

Transit Van)

Name & Contact Info

Angel Lauve
Work: 520-766-7433
alauve@willcox.az.gov

Mailing Address

101 S Railroad Ave
Suite B
Willcox AZ 85643

Permanent Address

101 S Railroad Ave
Suite B
Willcox AZ 85643

3/16/23
3:57 pm
AL

* indicates a required field.

Section 1. Applicant Information

Please provide information about the entity requesting the funding.

1. Requestor Name *

Name of the entity requesting Congressionally Directed Spending (i.e. City of Phoenix)
City of Willcox

2. Street Address *

101 S Railroad Ave Ste B

3. City *

Willcox

4. Zip Code *

85643

5. Is intended recipient of the Congressionally Directed Spending request different than the requestor? *

In short, who should Congress provide the funding to? It usually is the recipient, but if this is a project managed by a federal agency, like the Army Corps of Engineers, please indicate that here.

No

5.1 Who is the intended recipient?

Common answers include the Army Corps of Engineers, the Bureau of Reclamation, or the Arizona Department of Transportation

No answer.

5.2 Has the project been discussed with the intended recipient?

No answer.

6. What type of entity is the intended recipient? *

City/town government

7. What is the intended recipient's Employer Identification Number (EIN)? *

Please provide the taxpayer identification number for the intended recipient.

86-6000270

Primary Point of Contact

Please provide contact information below for the individual who will serve as the main point of contact for this project. If the requestor is the intended recipient, this individual must be an employee of the intended recipient.

8. Name *

Angel Lauve

9. Title *

Transit Program Manager

10. Organization *

City of Willcox

11. Email *

alauve@willcox.az.gov

12. Direct Phone Number *

520-766-7433

Secondary Point of Contact

If there is another individual who we should provide updates to about this project, please provide their contact information below. This could include a hired consultant or representative from a government affairs firm

13. Name

Robert Wisler

14. Title

Assistant to the City Manager

15. Organization

City of Willcox

16. Email

rwisler@willcox.az.gov

17. Direct Phone Number

520-766-4461

Section 2. Project Information

Please provide the information about the specific project for which you are requesting funding

1. Name of Project/Proposal *

Transit Vehicle Request

2. Of the eligible accounts for CDS spending, for which account or accounts are you requesting funding? *

Please refer to the [list of eligible accounts for CDS requests](#) and determine which account (or accounts) for your project would be eligible.

Please note that some accounts have cost-share requirements or other eligibility requirements. If you request funding for those accounts, please ensure you provide all of the required information for your selected account.

DOT - Transit Infrastructure Grants,

3. Project location - City

What city in Arizona is the project located in?

Willcox

4. Project location - County *

Cochise

5. Project description *

Please provide a brief (3-4 sentences) explanation of the project (500 word limit).

The Willcox transit program has a service area of over 51.43 square miles and provides access to public transportation for almost 12,000 people. The program serves the rural communities of Willcox, Sunsites/Pearce, and Bowie/San Simon. This transit program provides essential transit services to seniors, disabled, and disadvantaged persons who rely on this burgeoning transit service. The program has only one 9-passenger (7 seats, 2 wheelchairs) bus. This funding will cover the cost of an additional van, which is an important step to grow the program, increase capacity and serve more clients.

6. Total Project Cost *

What is the total cost of completing the project?

Dollar amount. Please enter numbers only, no commas, decimals, etc.

i.e. for \$1 million, enter "1000000"

73553

7. Congressionally Directed Spending Request *

Dollar amount. Please enter numbers only, no commas, decimals, etc.

i.e. for \$1 million, enter "1000000"

What portion of the total project cost are you requesting be funded via Congressionally Directed Spending?

64886

8. Local Match / Existing Resources *

Please explain what resources or funding other entities are providing to support this project.

Please note: Some types of project require a cost-share. If the account you are applying for requires a cost-share, you must indicate that here. If you are unsure whether your project requires a cost-share, [you can find the guidance here](#).

\$8,667 from the City of Willcox Local Match

9. Priority ranking *

If you are submitting multiple requests, please rank projects in order of priority. If you are only submitting one request, enter "1"

1

10. Was this request submitted to Sen. Sinema's office? *

Yes

11. Was this request submitted to the House Committee on Appropriations by any member of the Arizona Congressional Delegation? *

No

11.1 If yes, which member(s)?

No answer.

12. If funded, could this project be completed by the end of calendar year 2024? *

Yes

Section 3. Project Details

Additional details required for this project

1. List of Entities or Organizations Partnering in or Supporting the Project *

Please include a full list of entities who are supportive of or participants in this project

Southeast Arizona Government Organization Area Agency on Aging

Cochise County

Northern Cochise Community Hospital

2. Is this project's funding request scalable? *

i.e., if there is not sufficient funding available to fully fund this project at the requested level, would the project still be able to be completed if it received a lower level of funding?

