

**AASHTO Innovation Initiative**  
[Proposed] Nomination of Innovation Ready for Implementation

| <p><b>Sponsor</b></p>                                | <p>Nominations must be submitted by an AASHTO member DOT willing to help promote the innovation</p>   | <p>1. Sponsoring DOT (State):</p> <hr/> <p>2. Name and Title:</p> <hr/> <p>Organization:</p> <hr/> <p>Street Address:</p> <hr/> <p>City:                      State:                      Zip Code:</p> <hr/> <p>E-mail:                      Phone:                      Fax:</p> <hr/> <p>3. Is the sponsoring State DOT willing to promote this innovation to other states by participating on a Lead States Team supported by the AASHTO Innovation Initiative? Yes or No:</p> <hr/>  |              |      |       |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|---|---|--------------|------|-------|--------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <p><b>Innovation Description</b><br/>(10 points)</p> | <p>The term "innovation" may include processes, products, techniques, procedures, and practices.</p>  | <p>4. Name of the innovation:</p> <hr/> <p>5. Please describe the innovation. Describe how this innovation transforms your existing "state of play."</p> <hr/> <p>6. If appropriate, please attach photographs, diagrams, or other images illustrating the appearance or functionality of the innovation (if electronic, please provide a separate file). Please list your attachments here.</p> <hr/> <p>7. Briefly describe the history of its development.</p> <hr/>   |              |      |       |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <p><b>State of Development</b><br/>(40 points)</p>   | <p>Innovations must be successfully deployed in at least one State DOT. The All selection process will favor innovations that have advanced beyond the research stage, at least to the pilot deployment stage, and preferably into routine use.</p> | <p>8. How ready is this innovation for implementation in an operational environment? Please check of the following options. Please describe</p> <p><input type="checkbox"/> Prototype is fully functional and yet to be piloted</p> <p><input type="checkbox"/> Prototype demonstrated successfully in a pilot environment</p> <p><input type="checkbox"/> Technology has been deployed multiple times in an operational environment</p> <p><input type="checkbox"/> Technology is ready for full-scale adoption</p> <hr/> <p>9. What additional development is necessary to enable routine deployment of the innovation? What resources—such as technical specifications, training materials, and user guides—are already available to assist with the deployment effort?</p> <hr/> <p>10. Has any other organization used this innovation? Yes or No:<br/>If so, please list organization names and contacts. Please identify the source of this information.</p> <table border="1"> <thead> <tr> <th>Organization</th> <th>Name</th> <th>Phone</th> <th>E-mail</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> | Organization | Name | Phone | E-mail |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Organization   | Name  | Phone   | E-mail       |      |       |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |   |              |      |       |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |   |              |      |       |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |   |              |      |       |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |   |              |      |       |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Potential Payoff**  
(30 points)

Payoff is defined as the combination of broad applicability and significant benefit or advantage over other current practice (baseline).

11. How does the innovation meet customer or stakeholder needs in your State DOT or other organizations that have used it?

12. What type and scale of benefits have your DOT realized from using this innovation? Include cost savings, safety improvements, transportation efficiency or effectiveness, environmental benefits, or any other advantages over other existing baseline practice. Please identify the following benefit types:

| Check boxes that apply   | Benefit Types                               | Select a rating from the drop down menu |
|--------------------------|---|---|
| <input type="checkbox"/> | Cost Savings                                |   |
| <input type="checkbox"/> | Shortened Project/Service Delivery Schedule |   |
| <input type="checkbox"/> | Improved Customer Service                   |   |
| <input type="checkbox"/> | Improved Quality                            |   |
| <input type="checkbox"/> | Environmental Benefits                      |   |
| <input type="checkbox"/> | Organizational Efficiency                   |   |
| <input type="checkbox"/> | Improved Safety                             |   |
| <input type="checkbox"/> | Improved Operational Performance            |   |
| <input type="checkbox"/> | Improved Asset Performance                  |   |
| <input type="checkbox"/> | Others (please describe)                    |   |

Provide an additional description, if necessary:

13. Please describe the potential extent of implementation in terms of geography, organization type (including other branches of government and private industry) and size, or other relevant factors. How broadly might the technology be deployed?

**Market Readiness**  
(20 points)

The All selection process will favor innovations that can be adopted with a reasonable amount of effort and cost, commensurate with the payoff potential.

