

**South Alabama Regional Planning Commission
Grant Application
FY 2021**

**Enhanced Mobility for Seniors and Individuals
with Disabilities Program (Section 5310)
APPLICATION**

Legal Name of Applicant: _____

Check Agency's Status: Nonprofit _____

Public _____

Private for Profit _____

Deadline: October 22nd, 2020 by NOON

Date Received By SARPC: _____

A – APPLICATION COVER PAGE

Legal Name:		
P. O. Box:		
Street Address:		
City/County/State/Zip:		
DUNS (Data Universal Numbering System) No.:		
Website:		
1 st Contact Person and Title:		
Email:		
Phone:		
Fax:		
2nd Contact Person and Title:		
Phone:	Email:	
Check current status below:		
<input type="checkbox"/> Current 5307 Recipient	<input type="checkbox"/> Current 5311 Recipient	<input type="checkbox"/> New Agency
<input type="checkbox"/> Current 5309 Recipient	<input type="checkbox"/> Current 5316 Recipient	
<input type="checkbox"/> Current 5310 Recipient	<input type="checkbox"/> Current 5317 Recipient	
2. Project Type Requesting (check one):		
<input type="checkbox"/> Vehicles (80% of Project Cost)		
<input type="checkbox"/> Non-Vehicles Capital (80% of Project Cost)		
<input type="checkbox"/> Purchased Transportation Services (80%)		
<input type="checkbox"/> Other Capital (90%) Specify: _____		
3. Project Information:		
Population of area to be served:		
Number of seniors:	_____ % of population	
Number of individuals with disabilities:	_____ % of population	
This application is for		
<input type="checkbox"/> Mobile Urbanized Area		
Was project derived from a local "Coordinated Plan"?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Seniors/Individuals with Disabilities Federal Amount Request:	\$ _____	
Total Local Match Funds:	\$ _____	
Total Cost of Project:	\$ _____	

B– CHECKLIST/COVER LETTER

APPLICATION CHECKLIST

THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS APPLICATION AND LABELED IN THIS ORDER:

Indicate Page Number(s) in the left hand column.

	A. Application Cover Page
	B. Application Checklist
	C. Experience/Capabilities
	D. Project Description
	E. All Applicants Requesting Vehicles
	1) Applicants Requesting Replacement Vehicles
	2) Applicants Requesting Expansion Vehicles
	3) New Service Applicants
	F. Applicants Requesting Mobility Management
	G. Applicants Requesting Operating Expenses
	H. Project Budget
	I. Letter of Confirmation for Local Match & Operating Expenses
	J. Coordination
	K. Authorizing Resolution
	L. Public Hearing Requirements: affidavit including newspaper announcements, attendees &
	M. Audit report for the most recent fiscal year
	N. Articles of Incorporation and Bylaws, if applicable
	O. Copy of Federal Identification Number Letter
	P. Insurance carrier, amounts of coverage and premium rate if applicable
	Q. Certification of Vehicle Maintenance Plan and Inspection
	R. Certification and Assurances for FTA Assistance
	S. Standard Assurances
	T. Title VI
	U. Public Agency Certification (only applicable to governmental or public agencies)
	V. Application Certification
	W. Map of Service Area

C – EXPERIENCE/CAPABILITIES

This section assists in determining your agency’s overall experience and ability to operate, manage, and administer the project, funding, and reporting for the grant.

C1. How many years has your agency been providing this service?

C2. Has your agency received grant funding in the last three years? Yes No

If yes, please list the amount of grant funds received for the last three fiscal years.

Fiscal Year	Grant Funding
2020	
2019	
2018	

C3. Please list the number of agency staff or volunteers your agency will dedicate to administer the project. Please include executive, financial, administrative, program and transportation positions, but exclude contractors/vendors. Please list positions in terms of Full Time Equivalent (FTE). (Example 10 FT and 1 PT = 10.5 FTE).

Staff Type	Number of FTE Positions
Executive	
Financial	
Administrative	
Program Staff	
Transportation Staff	
Volunteer	
Other (Please List):	
TOTAL POSITIONS:	

D – PROJECT DESCRIPTION

D1. Title of

Project: _____

D2. Which program type are you applying for? Please see page of 4 & 5 of guidelines for detail.)

Traditional 5310 Capital Project

Operating Project

D3. What type of funding are you requesting?