Please note: our goal is always to secure the full funding request made to our office, but understanding a project's scalability can help us maximize the amount of Arizona funding secured.

Yes

2.1 If yes, please provide any additional information about how funding could be scaled

For example: *I requested \$1 million, but we could identify additional sources of local funding to enable the project to be completed as long as we received at least \$700,000.*

I requested \$64,886, but we could identify additional sources of local funding to enable the project to be completed as long as we received at least \$50,000.

3. Is this a transportation project? *

Yes

3.1 Is the project on the State Transportation Improvement Plan (STIP) or Regional Transportation Improvement Plan (TIP)?

Yes

3.2 If yes, please paste a link to the webpage showing that this project is on the STIP/TIP?

Will be added to the TIP on March 30, 2023.

3.3 If the project is not on a STIP/TIP, have you discussed this project with your regional COG or MPO?

Yes

3.4 Have you utilized ADOT's Cost Estimate Tool to guarantee that the budget for your project is inflation-adjusted?

Reminder, you MUST attach a copy of your completed [ADOT Cost Estimate Tool](#) or attach a budget document which is no more than one year old in order for your project to be eligible. If a funding request is not inflation adjusted, it will be the responsibility of the local sponsor to cover all cost overruns.

No

4. Is this project applying for USDA Rural Development funding? *

No

4.1 Has this project been discussed with the Arizona Rural Development office?

If no, please contact the Arizona USDA Rural Development Office before applying, to determine project eligibility: <https://www.rd.usda.gov/az>

No answer.

4.2 Is the intended recipient able to meet the USDA cost-share requirements?

Please refer to the guidance documents, if you are unsure.

No answer.

4.3 What is the population of the community/service area served by this project?

Please include a number, and the source of population data.

For example: Town of St. Johns, 3,411 (2020 Census)

No answer.

5. Is this a Military Construction project? *

No

5.1 Does the project appear on the FY24 Unfunded Priority List?

If yes, please attach documentation under "Additional Documents"

No answer.

6. Is this a water or wastewater infrastructure project?

No

6.1 Does the project appear on the Water Infrastructure Finance Authority of Arizona's Intended Use Plan or on the Indian Health Service's Sanitation Deficiency System list?

If yes, please include as an attachment under "Additional Documents"

No answer.

7. Will this project occur on federal land? *

No

7.1 Does the project appear on an agency-submitted priority list?

If yes, please attach the priority list under "additional documents."

Examples of agency-submitted priority lists include:

- The state of Arizona's Forest Action Plan
- The Land and Water Conservation Fund, Great American Outdoors Act Priority List
- The Legacy Restoration Fund, Great American Outdoors Act Priority List
- Land Management Agency (USFS, BLM, FWS, BIE) Construction List

No answer.

8. Is this project applying for FEMA funding? *

No

8.1 Has this project been discussed with the Arizona Department of Emergency and Military Affairs?

No answer.

9. Is this an Army Corps of Engineers or Bureau of Reclamation project? *

No

9.1 Has the project/program been authorized by Congress?

No answer.

10. Please include a webpage or a link to a planning document for the project: *

If one does not exist, please enter: "n/a"

N/A

11. Additional Details

Please provide any additional details you believe our office needs to know for this project.

Special attention should be paid to the additional requirements which some CDS accounts may require. Please provide any other required information here.

The City of Willcox is an Arizona city government founded in 1880. It is located in northern Cochise County along I-10. It is known for farming, ranching, wineries, and the gateway to the Chiricahua Monument, all represented in the City's logo. The elderly make up 25.5% of the population, 18.35% of the population is disabled, 10.6% of the population is living below poverty level, and over 20% of their housing units do not have access to a vehicle. The City's transit program provides a means of transportation as well as independency and freedom for these groups. With only one bus, conflicting time schedules limit the service to clients so an additional vehicle will help with these transportation needs.

Application Complete!



Questionnaire Submitted!

You submitted your questionnaire on 03/16/2023. If you have questions or need to change information in your questionnaire, you must contact Senator Kelly's office.

[Print Questionnaire](#)

Checklist Completed!

Detailed budget or planning document

Received 03/16/2023

Please share a detailed budget or planning document which justifies your funding request. This must include documentation which shows:

- That the project is fully planned and "shovel ready"
- The total cost of the project
- Whether the intended recipient is able to provide local funding to meet the "cost-match" requirements.

[Van Quote 20230310_PRO_Willcox_Voyager Side-Entry.pdf](#) ✕ Delete

Letter of Support (Optional)

Received 03/16/2023

Letters of support are required for all CDS projects. Please either include the letter with your initial application, or send letters over after your submission to appropriations@kelly.senate.gov.

[SEAGO Letter of Support - Transit Van.pdf](#) ✕ Delete

Additional Documentation (Optional)

If prompted, please attach additional documentation which supports the project.

[Upload File](#) .pdf, .doc, .docx, .jpg, .jpeg, .gif, or .png only

