

# MISSOURI ELDERLY AND HANDICAPPED TRANSPORTATION ASSISTANCE PROGRAM MEHTAP

**APPLICATIONS DUE APRIL 1, 2026**

## INTRODUCTION

The Missouri Elderly and Handicapped Transportation Assistance Program was created by the 78th General Assembly in 1976 and amended in 1983 under state statute 208.260. The purpose of this program is to provide state financial assistance to help defray operating costs incurred by agencies providing transportation services to the elderly and handicapped at below cost rates if matching local or private funds are available.

*\* Disclaimer: Per title 7 - Department of Transportation, Division 10 – Missouri Highways and Transportation Commission, Chapter 7- Transportation CSR 10-7.010 Distribution of Funds Appropriated to the Missouri Elderly and Handicapped Transportation Assistance Program under Criteria Letter A, section 4 it states **Costs shall be limited to operating costs specifically for transporting elderly and handicapped persons.***

## ELIGIBILITY

Applicants must be incorporated as a not-for-profit corporation in Missouri or utilize the transportation services of a not-for-profit corporation. Applicants must meet one of the following criteria:

1. Be incorporated as a not-for-profit corporation in Missouri under the provisions of Chapter 355, RSMo; or
2. Provide or purchase transportation services as a public entity created by Senate Bill 40 or House Bill 351 tax measures.

## PROGRAM FUNDS

Distribution of state assistance will be made on the basis of relative point scores determined by the following criteria: need for service (maximum twenty-five (25) points), trip purpose including; medical, employment, shopping, etc. (maximum twenty-five (25) points), cost effectiveness based on yearly statistical average cost per revenue mile and one-way passenger trips of all applicants (maximum twenty-five (25) points), and cost and availability of alternative service (maximum twenty-five (25) points).

Fifty percent (50%) of the MEHTAP appropriation funding is reserved for Area Agencies on Aging. The remaining 50% of the annual MEHTAP allocation is distributed to other eligible applicants.

## PAYMENT OF FUNDS

The Grantee must submit quarterly reimbursements based upon actual costs for transportation services only. MoDOT will provide the necessary reimbursement forms. The reimbursement request shall not exceed the grant award.

Expenses identified will require supporting documentation at time of submission of reimbursement request.

## **Application Checklist**

All applications **must include** the following:

- \_\_\_\_\_ 1. Completed Application
- \_\_\_\_\_ 2. Copy of Articles of Incorporation (new applicant only)
- \_\_\_\_\_ 3. A copy of your **current** Certificate of Good Standing (State of MO).
- \_\_\_\_\_ 4. Authorizing Resolution or City Ordinance
- \_\_\_\_\_ 5. Employment of Unauthorized Aliens - Workers Eligibility Affidavit and E-verify

Submit completed and signed application to: [motransit@modot.mo.gov](mailto:motransit@modot.mo.gov)

Subject Line: " MEHTAP and Enter Your Agency's Name"

*For Technical Assistance:* [angelia.otto@modot.mo.gov](mailto:angelia.otto@modot.mo.gov)

*Form located at:* <https://www.modot.org/transit-applications-and-reporting>

**Applications that are incomplete or received after the due date may not be accepted.**

**The agreement will be sent via email through DocuSign to the authorized signer and must be signed within 20 days.**

**APPLICATION FOR FUNDS  
MISSOURI ELDERLY AND HANDICAPPED TRANSPORTATION  
ASSISTANCE PROGRAM**

**July 1, 2026, through June 30, 2027**

**Fiscal Year 2027**

**GENERAL INFORMATION**

Agency Legal Name: \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

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

Agency Phone Number: \_\_\_\_\_

Contact Person for Grant: \_\_\_\_\_

Contact Person Email: \_\_\_\_\_

Contact Person Phone Number: \_\_\_\_\_

County (of principal address or service area): \_\_\_\_\_

Agency Type:

Non-For-Profit: \_\_\_\_\_

Governmental/Public: \_\_\_\_\_

According to the authorizing resolution or city ordinance within the application, who is authorized to execute/sign the agreement upon award:

Name: \_\_\_\_\_ Title \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Requested Amount: \_\_\_\_\_

Attach agency transportation related budget for the state fiscal year supporting requested amount.

