



**NEW YORK STATE
OFFICE OF TEMPORARY AND DISABILITY
ASSISTANCE
40 NORTH PEARL STREET
ALBANY, NY 12243-0001
Andrew M. Cuomo
Governor**

Local Commissioners Memorandum

Section 1

Transmittal:	11-LCM-13
To:	Local District Commissioners
Issuing Division/Office:	Center for Employment and Economic Supports
Date:	September 30, 2011
Subject:	Community Solutions for Transportation (CST XI) Funding
Contact Person(s):	Darci Carter, (518) 473-2500, Darci.Carter@otda.state.ny.us
Attachments:	Attachment 1 – District Size Chart Attachment 2 – Cover Page Attachment 3 – Program Narrative Attachment 4 – Budget Form Attachment 5 – Budget Narrative Attachment 6 – Budget Instructions
Attachment Available On – Line:	Yes

Section 2

I. Purpose

This Local Commissioners Memorandum provides local social services districts with the opportunity to seek funding needed to meet the transportation needs of individuals eligible under the Temporary Assistance for Needy Families (TANF) who are employed or participating in other allowable work activities.

II. Background

Transportation continues to play a critical role in enabling individuals to engage in work preparation activities, and to seek, accept and maintain employment. CST funds have been available to local districts to support a variety of transportation services. Districts served by regional transportation providers have partnered to add or extend bus routes, increase

frequencies, and issue transit passes. In areas not served by public transportation, districts have used CST funds for gas cards, car repairs and mileage reimbursement.

III. Program Implications

A. Funding –Award Levels

A total of \$112,000 is available to support CST XI services. Funds will be awarded as outlined in the chart below. Should additional funds be made available, awards may be made in excess of the amounts noted below. Please refer to Attachment 1 to determine your district size for the purpose of this initiative. OTDA reserves the right to fund proposals for more or less than the requested amount and to determine the number of proposals funded based on the number and quality of proposals submitted.

District Size ¹	Number of Districts	Total Funds Available	Award Limit	Minimum Number of Awards
Large	9	\$42,000	\$14,000	3
Medium	18	\$35,000	\$7,000	5
Small	31	\$35,000	\$3,500	10

B. Program Period

The anticipated program period will be July 1, 2011 through June 30, 2012. The deadline for expending CST XI funds will be June 30, 2012, with a claiming deadline of August 15, 2012.

C. Eligible Applicants

Only local districts who have fully claimed previous CST allocations or have a combined amount of less than 15% of their CST allocation remaining at the time of submission of their application, will be considered for an award.

D. Eligible Participants

Individuals eligible for CST XI services include Temporary Assistance (TA) and Safety Net MOE recipients who are employed and/or participating in approved work activities, and non-TA individuals employed and eligible under 200% of poverty guidelines pursuant to 00-LCM-20.

E. Eligible Transportation Services

Local districts and their partner agencies should design programs that best meet the needs of their CST XI eligible populations. The types of services that can be funded under CST XI include, but are not limited to:

- Transit pass programs;

¹ Based on the number of households with income under 200% of the federal poverty level according to 2005-2009 American Community Survey 5-Year Estimates.

- Gas cards;
- Mileage reimbursement;
- Car donation/car loan programs;
- Car repairs and auto insurance;
- Registration/License fees;
- Vanpool and carpool programs;
- Modifications to public transportation, such the addition/extension of routes, realignment of service, increasing frequencies, changing days and hours of service; and
- Driver education/defensive driving courses.

CST funds cannot be used for the following costs:

- Advertising costs, except for recruitment of personnel or procurement of scarce items;
- Capital expenditures for improvement or acquisition of facilities;
- Entertainment costs, including social activities or cost of alcoholic beverages;
- Organized fund raising;
- Attendance at conferences or meetings of professional organizations, unless attendance is necessary for CST project purposes; and
- Preparation of continuation agreements and other proposal development costs.

F. Funding Priorities

Priority will be given to applications that:

1. Are submitted from a local district that has demonstrated the ability to effectively implement past CST funded programs;
2. Are submitted from a local district that has complied with reporting requirements associated with past CST awards;
3. Address the transportation needs connected with emerging employment opportunities;
4. Represent an innovative use of CST XI funds;
5. Use CST XI funds to leverage other funding sources to expand transportation services; and
6. Limit administrative costs in favor of direct client services.

G. Application Format

Each CST XI application must include the following:

1. Application Cover Page (Attachment 2)
2. Program Narrative (Attachment 3)

Narratives must not exceed 5 pages in 12 point font using standard one inch margins. Supporting documents are not included in this limit. The narrative should address the following questions:

- a. What services will be provided and what specific service goals will be achieved?
- b. What TANF eligible populations will be targeted for these services?
- c. Why can't other public assistance funds be used to meet the costs of these services?