14. What specific actions would another organization need to take along each of the following dimensions to adopt this innovation?

| Check boxes that apply   | Dimensions  | Please describe: |
|--------------------------|---|------------------|
| <input type="checkbox"/> | Gaining executive leadership support  |                  |
| <input type="checkbox"/> | Measuring performance (e.g. benefits documentation)                                 |                  |
| <input type="checkbox"/> | Improving technology understanding  |                  |
| <input type="checkbox"/> | Overcoming financial constraints  |                  |
| <input type="checkbox"/> | Addressing legal issues (if applicable) (e.g., liability and intellectual property) |                  |
| <input type="checkbox"/> | Acquiring in-house expertise  |                  |
| <input type="checkbox"/> | Resolving conflicts with existing regulations and standards                         |                  |
| <input type="checkbox"/> | Other challenges  |                  |

15. What is the estimated cost, effort, and length of time required to deploy the innovation in another organization?

**Please describe:**

Cost

Level of Effort

Time

|  |
|--|
|  |
|  |
|  |

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16. To what extent should the implementation of this innovation require the involvement of third parties, including vendors, contractors, and consultants? If so, please describe. List the type of expertise required for implementation.



**5311 FEDERAL AND STATE PUBLIC TRANSPORTATION  
OPERATING & NON-OPERATING ASSISTANCE  
OPERATING ASSISTANCE INVOICE**



For any questions please email :

[connie.trautwein@nebraska.gov](mailto:connie.trautwein@nebraska.gov)

|                      |                    |                  |               |                     |        |
|----------------------|--------------------|------------------|---------------|---------------------|--------|
| Subgrantee Name:     | Blue Rivers AAA    | Invoice Mo & Yr: | JULY-2018     | Invoice #.(1-12):   | 1      |
| Grantee Address:     | 103 Eastside Blvd. | Project No.:     | RPT-C341(219) | Authorized Federal: | 389376 |
| Grantee City ST Zip: | Beatrice NE 68310  |                  |               | Authorized State:   | 120297 |

| Line #  | Description  | This Month    | Prior Invoice YTD | YTD           |
|---|--|---------------|-------------------|---------------|
| <b>FARES, OTHER &amp; FEDERAL REVENUE (from Worksheet 1A)</b> |  |               |                   |               |
| 1   | Regular Fares  | \$6525        | \$0               | \$6525        |
| 2   | Reduced Fares (if separable from regular)                | \$0           | \$0               | \$0           |
| 3   | Other Revenue  | \$0           | \$0               | \$0           |
| <b>4</b>  | <b>TOTAL OPERATING REVENUE (Lines 1+2+3)</b>             | <b>\$6525</b> | <b>\$0</b>        | <b>\$6525</b> |
| 5   | Federal Transportation Funds (Restricted)                | \$0           | \$0               | \$0           |
| <b>6</b>  | <b>TOTAL OPERATING &amp; FEDERAL REVENUE (Lines 4+5)</b> | <b>\$6525</b> | <b>\$0</b>        | <b>\$6525</b> |

| <b>OPERATING COSTS (from Worksheets 2A and 2B)</b> |   |                |            |                |
|--|---|----------------|------------|----------------|
| 7  | Personnel (drivers, dispatcher, mechanic positions) | \$32579        | \$0        | \$32579        |
| 8  | Fuel & Lubrication                                  | \$5354         | \$0        | \$5354         |
| <b>9</b>   | <b>TOTAL OPERATING COSTS (Lines 7+8)</b>            | <b>\$37933</b> | <b>\$0</b> | <b>\$37933</b> |

| <b>NON-OPERATING &amp; CAPITAL (from Worksheets 3A, 3B, and 3C)</b> |   |                |            |                |
|---|---|----------------|------------|----------------|
| 10  | Personnel (manager and administrative support positions)              | \$5895         | \$0        | \$5895         |
| 11  | General Administrative (insurance, supplies, contractual obligations) | \$37070        | \$0        | \$37070        |
| 12  | Maintenance, Parts and Supplies (facilities, equipment and vehicles)  | \$4415         | \$0        | \$4415         |
| <b>13</b>   | <b>TOTAL NON-OPERATING COSTS (Lines 10+11+12)</b>                     | <b>\$47380</b> | <b>\$0</b> | <b>\$47380</b> |