## **PROGRAM DESCRIPTION**

Describe your transportation program for the **Elderly and Handicapped** (i.e., special circumstance, coordination of efforts and other factors which affect your program) – Description must minimally include need for service, proposal to meet the need, types of trips, cost, and availability of alternate service, estimated additional vehicle miles and estimated additional one-way passenger trips. Please also describe type of service (real time dispatch, reservations), and advertisement of services. How can one find the service?

GENERAL INFORMATION:

The following information is based on calendar years for Transportation Expenses on for the Elderly and Handicapped:

\*Eligible Transportation Operating Cost: driver/dispatcher salaries/fringe benefits, vehicle insurance, vehicle maintenance, fuel, lease or purchase of service cost, cell phone, etc.

	<u>2023</u>	<u>2024</u>	<u>2025</u>
* Total Operating Cost Elderly and Handicapped Only	_____	_____	_____
Total of One-Way Trips	_____	_____	_____
Total Vehicle(s) Mileage	_____	_____	_____

**Purchase of Service Agreement/Contracted Services, if applicable (Calendar Year):**

Entity Name: \_\_\_\_\_

Entity Name: \_\_\_\_\_

Entity Name: \_\_\_\_\_

Entity Name: \_\_\_\_\_

**Description of Calendar Year 2025 Service:**

Service Area County(s): \_\_\_\_\_

Service Area Population: \_\_\_\_\_

# Days of Transit Service: \_\_\_\_\_

Weekday Hours of Operation: \_\_\_\_\_

Saturday Hours of Operation: \_\_\_\_\_

Sunday Hours of Operation: \_\_\_\_\_

\_\_\_\_\_  
Applicant Agency Authorized Signature

\_\_\_\_\_  
Date

## AUTHORIZING RESOLUTION

WHEREAS, the Missouri Department of Transportation is authorized to make grants for elderly and handicapped transportation projects; and, NOW, THEREFORE, be it resolved by the

\_\_\_\_\_, that the \_\_\_\_\_  
(Name of Corporation/Public Entity) (Title of authorized individual)

Is authorized to execute the Agreements(s) on the behalf of the \_\_\_\_\_:  
(Name of Corporation/Public Entity)

with the Missouri Highways and Transportation Commission for financial assistance through the Missouri Elderly and Handicapped Transportation Assistance Program.

Adopted this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

ATTEST

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

**WORKER ELIGIBILITY VERIFICATION AFFIDAVIT****Appendix B**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be a person whose name is subscribed to this affidavit, who being by me duly sworn, deposed as follows:

My name is \_\_\_\_\_, and I am of sound mind, capable of making this affidavit, and personally certify the facts herein stated, as required by Section 285.530, RSMo, to enter into any contract agreement with the state to perform any job, task, employment, labor, personal services, or any other activity for which compensation is provided, expected, or due, including but not limited to all activities conducted by business entities:

I am the \_\_\_\_\_ of \_\_\_\_\_, and I am duly authorized, directed, and/or empowered to act officially and properly on behalf of this business entity.  
title business name

I hereby affirm and warrant that the aforementioned business entity is enrolled in a federal work authorization program operated by the United States Department of Homeland Security, and the aforementioned business entity shall participate in said program to verify information (employment eligibility) of newly hired employees working in connection to work under the within state contract agreement with the Missouri Highways and Transportation Commission (MHTC). I have attached documentation to this affidavit to evidence enrollment/participation by the aforementioned business entity in a federal work authorization program, as required by Section 285.530, RSMo.

In addition, I hereby affirm and warrant that the aforementioned business entity does not and shall not knowingly employ, in connection to work under the within state contract agreement with MHTC, any alien who does not have the legal right or authorization under federal law to work in the United States, as defined in 8 U.S.C. § 1324a(h)(3).

I am aware and recognize that, unless certain contract and affidavit conditions are satisfied pursuant to Section 285.530, RSMo, the aforementioned business entity may be held liable under Sections 285.525 through 285.550, RSMo, for subcontractors that knowingly employ or continue to employ any unauthorized alien to work within the state of Missouri.

I acknowledge that I am signing this affidavit as a free act and deed of the aforementioned business entity and not under duress.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Attest \_\_\_\_\_ Printed Name \_\_\_\_\_ Title \_\_\_\_\_

***[Documentation of enrollment/participation in a federal work authorization program is attached. Acceptable enrollment and participation documentation consists of the following two pages of the E-Verify Memorandum of Understanding: (1) A valid, completed copy of the first page identifying the business entity; and (2) A valid copy of the signature page completed and signed by the business entity, the Social Security Administration, and the Department of Homeland Security – Verification Division.]***