



**Ventura County Transportation Commission**

## **Access for All (AFA) Grant Program**

to expand access to Wheelchair Accessible Vehicle (WAV)  
demand-responsive transportation in Ventura County

### **FY 2023 AFA Competitive Grant Application**

**Application Deadline: 5:00 pm on Monday, February 10, 2023**  
via email to [hmillers@goventura.org](mailto:hmillers@goventura.org)

For additional information, refer to VCTC's website at  
<https://www.goventura.org/work-with-vctc/grant-opportunities/>

**PART I: GENERAL INFORMATION**

Name of Agency or Organization:
Project Title:
Project Description (Brief):
Total Funding Request: \$

**Application Information**

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact Person (Name and Title): \_\_\_\_\_

E-mail of Contact Person: \_\_\_\_\_

Phone (Area code + Number): \_\_\_\_\_

**Funding Category**

- Capital       Operating

**Applicant Eligibility (Select only one)**

- Permitted Transportation Carrier     
  Non-Permitted Transportation Carrier     
  TNC that Meets Requirements  
 Permit No. \_\_\_\_\_      Documents Attached:       Attestation Attached  
   
  Background Checks  
   
  Insurance  
   
  Controlled Substance and Alcohol  
   
  Testing Secretary of State Registration  
   
  Motor Carrier Profile with CHP

**AUTHORIZATION**

I, \_\_\_\_\_, am the person duly authorized to sign this this application and associated certifications on behalf of my agency/organization. I also acknowledge that the information in this application package is a public record. To the best of my knowledge and belief, all data in this application is true and correct. My agency/organization will comply with applicable Certifications, VCTC Funding Agreement, and VCTC requirements if financial assistance is awarded.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title of Authorized Representative

\_\_\_\_\_  
Name of Agency/Organization

**PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA**  
**ACCESS FOR ALL**  
**SAFETY PROTOCOL DECLARATION FORM**

Carrier Name (Access Provider): \_\_\_\_\_ PSG # (if applicable): \_\_\_\_\_

Pursuant to [Decision 21-11-004](#) Ordering Paragraph 12, all eligible Access Providers must comply with the following Safety Protocols:

- ✓ **Background checks:** Access Providers must perform background checks that meet or exceed what is required for a TNC under the Instructions for TNC Application Form.<sup>1</sup>
- ✓ **Insurance:** Access Providers must have levels of insurance that are equivalent or higher than what is required for charter-party carriers under [General Order 115](#).<sup>2</sup>
- ✓ **Driver training:** Access Providers must have certification that their drivers have completed WAV driver training on transporting people with disabilities within the past three years including but not limited to the following:
  - Sensitivity training
  - Passenger assistance techniques
  - Accessibility equipment use
  - Door-to-door service
  - Safety procedures
- ✓ **Controlled substance and alcohol testing:** Access Providers must be enrolled in a controlled substance and alcohol testing program.
- ✓ **Secretary of State registration:** Access Providers must have their articles of incorporation filed with the Secretary of State.
- ✓ **Motor Carrier Profile with CHP:** Access Providers must complete the [California Highway Patrol \(CHP\) 362 Motor Carrier Profile and obtain a CA Number from the CHP](#).
- ✓ **Inspection:** Access Providers must have certification that all WAVs have been inspected and approved to conform with the American with Disability Act Accessibility Specifications for Transportation Vehicles within the past year, including the “19-point” vehicle safety inspection as required in both the TCP<sup>3</sup> and TNC<sup>4</sup> permitting process.

In addition, pursuant to Decision 21-03-005 Ordering Paragraph 22, Access Providers offering wheelchair accessible vehicle services shall place the International Symbol of Accessibility on vehicles providing WAV service in the following locations: passenger side door (below door handle) and rear of vehicle (right side above bumper).

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<sup>1</sup> [Basic Information for Transportation Network Companies and Applicants](#) at 4.

<sup>2</sup> General Orders are available online at <https://www.cpuc.ca.gov/generalorders/>.

<sup>3</sup> General Order 157-E at 9:

<https://docs.cpuc.ca.gov/PublishedDocs/Published/G000/M322/K150/322150628.pdf>

<sup>4</sup> [Basic Information for Transportation Network Companies and Applicants](#) at 9 and 10.

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Access Providers shall be responsible for ensuring compliance with these requirements and shall maintain records of such compliance if applicable for the duration of the program, which is scheduled to sunset on January 1, 2026. The CPUC and/or the Local Access Fund Administrator may request supporting documentation at any time.

**CERTIFICATION**

**I (we) certify (or declare), under penalty of perjury, that I (we) have read and understand the above requirement and must have completed the safety protocols above, and that I (we) am (are) to and will comply with it. I (we) certify (or declare), under penalty of perjury, that the foregoing is true and correct.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name of Applicant/Officer

\_\_\_\_\_  
Signature of Applicant(s)

\_\_\_\_\_  
Signature of Corporate Officer

\_\_\_\_\_  
Title of Corporate Officer

## **Access for All Application Questions (100 points)**

### **Part I: General Information (25 points)**

- A. Description of Applicant Agency/Organization's Operations** *(10 pts - include WAV transportation services currently managed, # WAV vehicles in operation, WAV trips completed, trip request response times, how rides are deployed, existing or proposed service areas with map/zip codes, days/hours of service, driver training, etc.)*

**Part I: General Information**

- B. Description of the Proposed Project** *(15 pts – what is your proposal for increasing on-demand WAV availability in Ventura County? Describe the scope, schedule, and budget for the proposed project)*

**Part II: Project Implementation, Objective and Benefits (75 points)**

- A. Project Readiness and Technical Capacity** *(15 pts - applicant should demonstrate an ability to begin offering on-demand WAV services within 30 days of funding agreement execution; identify key personnel/experience or third-party access providers if applicable)*

## **Part II: Project Implementation, Objective and Benefits**

- B. Project Implementation Plan** *(20 pts - describe project goals, operational plan including day-to-day operations, dispatch, service area, fare collection, fare parity, performance tracking tools, complaint procedures, driver training, etc.)*



## **Part II: Project Implementation, Objective and Benefits**

- C. WAV Service Improvements** *(15 pts - describe how your program will improve WAV availability and response times in Ventura County; provide an estimate of hourly number of WAVs resulting from the proposed improvement compared to current availability)*

## **Part II: Project Implementation, Objective and Benefits**

- D. Program Outreach** *(15 pts - describe how the project was developed; provide an outline of planned outreach efforts to promote available WAV services to disability communities including any partnerships)*

## **Part II: Project Implementation, Objective and Benefits**

- E. Expenses/Revenue** *(10 pts – list estimated expenses for this program including operating costs, wages & salaries, maintenance & repair, fuel, insurance, contract services, etc.; list estimated income by source categorized by passenger revenue, other revenue, total grants and/or subsidies)*