

This Workspace form is one of the forms you need to complete prior to submitting your Application Package. This form can be completed in its entirety offline using Adobe Reader. You can save your form by clicking the "Save" button and see any errors by clicking the "Check For Errors" button. In-progress and completed forms can be uploaded at any time to Grants.gov using the Workspace feature.

When you open a form, required fields are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message. Additional instructions and FAQs about the Application Package can be found in the Grants.gov Applicants tab.

**OPPORTUNITY & PACKAGE DETAILS:**

Opportunity Number:	FTA-2015-012-TPM-RTW
Opportunity Title:	Innovative Coordinated Access and Mobility Grants Program - 2016 NOFO
Opportunity Package ID:	PKG00222074
CFDA Number:	20.514
CFDA Description:	Public Transportation Research, Technical Assistance, and Training
Competition ID:	FTA-2015-012-TPM-RTW
Competition Title:	Innovative Coordinated Access and Mobility Grants Program - 2016 NOFO
Opening Date:	03/29/2016
Closing Date:	05/31/2016
Agency:	DOT/Federal Transit Administration
Contact Information:	Danielle Nelson Office of Program Management, e-mail: Danielle.Nelson@dot.gov or 202-366-2160

**APPLICANT & WORKSPACE DETAILS:**

Workspace ID:	WS00010440
Application Filing Name:	Rides to Wellness
DUNS:	1502016890000
Organization:	JACKSONVILLE TRANSPORTATION AUTHORITY (INC)
Form Name:	SF424 Mandatory Form
Form Version:	1.2
Requirement:	Mandatory
Upload Count:	0
Download Date:	05/19/2016
Form State:	<b>No Errors</b>

**FORM ACTIONS:**

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY			
<b>1.a. Type of Submission:</b> <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other Other (specify): <input type="text"/>		<b>1.b. Frequency:</b> <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other Other (specify): <input type="text"/>	
<b>1.c. Consolidated Application/Plan/Funding Request?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>Explanation</b> <input type="text"/>		<b>1.d. Version:</b> <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update <b>2. Date Received:</b> <input type="text"/> Completed by Grants.gov upon submission.	
		<b>3. Applicant Identifier:</b> <input type="text"/>	<b>STATE USE ONLY:</b> <b>5. Date Received by State:</b> <input type="text"/>
		<b>4a. Federal Entity Identifier:</b> <input type="text"/>	<b>6. State Application Identifier:</b> <input type="text"/>
		<b>4b. Federal Award Identifier:</b> <input type="text"/>	
7. APPLICANT INFORMATION:			
<b>a. Legal Name:</b> <input type="text"/> Jacksonville Transportation Authority			
<b>b. Employer/Taxpayer Identification Number (EIN/TIN):</b> <input type="text"/> 59-6018367		<b>c. Organizational DUNS:</b> <input type="text"/> 1502016890000	
<b>d. Address:</b>			
<b>Street1:</b> <input type="text"/> 121 Forsyth Street, Suite 200		<b>Street2:</b> <input type="text"/>	
<b>City:</b> <input type="text"/> Jacksonville		<b>County / Parish:</b> <input type="text"/>	
<b>State:</b> <input type="text"/> FL: Florida		<b>Province:</b> <input type="text"/>	
<b>Country:</b> <input type="text"/> USA: UNITED STATES		<b>Zip / Postal Code:</b> <input type="text"/> 32202-1310	
<b>e. Organizational Unit:</b>			
<b>Department Name:</b> <input type="text"/> Long Range Planning		<b>Division Name:</b> <input type="text"/> Paratransit	
<b>f. Name and contact information of person to be contacted on matters involving this submission:</b>			
<b>Prefix:</b> <input type="text"/>	<b>First Name:</b> <input type="text"/> Valerie	<b>Middle Name:</b> <input type="text"/>	
<b>Last Name:</b> <input type="text"/> Feinberg		<b>Suffix:</b> <input type="text"/>	
<b>Title:</b> <input type="text"/> Grants & Capital Budget Senior Analyst			
<b>Organizational Affiliation:</b> <input type="text"/> Jacksonville Transportation Authority			
<b>Telephone Number:</b> <input type="text"/> 904-630-3195		<b>Fax Number:</b> <input type="text"/>	
<b>Email:</b> <input type="text"/> vfeinberg@jtafla.com			

**APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY**

**8a. TYPE OF APPLICANT:**

Other (specify)

Other (specify):

Transportation Authority

**b. Additional Description:**

**9. Name of Federal Agency:**

DOT/Federal Transit Administration

**10. Catalog of Federal Domestic Assistance Number:**

20.514

CFDA Title:

Public Transportation Research, Technical Assistance, and Training

**11. Descriptive Title of Applicant's Project:**

1-Click to Wellness: Connecting Medical Appointment Scheduling to Public Transit.  
Improving health outcomes by connecting patient appointments with transit availability.

**12. Areas Affected by Funding:**

Duval County  
City of Jacksonville

**13. CONGRESSIONAL DISTRICTS OF:**

a. Applicant:

FL-005

b. Program/Project:

FL-005

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

**14. FUNDING PERIOD:**

a. Start Date:

09/12/2016

b. End Date:

07/10/2017

**15. ESTIMATED FUNDING:**

a. Federal (\$):

498,200.00

b. Match (\$):

99,640.00

**16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?**

- a. This submission was made available to the State under the Executive Order 12372 Process for review on:
- b. Program is subject to E.O. 12372 but has not been selected by State for review.
- c. Program is not covered by E.O. 12372.

**APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY**

17. Is The Applicant Delinquent On Any Federal Debt?

Yes

No

18. By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

\*\* I Agree

\*\* This list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Prefix:

First Name:

Middle Name:

Last Name:

Suffix:

Title:

Organizational Affiliation:

Telephone Number:

Fax Number:

Email:

Signature of Authorized Representative:

Date Signed:

Attach supporting documents as specified in agency instructions.