



Maura Healey, Governor
Kimberley Driscoll, Lieutenant Governor
Monica Tibbets-Nutt, Secretary & CEO
Meredith Slesinger, MassDOT Rail & Transit Administrator



April 4, 2025

Christine Stanton
Town of Milton
525 Canton Avenue
Milton, MA 02186

Dear Christine Stanton:

We regret to inform you that the Town of Milton Council on Aging has not been selected to receive a State Fiscal Year 2025 Community Transit Grant Program award for fully accessible vehicles.

Due to funding constraints, we were only able to award 115 vehicles out of 250 requested. We would like to thank you for your application and hope to work with you in the future. We urge you to consider applying again. Please feel free to contact Rachel Fichtenbaum, Manager of Grant Programs and Mobility Management, at Rachel.L.Fichtenbaum@dot.state.ma.us if you have any questions or would like technical assistance with your mobility efforts.

Sincerely,

Meredith Slesinger

Meredith Slesinger
Rail & Transit Administrator
Massachusetts Department of Transportation

Reason for Rejection

Christine Stanton

From: Fichtenbaum, Rachel (DOT) <Rachel.L.Fichtenbaum@dot.state.ma.us>
Sent: Friday, April 4, 2025 3:48 PM
To: Christine Stanton
Cc: Schiavone, Thomas (DOT)
Subject: RE: FY25 CTGP vehicle cycle

[External Email- Use Caution]

Hi Christine,

Grant awards under this program are contingent upon the municipality being able to certify that it will comply with all applicable laws, including the Massachusetts General Laws. We understand that the Executive Office of Housing and Livable Communities has determined Milton to be out of compliance with G.L. c. 40A, § 3A, the MBTA Communities Act. We invite you to apply next year.

Thank you,
Rachel

Rachel Fichtenbaum
Manager of Grant Programs & Mobility Management
MassDOT Rail & Transit
Rachel.L.Fichtenbaum@dot.state.ma.us
(857) 368-8584

From: Christine Stanton <cstanton@townofmilton.org>
Sent: Friday, April 4, 2025 12:57 PM
To: Fichtenbaum, Rachel (DOT) <Rachel.L.Fichtenbaum@dot.state.ma.us>
Subject: RE: FY25 CTGP vehicle cycle

CAUTION: This email originated from a sender outside of the Commonwealth of Massachusetts mail system. Do not click on links or open attachments unless you recognize the sender and know the content is safe.

Hi Rachel – If possible, would you please explain your decision to reject? My Town Administrator would like to know. Thanks.

Christine Stanton
Director
Milton Council on Aging
10 Walnut Street
Milton, Massachusetts 02186
(617) 898-4892

From: Fichtenbaum, Rachel (DOT) <Rachel.L.Fichtenbaum@dot.state.ma.us>
Sent: Friday, April 4, 2025 12:35 PM

Christine Stanton

2025 CTGP grant

From: MassDOT Community Transit Grant Program
<MassDOTCommunityTransitGrantProgram@dot.state.ma.us>
Sent: Monday, November 18, 2024 4:32 PM
To: Christine Stanton
Subject: Confirmation for the FY25 Community Transit Grant Program Accessible Vehicle Cycle Application

[External Email- Use Caution]

Thank you

We received your application for the FY25 Community Transit Grant Program Accessible Vehicle Cycle. If you have any questions, please reach out to us at Rachel.L.Fichtenbaum@dot.state.ma.us. We anticipate making award announcements in early spring 2025.