Vehicle(s) or Equipment (Capital; 80/20

Match) Mobility Management Operating

Assistance (Operating; 50/50 Match)

D4. Project to fund which of the following:

New or Expanded Service or Mobility Manager / Expansion Vehicles

Continue Existing Service or Mobility Manager / Replacement Vehicles

D5. Please list the total amount of funding you are requesting in this application:

	Federal Share:	Local Share:	Project Total:
Capital (80/20):			
Above ADA Capital (80/20):			
Operating (50/50):			
Mobility Mgmt. (80/20):			

D6. The Federal Transit Administration requires an estimated start date and end date for every project. For operating assistance and mobility management projects, applicants must anticipate the date of their last expenditure for the grant.

Estimated Project Start Date: _____

Estimated Project End Date: _____

All Applicants Must Complete

D7. Scope of Services

- a) Describe your agency's purpose and programs. Attach supporting documentation (i.e. agency's brochures, newspaper articles, letters of accommodation, etc.).

- b) Describe the transportation provided/purchased and/or that will be provided/purchased by your agency. Include a description of your agency's clientele, client selection process, potential trips, routes schedules, miles and hours.

- c) Describe transportation being provided to seniors and individuals with disabilities by other providers in your area. Include days and hours of service, passengers, frequency, fares, etc.

- d) Describe your agency's employee's senior and individuals with disabilities (sensitivity) training program, include a schedule of pre-employment, on-the-job training and incremental training provided or to be provided. **Sensitivity Training Only**

- e) Identify which strategy (ies) within the Human Services Coordinated Transportation Plan this project addresses. **Indicate page number from the coordinated plan the strategy is found.**

- f) Describe the unmet transportation needs within the Human Services Coordinated Transportation Plan the proposed project seeks to address. **Indicate page number from the coordinated plan the unmet need is found.**

E – Applicants Requesting Capital

E1. All Applicants Requesting Vehicles:

In this section, your agency is being requested to provide detailed information on the type of service to be provided. Your response should be as accurate as possible. Provide estimates where applicable. This will give a detailed indication of your agency's planned activities. **Please complete all the requested information.**

Number of clients to be served: _____

Circle type of clients to be transported: Senior Children All Ages Disabled

Indicate days of proposed use _____
(Example: Monday thru Friday or Tuesday-Thursday, etc...)

Hours a week vehicle(s) will be used: _____

Number of miles clients will be transported daily: _____

Number of passenger trips per week _____
(A passenger trip is each time a passenger boards and exits a vehicle.)

Circle Type of Trips: Medical Education Work Nutrition Recreation Other

Are you willing to coordinate transportation services with other agencies?

Circle: Yes or No

32. How does your agency accommodate passengers requiring an accessible vehicle?

33. Do you charge fares? If so, what is the amount of the fare?

E2. VEHICLE INVENTORY FORM (If Applicable)

Agency Name:

<u>Year</u>	<u>Make/Model</u>	<u>VIN</u>	<u>Current Miles</u>	<u>Lift</u> Yes Or No	<u>*Condition</u> New, Excellent, Good, Fair, Poor or Out of Service	<u>Vehicle Replacement</u> Indicate Yes or No	<u>Indicate Funding Source</u> Sec. 5310 5309, 5307, 5311, 5316, 5317, or other

*Condition: Specify the mechanical/physical condition of the vehicle based on the following: New (N) = Less than 2,500 miles. Excellent (E) = Low mileage in relation to age and no visible mechanical flaw.
 Good (G) = Average mileage in relation to the age and only minor mechanical flaws.
 Fair (F) = High mileage &/or noticeable mechanical flaws. Repairs are beginning to exceed normal maintenance schedules.
 Poor (P) = High mileage and major mechanical flaws. Major repairs such as engine or transmission overhaul, etc. needed to keep the vehicle in service.
 Out of Service (O) = Vehicle is unreliable or is completely inoperable. Vehicle has been pulled from service due to mechanical or body/chassis flaws that create unsafe operating conditions.

E3. Applicants for Replacement Vehicles must complete:

- a) Explain the need for replacing vehicle(s).

- b) Provide documentation of the most recent scheduled preventative maintenance performed on each vehicle requesting to be replaced.

E4. Applicants for Expansion Vehicles must complete:

- a) Explain the need for expansion vehicle(s).

- b) Provide copies of new routes, extended hours, miles and services that show the need for additional vehicle(s).

- c) Provide documentation of the most recent scheduled preventative maintenance performed on the most recent Section 5310 vehicle(s) awarded your agency (no more than five (5)).

E5. New Service Applicants must complete:

- a) Explain the need for your agency to become a seniors and Individuals with disabilities transportation provider.
- b) Provide documentation supporting your agency’s transportation experience.
- c) List and describe other federal funded programs your agency has managed include the length of time, amount of funds involved and the awarding agency name(s).

E6. VEHICLES

Costs are estimated and changes may occur. If you are requesting a vehicle, complete the vehicle inventory form and the vehicle request form on the following page. A second choice of vehicle is required pending confirmation of availability of vehicles.

Provide your requested vehicle(s) in rank order. Include your second choice alternative and the address where the vehicle will be located.

Rank	Type of Vehicle (First Choice)	Type of Vehicle (Second Choice)	Estimated Total Cost (100%)	Est. Federal Share (80%)	Est. Local Share (20%)
1.					
Vehicle location/address :					
2.					
Vehicle location/address :					
3.					
Vehicle location/address :					
4.					
Vehicle location/address :					
5.					
Vehicle location/address :					

VEHICLE REQUEST FORM Agency Name: _____

(Form To Be Completed By Agency Requesting Vehicles)

<i>Vehicle Type Price ranges are estimates and subject to change. Prices include wheel chair stations Other options are not included.</i>	<i>Designed Seating Capacity</i>	<i>Number of Wheelchair Stations Per Vehicle</i>	<i>Number of Each Type Vehicle Needed</i>	<i>Intended Use R-Replacement E-Expansion N-New Service</i>
Mini Van \$36,500 - \$45,000	3-4	1		
8 passenger van \$42,000 - \$48,000	6	2		
Cut-Way-Chassis Bus \$53,000 – 57,000	14	2		
Cut-A-Way Chassis Bus \$60,000 – 67,000	17 -21	2		
TOTALS				

APPLICANTS REQUESTING EQUIPMENT (excluding vehicles)

Please note applicants are required to research and provide cost estimates for all requested equipment and ensure vendor information is available.

E7.	Please provide a description of the equipment you are requesting.
E8.	What is the intended purpose of the equipment and how does it support the intent of the 5310 program?
E9.	What is the life expectancy of the equipment you are requesting? Please list manufacturers recommended life expectancy, if available.

E10. Funding Request Form (Agencies Requesting Purchased Transportation or Other Non-Vehicle Capital Must Complete)

Purchased Transportation or Other Capital (specify: example computers, preventive maintenance)	Number of Each (if applicable)	Federal Cost	Local Cost	Total Cost
Totals				

Note: All non-vehicle capital equipment will be evaluated by SARPC. The number and type of equipment awarded are contingent upon available funding.

F – MOBILITY MANAGEMENT

(Only applies to mobility management project or positions).

Mobility management is an eligible capital expense under the U.S. Department of Transportation (USDOT) Federal Transit Administration (FTA) 5310 program. Mobility Management projects are intended to build coordination among existing public transportation providers and other transportation service providers with the result of expanding the availability of service.

F1.	How will your project promote, enhance and facilitate access to transportation services.
F2.	Will this project sustain current services and/or increase additional services, please explain?
F3.	If requesting a mobility manager position, please identify all agencies in your sub-region your mobility manager position will support.

G – OPERATING ASSISTANCE

(Only applies if you are requesting operating assistance).

G1.	Please describe how this requested service specifically goes above and beyond ADA services.
G2.	Please describe your agency's ability to continue to fund your project AFTER the federal funding is expended.

H- PROJECT BUDGET

In this section you will be asked to provide the budget information for the capital and operating costs associated with the project. **For all projects, applicants may request one year of funding.** Mobility Management projects including related staffing and support items should be noted under “Capital.”

Please be specific and thorough in your budget. If listing personnel salaries, please indicate the anticipated salary and the estimated number of hours. The budget should contain all anticipated line items to be requested for reimbursement including materials, supplies, etc.

H1.	<p>Would your agency accept partial funding for this project?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, are there any funding minimums, limits or thresholds for your agency to accept partial funding?</p>
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CAPITAL/MOBILITY MANAGEMENT BUDGET REQUEST

Requests are limited to a one-time capital purchase or equal to one year of funding.

EQUIPMENT REQUEST			
Requested Item(s)	Quantity	Unit Cost	Subtotal
MOBILITY MANAGEMENT- POSITION			
Staff Position Title	Number of Hours	Hourly Rate	Subtotal
MOBILITY MANAGEMENT PROJECT			
Requested Item(s)	Quantity	Unit Cost	Subtotal
VEHICLES			
Vehicle Type	Quantity	Unit Cost	Subtotal
TOTAL COST OF ALL PROJECTS			
	*FEDERAL SHARE (80%)		
	*LOCAL MATCH (20%)		
SOURCE OF LOCAL MATCH:		FUNDING TYPE:	AMOUNT:

OPERATING BUDGET REQUEST

Requests are limited to one year of funding for operating assistance.

OPERATING EXPENSES (Contracts, Driver Salaries, Fuel, Oil, Maintenance)

Operating Expenses Subtotal	

OPERATING REVENUE (Fare or Other Program Revenues)

Operating Revenue Subtotal	

NET OPERATING COSTS (Subtract Revenues from Expenses)

TOTAL COST OF ALL PROJECTS:	
FEDERAL SHARE (50%	
LOCAL MATCH (50%	

SOURCE OF LOCAL MATCH:

FUNDING TYPE:

AMOUNT:

**I. Sample Letter-Confirmation for Local Match and Operating Expenses
(Must Submit Original Signature)**

Letter must be on agency's letterhead.

February 2, 2015

Mr. Kevin Harrison, PTP
PO Box 1665
Mobile, AL 36633

Dear Mr. Harrison:

Transit Inc. is applying for the Section 5310 Grant to provide transportation services for the seniors and individuals with disabilities in Oakland County. We are requesting one modified van. The required local match is \$7,000.00. The City of Woodville and Oakland County Commission will provide the local match and cover all operating expenses.

If you have any questions, please contact me at (334) 555-1234.

Sincerely,

John Stone
Transit Director

JS:sos

Supporting Documentation

- 1. Commitment to Strategies (J)**
- 2. Authorizing resolution (K)**
- 3. Public Hearing Requirements: affidavit including newspaper announcements, attendees and minutes (L)**
- 4. Audit report for the most recent fiscal year (M)**
- 5. Articles of Incorporation and Bylaws, if applicable (N)**
- 6. Copy of Federal Identification Number Letter (O)**
- 7. Insurance carrier, amounts of coverage and premium rate if applicable (P)**
- 8. Certification of Vehicle Maintenance Plan and Inspection (Q)**
- 9. Certification and Assurances for FTA Assistance (R)**
- 10. Standard Assurances (S)**
- 11. Title VI (T)**
- 12. Public Agency Certification (applicable to governmental or public agencies) (U)**
- 13. Application Certification (V)**
- 14. Map of Service Area (W)**

J. 2021 Commitment to Strategies

The current Federal transportation legislation, the FAST Act, requires any agency applying for Section 5310 Enhanced Mobility for Seniors and Individuals with Disabilities funds to participate in a locally derived human services transportation coordination plan. Agencies will demonstrate compliance with the SARPC Human Services Coordination Transportation Plan as evidenced by the following:

- Attendance at designated human services transportation meetings to assist in the development and implementation of regional coordination planning.
- Compliance with information and data requests to aid in the collaborative efforts of the planning process.
- Demonstrated support and achievement of goals in the plan as appropriate and identified in the plan.

Agency data gathering and feedback is a valued part of the regional human services transportation coordination effort. Strategies identified in the coordination process are the collaborative effort of all participating agencies. A successful and relevant plan will assist the agencies in their mission to serve elderly persons, and persons with disabilities and low income.

I do hereby agree, on behalf of my organization, that we will actively support strategies developed in the plan in compliance with the FAST Act regulations. Our participation will continue throughout the term of the grant.

If you have any questions about these strategies at any time during your grant term, please contact a Transportation Planner at the South Alabama Regional Planning Commission by calling (251)433-6541 or by emailing transportation@sarpc.org.

Agency name:

Authorized Representative of Applicant Signature

Printed Name _____ **Date:** _____

K. Authorizing Resolution (Must submit original signature)

WHEREAS, Federal financial assistance as authorized under Section 5310 of the Federal Transit Act Amendments of 1991, is available through the South Alabama Regional Planning Commission to provide transportation services to meet the special needs of seniors and individuals with disabilities; and

WHEREAS, the submission of an application for said financial assistance is deemed necessary to aid in addressing the transportation needs of seniors and individuals with disabilities residents of the Mobile Urban Area, and

WHEREAS, any agreement for capital financial assistance with the South Alabama Regional Planning Commission, will impose certain obligations upon the applicant, including the provision by it of the local share of project costs; and

WHEREAS, it is the goal of the applicant to provide the best transit project that can be provided with the funds available.

NOW, THEREFORE, be it resolved by the _____
(Board, Council, or County Commission)
of _____ as follows:
(Legal Name of Organization)

That the _____ is authorized to execute, file a grant application,
(Title of Authorized Official)
and enter into an agreement with the South Alabama Regional Planning Commission for aid in the financing of a Section 5310 transportation assistance project.

Adopted this _____ day of _____, 20____.

Signature: _____

Attest: _____

Typed Name: _____

Typed Name: _____

Title: _____

Title: _____

L. Public Hearing Requirement

A public hearing must be advertised in the local newspapers at least 7 days prior to the hearing. Notices must be advertised a minimum of one time. The notice, minutes, attendees, and a publisher's affidavit must be submitted in the grant application. (See sample notice below)

PUBLIC NOTICE:

Transit Inc. is applying to the South Alabama Regional Planning Commission for a federal grant under Section 5310 of the Federal Transit Act. This funding is for assistance to help meet the transportation needs of seniors and individuals with disabilities in Oakland County. A public hearing will be held on **(date)** at **(time)** in the **(meeting room)** at the **(facility)** for public comments.

Contact info: Transit Inc.

54th Street

Woodville, AL 88888

(334) 545-1345

****Please note:** A copy of the public hearing notice must be placed in the reception desk area, meeting rooms, transit facilities, and on the vehicles as applicable to allow all individuals including Limited English Proficiency (LEP) individuals an opportunity to participate in this hearing.

Q. Vehicle and Equipment Maintenance Plan Certification and the Maintenance Inspection Program (Complete If Requesting Vehicles or Capital; must submit original signature)

The _____, hereby certifies it has or will
(Agency's Name)

develop and implement a Section 5310 Vehicle and Equipment Maintenance Plan that contain the following:

A schedule of maintenance inspections and servicing that will be performed and documented according to the guidelines for the vehicle and/or equipment manufacturer.

The Agency farther certifies that to demonstrate compliance with the Vehicle Maintenance Plan, it will develop and submit the following components of the plan:

1. An inspection checklist which as a minimum specify vehicle service items to be checked and the frequency of the checks.
2. An inspection procedure manual describing inspection procedures for items on the checklist, indicating standards for each item checked and describing corrective actions taken for any problem identified.

Name of Authorized Official: _____ Date: _____

Signature: _____

R. FTA FISCAL YEAR 2019 CERTIFICATIONS AND ASSURANCES

**FEDERAL FISCAL YEAR 2019 CERTIFICATIONS AND ASSURANCES FOR FEDERAL TRANSIT
ADMINISTRATION ASSISTANCE PROGRAMS**

Name of Applicant: _____

The Applicant agrees to comply with applicable provisions of Groups 01 – 24. X

OR

The Applicant agrees to comply with applicable provisions of the Groups it has selected:

Group	Description	
01.	Required Certifications and Assurances for Each Applicant.	
02.	Lobbying.	
03.	Procurement and Procurement System.	
04.	Private Sector Protections.	
05.	Rolling Stock Reviews and Bus Testing.	
06.	Demand Responsive Service.	
07.	Intelligent Transportation Systems.	_____
08.	Interest and Finance Costs and Leasing Costs and Acquisition of Capital Assets by Lease.	_____
09.	Transit Asset Management Plan and Public Transportation Agency Safety Plan.	_____
10.	Alcohol and Controlled Substances Testing.	_____
11.	Fixed Guideway Capital Investment Program (New Starts, Small Starts, and Core Capacity) and Capital Investment Program in Effect before MAP-21 Became Effective.	_____
12.	State of Good Repair Program.	_____
13.	Fixed Guideway Modernization Grant Program.	_____
14.	Bus/Bus Facilities Formula Grants Program and Bus and Bus Related Equipment and Facilities Grant Program (Discretionary).	_____
15.	Urbanized Area Formula Grants Programs/Passenger Ferry Grants Program/Job Access and Reverse Commute (JARC) Formula Grant Program.	_____
16.	Seniors/Elderly/Individuals with Disabilities Programs and New Freedom Program.	_____
17.	Rural/Other Than Urbanized Areas/Appalachian Development/Over-the-Road Bus Accessibility Programs.	_____
18.	Tribal Transit Programs (Public Transportation on Indian Reservations).	_____
19.	Low or No Emission/Clean Fuels Grant Programs.	_____
20.	Paul S Sarbanes Transit in Parks Program.	_____
21.	State Safety Oversight Program.	_____
22.	Public Transportation Emergency Relief Program.	_____
23.	Expedited Project Delivery Pilot Program.	_____
24.	Infrastructure Finance Programs.	_____

FTA FISCAL YEAR 2019 CERTIFICATIONS AND ASSURANCES
FEDERAL FISCAL YEAR 2019 FTA CERTIFICATIONS AND ASSURANCES SIGNATURE PAGE
(Required of all Applicants for FTA funding and all FTA Grantees with an active project)

AFFIRMATION OF APPLICANT

Name of Applicant: _____

Name and Relationship of Authorized Representative: _____

BY SIGNING BELOW, on behalf of the Applicant, I declare that it has duly authorized me to make these Certifications and Assurances and bind its compliance. Thus, it agrees to comply with all Federal statutes and regulations, and follow applicable Federal guidance, and comply with the Certifications and Assurances as indicated on the foregoing page applicable to each application its Authorized Representative makes to the Federal Transit Administration (FTA) in Federal Fiscal Year 2016, irrespective of whether the individual that acted on his or her Applicant's behalf continues to represent it.

FTA intends that the Certifications and Assurances the Applicant selects on the other side of this document should apply to each Project for which it seeks now, or may later seek FTA funding during Federal Fiscal Year 2016.

The Applicant affirms the truthfulness and accuracy of the Certifications and Assurances it has selected in the statements submitted with this document and any other submission made to FTA, and acknowledges that the Program Fraud Civil Remedies Act of 1986, 31 U.S.C. 3801 *et seq.*, and implementing U.S. DOT regulations, "Program Fraud Civil Remedies," 49 CFR part 31, apply to any certification, assurance or submission made to FTA. The criminal provisions of 18 U.S.C. 1001 apply to any certification, assurance, or submission made in connection with a Federal public transportation program authorized by 49 U.S.C. Chapter 53 or any other statute.

In signing this document, I declare under penalties of perjury that the foregoing Certifications and Assurances, and any other statements made by me on behalf of the Applicant are true and accurate.

Signature _____ Date: _____
Authorized Representative of Applicant

Printed Name: _____

AFFIRMATION OF APPLICANT'S ATTORNEY

For (Name of Applicant): _____

As the undersigned Attorney for the above named Applicant, I hereby affirm to the Applicant that it has authority under State, local, or tribal government law, as applicable, to make and comply with the Certifications and Assurances as indicated on the foregoing pages. I further affirm that, in my opinion, the Certifications and Assurances have been legally made and constitute legal and binding obligations on it.

I further affirm that, to the best of my knowledge, there is no legislation or litigation pending or imminent that might adversely affect the validity of these Certifications and Assurances, or of the performance of its FTA Project or Projects.

Signature _____ Date: _____
Attorney for Applicant

Name: _____

Each Applicant for FTA funding and each FTA Grantee with an active Capital or Formula Project must provide an Affirmation of Applicant's Attorney pertaining to the Applicant's legal capacity. The Applicant may enter its signature in lieu of the Attorney's signature, provided the Applicant has on file this Affirmation, signed by the attorney and dated this Federal fiscal year.

S. Standard Assurances (Must submit original signature)

South Alabama Regional Planning Commission
FTA Section 5310 Program

Legal Name of Organization: _____

The applicant's organization hereby agrees to the following Standard Assurances pursuant to the Section 5310 Program:

1. It has legal authority to apply for and receive a capital assistance grant.
2. It will comply with all applicable requirements of FTA Circular 1155.1 Equal Employment Opportunity Policy and Requirements for grant recipients.
3. The applicant assures affirmative compliance with Title VI of the Civil Rights Act of 1964 and related statutes.
4. Its programs will be conducted or its facilities operated in compliance with all requirements imposed by or pursuant to 49 CFR Part 27, Nondiscrimination on the Basis of Handicapped in Federally Assisted Programs and Activities Receiving or Benefiting from Federal Financial Assistance and subsequent amendments.
5. It will comply with all requirements of Section 19, Nondiscrimination, of the Federal Transit Act Amendments of 1991 and subsequent amendments.
6. It will give FTA and the Comptroller General, through any authorized representative, access to and the right to examine all records, book, papers, or documents related to the grant.
7. It will operate and maintain any facility or equipment constructed or purchased as part of a federal grant in accordance with the minimum standards as may be required or prescribed by the applicable federal, state, and local agencies for the maintenance and operation of such facilities.
8. It recognizes FTA's and SARPC's authority to conduct audits for the purpose of verifying compliance with federal and state requirements and stipulations.
9. Based on information submitted in the organization's application, the service provided or offered to be provided by existing public or private transit operators are unavailable, insufficient, or inappropriate to meet the special needs of seniors and/or individuals with disabilities within the service area.
10. Private transit and paratransit operators have been offered a fair and timely opportunity to participate to the maximum extent feasible in the planning and provision of the proposed special transportation services for seniors and individuals with disabilities.

11. Projects in urbanized areas are included in the local Transportation Improvement Program, and the State Transportation Improvement Program.
12. The applicant organization possesses the necessary fiscal and managerial capability to implement and manage the proposed project.
13. The applicant organization has or will have the required non-federal cash match for the project.
14. The applicant organization is recognized under state law as a private nonprofit organization and has the legal authority to contract with SARPC to carry out the proposed project.
15. The applicant organization has or will have at the time of delivery sufficient funds to operate the vehicles and equipment to be purchased under this project.
16. It will comply with all requirements of 49 CFR Part 26, Participation by Disadvantaged Business Enterprise and Women Owned Businesses in Department of Transportation Programs, including the pre-award review and annual update, when required.
17. It will comply with all existing federal and state requirements regarding transportation of seniors and individuals with disabilities.

Signature of Authorized Official

Date

Title of Authorized Official

T. Title VI Questionnaire

All subrecipients must address each of the following:

1. List all active lawsuits or complaints against the transit provider alleging discrimination on the basis of race, color, age or disability or national origin with respect to service or other transit benefits. Explain if pending or closed and the actions taken.

2. Describe all pending applications for financial assistance currently provided by other Federal agencies to the applicant.

3. Summarize all civil rights compliance reviews conducted by other local, state or federal agencies during the last three years.

4. Is your agency considered a minority organization: Yes No

If yes, check the category(ies) that apply.

- | | |
|--|---|
| <input type="checkbox"/> Black American | <input type="checkbox"/> Sub-Continent Asian-American |
| <input type="checkbox"/> Hispanic American | <input type="checkbox"/> Asian-Pacific American |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Other |

5. Does your agency provide transportation services to minority communities?
 Yes No

If yes, check the category(ies) that apply.

- | | |
|--|---|
| <input type="checkbox"/> Black American | <input type="checkbox"/> Sub-Continent Asian-American |
| <input type="checkbox"/> Hispanic American | <input type="checkbox"/> Asian-Pacific American |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Other |

6. Has your Title VI Coordinator/EEO Officer changed during the reporting period or since your last Title VI Plan was approved? If yes, please provide the name and contact information for the new coordinator/EEO Office.

7. Has your organization had any projects and/or service changes that have Title VI, Limited English Proficiency (LEP), or Environmental Justice (EJ) impacts?
If yes, please complete the following items:
 - a. Provide a brief description of these projects/service changes.
 - b. What did you do to ensure that populations affected by the project and/or service change had meaningful access to and involvement in the development process?
 - c. What is the number of percentage of LEP or EJ populations affected by the project and/or service change?

8. How were your employees educated about Title VI and their responsibility to ensure non-discrimination in any of your programs, services, or activities?

U. Public Agency Certification of No Readily Available Service Providers
(Must submit original signature)

Submit on Agency's Letterhead

The public agency, _____ hereby certifies that there
(Name of Agency)

are no nonprofit agencies readily available to provide the service proposed in this application.

Name of Authorized Official: _____ Date: _____

Signature: _____

V. Application Certification (Must submit original signature)

Submit on Agency's Letterhead

The information in this application is public record. Therefore, applicants should not include information regarded as confidential.

To the best of my knowledge and belief, all data in this application is true and correct. The applicant will comply with the all state and federal requirements if federal financial assistance is awarded.

Name of Authorized Official: _____ Date: _____

Signature: _____

Title: _____ Agency: _____

**APPENDIX A
SCORING CRITERIA**

The South Alabama Regional Planning Commission will evaluate all applications for funding based on the following criteria:

Categories

Maximum Points

FINANCIAL & MANAGEMENT CAPABILITY:

15 points

Applicants must possess the necessary fiscal and managerial capabilities to implement and manage the proposed project. Other factors to be considered will be funding availability, organizational capability, and current or previous experience in passenger transportation program operations.

SERVICE NEED:

20 points

Applicants must demonstrate the need for the service proposed. Information is needed on the target population to be served; number and types of clients in service area; and the area of service.

UTILIZATION OF REQUESTED SERVICE:

35 points

Applicants must indicate the days and hours of service, the number of service miles, and training that has been provided or willingness to train employees on seniors and individuals with disabilities needs.

PROPOSED SERVICE:

15 points

Applications should indicate the proposed service's appropriateness for the needs of clients to be served by the requested capital. Information should include the number and type of trips that will be provided during the operational period.

SERVICE COORDINATION:

15 points

Evidence must be demonstrated to verify the transportation program is derived from a locally developed, coordinated transit-human service transportation plan ("coordinated plan"). The services must address specific strategies and/or unmet needs identified in the coordinated plan.

APPENDIX B

SOUTH ALABAMA REGIONAL PLANNING COMMISSION POLICY AND PROCEDURES FOR THE DISPOSITION OF PROJECT VEHICLES AND EQUIPMENT

GENERAL:

The South Alabama Regional Planning Commission (SARPC), as a grantee of federal funds for the Mobile Urban Area, is responsible for maintaining an accurate inventory of all capital equipment purchased at least in part with federal funds. The following procedures provide direction and consistency regarding the disposition of project vehicles and equipment.

PROCEDURES:

1. Disposition Request Letter – The local agency must submit a letter to SARPC requesting permission to dispose of the particular vehicles(s) or equipment. The letter must include a description of the item (e.g. standard van, 15 passengers), model year, date purchased, general condition, current mileage reading and complete vehicle identification number.
2. Approval Letter – A letter from SARPC to the local agency granting approval to dispose of the vehicle/equipment will be sent to the local agency. A copy of the disposition form will be attached.
3. Submittal of Disposition Form – Upon completion of all disposition procedures, the local agency shall submit a completed copy of the disposition form, a copy of all bids or quotes and a check made out to the South Alabama Regional Planning Commission for the federal share of the sale price to SARPC. After the vehicle or equipment is sold or disposed of, it should be removed from the inventory list.

POLICY:

Disposition of the project equipment should occur after the vehicle or equipment has reached its useful life expectancy or is no longer needed for its originally intended purpose. For general purposes, the useful life expectancy for vehicles is as follows:

Category	Years	Mileage
Vans (Standard, raised-roof, modified)	4	100,000
Small Buses (Cut Away Type, 16-21 passengers)	5	150,000
Small Buses (Body-in-chassis, 24-27 passengers)	7	200,000
Full Size (Transit coaches, 28+ passengers)	10	300,000

Vehicles or equipment shall be disposed at the current fair market value. The fair market value of a vehicle is determined by either of the following means. The local agency may obtain at least three appraisals of the vehicles

worth in writing from licensed automobile dealers. The agency may advertise in the local paper and request bids or the agency may use a local licensed automobile auction to dispose of the vehicle. Whichever manner the agency chooses must be fully documented using the SARPC vehicle quote sheet. Additionally, the "Disposition of Project Equipment Form" should be completed and submitted to SARPC along with payment and all supporting documentation as soon as the sale is complete. When the sale is complete, the agency will forward to this office a copy of the back portion of the title that shows the Assignment of Title by Registered Owner. This will serve as SARPC's assurance that the vehicle has been removed from public transportation service.

In either case, the highest bid or quote determines the current fair market value. The local agency may subtract a handling fee of \$100 per vehicle with the federal share of the balance to be submitted to SARPC. If a vehicle is valued for less than \$100.00, the entire amount is retained by the disposing agency.

In the case of a transfer of vehicles or equipment to another transportation program, no handling fee may be collected; however, fair market value must be established. The agency to which the vehicle or equipment is being transferred shall, in effect, buy out the original agency's local interest.

Currently, any project equipment purchased with FTA Sections 5307, 5310, 5311, 5316 or 5317 funds involves an 80%-20% federal – local match. Capital purchases with Section 5309 funds may involve a different Federal to local match ratio.

APPENDIX C

Non-DOT Federal Program Guide (Source – United We Ride website:)

U.S. Department of Agriculture

- [Food and Nutrition Service](#)

U.S. Department of Education

- [Office of Elementary and Secondary Education](#)
- [Office of Innovation and Improvement](#)
- [Office of Special Education and Rehabilitative Services](#)

U.S. Department of the Interior

- [Bureau of Indian Affairs](#)

U.S. Department of Health and Human Services

- [Health Resources and Services Administration](#)
- [Centers for Medicare and Medicaid Services](#)
- [Administration on Aging](#)
- [Substance Abuse and Mental Health Services](#)
- [Administration for Children and Families](#)

U.S. Department of Housing and Urban Development

U.S. Department of Labor

- [Employment Standards Administration](#)
- [Veteran s' Employment and Training Service](#)
- [Employment and Training Administration](#)

U.S. Department of Veterans Affairs

- [Veterans Benefits Administration](#)
- [Veterans Health Administration](#)