

2017

49 U.S.C. SECTION 5311
FORMULA GRANTS FOR RURAL AREAS
CFDA 20.509

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: **New Applicant** _____ **Recurring Applicant** _____

The following documents must be included in section 5311 Operating Assistance Applications in the order listed:

- ___ **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 and Administrative Expenses
- ___ **1.9** Form B-2: Operating and Administrative Expense & Revenues; Grant Request
- ___ **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 J: Standard Lobbying Certification Form
- ___ **1.15** Exhibit K: FTA Section 5333(b) Assurance
- ___ **1.16** Copy of the Title VI Plan (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 5311 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 the FDOT and all of its officers, agents and employees from any claim, loss, damage, cost, charge, or expense 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 _____, ____ 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 _____, ____

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? 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, management, and administration of the agency's transportation program?
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.

1.6. EXHIBIT A-1: FACT SHEET

Name of Applicant: _____

	CURRENTLY	IF GRANT IS AWARDED
1. Number of one-way passenger trips.* PER YEAR		
2. Number of individuals served unduplicated (first ride per rider per fiscal year). PER YEAR**		
3. Number of vehicles used for this service. ACTUAL		
4. Number of ambulatory seats. AVERAGE PER VEHICLE (Total ambulatory seats divided by total number of fleet vehicles)		
5. Number of wheelchair positions. AVERAGE PER VEHICLE (Total wheelchair positions divided by total number of fleet vehicles)		
6. Vehicle miles traveled. PER YEAR		
7. Average vehicle miles PER DAY		
8. Normal vehicle hours in operation. PER DAY		
9. Normal number of days in operation. PER WEEK		
10. Trip length (roundtrip). AVERAGE		

Estimates are acceptable. The information listed should be specific to the Section 5311 funds and not agency wide.

* 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

** The unduplicated riders are for current year and the subsequent year once the grant is awarded

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? If the grant is awarded, will the agency provide more hours? If the grant is awarded, will the agency provide service to a larger geographic area? If the grant is awarded, will the agency provide shorter headways? If the grant is awarded, will the agency provide more trips?
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. Make sure to include information on how the agency will maintain adequate financial, maintenance, and operating records and comply with FTA reporting requirements including information for the Annual Program of Projects Status Reports, Milestone Activity Reports, NTD reporting, DBE reports etc.
3. Give a detailed explanation of the need for the vehicle and provide evidence of the need.
4. Will a grant award be used to replace existing equipment or purchase additional vehicles/equipment? Provide details.
5. Identify any vehicles/equipment being replaced and list them on the “**Current Vehicle and Transportation Equipment Inventory**” form (see page **Error! Bookmark not defined.**).
6. 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/operator.
7. 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 served, whether the applicant employees are represented by a union and if so represented the name and local number of the union.
8. Who will drive the vehicle, number of drivers, CDL certifications? (if capital assistance is requested)
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
 - 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. System Safety Program Plan (SSPP)
 - g. Drug free work place
10. How do you currently fund the operations of your transit program?
11. If this grant is not fully funded, can you still proceed with this program?
12. 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
- 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. System Safety Program Plan (SSPP)
- g. Drug free work place

13. **New agencies only:** Have you met with the CTC and, if so, how are you providing a service that 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	\$ _____	\$ _____ (a)

SECTION 5311 GRANT REQUEST:

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

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

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

[FTA Eligible Expenses (a) minus Rural Passenger Fares (b)] (from Form B-2)

Section 5311 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 5311 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= \$ Rural =\$ (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 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 DIRECT TRANSPORTATION COSTS

Are you billing Direct Cost? Yes ___ No ___

If yes, skip to Form B-5

If operating funding is being requested the applicant must complete one of the two (2) requested sections within Form B-3. The applicant can elect to complete the form using

1) Hourly Rate or 2) Per Trip Rate (one or the other) calculation. Only one rate calculation (hourly operating rate or per trip rate) section must be provided with the grant application.

If the applicant has an approved rate by the Commission for Transportation Disadvantaged (TD) for reimbursable service to TD clients include this rate with your application.

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)	
TOTAL EXPENSES	(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)	
TOTAL REVENUE	(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

Number of vehicles x Hours each day x Number 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)	
TOTAL EXPENSES	(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)	
TOTAL REVENUE	(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

Number of Vehicles x Trips per day x Number 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

Capital Assistance (80% Federal, 10% State and 10% Local):

UZA: $\$60,000.00 * .8 = \$48,000$ Federal, $\$6,000$ State and $\$6,000$ Local

SUZA: $\$120,000 * .8 = \$96,000$ Federal, $\$12,000$ State and $\$12,000$ Local

Rural: $\$120,000 * .8 = \$96,000$ Federal, $\$12,000$ State and $\$12,000$ Local

1.13. EXHIBIT E: FEDERAL CERTIFICATIONS AND ASSURANCES

Please attach Federal Certifications and Assurances signature page here.

1.15. EXHIBIT K: FTA SECTION 5333 (B) ASSURANCE

(Note: By signing the following assurance, the recipient of Section 5311 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 Rural Area Program ([see FTA Circular C 9040.1E, Chapter X](#)); (2) agreeing to alternative comparable arrangements approved by the [Department of Labor \(DOL\)](#); or (3) obtaining a waiver from the DOL.)

_____ (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 5311 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

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

1.16. 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: New Applicant _____ Recurring Applicant _____

The following must be included in the Application for Section 5311 Capital Assistance in the order listed.

- ___ 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 Exhibit C: Public Hearing and Publisher's Affidavit (public agencies only)
- ___ 2.9 Form C-1: Operating and Administrative Expenses
- ___ 2.10 Form C-2: Operating and Administrative Revenues
- ___ 2.11 Form C-3: Proof of Local Match
- ___ 2.12 Form C-4: Current Vehicle and Transportation Equipment Inventory Form
- ___ 2.13 Form C-5: Capital Request Form
- ___ 2.14 Form C-6: Capital Request Methodology Form
- ___ 2.15 Exhibit D: Leasing
- ___ 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 J: Standard Lobbying Certification Form
- ___ 2.20 Exhibit K: FTA Section 5333(b) Assurance
- ___ 2.21 Copy of the Title VI Plan (if not previously submitted to the Department)

If grant is for facilities:

- ___ 2.22 Copy of cover letter sent with application submitted to Local Clearinghouse Agency/RPC
- ___ 2.23 Exhibit H: Protection of the Environment

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 5311 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 the FDOT and all of its officers, agents and employees from any claim, loss, damage, cost, charge, or expense 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 _____, ____ 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 _____, ____

By: _____
(Signature, Chairman of the Board)

(Typed Name and Title)

ATTEST:

_____ (seal)

2.4. FORM 424: APPLICATION FOR FEDERAL ASSISTANCE

Attach 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? 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, management, and administration of the agency's transportation program?
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: _____

	CURRENTLY	IF GRANT IS AWARDED
1. Number of one-way passenger trips.* PER YEAR		
2. Number of individuals served unduplicated (first ride per rider per fiscal year). PER YEAR**		
3. Number of vehicles used for this service. ACTUAL		
4. Number of ambulatory seats. AVERAGE PER VEHICLE (Total ambulatory seats divided by total number of fleet vehicles)		
5. Number of wheelchair positions. AVERAGE PER VEHICLE (Total wheelchair positions divided by total number of fleet vehicles)		
6. Vehicle miles traveled. PER YEAR		
7. Average vehicle miles PER DAY		
8. Normal vehicle hours in operation. PER DAY		
9. Normal number of days in operation. PER WEEK		
10. Trip length (roundtrip). AVERAGE		

Estimates are acceptable. The information listed should be specific to the Section 5311 funds and not agency wide.

* 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

** The unduplicated riders are for current year and the subsequent year once the grant is awarded

2.7. EXHIBIT B: PROPOSED PROJECT DESCRIPTION

Applicants must submit **Exhibit B** as part of their application (not to exceed three (3) pages with 1” margins). The proposed project description should be thorough as evaluators will rely heavily on the narrative in reviewing and ranking an application. It is required that you submit the Project Description in a question/answer format. The project description should not repeat the current system description shown in Exhibit A. Exhibit B must include, but not be limited to:

Please answer all questions in a full, detailed manner:

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? If the grant is awarded, will the agency provide more hours? If the grant is awarded, will the agency provide service to a larger geographic area? If the grant is awarded, will the agency provide shorter headways? If the grant is awarded, will the agency provide more trips?
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. Make sure to include information on how the agency will maintain adequate financial, maintenance, and operating records and comply with FTA reporting requirements including information for the Annual Program of Projects Status Reports, Milestone Activity Reports, NTD reporting, DBE reports etc.
3. Give a detailed explanation of the need for the vehicle and provide evidence of the need.
4. Will a grant award be used to replace existing equipment or purchase additional vehicles/equipment? Provide details.
5. Identify any vehicles/equipment being replaced and list them on the “**Current Vehicle and Transportation Equipment Inventory**” form (see page **Error! Bookmark not defined.**).
6. 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/operator.
7. 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 served, whether the applicant employees are represented by a union and if so represented the name and local number of the union.
8. Who will drive the vehicle, number of drivers, CDL certifications? (if capital assistance is requested)
9. Fully explain your transportation program
 - h. Service hours, planned service, routes and trip types
 - i. Staffing – include plan for training on vehicle equipment such as wheelchair lifts, etc.
 - j. Records maintenance
 - k. Vehicle maintenance – who, what, when and where. Include a section on how vehicles will be maintained without interruptions in service.
 - l. CDL requirements
 - m. System Safety Program Plan (SSPP)
 - n. Drug free work place

10. **New Agencies Only:** Have you met with the CTC and, if so, how are you providing a service that 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.

2.7.1. QUESTIONS RELATED TO ALL AGENCIES REQUESTING CAPITAL ASSISTANCE FOR BUS RELATED FACILITIES

1. Please provide any pertinent documents that may be on record, to make a determination on such things as reasonableness of cost, sufficiency of preliminary engineering and design work completed.
2. Please provide a full, detailed scope of the project, including but not limited to a project schedule, construction days, method of procurement, etc.
3. Please provide a detailed description of all project activities included in the construction of the facility.

NOTE: If awarded, the agency must prepare a draft/proposed facilities/building maintenance plan that will need to be adopted after construction of facilities.

2.8. EXHIBIT C: PUBLIC HEARING

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

2.8.1. 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 5311 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).

A Public Hearing has been scheduled at (date, time, location), for the purpose of advising all interested parties of service being contemplated if grant funds are awarded, and to ensure that contemplated services would not represent a duplication of 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 (two days prior to the scheduled hearing).

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.)

2.9. FORM C-1: TRANSPORTATION 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	\$

2.10. FORM C-2: TRANSPORTATION- 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)	
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 & 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	\$

2.11. FORM C-3: LOCAL MATCH FOR THIS APPLICATION

Name of Applicant: _____

Sources and amounts of local share for the vehicles/equipment, or mobility management, 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: written statements from county commissions, state agencies, city managers, mayors, town councils, organizations, accounting firms and financial institutions.

2.13. FORM C-5: CAPITAL REQUEST

VEHICLE REQUEST

Name of Agency: _____

R or E (a)	Quantity	Description (b) www.tripsflorida.org	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.

	Quantity	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)]

2.14. FORM C-6: CAPITAL REQUEST METHODOLOGY FORM

Complete one request form if all vehicles being requested are the same type and configuration. Complete another form to request a vehicle of a different type and configuration.

Information to fill this form out may be found at on the TRIPS website <http://tripsflorida.org/> and or at the DMS website http://dms.myflorida.com/business_operations/state_purchasing for small vehicles; cars or station wagons.

Applicant Agency Name:

Contact Person:

(Name, Telephone Number, and Email)

Vendor Name and Contact info:

(Vendor, Dealer's Name, Telephone Number)

Contract #:

Brief Vehicle Description:

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

* 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).

Total		Federal Percent	= Federal Portion
	X	.8 (80%)	

2.15. EXHIBIT D: LEASING

MEMORANDUM for FTA 5311

Date: _____

From: _____ (Typed name and title) _____ (Signature)

(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 GRANTS FOR RURAL AREAS PROGRAM,
49 UNITED STATES CODE SECTION 5311

Will the _____, as applicant to the Federal Transit
(Name of applicant agency)

Administration Section 5311 Program, lease the proposed vehicle(s) or equipment out to a third-party?

___ Yes ___ No

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 FOR AGENCIES REQUESTING NON-ACCESSIBLE VEHICLES

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.

Executed this _____ day of _____,

(Signature of authorized representative)

(Typed name and title of authorized representative)

2.18. EXHIBIT G: APPLICANT CERTIFICATION AND ASSURANCES TO FDOT

_____ (undersigned) _____ certifies and assures to the Florida Department of Transportation in regard to its Application under U.S.C. Section 5311 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 FDOT'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. 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 FDOT if, for any reason, they are no longer needed or used for the purpose intended.
- 10) It recognizes the FDOT's authority to remove vehicles/equipment from its premises, at no cost to the FDOT, if the 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 the FDOT.
- 12) It will notify the FDOT within 24 hours of any accident or casualty involving project vehicles/equipment, and submit related reports as required by the FDOT.
- 13) It will submit an annual financial audit report to the FDOT (FDOTSingleAudit@dot.state.fl.us) if required by the FDOT.

Date: _____

(Typed name and title of authorized representative)

(Signature of authorized representative)

2.20. EXHIBIT K: FTA SECTION 5333 (B) ASSURANCE

(Note: By signing the following assurance, the recipient of Section 5311 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 Rural Area Program ([see FTA Circular C 9040.1E, Chapter X](#)); (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 5311 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

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

2.21. TITLE VI PROGRAM

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

2.22. LOCAL CLEARINGHOUSE AGENCY LETTER

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

2.23. EXHIBIT H: PROTECTION OF THE ENVIRONMENT

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

END OF MANUAL

5311 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

Work Phone: 850-414-4239 Email: kayla.costello@dot.state.fl.us