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:** WS000010440
- **Application Filing Name:** Rides to Wellness
- **DUNS:** 1502016900000
- **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:** No Errors

### FORM ACTIONS:
APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

1.a. Type of Submission:
- [X] Application
- [ ] Plan
- [ ] Funding Request
- [ ] Other
Other (specify):

1.b. Frequency:
- [X] Annual
- [ ] Quarterly
- [ ] Other
Other (specify):

1.d. Version:
- [X] Initial
- [ ] Resubmission
- [ ] Revision
- [ ] Update

2. Date Received:
STATE USE ONLY:
Completed by Grants.gov upon submission.

3. Applicant Identifier:

4a. Federal Entity Identifier:

4b. Federal Award Identifier:

5. Date Received by State:

6. State Application Identifier:

1.c. Consolidated Application/Plan/Funding Request?
- [X] Yes
- [ ] No
Explanation:

7. APPLICANT INFORMATION:

a. Legal Name:
Jacksonville Transportation Authority

b. Employer/Taxpayer Identification Number (EIN/TIN):
59-6013367

C. Organizational DUNS:
1502016890000

d. Address:
Street1:
121 Forsyth Street, Suite 200
Street2:

City:
Jacksonville
County / Parish:

State:
FL: Florida
Province:

Country:
USA: UNITED STATES
Zip / Postal Code:
32202-1310

e. Organizational Unit:
Department Name:
Long Range Planning
Division Name:
Paratransit

f. Name and contact information of person to be contacted on matters involving this submission:
Prefix:
First Name:
Valerie
Middle Name:

Last Name:
Feinberg
Suffix:

Title:
Grants & Capital Budget Senior Analyst

Organizational Affiliation:
Jacksonville Transportation Authority

Telephone Number:
904-630-3195
Fax Number:

Email:
vfeinberg@jtafla.com
**APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY**

8a. **TYPE OF APPLICANT:**

X: 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:**

L-Click to lefttext: 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.

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 [X]  
**Explanation**

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 [X]  

** 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:**

<table>
<thead>
<tr>
<th>Prefix:</th>
<th>First Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr.</td>
<td>Nathaniel</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Middle Name:</th>
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<td>P.</td>
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<tr>
<th>Last Name:</th>
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<tr>
<td>Ford</td>
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<table>
<thead>
<tr>
<th>Suffix:</th>
<th>Title:</th>
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<tbody>
<tr>
<td></td>
<td>Chief Executive Officer</td>
</tr>
</tbody>
</table>

**Organizational Affiliation:**

Jacksonville Transportation Authority

**Telephone Number:**

904-630-3181

**Fax Number:**


**Email:**

nford@jtafla.com

**Signature of Authorized Representative:**

Completed by Grants.gov upon submission.

**Date Signed:**

Completed by Grants.gov upon submission.

Attach supporting documents as specified in agency instructions.