- d. How will these services promote employment or participation in job preparation activities?
 - e. What organizations will be involved in the delivery of CST XI services and what are their specific roles?
 - f. How many participants will be assisted by each of the proposed transportation services to be provided?
 - g. During what period will the proposed services be offered within the July 1, 2011 – June 30, 2012 program timeframe?
3. Budget and Budget Narrative (Attachments 4 & 5)

All applications must include a completed Budget Form, and a Budget Narrative to describe the costs included in categories 4 through 15. If a local district plans to subcontract with another agency, a separate Budget Form and Budget Narrative must be submitted for each subcontractor.

H. Evaluation and Selection Process

Each application will be reviewed by a committee of OTDA representatives. Applications will be evaluated based on the quality of responses to questions posed in Section G, the reasonableness of proposed costs, and the degree to which funding priorities outlined in Section F have been met.

I. Due Date and Forwarding Instructions

Applications must be received at OTDA by November 1, 2011. Completed applications may be e-mailed to Darci Carter at Darci.Carter@otda.state.ny.us , or mailed to her at:

NYS Office of Temporary and Disability Assistance
Center for Employment and Economic Supports
40 North Pearl Street, 9C
Albany, New York 12243-0001

Issued By

Name: Russell Sykes

Title: Deputy Commissioner

Division/Office: Center for Employment and Economic Supports

DISTRICT SIZE CHART**Large – over 16,000
Households**

New York City
 Erie
 Monroe
 Suffolk
 Westchester
 Nassau
 Onondaga
 Oneida
 Orange

**Medium – between
5,000 and 15,999**

Households
 Niagara
 Broome
 Albany
 Rockland
 Chautauqua
 Dutchess
 Jefferson
 Ulster
 St. Lawrence
 Oswego
 Saratoga
 Rensselaer
 Steuben
 Schenectady
 Chemung
 Cattaraugus
 Wayne
 Sullivan

**Small – under 4,999
Households**

Cayuga
 Fulton
 Herkimer
 Ontario
 Clinton
 Washington
 Otsego
 Tompkins
 Madison
 Franklin
 Allegany
 Chenango
 Genesee
 Warren
 Delaware
 Montgomery
 Columbia
 Tioga
 Greene
 Livingston
 Cortland
 Orleans
 Lewis
 Wyoming
 Essex
 Seneca
 Putnam
 Schoharie
 Yates
 Schuyler
 Hamilton

CST XI Application Cover Page	
Amount Requested: \$	District:
Contact Person: Telephone Number: Fax Number: E-Mail Address:	

Application Checklist

Document Title	Check (✓) to indicate that the item is included in the application
Application Cover Page	
Program Narrative	
Budget	
Budget Narrative	

I (We), the undersigned, attest that I am (we are) authorized to submit the attached applications and that such provisions will remain valid for at least ninety (90) days from the application due date.

_____ (Please print or type) (Title)

Signature: _____ Date: _____

PROGRAM NARRATIVE

(5 page maximum in 12-pitch font, one inch margins)

Community Solutions for Transportation (CST XI) Budget Form

Local Department of Social Services _____

Budget Categories			
SALARY COSTS	TANF PROGRAM/NON-ADMINISTRATION COSTS	TANF ADMINISTRATION COSTS	TOTAL TANF COSTS
1. Salary Costs			\$ -
2. Fringe Benefits		\$ -	\$ -
3. Total Salary & Fringe Benefits	\$ -	\$ -	\$ -
NON-SALARY COSTS			
4. Contractual Costs *	\$ -		\$ -
5. Travel Costs			\$ -
6. Equipment Costs			\$ -
7. Supplies			\$ -
8. Other Direct Expenses			\$ -
9. Total Non-Salary Expenses	\$ -	\$ -	\$ -
10. Overhead Costs Allocated			\$ -
11. A-87 Costs Allocated			\$ -
CLIENT RELATED COSTS			
12. Assistance Direct to Client			\$ -
13.			
14. Transportation			\$ -
15. Other			\$ -
16. Total Client Related Costs	\$ -		\$ -
17. Total Project Costs	\$ -	\$ -	\$ -

*** If the District plans to subcontract with a local provider agency for program services, a separate Baseline Budget Form must be completed and submitted for each subcontractor.**

Budget Narrative - Please use Attachment 5 to provide a brief narrative for categories 4, 5, 6, 7, 8, 12, 14 and 15.

Community Solutions for Transportation (CST XI) Budget Narrative Form

Local Department of Social Services _____

Budget Categories
4. Contractual Costs:
5. Travel Costs:
6. Equipment Costs:
7. Supplies:
8. Other Direct Expenses:
12. Assistance Direct to Client:
13. Blank: Do not use.
14. Transportation:
15. Other: