

2017

## **49 U.S.C. SECTION 5310**

### **FORMULA GRANTS FOR THE ENHANCED MOBILITY OF SENIORS AND INDIVIDUALS WITH DISABILITIES**

**CFDA 20.513**

## **OPERATING & CAPITAL ASSISTANCE APPLICATIONS**

**FLORIDA DEPARTMENT OF TRANSPORTATION - PUBLIC TRANSIT OFFICE**

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# 1. OPERATING ASSISTANCE APPLICATION

## 1.1. OPERATING ASSISTANCE APPLICATION CHECKLIST

Name of Applicant: \_\_\_\_\_

Check One: First Time Applicant: \_\_\_\_\_ Previous Applicant: \_\_\_\_\_

The following must be included in the Section 5310 Grant application in the following order:

- \_\_\_\_\_ **1.1** Operating Assistance Application Checklist (this form)
- \_\_\_\_\_ **1.2** Applicant's Cover Letter
- \_\_\_\_\_ **1.3** Governing board's Resolution
- \_\_\_\_\_ **1.4** Form 424: Application for Federal Assistance
- \_\_\_\_\_ **1.5** Exhibit A: Current System Description
- \_\_\_\_\_ **1.6** Exhibit A-1: Fact Sheet
- \_\_\_\_\_ **1.7** Exhibit B: Proposed Project Description
- \_\_\_\_\_ **1.8** Form B-1: Transit-Related Operating & Administrative Expenses
- \_\_\_\_\_ **1.9** Form B-2: Transit-Related Operating & Administrative Revenues
- \_\_\_\_\_ **1.10** Form B-3: Proof of Local Match
- \_\_\_\_\_ **1.11** Form B-4: Breakdown of Transportation Costs
- \_\_\_\_\_ **1.12** Form B-5: Calculating Service Area Percentages
- \_\_\_\_\_ **1.13** Exhibit E: Federal Certifications and Assurances
- \_\_\_\_\_ **1.14** Exhibit I: Coordinated Public Transit-Human Services Transportation Plan (TDSP)
- \_\_\_\_\_ **1.15** Exhibit J: Standard Lobbying Certification Form
- \_\_\_\_\_ **1.16** Exhibit L: CTC Agreement or Certification
- \_\_\_\_\_ **1.17** Exhibit M: Transportation Operating Procedure (5310-only applicants)
- \_\_\_\_\_ **1.18** Copy of Certification of Incorporation (if private-non-profit agency and first-time applicant)
- \_\_\_\_\_ **1.19** Proof of non-profit status (if a private-non-profit agency)
- \_\_\_\_\_ **1.20** Copy of the Title VI Program (if not previously submitted to the Department)

**1.2. COVER LETTER - SAMPLE**

**(On Agency Letterhead)**

**STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
GRANT APPLICATION**

\_\_\_\_\_ (**agency name**) submits this Application for the Section 5310 Program Grant and agrees to comply with all assurances and exhibits attached hereto and by this reference made a part thereof, as itemized in the Checklist for Application Completeness.

\_\_\_\_\_ (**agency name**) further agrees, to the extent provided by law (in case of a government agency in accordance with Sections 129.07 and 768.28, Florida Statutes) to indemnify, defend and hold harmless FDOT and all of its officers, agents and employees from any claim, loss, damage, cost, charge, or expense arising out of the non-compliance by the Agency, its officers, agents or employees, with any of the assurances stated in this Application.

This Application is submitted on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ with two (2) original resolutions or certified copies of the original resolution authorizing \_\_\_\_\_ (Name & Title) to sign this Application.

Agency Name

By \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

### 1.3. RESOLUTION FORM - SAMPLE

#### (On Agency Letterhead)

A **RESOLUTION** of the \_\_\_\_\_ (Governing Board) \_\_\_\_\_ authorizing the signing and submission of a grant application and supporting documents and assurances to the Florida Department of Transportation, the acceptance of a grant award from the Florida Department of Transportation, and the purchase of vehicles and/or equipment and/or expenditure of grant funds pursuant to a grant award.

**WHEREAS,** \_\_\_\_\_ (Applicant) \_\_\_\_\_

has the authority to apply for and accept grants and make purchases and/or expend funds pursuant to grant awards made by the Florida Department of Transportation as authorized by Chapter 341, Florida Statutes and/or by the Federal Transit Administration Act of 1964, as amended;

**NOW, THEREFORE, BE IT RESOLVED BY THE** \_\_\_\_\_ (Governing Board) \_\_\_\_\_

\_\_\_\_\_, FLORIDA:

1. This resolution applies to Federal Program(s) under U.S.C. Section(s) \_\_\_\_\_.
2. The submission of a grant application(s), supporting documents, and assurances to the Florida Department of Transportation is approved.
3. \_\_\_\_\_ (Authorized Individual by Name and Title) \_\_\_\_\_ is authorized to sign the application, accept a grant award, purchase vehicles/equipment and/or expend grant funds pursuant to a grant award, unless specifically rescinded.

**DULY PASSED AND ADOPTED THIS** \_\_\_\_\_, 20\_\_

By: \_\_\_\_\_  
(Signature, Chairman of the Board)

\_\_\_\_\_  
(Typed Name and Title)

**ATTEST:**

\_\_\_\_\_ (seal)

## 1.4. FORM 424: APPLICATION FOR FEDERAL ASSISTANCE

Attach the completed Form 424 here.

## 1.5. EXHIBIT A: CURRENT SYSTEM DESCRIPTION

1. What is a general overview of the organization including its mission, program goals and objectives?
2. What is the organizational structure, type of operation, number of employees, and other pertinent organizational information? Is the organization a government authority or a private non-profit agency? Include an organizational chart that shows the positions that are involved in the transit department i.e. fleet manager, vehicle maintenance. The organizational chart may be placed after this exhibit.
3. Who is responsible for insurance, training and management, and administration of the agencies transportation programs?
4. Who provides maintenance for the vehicles? Is it outsourced? What type of Preventative Maintenance work does the agency do on-site?
5. What is the agency's current number of transportation related employees?
6. Who will drive the vehicle, number of drivers, CDL certifications?
7. What is a detailed description of service routes and ridership numbers?

If the applicant is a Community Transportation Coordinator (CTC), **relevant pages** of a Transportation Disadvantaged Service Plan (TDSP) and Annual Operating Report (AOR) containing the above information may be provided here. Please do not attach entire documents.

## 1.6. EXHIBIT A-1: FACT SHEET

Name of Applicant: \_\_\_\_\_

	<b>CURRENTLY</b>	<b>IF GRANT IS AWARDED</b> (Estimates are acceptable.)
1. Number of total one-way trips served by the agency <b>PER YEAR</b> (for entire system)* Please include calculations.		
2. Number of one-way trips provided to seniors and individuals with disabilities <b>PER YEAR*</b>		
3. Number of individual senior and disabled clients (unduplicated) <b>PER YEAR</b>		
4. Total number of vehicles used to provide service to seniors and individuals with disabilities <b>ACTUAL</b>		
5. Number of 5310 vehicles used to provide service to seniors and individuals with disabilities eligible for replacement <b>ACTUAL (Refer to Vehicle Life Span chart)</b>		
6. Total fleet vehicle miles traveled to provide service to seniors and individuals with disabilities <b>PER YEAR</b>		
7. Number of days that vehicles are in operation to provide service to seniors and individuals with disabilities <b>AVERAGE PER WEEK</b>		
8. Posted hours of normal operation agency provides service to seniors and individuals with disabilities <b>PER WEEK.</b> (This does not include non-scheduled emergency availability )	M – F: Saturday: Sunday: Total (WEEK):	M – F: Saturday: Sunday: Total (WEEK):

\* One way passenger trip is the unit of service provided each time a passenger enters the vehicle, is transported, then exits the vehicle. Each different destination would constitute a passenger trip.

## 1.7. EXHIBIT B: PROPOSED PROJECT DESCRIPTION

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? How many more hours of service will be provided? Will it expand service to a larger geographic area? Will it be used to reduce headways? If so, please specify). How many more trips will be provided? Please explain in detail.
2. If a grant award will be used to maintain services as described in Exhibit A, specifically explain how it will be used in the context of total service.
3. Provide a brief description of the project which includes the counties served, whether the applicant shall service minority populations and whether the applicant is minority-owned.
4. Agencies receiving Section 5310 funds must collect both quantitative and qualitative data to capture overarching program information as part of the Section 5310 annual report. Please outline how your agency will collect the quantitative and qualitative data required as a Section 5310 sub-recipient, for example, what will the time frame be/how will it be incorporated into program operations? What tools will be used to collect the data?
5. Fully explain your transportation program:
  - a. Service hours, planned service, routes and trip types
  - b. Staffing – include plan for training on vehicle equipment such as wheelchair lifts, etc.
  - c. Records maintenance– who, what methods, use of databases, spreadsheets etc.
  - d. Vehicle maintenance – who, what, when and where. Include a section on how vehicles are maintained without interruptions in service.
  - e. System safety plan
  - f. Drug free work place
6. How do you currently fund the operations of your transit program? What are your transit sources of funding – state/local/federal/ private foundations?
7. Why are operating funds being requested?
8. If this grant is not fully funded, can you still proceed with this program?
9. **New agencies only:** Have you met with the CTC and, if so, how are you providing a service they cannot? Provide detailed information supporting this requirement.

***Applications submitted without the appropriate coordination agreement may be rejected by FDOT. Grant awards will not be made without an appropriate coordination agreement.***

## 1.8. FORM B-1: TRANSIT-RELATED OPERATING AND ADMINISTRATIVE EXPENSES

Name of Applicant: \_\_\_\_\_

Name of Transit Program: \_\_\_\_\_

Applicant Fiscal period start and end dates: \_\_\_\_\_ to \_\_\_\_\_

State Fiscal period from: July 1, 2017 to June 30, 2018

EXPENSE CATEGORY	TOTAL EXPENSE	FTA ELIGIBLE EXPENSE
Labor (501)	\$	\$
Fringe and Benefits (502)		
Services (503)		
Materials and Supplies (504)		
Vehicle Maintenance (504.01)		
Utilities (505)		
Insurance (506)		
Licenses and Taxes (507)		
Purchased Transit Service (508)		
Miscellaneous (509)		
Leases and Rentals (512)		
Depreciation (513)		
TOTAL	\$	\$ <b>(a)</b>

### **SECTION 5310 GRANT REQUEST:**

**Total FTA Eligible Expenses (from Form B-1, above)** \$ \_\_\_\_\_ (a)

**Passenger Fares (from Form B-2)** \$ \_\_\_\_\_ (b)

**Operating Deficit** \$ \_\_\_\_\_ (c)

**[FTA Eligible Expenses (a) minus Passenger Fares (b)]**

**Section 5310 Request** \$ \_\_\_\_\_ (d)

**(No more than 50% of Operating Deficit)**

**Grant Total All Revenues (from Form B-2)** \$ \_\_\_\_\_ \*(e)

**Note: If Grand Total Revenues (e) exceeds FTA Eligible Expenses (a), reduce the Section 5310 Request (d) by that amount.**

# 1.9. FORM B-2: TRANSIT-RELATED OPERATING AND ADMINISTRATIVE REVENUES

Name of Applicant: \_\_\_\_\_

Name of Transit Program: \_\_\_\_\_

Applicant Fiscal period start and end dates: \_\_\_\_\_ to \_\_\_\_\_

State Fiscal period from July 1, 2017 to June 30, 2018

OPERATING REVENUE CATEGORY	TOTAL REVENUE	REVENUE USED AS FTA MATCH
Passenger Fares for Transit Service (401)	Total= \$ (b)	
Special Transit Fares (402)		
School Bus Service Revenues (403)		
Freight Tariffs (404)		
Charter Service Revenues (405)		
Auxiliary Transportation Revenues (406)		
Non-transportation Revenues (407)		
Total Operating Revenue	\$	\$
OTHER REVENUE CATEGORY		
Taxes Levied directly by the Transit System (408)		
Local Cash Grants and Reimbursements (409)		
Local Special Fare Assistance (410)		
State Cash Grants and Reimbursements (411)		
State Special Fare Assistance (412)		
Federal Cash Grants and Reimbursements (413)		
Interest Income (414)		
Contributed Services (430)		
Contributed Cash (431)		
Subsidy from Other Sectors of Operations (440)		
Total of Other Revenue	\$	\$
GRAND TOTAL ALL REVENUE	\$	\$ (e)

### 1.10. FORM B-3: PROOF OF LOCAL MATCH

Name of Applicant: \_\_\_\_\_

**Sources and amounts of 50% local share for the operating assistance being requested:**

SOURCE:	AMOUNT:

\_\_\_\_\_  
(Signature of authorized representative)

\_\_\_\_\_  
(Name and title of authorized representative)

**Attach documentation of match funds immediately behind this page. Proof may consist of, but not be limited to: Transportation Disadvantaged (TD) allocation, written statements from county commissions, state agencies, city managers, mayors, town councils, organizations, accounting firms and financial institutions.**

## 1.11. FORM B-4: BREAKDOWN OF TRANSPORTATION COSTS

Are you billing Direct Cost? Yes \_\_\_ No \_\_\_

If yes, skip to Form B-5

### Hourly Rate Calculation

Note: If you elect to use this (hourly rate) calculation do not complete the Per Trip Rate calculation section.

#### Operating Expenses (Operating Budget)

EXPENSE ITEM	EXPENSE AMOUNT \$
Driver Wages and Benefits	
Cost of Leases (Vehicles, Equipment, Infrastructure, etc.)	
Fuel	
Maintenance	
Other (Modify the form to list all that apply)	
<b>TOTAL EXPENSES</b>	(a)

#### Operating Revenues

REVENUE ITEM	REVENUE AMOUNT \$
Federal Grants or Subsidies	
State Grants or Subsidies	
Local Grants or Subsidies	
Revenues from Advertising or Similar	
Other (Modify the form to list all that apply)	
<b>TOTAL REVENUE</b>	(b)

#### Net Transportation Cost

Total Expenses (a) – Total Revenues (b) = **Net Transportation Cost (c) Service Hours**

Per Year \_\_\_\_\_(d)

#### Hourly Rate

Net Transportation Cost (c) / Service Hours Per Year (d) = **Hourly Rate (e)**

#### Total Project Cost

# of vehicles x Hours each day x # of days per year x Hourly rate (e) = **Total Project Cost (f)**

**Estimate Farebox Revenues**

Use the yearly reported farebox recovery ratio to calculate the estimated farebox revenues. The farebox recovery ratio is the amount of operating expenses that are recovered by passenger fares. The farebox recovery ratio is calculated by dividing the farebox revenue by the total operating expenses.

Total Project Cost (f) x Farebox Recovery Ratio = **Estimated Farebox Revenue (g)**  
 Total Project Cost (f) - Farebox Revenue (g) = **Net Project Cost (h)**

**FDOT or FTA Contribution (50% of Net Project Cost)**

Net Project Cost (h) x 50% (.50) = **FDOT or FTA Contribution (i)**

**Per Trip Rate Calculation**

*Note: If you elect to use this (per trip rate) calculation do not complete the Hourly Rate calculation section.*

**Operating Expenses (Operating Budget)**

EXPENSE ITEM	EXPENSE AMOUNT \$
Driver Wages and Benefits	
Cost of Leases (Vehicles, Equipment, Infrastructure, etc.)	
Fuel	
Maintenance	
Other (Modify the form to list all that apply)	
<b>TOTAL EXPENSES</b>	(a)

**Operating Revenues**

REVENUE ITEM	REVENUE AMOUNT \$
Federal Grants or Subsidies	
State Grants or Subsidies	
Local Grants or Subsidies	
Revenues from Advertising or Similar	
Other (Modify the form to list all that apply)	
<b>TOTAL REVENUE</b>	(b)

**Net Transportation Cost**

Total Expenses (a) – Total Revenues (b) = **Net Transportation Cost (c) Service**

**Trips Per Year** \_\_\_\_\_ (d)

**Rate Per Trip**

Net Transportation Cost (c) / Service Trips Per Year (d) = **Rate Per Trip (e)**

**Total Project Cost**

# of Vehicles x Trips per day x # of days per year x Rate per trip (e) = **Total Project Cost (f)**

**Estimate Farebox Revenues**

Use the yearly reported farebox recovery ratio to calculate the estimated farebox revenues. The farebox recovery ratio is the amount of operating expenses that are recovered by passenger fares. The farebox recovery ratio is calculated by dividing the farebox revenue by the total operating expenses.

Total Project Cost (f) x Farebox Recovery Ratio = **Estimated Farebox Revenue (g) Net Project**

**Cost**

Total Project Cost (f) - Farebox Revenue (g) = **Net Project Cost (h)**

**FDOT or FTA Contribution (50% of Net Project Cost)**

Net Project Cost (h) x 50% (.50) = **FDOT or FTA Contribution (i)**

## 1.12. FORM B-5: CALCULATING SERVICE AREA PERCENTAGES

### Step 1:

Based upon your proposed and current project description, you will need to calculate the percentage of service within the urban, small urban and/or rural parts of the service area. To do so, take the number of trips, revenue service hours or revenue service miles originating in each area (Urban, Small Urban and Rural) and divide them by the total number of trips, revenue service hours or revenue service miles. You will need your map, A-1 Fact Sheet and/or the Proposed Project Description to determine this.

Urban = UZA	Small Urban = SUZA	Rural = Rural
-------------	--------------------	---------------

#### Example:

**If your agency makes 500 trips per year and 100 of those trips are urban then:**

100 UZA trips/ 500 total trips = .2 \* 100 = 20% UZA service area

**If your agency makes 500 trips per year and 200 of those trips are small urban then:**

200 SUZA trips/ 500 total trips = .4 \* 100 = 40% SUZA service area

**If your agency makes 500 trips per year and 200 of those trips are rural then:**

200 Rural/ 500 total trips = .4 \* 100 = 40% Rural service area

### Step 2:

Once you have determined how the service area is split between UZA, SUZA and Rural, you will need to calculate the funding split. To do so, you must separate your total amount requested into the designated funding split you calculated in step 3.

#### Example:

Total Requested: \$300,000.00

Funding Split: UZA: \$300,000 \* .2 = \$60,000.00

SUZA: \$300,000 \* .4 = \$120,000.00

Rural: \$300,000 \* .4 = \$120,000.00

\*Note: When invoicing for the project, you must use the above funding split on your invoice summary forms.

### Step 3:

Once you have determined the funding split between UZA, SUZA and Rural, you will need to calculate the match amount required to complete the Form 424. Use the amounts calculated in step 4 to complete this task.

#### Example:

***Operating Assistance (50% Federal and 50% Local):***

UZA: \$60,000.00 \* .5 = \$30,000.00 Federal and \$30,000.00 Local

SUZA: \$120,000.00 \* .5 = \$60,000.00 Federal and \$60,000.00 Local

Rural: \$120,000.00 \* .5 = \$60,000.00 Federal and \$60,000.00 Local

### 1.13. EXHIBIT E: FEDERAL CERTIFICATIONS AND ASSURANCES

Please attach Federal Certifications and Assurances signature page here.

### 1.14. EXHIBIT I: COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION PLAN (TDSP)

\_\_\_\_\_ certifies and assures to the Florida Department of Transportation in regard to its application for assistance under 49 U.S.C. 5310 dated \_\_\_\_\_:

1. This grant request is included in a coordinated plan compliant with Federal Transit Administration Circular FTA C 9070.1G.

2. The name of this coordinated plan is provided below.

\_\_\_\_\_

3. The agency that adopted this coordinated plan is provided below.

\_\_\_\_\_

4. The date the coordinated plan was adopted is provided below.

\_\_\_\_\_

5. List the page number(s) of the coordinated plan that this application supports below.

\_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Typed name and title: \_\_\_\_\_

## 1.15. EXHIBIT J: 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 subawards at all tiers (including subcontracts, subgrants, 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

## 1.16. EXHIBIT L: CTC AGREEMENT OR CERTIFICATION

See Grant Application Instruction Manual for Exhibit L requirements.

**1.17. EXHIBIT M: TRANSPORTATION OPERATING PROCEDURE (TOP)  
(APPLIES TO SECTION 5310-ONLY APPLICANTS)**

Attach the agency's most recent TOP. See Grant Application Instruction Manual for TOP requirements.

**1.18. CERTIFICATION OF INCORPORATION**

All first-time private non-profit applicants must include a copy of their certification of incorporation here.

**1.19. PROOF OF NON-PROFIT STATUS**

All private non-profit applicants must include proof of non-profit status here.

**1.20. TITLE VI PROGRAM**

If an applicant has not previously submitted their Title VI plan to the Department, a copy must be included here.

## 2. CAPITAL ASSISTANCE APPLICATION

### 2.1. CAPITAL ASSISTANCE APPLICATION CHECKLIST

Name of Applicant: \_\_\_\_\_

Check One: First Time Applicant: \_\_\_\_\_ Previous Applicant: \_\_\_\_\_

The following must be included in the Section 5310 Grant application in the following order:

- \_\_\_\_\_ 2.1 Capital Assistance Application Checklist (this form)
- \_\_\_\_\_ 2.2 Applicant's Cover Letter
- \_\_\_\_\_ 2.3 Governing board's Resolution
- \_\_\_\_\_ 2.4 Form 424: Application for Federal Assistance
- \_\_\_\_\_ 2.5 Exhibit A: Current System Description
- \_\_\_\_\_ 2.6 Exhibit A-1: Fact Sheet
- \_\_\_\_\_ 2.7 Exhibit B: Proposed Project Description
- \_\_\_\_\_ 2.8 Form C-1: Operating & Administrative Expenses
- \_\_\_\_\_ 2.9 Form C-2: Operating & Administrative Revenues
- \_\_\_\_\_ 2.10 Form C-3: Proof of Local Match
- \_\_\_\_\_ 2.11 Form C-4: Current Vehicle and Transportation Equipment Inventory Form
- \_\_\_\_\_ 2.12 Form C-5: Capital Request Form
- \_\_\_\_\_ 2.13 Form C-6: Capital Request Methodology Form
- \_\_\_\_\_ 2.14 Exhibit C: Public Hearing Notice and Publisher's Affidavit (public agencies only)
- \_\_\_\_\_ 2.15 Exhibit D: Leasing (**Required for all applications for capital assistance**)
- \_\_\_\_\_ 2.16 Exhibit E: Federal Certifications and Assurances
- \_\_\_\_\_ 2.17 Exhibit F: Certification of Equivalent Service (if grant is for non-accessible vehicles)
- \_\_\_\_\_ 2.18 Exhibit G: Applicant Certification and Assurance to FDOT
- \_\_\_\_\_ 2.19 Exhibit I: Coordinated Public Transit-Human Services Transportation Plan (TDSP)
- \_\_\_\_\_ 2.20 Exhibit J: Standard Lobbying Certification Form
- \_\_\_\_\_ 2.21 Exhibit L: CTC Agreement
- \_\_\_\_\_ 2.22 Exhibit M: Transportation Operating Procedure (if agency receives 5310 funding only)
- \_\_\_\_\_ 2.23 Copy of Certification of Incorporation (if both private-non-profit and a first time applicant)
- \_\_\_\_\_ 2.24 Proof of non-profit status (if a private-non-profit agency)
- \_\_\_\_\_ 2.25 Copy of the Title VI Plan (if not previously submitted to the Department)

**If grant is for facilities only:**

\_\_\_\_ **2.26** Copy of cover letter sent with application submitted to Local Clearinghouse Agency/RPC  
Date: \_\_\_\_\_

\_\_\_\_ **2.27** Exhibit H: Protection of the Environment (if grant is for facilities)

**FOR DEPARTMENT USE ONLY**

Date: \_\_\_\_\_ Letter received from the Local RPC/Clearinghouse

## 2.2. COVER LETTER - SAMPLE

### (On Agency Letterhead)

#### STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION GRANT APPLICATION

\_\_\_\_\_ (agency name) submits this Application for the Section 5310 Program Grant and agrees to comply with all assurances and exhibits attached hereto and by this reference made a part thereof, as itemized in the Checklist for Application Completeness.

\_\_\_\_\_ (agency name) further agrees, to the extent provided by law (in case of a government agency in accordance with Sections 129.07 and 768.28, Florida Statutes) to indemnify, defend and hold harmless FDOT and all of its officers, agents and employees from any claim, loss, damage, cost, charge, or expense arising out of the non-compliance by the Agency, its officers, agents or employees, with any of the assurances stated in this Application.

This Application is submitted on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ with two (2) original resolutions or certified copies of the original resolution authorizing \_\_\_\_\_ (Name & Title) to sign this Application.

Agency Name

By \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

**2.3. RESOLUTION FORM - SAMPLE**

**(On Agency Letterhead)**

A **RESOLUTION** of the \_\_\_\_\_(Governing Board)\_\_\_\_\_ authorizing the signing and submission of a grant application and supporting documents and assurances to the Florida Department of Transportation, the acceptance of a grant award from the Florida Department of Transportation, and the purchase of vehicles and/or equipment and/or expenditure of grant funds pursuant to a grant award.

**WHEREAS,** \_\_\_\_\_ (Applicant) \_\_\_\_\_

has the authority to apply for and accept grants and make purchases and/or expend funds pursuant to grant awards made by the Florida Department of Transportation as authorized by Chapter 341, Florida Statutes and/or by the Federal Transit Administration Act of 1964, as amended;

**NOW, THEREFORE, BE IT RESOLVED BY THE** \_\_\_\_\_ (Governing Board) \_\_\_\_\_  
\_\_\_\_\_, FLORIDA:

- 4. This resolution applies to Federal Program(s) under U.S.C. Section(s) \_\_\_\_\_.
- 5. The submission of a grant application(s), supporting documents, and assurances to the Florida Department of Transportation is approved.
- 6. \_\_\_\_\_ (Authorized Individual by Name and Title) \_\_\_\_\_ is authorized to sign the application, accept a grant award, purchase vehicles/equipment and/or expend grant funds pursuant to a grant award, unless specifically rescinded.

**DULY PASSED AND ADOPTED THIS** \_\_\_\_\_, 20\_\_

By: \_\_\_\_\_

(Signature, Chairman of the Board)

\_\_\_\_\_

(Typed Name and Title)

**ATTEST:**

\_\_\_\_\_ (seal)

## 2.4. FORM 424: APPLICATION FOR FEDERAL ASSISTANCE

Attach the completed Form 424 here.

## 2.5. EXHIBIT A: CURRENT SYSTEM DESCRIPTION

1. What is a general overview of the organization including its mission, program goals and objectives?
2. What is the organizational structure, type of operation, number of employees, and other pertinent organizational information? Is the organization a government authority or a private non-profit agency? Include an organizational chart that shows the positions that are involved in the transit department i.e. fleet manager, vehicle maintenance. The organizational chart may be placed after this exhibit.
3. Who is responsible for insurance, training and management, and administration of the agencies transportation programs?
4. Who provides maintenance for the vehicles? Is it outsourced? What type of Preventative Maintenance work does the agency do on-site?
5. What is the agency's current number of transportation related employees?
6. What is a detailed description of service routes and ridership numbers?

If the applicant is a Community Transportation Coordinator (CTC), **relevant pages** of a Transportation Disadvantaged Service Plan (TDSP) and Annual Operating Report (AOR) containing the above information may be provided here. Please do not attach entire documents.

## 2.6. EXHIBIT A-1: FACT SHEET

Name of Applicant: \_\_\_\_\_

	<b>CURRENTLY</b>	<b>IF GRANT IS AWARDED</b> (Estimates are acceptable.)
1. Number of total one-way trips served by the agency <b>PER YEAR</b> (for entire system)* Please include calculations.		
2. Number of one-way trips provided to seniors and individuals with disabilities <b>PER YEAR*</b>		
3. Number of individual senior and disabled clients (unduplicated) <b>PER YEAR</b>		
4. Total number of vehicles used to provide service to seniors and individuals with disabilities <b>ACTUAL</b>		
5. Number of 5310 vehicles used to provide service to seniors and individuals with disabilities eligible for replacement <b>ACTUAL (Refer to Vehicle Life Span chart)</b>		
6. Total fleet vehicle miles traveled to provide service to seniors and individuals with disabilities <b>PER YEAR</b>		
7. Number of days that vehicles are in operation to provide service to seniors and individuals with disabilities <b>AVERAGE PER WEEK</b>		
8. Posted hours of normal operation agency provides service to seniors and individuals with disabilities <b>PER WEEK.</b> (This does not include non-scheduled emergency availability )	M – F: Saturday: Sunday: Total (WEEK):	M – F: Saturday: Sunday: Total (WEEK):

\* One way passenger trip is the unit of service provided each time a passenger enters the vehicle, is transported, then exits the vehicle. Each different destination would constitute a passenger trip.

## 2.7. EXHIBIT B: PROPOSED PROJECT DESCRIPTION

1. How will the grant funding be used? Will more hours of service will be provided? Will it expand service to a larger geographic area? Will this funding provide shorter headways? How many more trips will be provided? Please explain in detail. If this capital request is not for a vehicle, please describe the purpose of the request.
2. If a grant award will be used to maintain services as described in Exhibit A, specifically explain how it will be used in the context of total service.
3. Give a detailed explanation of the need for the vehicle and provide evidence of the need. If this capital request is not for a vehicle, please describe the need for this request.
4. Will a grant award be used to replace existing equipment or purchase additional vehicles/equipment? Provide details.
5. Identify vehicles/equipment being replaced and list them on the “**Current Vehicle and Transportation Equipment Inventory**” form.
6. If vehicles/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.
7. Provide a brief description of the project which includes the counties served, whether the applicant shall service minority populations and whether the applicant is minority-owned.
8. Agencies receiving Section 5310 funds must collect both quantitative and qualitative data (detailed in the Threshold Criteria section on page 7) to capture overarching program information as part of the Section 5310 annual report. Please outline how your agency will collect the quantitative and qualitative data required as a Section 5310 sub-recipient. For example, what will the time frame be/how will it be incorporated into program operations? What tools will be used to collect the data?
9. Fully explain Your Transportation Program:
  - a. Service hours, planned service, routes and trip types
  - b. Staffing – include plan for training on vehicle equipment such as wheelchair lifts, etc.
  - c. Records maintenance– who, what methods, use of databases, spreadsheets etc.
  - d. Vehicle maintenance – who, what, when and where. Include a section on how vehicles will be maintained without interruptions in service.
  - e. CDL requirements
  - f. Transportation Operating Procedure (TOP)
  - g. Drug free work place
10. How do you fund your transit program? What are your funding sources for transit – state/local/federal/ private foundations?
11. If your agency does not receive its entire capital request, can you still proceed with your transit program?

12. Who will drive the vehicle, number of drivers, CDL certifications?
13. **Current recipients:** Is your CTC agreement current? If not, why not?
14. **New agencies only:** Have you met with the CTC and, if so, how are you providing a service they cannot? Provide detailed information supporting this requirement.

*Applications submitted without the appropriate coordination agreement may be rejected by FDOT. Grant awards will not be made without an appropriate coordination agreement.*

**2.8. FORM C-1: TRANSIT-RELATED OPERATING AND ADMINISTRATIVE EXPENSES**

Name of Applicant: \_\_\_\_\_

Name of Transit Program: \_\_\_\_\_

Applicant Fiscal period start and end dates: \_\_\_\_\_ to \_\_\_\_\_

State Fiscal period from: July 1, 2017 to June 30, 2018

EXPENSE CATEGORY	EXPENSE \$
Labor (501)	\$
Fringe and Benefits (502)	
Services (503)	
Materials and Supplies (504)	
Vehicle Maintenance (504.01)	
Utilities (505)	
Insurance (506)	
Licenses and Taxes (507)	
Purchased Transit Service (508)	
Miscellaneous (509)	
Leases and Rentals (512)	
Depreciation (513)	
TOTAL EXPENSE	\$

## 2.9. FORM C-2: TRANSIT-RELATED OPERATING AND ADMINISTRATIVE REVENUES

Name of Applicant: \_\_\_\_\_

Name of Transit Program: \_\_\_\_\_

Applicant Fiscal period start and end dates: \_\_\_\_\_ to \_\_\_\_\_

State Fiscal period from: July 1, 2017 to June 30, 2018

OPERATING REVENUE CATEGORY	REVENUE \$
Passenger Fares for Transit Service (401)	
Special Transit Fares (402)	
Other (403 – 407) (identify by appropriate code)	
<b>TOTAL OPERATING REVENUE</b>	\$
OTHER REVENUE CATEGORY	
Taxes Levied Directly by the Transit System (408)	
Local Cash Grants and Reimbursements (409)	
Local Special Fare Assistance (410)	
State Cash Grants and Reimbursements (411)	
State Special Fare Assistance (412)	
Federal Cash Grants & Reimbursements (413)	
Interest Income (414)	
Contributed Services (430)	
Contributed Cash (431)	
Subsidy from Other Sectors of Operations (440)	
<b>TOTAL OF OTHER REVENUE</b>	\$
<b>GRAND TOTAL ALL REVENUE</b>	\$

## 2.10. FORM C-3: PROOF OF LOCAL MATCH

Name of Applicant: \_\_\_\_\_

**Sources and amounts of local share for the vehicles/equipment, or mobility management, being requested:**

<b>SOURCE:</b>	<b>AMOUNT:</b>

\_\_\_\_\_  
(Signature of authorized representative)

\_\_\_\_\_  
(Name and title of authorized representative)

**Attach documentation of vehicle match funds immediately behind this page. Proof may consist of, but not be limited to: written statements from county commissions, state agencies, city managers, mayors, town councils, organizations, accounting firms and financial institutions.**



## 2.12. FORM C-5: CAPITAL REQUEST FORM

### VEHICLE REQUEST

Name of Agency: \_\_\_\_\_

R or E (a)	Quantity	Description (b) <a href="http://www.tripsflorida.org">www.tripsflorida.org</a>	Estimated Cost
Sub-total			\$

(a) Replacement (R) or Expansion (E).

(b) Provide a brief description including the length and type vehicle, type of fuel, lift or ramp, number of seats and wheelchair positions. For example, 22' gasoline bus with lift, 12 ambulatory seats, and 2 wheelchair positions. Do not show the Make. **Any bus options that are part of purchasing the bus itself should be part of the vehicle request and NOT separated out under equipment.**

### EQUIPMENT REQUEST

If item requested is after-market, it is recommended to gather and retain at least two estimates for the equipment requested. Purchases must be approved at the local level and follow [Procurement Guidelines](#).

	Number requested	Description (c)	Estimated Cost
Sub-total			\$

(c) Show mobile radios and identify the type of radio (i.e. two way radio or stereo radio), computer hardware/software, etc. under "Equipment Request."

VEHICLE SUBTOTAL \$ \_\_\_\_\_ + EQUIPMENT SUBTOTAL \$ \_\_\_\_\_ = \$ \_\_\_\_\_ (x).

(x) X 80% = \$ \_\_\_\_\_ **[This equals the Federal request. Show this amount on Form 424 in block 18(a)]**

## 2.13. FORM C-6: CAPITAL REQUEST METHODOLOGY FORM

**Applicant Agency Name:**

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**Contact Person:**

---

(Name, Title, Telephone Number, and Email)

**Vendor Name and Contact info:**

---

(Vendor, Dealer's Name, Telephone Number)

**Contract #:**

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**Brief Vehicle Description:**

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*(Example: 3 – 22' gas cutaways with lift, 12 ambulatory seats and 2 wheelchair positions)*

**Price Estimation Table:** Select only options available in the contract you are interested in. If there are no choices selected on any given row, we understand that you do not need that option.

**Computer users** – the rows in yellow have formulas to calculate totals. To make the formulas work, first fill out the columns of unit cost \$ and quantity # and then **right click in the yellow cell and click Update Field.**

Item*	Unit Cost	Quantity	Unit Cost x Quantity (Total Cost)
<b>Base Vehicle Type</b> (Make, Model, Size/Length)			
<b>Vehicle Description:</b>			
<b>Floor Plan:</b> Seat Manufacturer Name:			
<b>Floor Plan/Ambulatory Seats:</b> May choose more than one type of seat if needed.			
Standard Seat:			
Foldaway Seat:			
Child Seat:			
Other:			
<b>Securement Systems:</b>			
Wheelchair Securement:			
Seat Belt Extensions: <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes quantify			
Stretcher Securement: <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes quantify			
<b>Wheelchair Lift</b> (Include Vendor Name and Cost):			
<b>Engine Type:</b>			
<b>Paint Scheme:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes quantify			
<b>Vehicle Subtotal:</b>			
<b>Title VI Notice Signs/Plaques:</b>			
<b>Equipment:</b>			
<b>Other:</b>			
<b>Equipment:</b>			
<b>Other:</b>			
<b>Equipment Subtotal:</b>			
<b>Total:</b>			

\* Additional items besides those listed on the form can be added by inserting another line or by submitting a sample copy of the order form for the vehicle filled out to your specifications.

Add up the subtotals from all the Capital Request forms you filled out for this application to arrive at the total. The Total x 80% = Federal Portion (to be shown in block 18(a) of Form 424).

<b>Total</b>		<b>Federal Percent</b>	<b>= Federal Portion</b>
	X	.8 (80%)	

## 2.14 EXHIBIT C: PUBLIC HEARING

Attach a copy of the notice of public hearing and an affidavit of publication here.

### 2.14.1 PUBLIC NOTICE - SAMPLE

All interested parties within (counties affected) are hereby advised that (public agency) is applying to the Florida Department of Transportation for a capital grant under Section 5310 of the Federal Transit Act of 1991, as amended, for the purchase of (description of equipment) to be used for the provision of public transit services within (defined area of operation).

This notice is to provide an opportunity for a Public Hearing for this project. This public notice is to ensure that this project and the contemplated services will not duplicate current or proposed services provided by existing transit or paratransit operators in the area.

This hearing will be conducted if and only if a written request for the hearing is received by (Specify due date).

Requests for a hearing must be addressed to (Public Agency name and address) and a copy sent to (name and address of appropriate FDOT District Office).

All public notices must include the following language:

Florida Law and Title VI of the Civil Rights Act of 1964 Prohibits Discrimination in Public accommodation on the basis of race, color, religion, sex, national origin, handicap, or of marital status.

Persons believing they have been discriminated against on these conditions may file a complaint with the Florida Commission on Human Relations at 850-488-7082 or 800-342-8170 (voice messaging)

**2.15 EXHIBIT D: LEASING**

**MEMORANDUM for FTA 5310**

**Date:** \_\_\_\_\_

**From:** \_\_\_\_\_

(Signature)

\_\_\_\_\_  
(Typed name and title)

\_\_\_\_\_  
(Typed or printed agency name)

**To: FLORIDA DEPARTMENT OF TRANSPORTATION, DISTRICT OFFICE MODAL DEVELOPMENT OFFICE / PUBLIC TRANSIT**

**Subject:** YEAR 2017 GRANT APPLICATION TO THE FEDERAL TRANSIT ADMINISTRATION, OPERATING OR CAPITAL ASSISTANCE FOR ENHANCED MOBILITY OF SENIORS AND INDIVIDUALS WITH DISABILITIES PROGRAM, 49 UNITED STATES CODE SECTION 5310

Leasing:

Will the \_\_\_\_\_, as applicant to the Federal Transit

(Name of applicant agency)

Administration Section 5310 Program, lease the proposed vehicle(s) or equipment out to a third-party?

\_\_\_ No

\_\_\_ Yes

If yes, specify to whom:

\_\_\_\_\_  
\_\_\_\_\_

**NOTE: It is the responsibility of the applicant agency to ensure District approval of all lease agreements.**

## 2.16 EXHIBIT E: FEDERAL CERTIFICATIONS AND ASSURANCES

Please attach Federal Certifications and Assurances signature page here.

## 2.17 EXHIBIT F: CERTIFICATION OF EQUIVALENT SERVICE

### CERTIFICATION OF EQUIVALENT SERVICE

\_\_\_\_\_ 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 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. Non-public transportation systems that serve their own clients, such as social service agencies, are required to complete this form.

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

\_\_\_\_\_  
(Name and title of authorized representative)

\_\_\_\_\_  
(Signature of authorized representative)

## 2.18 EXHIBIT G: APPLICANT CERTIFICATION AND ASSURANCE TO FDOT

\_\_\_\_\_ (undersigned) \_\_\_\_\_ certifies and assures to the Florida Department of Transportation in regard to its Application under U.S.C. Section 5310 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 (Does not apply to Section 5310 only recipients):
  - 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 FDOT's:
  - a. Bus Transit System Safety Program Procedure No. 725-030-009 (Does not apply to Section 5310 only recipients)
  - 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. Guidelines for Acquiring Vehicles
  - f. Procurement Guidance for Transit Agencies Manual (Does not apply to Section 5310 only recipients)
- 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 FDOT if, for any reason, they are no longer needed or used for the purpose intended.
- 10) It recognizes FDOT's authority to remove vehicles/equipment from its premises, at no cost to FDOT, if FDOT 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 FDOT.

12) It will notify FDOT **within 24 hours** of any accident or casualty involving project vehicles/equipment, and submit related reports as required by FDOT.

13) It will notify FDOT and request assistance if a vehicle would become unserviceable.

14) It will submit an annual financial audit report to FDOT ([FDOTSingleAudit@dot.state.fl.us](mailto:FDOTSingleAudit@dot.state.fl.us)), if required.

Date: \_\_\_\_\_

\_\_\_\_\_  
(Typed name and title of authorized representative)

\_\_\_\_\_  
(Signature of authorized representative)

**2.19 EXHIBIT I: COORDINATED PUBLIC TRANSIT-HUMAN SERVICES  
TRANSPORTATION PLAN**

\_\_\_\_\_certifies and assures to the Florida Department of Transportation in regard to its application for assistance under 49 U.S.C. 5310 dated \_\_\_\_\_:

6. This grant request is included in a coordinated plan compliant with Federal Transit Administration Circular FTA C 9070.1G.

7. The name of this coordinated plan is provided below.

\_\_\_\_\_

8. The agency that adopted this coordinated plan is provided below.

\_\_\_\_\_

9. The date the coordinated plan was adopted is provided below.

\_\_\_\_\_

10. List the page number(s) of the coordinated plan that this application supports below.

\_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Typed name and title: \_\_\_\_\_



## **2.21 EXHIBIT L: CTC AGREEMENT**

See Grant Application Instruction Manual for Exhibit L requirements.

## **2.22 EXHIBIT M: TRANSPORTATION OPERATING PROCEDURE (TOP) (APPLIES TO SECTION 5310-ONLY APPLICANTS)**

Attach the agency's most recent TOP. See Grant Application Instruction Manual for TOP requirements.

## **2.23 CERTIFICATION OF INCORPORATION**

All first-time private non-profit applicants must include a copy of their certification of incorporation here.

## **2.24 PROOF OF NON-PROFIT STATUS**

All private non-profit applicants must include proof of non-profit status here.

## **2.25 TITLE VI PROGRAM**

If an applicant has not previously submitted their Title VI plan to the Department, a copy must be included here.

## **2.26 LOCAL CLEARINGHOUSE AGENCY LETTER**

If grant application is for facilities, please include a copy of the cover letter submitted to the local clearinghouse agency or RPC.

## **2.27 EXHIBIT H: PROTECTION OF THE ENVIRONMENT**

Required if the proposed project is for the construction of facilities. Please see Grant Application Instruction Manual for details.

# **END OF APPLICATION**

## **5310 Grant Application Revised on 23 September 2016**

Revised by: Kayla Costello, Section 5310 Program Manager

FDOT Public Transit Office

605 Suwannee Street (MS 26)

Tallahassee, Florida 32399-0450

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