the Nevada Department of Transportation (NDOT) has been designated by the Governor to administer certain transportation projects under 49 USC Chapter 53; and

WHEREAS, the contract for financial assistance will impose certain obligations upon the APPLICANT, including provisions by it of the local share of project costs;

NOW, THEREFORE, BE IT RESOLVED BY THE APPLICANT:

That the above named representative is authorized to execute and file an application with NDOT on behalf of our agency to aid in the financing of capital, administration, and / or operating costs pursuant to 49 USC Chapter 53; and

That the above named representative is authorized to furnish such additional information as NDOT may require in connection with the application or the project.

The undersigned certifies that the foregoing is a true and correct statement.

**Fire Chief**

\_\_\_\_\_  
(Printed Title of Authorized Representative)

Dated 7-24-14

\_\_\_\_\_  
(Signature of Authorized Representative)

**Please print out this document, fill in and obtain signatures, then include with your Application Package to the Nevada Department of Transportation.**

**Special Section 13(c) Warranty  
OPINION OF COUNSEL**

The APPLICANT Carson City on behalf of the Carson City Fire Department  
(Name of Transportation Provider)

has agreed to be the legally and financially responsible party for the performance of terms and conditions of the following (and incorporated herein by reference) Special Section 13( c ) Warranty, for this grant request.

This will serve as the requisite opinion of Counsel that the APPLICANT is legally capable of assuming the legal and financial responsibilities for the terms and conditions of the Warranty.

I have reviewed the pertinent federal, state, and local laws and regulations, and I am of the opinion that there is no legal impediment to the APPLICANT assuming these responsibilities.

Furthermore, as a result of my examinations, I can find no pending litigation or legislation that might in any way adversely affect the APPLICANT'S ability to assume and discharge these Responsibilities.

**Neil A. Rombardo**

\_\_\_\_\_  
(Printed name of Legal Counsel)

Dated 7-24-14

\_\_\_\_\_  
(Signature of Legal Counsel)

**R. Stacey Giomi**

\_\_\_\_\_  
(Printed name of APPLICANT'S authorized representative)

**Fire Chief**

\_\_\_\_\_  
(Printed title of APPLICANT'S authorized representative)

Dated 7-24-14

\_\_\_\_\_  
(Signature of APPLICANT'S authorized representative)

NDOT FY 2014-2015 Vehicle Order Form 6/25/15

Sub Recipient: Carson City Fire Department / Bob Schreihans

Floor Plan Requested: 5-pass or 2 W/C 3 passenger (bid floor plan)

Total No. Vehicles: 1


Base Bid Price: \$39,566 Final Estimated Price: \$, 42,646  
 (Included Specs Attached) (Base Bid Price + Options)

Available Options:

Description	Unit Price	Quantity	Total \$
<b>Gasoline standard</b>	STD		
Flares	\$35.00	/	\$ 0.00
Safety Belt Cutter	\$15.00	/	\$ 0.00
Automatic Sliding Door	\$1,875.00	1	\$ 0.00
Easy Clean Floor Mats	\$45.00	/	\$ 0.00
Power Window Group	\$775.00	1	\$ 0.00
Additional Mobility Aid Securement Belt	\$395.00	1	\$ 0.00
Electronic Ramp	\$1,750.00	/	\$ 0.00
		<b>Total =</b>	<b>\$ 0.00</b>

\*\*A 20% match will be required at the time of vehicle delivery.

*#3,080*

Completed by:  
 THOMAS TARULLI  
  
 (775) 283-7159  
 CCFD.