

2015

**U.S.C. Section 5339
20.526**

5339

Small Urban

**Guidance Document for
FDOT District Offices**

**FLORIDA DEPARTMENT OF TRANSPORTATION
PUBLIC TRANSIT OFFICE**

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Introduction

This guidance document includes program information and instructions to assist FDOT District Offices with application requirements for Federal Small Urban capital under U.S.C. Section 5339 Bus & Bus Facilities Program, as administered by the Florida Department of Transportation (FDOT).

The Section 5339 Bus & Bus Facilities Program provides Federal capital assistance to eligible recipients who operate/contract public transportation services in Small Urban Areas. Small urbanized areas have a population of at least 50,000 but less than 200,000, as determined by the Bureau of the Census.

Several types of activities are eligible for federal assistance under this program including projects to replace, rehabilitate, and purchase buses and related equipment, and projects to construct bus-related facilities. This includes the acquisition of buses for fleet and service expansion, bus maintenance and administrative facilities, transfer facilities, bus malls, transportation centers, intermodal terminals, park and ride stations, acquisition of replacement vehicles, bus rebuilds, passenger amenities such as passenger shelters and bus stop signs, accessory and miscellaneous equipment such as mobile radio units, supervisory vehicles and fare boxes, computers, and shop and garage equipment. Capital equipment purchased must be necessary and reasonable to the provision of public transportation services in Small Urban Areas.

General Program Information / Requirements

The following documents must be collected from all agencies receiving Federal Small Urban capital funds under U.S.C. Section 5339 Bus & Bus Facilities Program:

1. Standard Form 424
2. Exhibit B - Proposed Project Description
3. Exhibit E - Federal Certs and Assurances
4. Exhibit F - Certification of Equivalent Service
5. Exhibit G – Certification and Assurances to FDOT
6. Exhibit H – Protection of the Environment
7. Exhibit J – Lobbying Certification and Standard Form LLL
8. Exhibit K – FTA Section 5333 (b) Assurance

1. Standard Form 424

The standard Application for Federal Assistance (Form 424) must be filled out in its entirety for Section 5339 applications, and for the local clearinghouse submission (only if the grant is for facilities). A sample of the standard form is located on the next page of this manual. Applicants that are not using TransCIP to submit their application should print a copy of the 424 form, <http://www.dot.state.fl.us/transit/Pages/grantsadministration.shtm>, and include it with this application. This form must be used for **ALL** applications.

No pre-application process is used in this program; therefore, all submissions are applications.

The code assigned to the Section 5339 Program in the Catalog of Federal Domestic Assistance is 20.526. This code should be shown in Section 10 of the form followed by the title: “Bus and Bus Facilities for Small Urban Areas Program.” A guidance document containing Congressional Districts, DUNS Numbers, UZA numbers and Catalog of Federal Domestic Assistance Numbers can be obtained from <http://www.dot.state.fl.us/transit/Pages/grantsadministration.shtm>.

ONLY IF THE GRANT IS FOR FACILITIES: Executive Order 12372 requires a review of all Federal grants to ensure compliance with the local and state planning process. Therefore, prior to submission of an application to the FDOT District Office, copies of the application must be submitted to the appropriate Local Clearinghouse/Regional Planning Council (See Appendix). The appropriate clearinghouse agency should be contacted to determine the number of copies required for local review. The date the application was submitted to the local clearinghouse for review must be listed under 19 on the Standard Form 424.

- **Support letters from the local clearinghouse must be submitted to the District Office before a Section 5339 Award can be made.**
- Applicants should send their applications to the **LOCAL** Clearinghouse/Regional Planning Council; **NOT TO THE STATE CLEARINGHOUSE**

Form 424

Item:	Entry:	Item:	Entry:
1.	Type of Submission should be "Application"	11.	Catalog of Federal Domestic Assistance Number is: 20.526 CFDA Title should be: Section 5339
2.	Type of Application should be "New"	12.	Funding Opportunity Number (FTA Grant Number) is not needed at this time.
3.	Enter Date Received	13.	"Not Applicable"
4.	"Not Applicable"	14.	List the areas affected by project (cities, counties, States etc.)
5. a	"Not Applicable"	15.	Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For pre-applications, use a separate sheet to provide a summary description of this project.
5 B	Federal Award Identifier (FTA Grant Number) is not needed at this time.	16.	List the applicant's Congressional District and any District(s) affected by the program or project
6.	State use only (if applicable)	17.	Enter the proposed start date and end date of the project.
7.	State Application Identifier is "1001"	18.	Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item
8. a	Enter legal name of applicant, name of primary organizational unit (including division, if applicable), which will undertake the assistance activity, enter employer/taxpayer identification number (EIN/TIN) as assigned by Internal Revenue Service, enter the organization's DUNS number (received from Dun and Bradstreet), enter the complete address of the applicant (including country), and name, telephone number, e-mail and fax of the person to contact on matters related to this application.	19.	Check the applicable box
9.	Type of Applicant 1: Select Applicant Type	20.	Check the applicable box (If "yes", provide explanation in attachment)
10	Name of Federal Agency should be " Federal Transit Administration"	21.	Sign the form

APPLICATION FOR FEDERAL ASSISTANCE

OMB Number: 4040-0004
Expiration Date: 8/31/2016

[View Burden Statement](#)

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: <input type="text"/>	4. Applicant Identifier: <input type="text" value="Not Applicable"/>	
5a. Federal Entity Identifier: <input type="text" value="Not Applicable"/>	5b. Federal Award Identifier: <input type="text"/>	
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text" value="1001"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/>	* c. Organizational DUNS: <input type="text"/>	
d. Address:		
* Street1:	<input type="text"/>	
Street2:	<input type="text"/>	
* City:	<input type="text"/>	
County/Parish:	<input type="text"/>	
* State:	<input type="text"/>	
Province:	<input type="text"/>	
* Country:	<input type="text" value="USA: UNITED STATES"/>	
* Zip / Postal Code:	<input type="text"/>	
e. Organizational Unit:		
Department Name: <input type="text"/>	Division Name: <input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text"/>	* First Name: <input type="text"/>	
Middle Name: <input type="text"/>		
* Last Name: <input type="text"/>		
Suffix: <input type="text"/>		
Title: <input type="text"/>		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <input type="text"/>	Fax Number: <input type="text"/>	
* Email: <input type="text"/>		

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

X: Other (specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

CFDA 20.526

CFDA Title:

Section 5339

*** 12. Funding Opportunity Number:**

* Title:

Bus & Bus Facilities Program

13. Competition Identification Number:

Not Applicable

Title:

Not Applicable

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant	* b. Program/Project
Attach an additional list of Program/Project Congressional Districts if needed.	
	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:	
* a. Start Date:	* b. End Date:
18. Estimated Funding (\$):	
* a. Federal	
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input checked="" type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", provide explanation and attach	
	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix:	* First Name:
Middle Name:	
* Last Name:	
Suffix:	
* Title:	
* Telephone Number:	Fax Number:
* Email:	
* Signature of Authorized Representative:	* Date Signed:

2. Proposed Project Description

EXHIBIT B

Proposed Project Description (not to exceed two (2) pages)

Applicants must submit **Exhibit B** as part of their application. The proposed project description should be thorough as evaluators will rely heavily on the narrative in reviewing an application. **Exhibit B** must include, but not be limited to:

1. Is the project to continue the existing level of services, to expand present service, or to provide new service? How will a grant award be used? More hours? Larger geographic area? Shorter headways? More trips? Please explain in detail.
2. Give a detailed explanation of the need for the vehicle and provide evidence of the need.
3. Will a grant award be used to replace existing equipment or purchase additional vehicles/equipment? Provide details.
4. Describe how vehicles will be maintained without interruptions in service (who, what, where, and when).
5. If vehicles and/or equipment are proposed to be used by a lessee or private operator under contract to the applicant, identify the proposed lessee/operator.
 - a. Include an equitable plan for distribution of vehicles/equipment to lessees and/or private operators.
6. Each applicant shall indicate whether they are a government authority or a private non-profit agency, provide a brief description of the project which includes the counties services, whether the applicant employees are represented by a union and if so represented the name and local number of the union.
7. Have you met with the CTC and, if so, how are you providing a service that they cannot? Provide detailed information supporting this requirement.
8. Give a detailed explanation of any construction related activities and provide evidence of the need.

3. Federal Certifications and Assurances

EXHIBIT E

The **last** page (Appendix A) of the annual Federal Register Notice that applies to Federal Certifications and Assurances provides applicants with a single signature page on which an applicant and its attorney must certify compliance with the requirements of the various Federal Transit Administration grants or cooperative agreements. The Federal Register Notice is revised annually and is usually available around January 1 of each year. Applicants may obtain a copy of the current year document through the Internet at <http://www.fta.dot.gov/grants/13071.html>. If unable to access the form, applicants may contact their FDOT District Office for assistance. The appropriate signed Federal certification/assurance form must be included in the application when it is submitted to the FDOT District Office.

Submissions in TEAM: An applicant submitting certifications and assurances for their agency in TEAM can attach a screenshot of their PIN as replacement of the signature page.

GRANT WRITING TIP: All applicants must use the current year form and it must be the actual form from FTA. This form cannot be an edited version of a prior year's form or a recreation of the form.

The signature page for Federal Certifications and Assurances should be signed by an individual authorized by the applicant's governing board to sign and submit applications, and its attorney. Blue ink is required as it distinguishes an original signature from a photocopied signature.

Federal Certifications and Assurances Required of Each Applicant:

- Authority of applicant and its representative
- Standard Assurances
- Debarment, Suspension, and other Responsibility Matters
- Drug Free Workplace Certification
- Intergovernmental Review Assurance
- Federal Transit Administration Master Agreement (<http://www.fta.dot.gov/documents/17-Master.pdf>)
- Nondiscrimination Assurance
- Assurance of Nondiscrimination on the Basis of Disability Procurement Compliance.

A. Applicants for Federal Assistance may signify compliance with the above certifications and assurances by placing an "X" at the top of Appendix A next to the statement that reads: "The Applicant agrees to comply with applicable requirements of Categories 01-24". If an applicant chooses to do this, no additional notation is necessary, except for the signature on the reverse.

A description of the certifications required for the Section 5339 Bus and Bus Facilities for Small Urban Areas Program is provided in the annual Federal Register Notice.

4. Certification of Equivalent Service

EXHIBIT F

CERTIFICATION FOR AGENCIES REQUESTING NON-ACCESSIBLE VEHICLES

If the applicant wants to purchase non-accessible vehicles for demand responsive service, they must provide a detailed explanation as to the need for this type of vehicle (sedan, station wagon or passenger van) in addition to the following "Certification of Equivalent Service" must be completed and included in the application.

CERTIFICATION OF EQUIVALENT SERVICE

The _____ certifies that its demand responsive service offered to individuals with disabilities, including individuals who use wheelchairs, is equivalent to the level and quality of service offered to individuals without disabilities. Such service, when viewed in its entirety, is provided in the most integrated setting feasible and is equivalent with respect to:

1. Response time;
2. Fares;
3. Geographic service area;
4. Hours and days of service;
5. Restrictions on trip purpose;
6. Availability of information and reservation capability; and
7. Constraints on capacity or service availability.

In accordance with 49 CFR Part 37, public entities operating demand responsive systems for the general public which receive financial assistance under 49 U.S.C. 5310, 5339, and 5311 of the Federal Transit Administration (FTA) funds must file this certification with the appropriate state program office before procuring any inaccessible vehicle. Such public entities not receiving FTA funds shall also file the certification with the appropriate state office program. Such public entities receiving FTA funds under any other section of the FTA Programs must file the certification with the appropriate FTA regional office. This certification is valid for no longer than one year from its date of filing.

Executed this _____ day of _____, 20_____.

(Signature of authorized representative)

(Name and title of authorized representative)

5. Certification and Assurances to FDOT

EXHIBIT G

To be completed and signed by an individual authorized by the governing board of the applicant agency and submitted with the grant application.

The _____ (undersigned) _____ certifies and assures to the Florida Department of Transportation in regard to its Application under U.S.C. Section 5339 dated _____:

- 1) It shall adhere to all Certifications and Assurances made to the federal government in its Application.
- 2) It shall comply with Florida Statutes:
 - a. Section 341.051- Administration and financing of public transit and intercity bus service programs and projects
 - b. Section 341.061 (2) - Transit Safety Standards; Inspections and System Safety Reviews
- 3) It shall comply with Florida Administrative Code
 - a. Rule Chapter 14-73 - Public Transportation
 - b. Rule Chapter 14-90 - Equipment and Operational Safety Standards for Bus Transit Systems
 - c. Rule Chapter 14-90.0041 - Medical Examination for Bus System Driver
 - d. Rule Chapter 41-2 - Definitions
- 4) It shall comply with the Department's:
 - a. Bus Transit System Safety Program Procedure No. 725-030-009
 - b. Public Transit Substance Abuse Management Program Procedure No. 725-030-035
 - c. Transit Vehicle Inventory Management Procedure No. 725-030-025
 - d. Public Transportation Vehicle Leasing Procedure No. 725-030-001
 - e. FDOT Guidelines for Acquiring Vehicles
 - f. Procurement Guidance for Transit Agencies Manual
- 5) It has the fiscal and managerial capability and legal authority to file the application.
- 6) Local matching funds will be available to purchase vehicles/equipment at the time an order is placed.
- 7) It will carry adequate insurance to maintain, repair, or replace project vehicles/equipment in the event of loss or damage due to an accident or casualty.
- 8) It will maintain project vehicles/equipment in good working order for the useful life of the vehicles/equipment.
- 9) It will return project vehicles/equipment to the Department if, for any reason, they are no longer needed or used for the purpose intended.
- 10) It recognizes the Department's authority to remove vehicles/equipment from its premises, at no cost to the Department, if the Department determines the vehicles/equipment are not used for the purpose intended, improperly maintained, uninsured, or operated unsafely.
- 11) It will not enter into any lease of project vehicles/equipment or contract for transportation services with any third party without prior approval of the Department.
- 12) It will notify the Department within 24 hours of any accident or casualty involving project vehicles/equipment, and submit related reports as required by the Department.
It will submit an annual financial audit report to the Department, if required by the Department.

Date: _____

(Typed name and title of authorized representative)

(Signature of authorized representative)

6. Protection of the Environment

EXHIBIT H

(ONLY IF GRANT IS FOR FACILITIES)

Most transit projects funded under Section 5339 will be classified by FTA as categorical exclusions. Examples of categorical exclusions include purchase of transit vehicles, and purchase of office equipment.

If the proposed project is for construction or acquisition of facilities or other buildings, further evaluation may be required before a determination can be made that the project is a categorical exclusion. The FDOT District Office in the applicant's service area (see Appendix) should be contacted to determine if additional evaluation is needed. If it is needed, information such as an Environmental Assessment or Environmental Impact Statement (as determined by FDOT) should be included with an application for Section 5339 Assistance. This information may be separately bound and identified as Exhibit J.

Questions about this requirement should be directed to the FDOT District Office.

7. Standard Lobbying Certification Form

EXHIBIT J

NOTE: All grant awards issued to a recipient in the amount of \$100,000 or more must include a signed standard lobbying certification form.

The undersigned [Contractor] certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for making lobbying contacts to an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form--LLL, "Disclosure Form to Report Lobbying," (a copy the form can be obtained from <http://www.dot.state.fl.us/transit/Pages/grantsadministration.shtm>) in accordance with its instructions [as amended by "Government wide Guidance for New Restrictions on Lobbying," 61 Fed. Reg. 1413 (1/19/96). Note: Language in paragraph (2) herein has been modified in accordance with Section 10 of the Lobbying Disclosure Act of 1995 (P.L. 104-65, to be codified at 2 U.S.C. 1601, *et seq.*)]

(3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31, U.S.C. § 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

[Note: Pursuant to 31 U.S.C. § 1352(c)(1)-(2)(A), any person who makes a prohibited expenditure or fails to file or amend a required certification or disclosure form shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such expenditure or failure.]

The Contractor, _____, certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. A 3801, *et seq.*, apply to this certification and disclosure, if any.

_____ Signature of Contractor's Authorized Official

_____ Name and Title of Contractor's Authorized Official

_____ Date

8. FTA Section 5333 (b) Assurance

EXHIBIT K

(Note: By signing the following assurance, the recipient of Section 5311, 5339, and/or 5311(f) assistance assures it will comply with the labor protection provisions of 49 U.S.C. 5333(b) by one of the following actions: (1) signing the Special Warranty for the Small Urban Program; (2) agreeing to alternative comparable arrangements approved by the Department of Labor (DOL); or (3) obtaining a waiver from the DOL.)

The _____ (hereinafter referred to as the “Recipient”) HEREBY ASSURES that the “Special Section 5333 (b) Warranty for Application to the Small Urban and Rural Program” has been reviewed and certifies to the Florida Department of Transportation that it will comply with its provisions and all its provisions will be incorporated into any contract between the recipient and any sub-recipient which will expend funds received as a result of an application to the Florida Department of Transportation under the FTA Section 5339 Program.

Dated _____

(Name and Title of Authorized Representative)

(Signature of Authorized Representative)

Note: All applicants must complete the following form and submit it with the above Assurance.

LISTING OF RECIPIENTS, OTHER ELIGIBLE SURFACE TRANSPORTATION PROVIDERS, UNIONS OF SUB-RECIPIENTS, AND LABOR ORGANIZATIONS REPRESENTING EMPLOYEES OF SUCH PROVIDERS, IF ANY
(See Appendix for Example)

1 Identify Recipients of Transportation Assistance Under this Grant.	2 Site Project by Name, Description, and Provider (e.g. Recipient, other Agency, or Contractor)	3 Identify Other Eligible Surface Transportation Providers (Type of Service)	4 Identify Unions (and Providers) Representing Employees of Providers in Columns 1, 2, and 3