**FEDERAL REIMBURSEMENT CALCULATION**

| <b>Operating</b>     |   |  |  |                |
|----------------------|---|--|--|----------------|
| 14                   | Net Operating Deficit (Lines 9 minus 6)   |  |  | \$31408        |
| 15                   | Operating Deficit Federal Funds Calculated (50% of Line 14)                                   |  |  | \$15704        |
| 16                   | Less: Prior YTD Operating Federal Funds Calculated (line 15 from the prior invoice)           |  |  | \$0            |
| 17                   | Net Operating Federal Funds Due (If Line 15 is greater than Line 16, the difference here)     |  |  | \$15704        |
| <b>Non-Operating</b> |   |  |  |                |
| 18                   | Total Non-Operating Costs (Line 13)   |  |  | \$47380        |
| 19                   | Non-Operating Federal Funds Calculated (80% of Line 18)                                       |  |  | \$37904        |
| 20                   | Less: Prior YTD Non-Operating Federal Funds Calculated ( line 19 from the prior invoice)      |  |  | \$0            |
| 21                   | Net Non-Operating Federal Funds Due (If Line 19 is greater than Line 20, the difference here) |  |  | \$37904        |
| <b>22</b>            | <b>TOTAL FEDERAL FUNDS DUE (Lines 17 plus 21) Federal Funds Remain (335,768)</b>              |  |  | <b>\$53608</b> |

**STATE REIMBURSEMENT CALCULATION**

| <b>Operating</b>     |   |  |  |                |
|----------------------|---|--|--|----------------|
| 23                   | Net Operating Deficit (Lines 14)  |  |  | \$31408        |
| 24                   | Operating Deficit State Funds Calculated (25% of Line 23)                                   |  |  | \$7852         |
| 25                   | Less: Prior YTD Operating State Funds Calculated (line 24 from the prior invoice)           |  |  | \$0            |
| 26                   | Net Operating State Funds Due (If Line 24 is greater than Line 25, the difference here)     |  |  | \$7852         |
| <b>Non-Operating</b> |   |  |  |                |
| 27                   | Total Non-Operating Costs (Line 18)   |  |  | \$47380        |
| 28                   | Non-Operating State Funds Calculated (10% of Line 27)                                       |  |  | \$4738         |
| 29                   | Less: Prior YTD Non-Operating State Funds Calculated (line 28 from the prior invoice)       |  |  | \$0            |
| 30                   | Net Non-Operating State Funds Due (If Line 28 is greater than Line 29, the difference here) |  |  | \$4738         |
| <b>31</b>            | <b>TOTAL STATE FUNDS DUE (Lines 26 plus 30) State Funds Remain (107,707)</b>                |  |  | <b>\$12590</b> |
| <b>32</b>            | <b>TOTAL FEDERAL AND STATE FUNDS DUE</b>  |  |  | <b>\$66198</b> |

**LOCAL MATCHING FUNDS( from Worksheet 1B)**

|    |             | Actual This Month | Actual YTD | Calculated YTD |
|----|-------------|-------------------|------------|----------------|
| 33 | Local Match | \$12590           | \$12590    | \$12590        |

**OPERATING STATISTICS (from Worksheet 4B)**

| Statistic Description                   | This Month | Fiscal YTD |
|---|------------|------------|
| Number of Vehicles in Operation         | 18         | 18         |
| Vehicle Revenue Hours of Service        | 842        | 842        |
| Number of Vehicles Miles Traveled       | 11238      | 11238      |
| Number of Regular Passenger Boardings   | 3169       | 3169       |
| Number of Sponsored Passenger Boardings | 220        | 220        |

**I certify by my signature, either written or authorized to submit electronically, this invoice and accompanying worksheet amounts are correct and to the best of my knowledge allowable for the Project.**

|                          |          |            |
|--------------------------|----------|------------|
| Sub-recipient Signature: | Title    | Date       |
| Zoe Olson                | Director | 08/16/2018 |

Nebraska Department of Transportation

|                                   |      |       |      |
|-----------------------------------|------|-------|------|
| Document prepared for payment by: | Date | Title | Date |
|-----------------------------------|------|-------|------|