Organization information

Organization name: Town of Milton Council on Aging

Organization's legal name: Town of Milton

Contact person: Christine Stanton

Email: cstanton@townofmilton.org

Phone: (617) 898-4893

Organization's legal address: 525 Canton Avenue Milton, MA 02186

Registered in SAM: Yes

UEI number: YJV6ATX8T6J9

Registered Commonwealth vendor: Yes

Organization type: Municipality/Council on Aging

Application details

Previously received vehicles: No

Number of vehicle requested: 1

Coordinated Human Service Transportation Plan reference: Boston Region 2023 p. 15-17, 33, 35-36, 49-50

Prepared to pay 15% of cost awarded: Yes

Type of funds used to pay 15%: Capital Budget

Calculate estimated amount of local match: 17176.00

Civil Rights

Discrimination complaint process: Answer forthcoming.

More than 50 transit-related employees: No

FTA funding: 0

Oversight

Any current audit or investigation: Milton has an annual town audit which we are apart of.

Any past audit or investigation: No.

Training and Safety

Safety requirements agreement: We agree to abide by these requirements

Vehicle information

VehicleType	Leased	Lessee	ServiceArea	VehicleShare	ReplaceOrExpand	Vin	Year	Mileage	W
E2b	No	Milton		No, but we would be open to it if the opportunity arises	Replacement	1FDEE3FL2BDB04698	2011	55429	Ve m lif re if! st

This email has been scanned for spam and viruses by Proofpoint Essentials. Click [here](#) to report this email as spam.



MILTON COUNCIL ON AGING
10 WALNUT STREET
MILTON, MASSACHUSETTS 02186
WWW.TOWNOFMILTON.ORG

TEL:617-898-4893

Christine Stanton
Director

November 8, 2024

Ms. Rachel Fichtenbaum
MassDOT
Community Transit Grant Program
10 Park Plaza
Boston, MA 02116

Dear Rachel:

The Town of Milton Council on Aging is applying for a FY25 Community Transit Grant to fund the purchase of a fully accessible Type E2B 12 Passenger bus to provide transportation to Milton residents of the age of 60 and adults with disabilities.

The cost of the vehicle is \$114,510.00. The Town of Milton will be responsible for paying 15% or \$17,176.00. This will be covered by funds allocated in the FY25/26 Capital Budget.

Currently, there is no nonprofit available to provide this service in Milton.

Sincerely yours,

Christine Stanton
Christine Stanton



MILTON COUNCIL ON AGING
10 WALNUT STREET
MILTON, MASSACHUSETTS 02186
WWW.TOWNOFMILTON.ORG

TEL:617-898-4893

Christine Stanton
Director

December 31, 2024

Ms. Rachel Fichtenbaum
MassDOT
Community Transit Grant Program
10 Park Plaza
Boston, MA 02116

Dear Ms. Fichtenbaum:

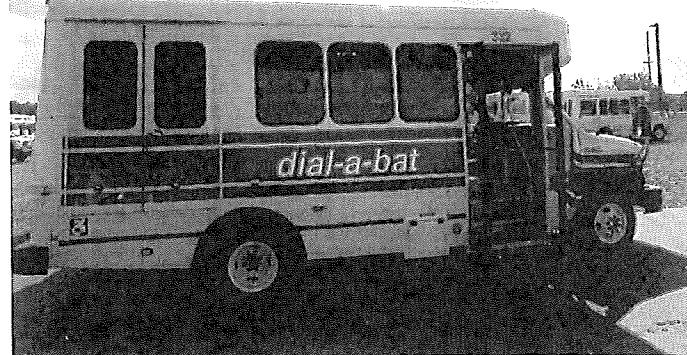
The Town of Milton Council on Aging is applying for a FY25 Community Transit Grant to fund the purchase of a fully accessible Type E2B 12 Passenger Bus to provide transportation to Milton residents over the age of 60 and adults with disabilities.

Currently, there is no nonprofit able to provide this service in Milton.

Sincerely yours,

Christine Stanton

TYPE E2B



Note: Please note that the vehicle's exterior is the same as the E2A. Skins and lettering depicted in picture are options that carry an additional cost.

Raised-roof "body-on-chassis cutaway," dual rear wheel, with wheelchair lift. The vehicle seats up to 12 ambulatory passengers or 10 ambulatory passengers and two wheelchair positions.

