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**FY24 ENHANCED MOBILITY**

**GRANTS PROGRAM**

**SHOULD YOU APPLY?**

**Check whether you are eligible and ready to apply by completing this checklist before starting an application**

1. **DO YOU MEET THE ELIGIBILITY CRITERIA?**

|  |  |
| --- | --- |
|  | **Your organization has a Federal 501(c)(3) tax-exempt status** |
|  | **Your organization is in good standing with SDAT** |
|  | **You have a CVRS number** |
|  | **If your organization is currently implementing a Montgomery County contract or grant, you are current on all reporting obligations** |
|  |  |

1. **DO YOUR PROPOSED ACTIVITIES FIT WITHIN THE SCOPE OF ACTIVITIES TO BE FUNDED AS DESCRIBED IN THE NOFO?**

|  |  |
| --- | --- |
|  | **All activities and expenditures under your grant are in Montgomery County OR are exclusively for Montgomery County residents** |
|  | **Proposed expenses are for a new activity, expansion of existing activities or a combination of both.** |
|  | **You plan on submitting only one application** |
|  | **Your project targets one of the following populations: individuals with physical, emotional, and/or intellectual disabilities; seniors 63 years old and older (same eligibility for MCDOT’s Call-n-Ride Program); individuals with limited incomes aged 18-62; other vulnerable populations residing in Montgomery County, specifically in underserved communities** |
|  |  |