## ASSET MANAGEMENT TOOL

| Provider Id | Project Number    | Transit System Name                         | VIN               | Make  | Model                  | Year | Mileage | Number of Wheel Chair Positions | Condition | Total Purchase Price | % of Federal Funds | Useful Life | Replacement Year | Notes                                 |
|-------------|-------------------|---|-------------------|-------|------------------------|------|---------|---------------------------------|-----------|----------------------|--------------------|-------------|------------------|---------------------------------------|
| B071        | NE-18-X027        | Panhandle Trails                            | 1FD4E45518DB51630 | Ford  | Small bus Goshen Coach | 2008 | 2289    | 2                               | Fair      | \$44,445             | 80%                | 10          | 2018             | Transferred from Midland AAA Oct 2016 |
| B071        | NE-86-X001 (ARRA) | Panhandle Trails                            | 1FD4E45518DB51630 | Ford  | Star Trans Small Bus   | 2010 | 112,000 | 2                               | Good      | \$44,761             | 100%               | 10          | 2020             | Transferred from Chase Co, Jan 2016   |
| C061        | NE-86-X001 (ARRA) | Wolf Memorial Good Samaritan Public Transit | 1FD4E45518DB51630 | Ford  | Small bus Goshen Coach | 2012 | 45014   | 2                               | good      | \$48,167             | 100%               | 10          | 2022             | Click to Edit                         |
| C061        | n/a               | Wolf Memorial Good Samaritan Public Transit | 2C4RDGBG7FR668973 | Dodge | Grand Caravan SE       | 2015 | 19475   | 1                               | very good | N/A                  | 0%                 | N/A         | N/A              | Locally funded                        |



**5311 Vehicle Application  
for Federal Transit Administration Funding  
VEHICLE APPLICATION**



For any questions please email : [wayne.masek@nebraska.gov](mailto:wayne.masek@nebraska.gov)

|                       |                           |           |             |       |            |
|-----------------------|---------------------------|-----------|-------------|-------|------------|
| Transit Program Name: | City of Chadron Handi Bus | Location: | Chadron, NE | Date: | 11/02/2015 |
|-----------------------|---------------------------|-----------|-------------|-------|------------|

|                                    |                 |                                       |                               |  |  |
|------------------------------------|-----------------|---------------------------------------|-------------------------------|--|--|
| Legal Name:                        | City of Chadron |                                       |                               |  |  |
| Applicant Address:                 | PO Box 390      |                                       |                               |  |  |
| Sponsoring Contractor D-U-N-S No.: | 067087887       | Employer Identification Number (EIN): | 47-6006134                    |  |  |
| Telephone:                         | 308-432-0505    | Email:                                | payables@chadron-nebraska.com |  |  |
| Executive Officer's Name:          | Wayne Anderson  | Title:                                | City Manager                  |  |  |

**Subcontractor (if any):**

|                                    |  |                                       |  |  |  |
|------------------------------------|--|---------------------------------------|--|--|--|
| Legal Name:                        |  |                                       |  |  |  |
| Applicant Address:                 |  |                                       |  |  |  |
| Sponsoring Contractor D-U-N-S No.: |  | Employer Identification Number (EIN): |  |  |  |
| Telephone:                         |  | Email:                                |  |  |  |
| Executive Officer's Name:          |  | Title:                                |  |  |  |

|  |                |
|--|----------------|
| Person Responsible for Daily Operation of Project: | Tony Serbousek |
|--|----------------|

**Vehicles are intended to:**

|                             |     |
|-----------------------------|-----|
| Replace Existing Vehicle(s) | yes |
| Expand Existing Fleet       | no  |
| Start New Service           | no  |

**Project Budget:**

| Asset   | Vehicle/Equipment/Other Description                | Quantity       | Unit Cost | Total Cost |
|---------|--|----------------|-----------|------------|
| Vehicle | 12-Passenger Van (Without WheelChair Lift or Ramp) | 0              | \$28,000  | \$0        |
| Vehicle | Lowered Floor Minivan With Ramp                    | 0              | \$36,000  | \$0        |
| Vehicle | Small Bus With WheelChair Lift                     | 1              | \$55,000  | \$55,000   |
|         |  | Total:         | 100%      | \$55,000   |
|         |  | Federal Share: | 80%       | \$44,000   |
|         |  | State Share:   | 10%       | \$5,500    |
|         |  | Local Share:   | 10%       | \$5,500    |