Capacity: 12-passenger

Weight: 12,500 GVWR

Length: 22-feet, 9-inches

Body Design: Body-on-chassis, dual rear wheel

Wheelchair Accommodation: Up to four wheelchair positions

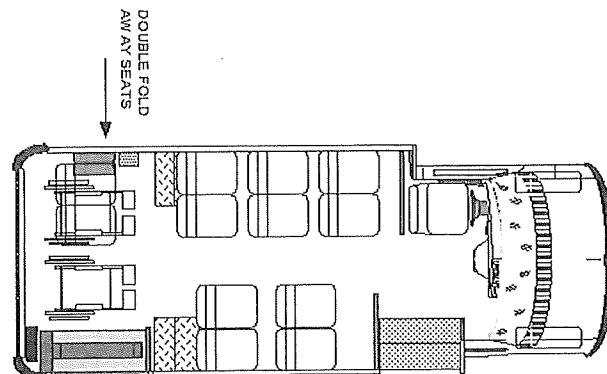
Driver's License Req.: Class D

Useful Life: 8 Years or 100,000 miles

Fuel: Gasoline

Other Fuel Options: CNG and Propane available (RTAs only), if interested please contact MassDOT for pricing information.

Gas Option	
Total Cost	\$114,510
85% Split	\$97,334
15% Split	\$17,176



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(/)> Massachusetts Department of Transportation (/orgs/massachusetts-department-of-transportation)> Rail and Transit Division (/orgs/rail-and-transit-division)> Comr

FY25 Community Transit Grant Program Accessible Vehicle Cycle Application

Fill out this online form to apply for MassDOT's FY25 Community Transit Grant Program vehicle cycle.

You will be asked questions about your organization. Then you will have the opportunity to upload the required forms. If you have not already filled out the forms, please visit <https://www.mass.gov/how-to/apply-for-a-community-transit-grant> (/how-to/apply-for-an-accessible-vehicle-through-the-community-transit-grant-program) to download the forms and complete them before you fill out this online application. After you upload the forms, you will be asked a series of questions about each vehicle you are applying for. When you have answered the questions about each vehicle, hit the submit button. It may take a few minutes, but you will see a thank you screen acknowledging your submission, and you will receive an email acknowledgment as well. If you have any questions or need assistance, please contact us at Rachel.L.Fichtenbaum@dot.state.ma.us (mailto:Rachel.L.Fichtenbaum@dot.state.ma.us) or (857) 368-8584. Applications are due by Friday, November 22.

Fields marked with an asterisk (*) are required

About your organization

What is your organization's name?*

Town of Milton Council on Aging

Contact person name*

Christine Stanton

Contact person email*

cstanton@townofmilton.org

Contact person phone number*

(617) 898-4893

What is the legal name of your organization?*

Town of Milton

(For example, the Bridgewater Council on Aging is the Town of Bridgewater)

What is your organization's legal address?*

525 Canton Avenue
Milton, MA 02186

Are you registered in SAM.gov?

Yes No Not sure

What is your UEI number?

YJV6ATX8T6J9

Are you a registered vendor of the Commonwealth?

Yes No Not sure

Please determine which of the types of eligible applicants applies to your organization and select from the drop-down below:

- **Private nonprofit** providing transportation service to seniors and/or persons with disabilities because publicly operated mass transportation service in our service area is unavailable, insufficient, or inappropriate to meet the needs of these populations.
- **Regional Transit Authority** providing transportation service to seniors and/or persons with disabilities because no private non-profit organizations are readily available in our service area to provide the needed service. We understand that the definition of "readily available" in our service area means no non-profit organization is capable or willing to provide the service provided by our organization.

