

Siouxland Interstate Metropolitan
Planning Council
Metropolitan Planning Organization

FY 2026

**FEDERAL TRANSIT ADMINISTRATION SECTION 5310
MOBILITY OF SENIORS AND INDIVIDUALS WITH DISABILITIES
SOUTH DAKOTA SERVICE AREA**

Due Date:

February 13, 2026

Return To:
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Siouxland Interstate Metropolitan Planning Council and Sioux City Transit System provide services without regard to race, color, gender, religion, national origin, age, or disability, in accord with Title VI of the Civil Rights Act of 1964, the Rehabilitation Act of 1973, as amended, the Americans With Disabilities Act of 1990 and Executive Order 12898, Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations, 1994.

Any person who has questions concerning this policy or who believes they have been discriminated against should contact SIMPCO at 712-279.6286.



Please note that it is not the intention of SIMPCO to complete this Request for Applications for the applicant agency(ies). **This selection process is not an exercise in grantsmanship**, but rather a comparison of project facts.

Projects will be reviewed by the SIMPCO MPO TTC and SIMPCO MPO Policy Board for consideration of recommendation to be submitted to the South Dakota Department of Transportation.

MPO staff will be available to answer any questions about the Request for Applications and offer input to assist you. If you desire additional information or would like to discuss the application, please contact Ryan Brauer via contact information as provided.

RYAN BRAUER, REGIONAL PLANNER
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2026 FTA SECTION 5310 APPLICATION

Mobility of Seniors and Individuals with Disabilities

General Information

1. Organization/Agency Name: _____

2. Project Name: _____

3. Contact person for this project:

Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

4. Is your organization a Public Entity, Private Non-Profit, or Public Transit Operator? (Please indicate which)

5. Describe the organization's primary mission.

6. Provide an overview of the organization's service area and type of services it offers.

7. Describe the experience, knowledge, technical ability, administrative ability, and financial capacity the organization possesses to manage this transportation project and serve the target population successfully and efficiently.

8. Does the organization have experience in administering federal grants?

TRANSPORTATION SERVICES

9. Describe how the project will increase transportation options and enhance the quality of transportation services for seniors and individuals with disabilities.

10. Describe the organization's service area and transportation services currently being provided by your organization. This should include:

- Days and hours of service provided
- Service area
- Ridership eligibility
- Number of people served
- Number of one-way trips provided

- Current fare structure
- Number of vehicles your organization currently has in service

11. Estimate passenger types and trip purposes for the proposed vehicle for one year. Count each passenger in one trip purpose and passenger type only.

Trip Purpose	Number	Passenger Type	Number
Medical		Seniors	
Employment		Persons With Disabilities	
Nutrition		Other (List below)	--
Social/Recreation			
Education			
Shopping/Personal			
Business			
Other (List below)	--		
Total		Total	
Average Number of Non-Ambulatory Persons Served Per day:			

12. Explain your vehicle maintenance program, driver training and driver hiring requirements.

COORDINATED PUBLIC TRANSPORTATION PLAN STRATEGIES

13. Describe the service or project you propose using the Section 5310 funds for, why the service or project is needed, and how public awareness of the project will be promoted. Include an explanation on how the project will benefit the organization, improve efficiency, and reduce costs presently incurred by the organization.

14. Can all requests and needs for transportation services be accommodated with the existing transportation services in the community? If not, how many individuals do not participate (provide number of trip denials) due to lack of transportation needs proposed to be served by this project.

15. Describe how the project will support the strategies identified in the current [Coordinated Public Transit-Human Services Transportation Plan](#).

16. How will the project fill current gaps in transportation services?

17. Using sources other than the Coordinated Plan, document the need for this project.

18. Describe how this project will be coordinated with other organizations in the community.

PROJECT BUDGET AND FINANCIAL INFORMATION

Federal funds may be used as match source with the exception of Department of Transportation funds. For capital projects, a 20% local match is required. For operating expenses projects, a 50% local match is required.

Capital Costs *	Amount	Operating Costs *	Amount
Federal Amount (Up to 80%)		Federal Amount (Up to 50%)	
Local Match		Local Match	
Total Capital Costs		Total Operating Costs	

* Capital and Operating costs associated with contracted services are considered eligible Capital Costs

19. List local match amount and source(s). Source cannot be SD Department of Transportation.
20. How does your organization raise local funds? Does the organization make use of locally available financial resources and leverage these resources to the largest extent possible?
21. Does the organization have a reasonable expectation that these local funds will continue to be available in the future?

For Capital Project Requests Only:

Item	Quantity	Unit Cost	Subtotal
Total Capital Cost:			
Annual Operating Revenue derived from this project:			

22. Is the requested vehicle(s) intended to:

- Replace existing vehicle? If yes, list existing vehicle model year, vehicle type, and mileage.
- Expand Existing Service?
- Start New Service?

For Contracted Service Project Requests Only:

Service	Quantity	Unit Cost	Subtotal
Total Contracted Service Cost:			
Annual Operating Revenue derived from this service:			

23. Is the service intended to:

- Start New Service?
- Expand Existing Service?
- If to expand existing service, please detail services provided to date.

For Operating Project Requests Only:**Annual Budget Operating Expenses**

(List all line items you are requesting funds for such as salaries, fuel, and oil, etc.)

Line Item	Federal Funds	Match Funds	Total
Annual Operating Expense Total:			
Annual Operating Revenues derived from this project:			

You may attach additional pages and add any additional material which may be helpful in assessing your application. This could include a more detailed project and organization description, needs assessment, ability to service target populations, project effectiveness, program sustainability, fiscal and managerial capability, etc. However, you must still answer the questions in this application. Do not use "See Attached" as an answer to any question in the application.

AUTHORIZING RESOLUTION FOR NON-PROFIT ORGANIZATIONS

A resolution of **(Name of Organization)** recommending approval of an application to Siouxland Interstate Metropolitan Planning Council (SIMPCO) MPO for assistance in providing transportation services to **(Target Population to be Served)** in the **(Service Area)**.

WHEREAS, (Name of Organization) is submitting an application to the SIMPCO MPO for **(Operating or Capital)** assistance for **(Project Name and Brief Description of Project)**.

WHEREAS, the contract for financial assistance for **(Operating or Capital)** projects require that **(Name of Organization)** obligate local funding equal to **(Twenty Percent 20% or Fifty Percent 50%)** of the total project cost, being \$ **(Local Match Amount)** of \$ **(Total Project Cost)**.

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of **(Name of Organization)** that **(Organization Officer)** is authorized to commit organization resources, to execute and file an application for and to contract on behalf of **(Name of Organization)** with the Sioux Falls Metropolitan Planning Organization to aid in the financing of **(Project Name)**.

(Printed Name and Title)

(Signature)

(Date)

Certification

The information in this application is public record. To the best of my knowledge and belief, all data in this application is true and correct. If funding is awarded, the applicant will comply with the necessary Certifications and Assurances and will agree to sign an operating agency agreement which will detail those Certifications and Assurances as well as other applicable rights and responsibilities.

The undersigned is an authorized representative of the Applicant and possess adequate authority under applicable state and local laws and the Applicant's by-laws or internal rules to sign below.

Applicant Signature

Date

Title

Organization