**Please identify the vehicle(s) to be replaced:**

| VIN               | Make | Model     | Year | Mileage | Number of Wheel Chair Positions | Condition   | Remain as a Backup | Be Disposed |
|-------------------|------|-----------|------|---------|---------------------------------|-------------|--------------------|-------------|
| 1FD4E45S58DB51632 | Ford | small bus | 2008 | 82593   |                                 | not defined | yes                | no          |

If vehicle is to expand the existing service, please describe this expansion below:

NA

If vehicle is to start a new service, please describe this service below:

NA

**Local Matching Funds Source**

City of Chadron

|                                       |                              |      |              |        |                           |
|---------------------------------------|------------------------------|------|--------------|--------|---------------------------|
| Person Who Prepared This Application: | Kimzi Zuver                  |      |              |        |                           |
| Address:                              | PO Box 390 Chadron, NE 69337 |      |              |        |                           |
| Telephone:                            | 308-432-0505                 | Fax: | 308-432-0503 | Email: | payables@chadron-nebraska |

I certify by my signature, either written or authorized to submit electronically, this application and supporting documentation are correct and to the best of my knowledge allowable.

|                |              |                  |            |
|----------------|--------------|------------------|------------|
| Authorized By: | Paris Fisher | Authorized Date: | 11/20/2015 |
|----------------|--------------|------------------|------------|

|                 |               |             |            |              |           |                |            |
|-----------------|---------------|-------------|------------|--------------|-----------|----------------|------------|
| Project Number: | RPT-M232(016) | Grant Name: | NE-18-XO48 | Fiscal Year: | 2015-2016 | Approved Date: | 11/24/2015 |
|-----------------|---------------|-------------|------------|--------------|-----------|----------------|------------|



5310 Monthly Vehicle Usage Report

5310 VEHICLE USAGE REPORT



For any questions please email :

[wayne.masek@nebraska.gov](mailto:wayne.masek@nebraska.gov)

|                               |                                    |               |                              |          |      |
|-------------------------------|------------------------------------|---------------|------------------------------|----------|------|
| Organization Name:            | Bellevue Senior Center             | Month & Year: | AUGUST, 2018                 | AFE No.: | P793 |
| Person Preparing this Report: | Kathy Van Den Top                  |               | Title:                       | Manager  |      |
| Address:                      | 109 W. 22nd Ave. Bellevue NE 68005 |               |                              |          |      |
| Phone No.:                    | 402-293-3041                       | Email:        | kathy.vandentop@nebraska.gov |          |      |

VEHICLES: Condition

| Project No. | VIN               | Make | Model       | Year | Wheel Chair Positions | Condition of Vehicle | Condition of Lift (if applicable) |
|-------------|-------------------|------|-------------|------|-----------------------|----------------------|-----------------------------------|
| NE-16-0038  | 1FDFE4FSXEDA60567 | Ford | Supreme Bus | 2014 | 2                     | good                 | good                              |

VEHICLES: Number and Type of Passengers Transported

| Project No. | VIN               | Make | Model       | Year | Elderly Ambulatory (no *mobility device required) | Elderly Non-Ambulatory (*mobility device required) | Other Disabled Ambulatory | Other Disabled Non-Ambulatory | Personal Care Attendant / Other Staff |
|-------------|-------------------|------|-------------|------|---|--|---------------------------|-------------------------------|---------------------------------------|
| NE-16-0038  | 1FDFE4FSXEDA60567 | Ford | Supreme Bus | 2014 | 38  | 0  | 0                         | 0                             | 2                                     |

VEHICLES: Mileage

| Project No. | VIN               | Make | Model       | Year | Total Incidental Miles (meal delivery, prescription pick-up, etc.) | Total Miles Passenger Transportation | Total Miles Driven | Total Days Vehicle in Use | End of Month Odometer Reading |
|-------------|-------------------|------|-------------|------|--|--------------------------------------|--------------------|---------------------------|-------------------------------|
| NE-16-0038  | 1FDFE4FSXEDA60567 | Ford | Supreme Bus | 2014 | 0  | 136                                  | 136                | 3                         | 5396                          |

Person Who Submitted This Application:

|               |                   |        |         |                 |            |
|---------------|-------------------|--------|---------|-----------------|------------|
| Submitted By: | Kathy Van Den Top | Title: | Manager | Submitted Date: | 08/31/2018 |
|---------------|-------------------|--------|---------|-----------------|------------|