- **Municipality or Council on Aging** providing transportation service to seniors and/or persons with disabilities because no private non-profit organizations are readily available in our service area to provide the needed service. We understand that the definition of "readily available" in our service area means no non-profit organization is capable or willing to provide the service provided by our organization.
- **Private Taxi Operator** (includes Uber and Lyft) providing public transportation to include shared ride transportation services to the general public on a regular basis.

Municipality/Council on Aging

Select organization type from the drop-down

Have you previously received vehicles through the Community Transit Grant Program?*

Yes No

Total number of vehicles requested*

1

(1-25)

Find your region's [**Coordinated Human Service Transportation \(CHST\) plan**](#) (<https://www.mass.gov/info-details/community-transportation-coordination#local-tools>).

What page(s) of your region's Coordinated Human Service Transportation Plan reference the need for the service(s) you will provide with the vehicles you are requesting? Please list the region, year the plan was updated, and page number.

Boston Region 2023
p. 15-17, 33, 35-36, 49-50

Are you prepared to pay 15% of the cost of any awarded vehicles upon delivery?*

Yes

No

What type of funds will you use to pay the 15%?*

Capital Budget

Please calculate the estimated amount of local match due if awarded your full.*

\$ 17176.00

Civil Rights

Describe your process for handling discrimination complaints.*

Do you have 50 or more transit-related employees?*

Yes No

Aside from this grant, how much funding does your organization receive from the Federal Transit Administration?*

Oversight

Is your organization currently subject to an audit or investigation?

Please describe if so.*

In the past, has your organization had any finding from an audit or investigation? Please describe if so.*

Training and Safety *

If you operate a vehicle provided through the Community Transit Grant Program, you must abide by the following requirements:

- Keep vehicles and equipment in good operating condition, including Americans with Disabilities Act (ADA) accessibility features
- Complete driver training requirements for all drivers who operate the vehicle, to include accessible lift use and passenger securement, defensive driving, disability awareness, CPR, first aid, and substance abuse awareness training

We agree to abide by these requirements

Next step:

Upload your supporting documents

Next



All

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[Policies \(/massgov-site-policies\)](#)

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FY25 Community Transit Grant Program Vehicle Cycle: Replacement and New Capital Narrative Form

Instructions

Thank you for your interest in the FY25 MassDOT Community Transit Grant Program vehicle cycle. Please answer the following questions about your request for one or more accessible vehicles. When you are done, upload this form and submit it as part of your application. If you have any questions, please reach out to us at Rachel.L.Fichtenbaum@dot.state.ma.us or (857) 368-8584.

Questions for All Applicants

1. Will any and all vehicles awarded be used for services that are designed to meet the specific needs of seniors and individuals with disabilities?

Yes.

2. Describe the need your requested vehicle or vehicles will help address.

There is currently demand for transportation to medical appointments, grocery shopping and local errands that we are unable to accommodate because of the limited number of vehicles in our fleet. The addition of this vehicle would help address this unmet need.

3. Describe any additional ways you know there is a need for the transportation this vehicle will provide, such as other studies, requests from riders, trip requests you are unable to fill, etc.

There are unmet requests from riders to provide transportation to local errands and points of interest, day trips, etc. that we are currently unable to meet.

4. Describe how this vehicle will be used and how it will help meet the need.

This vehicle will be used for transportation to medical appointments, grocery shopping, local errands, classes and events at the Milton Council on aging and day trips.

5. Who will be eligible to ride?

Milton residents over the age of 60 and adults with disabilities.

6. Describe the target number of individuals to be served. If your request includes vehicles for different services, please describe the target numbers for each service.

400+ current users of our transportation program. An additional vehicle would enable us to expand our program.

7. Who will operate the vehicles you are requesting?

Milton Council on Aging has 1 full time and 5 part time drivers at this time. They are Town employees and would be the only personnel driving the vehicle.

8. Who will insure the vehicles?

Town of Milton/MIIA

9. Who will provide maintenance on the vehicles?

Town of Milton Department of Public Works and/or vehicle dealer if necessary

10. Where will vehicle maintenance records be kept?

Town of Milton Dept. of Public Works/Council on Aging

11. Where will the vehicle(s) be garaged?

Parking lot at the Milton Council on Aging 10 Walnut Street Milton MA

12. Who will be responsible for ensuring completion of required driver training?

Christine Stanton, Director Milton Council on Aging

13. What are typical operating hours for your vehicles? If your request includes vehicles for different services, please describe the hours for each service.

Monday – Thursday 8:30am to 4 pm and Friday 8:30am to 1 pm

14. Do you allow incidental use when you have space or when the vehicle is not in service? For example, this might mean allowing riders who need a ride but are not seniors and do not have disabilities to ride when you have empty seats, allowing another organization to use the vehicle outside of your operating hours, or using the vehicle for occasional meal delivery outside of your operating hours. As long as older adults and people with disabilities are always prioritized, MassDOT and FTA encourage incidental use to maximize use of these vehicles.

Not at this time.

15. What types of transportation coordination and collaboration does your agency engage in? Check all that apply:

Type of Coordination	Mark an X if this applies to your agency or project
We attend transportation collaboration meetings when they occur in our region	<input type="checkbox"/>
We convene transportation collaboration meetings in our region	<input type="checkbox"/>
We participate in centralized dispatch	<input type="checkbox"/>
We share drivers with another organization	<input type="checkbox"/>
We share vehicles with another organization	<input type="checkbox"/>
We offer our in-house driver training to other organizations	<input type="checkbox"/>
We have an agreement in place with another organization to provide or obtain services if needed (e.g. if there is a vehicle breakdown or a staff shortage)	<input checked="" type="checkbox"/>
Describe any other type of coordination	n/a

Additional Questions for New Vehicle Requests

16. Explain why the current fleet is inadequate and why additional vehicles are needed.

We are currently unable to meet the increase in demand for transportation services.

17. Have you reached out to partner organizations in your region about sharing a vehicle or using existing resources? If so, describe the steps you took and why you determined you should apply for a new vehicle. If not, explain why not.

We are unaware of any partner organizations.

18. How was the vehicle type(s) determined to be the right vehicle size and capacity for the new service?

Based on demand for transportation services especially for errands, shopping and medical appointments and cultural events/day trips.

19. How has the organization's operating budget been modified to account for new service? Has a formal plan been developed to accommodate new vehicle(s) in the fleet?

Yes, the Town Administrator is aware of the grant application for an additional vehicle and the operating budget will be adjusted to accommodate an increase in expense.

20. If the vehicle(s) request is not funded, will the new service plan still be implemented?

No.

FY25 Community Transit Grant Program - Active Fleet Inventory Form

Who fills out this form:

This form is optional for Regional Transit Authorities and required for all other applicants.

4. Rewrite your organization's name in Box B5. Then, starting with row 7, list each vehicle in your fleet, one vehicle per row. You may add additional rows if you have more than 20 vehicles in your fleet. Include only vehicles that carry 16 passengers or fewer. List the vehicle's VIN or unique identifier in column A. In column B, mark yes if the vehicle was awarded through the Community Transit Grant Program, and no if you got it from another source. In column C, indicate the vehicle type. In column D, mark yes if the vehicle is accessible and no if it is not. In column E, note the mileage. In column F, note the model year of the vehicle.

Instructions:

In column G, choose the descriptor that best describes the vehicle's condition. EXCELLENT means the vehicle is brand new, no major problems exist, and only routine preventative maintenance is required. GOOD means elements are in good working order, require nominal or infrequent minor repairs (every 6 months or so). MODERATE means the vehicle requires frequent minor repairs (<6 months) or infrequent major repairs (>6 months). POOR means the vehicle requires frequent major repairs. FAILURE means the vehicle is only useful for parts or is parked because it cannot be fixed or run in service.

Column G instructions:

End of worksheet