



Fiscal Year 2016

**Grant Application for Funding
Federal §5311 Rural
State Rural
State Urban**

Transit Provider (Applicant) Legal Name:

Organizational Unit (if applicable):

Physical Address – No P.O. Box:

City:

State:

Zip Code:

Fax Number:

E-Mail Address:

Website Address:

County:

Name of person to be contacted on matters involving this application:

Phone:

Name of person to be contacted in an emergency:

Phone:

Applicants Payee Identification (PIN) Number (14 digits):

Applicant's D-U-N-S number:

General Instructions

The application includes:

- **Checklist** of required attachments
- Federal and State Requirements
- Service Profile
- Proposed Project
- Budget Information
- Public Notice and Hearings (Capital Projects Only)
- Obligation Certification

Application Process

This application is a written process for applying for TxDOT formula funded programs for State and Section 5311 federal funds. Each summer the application is distributed to all applicants for the next funding cycle. To receive federal or state funding, an applicant must be eligible to receive funding and must comply with all applicable federal, state, and local laws and regulations.

The Certification and Assurances document provided by TxDOT must be signed for the current fiscal year prior to issuance of federal funds. The Certifications and Assurances is a compilation of the Federal Transit Administration's (FTA) current expectations concerning the responsibilities of grant applicants.

Application Submittal

Applicants should complete all sections completely and concisely.

The application process includes the following:

1. Submit an original copy of your application with the budget workbook(s) to your Public Transportation Coordinator (PTC).
2. The PTC will:
 - a. Review the application for completeness and contact the agency for questions and clarification prior to submission to Public Transportation Division (PTN) headquarters (Austin).
 - b. Forward an electronic copy of the completed application and all attachments to the PTN headquarters.
3. The complete application must be submitted prior to the issuance of a Project Grant Agreement (PGA).

A complete set of application forms are presented on the following pages. Applicants are urged to work from an electronic copy of the forms.

THE FOLLOWING ATTACHMENTS, IF APPLICABLE, MUST BE SUBMITTED WITH THE APPLICATION:

Attachment Description	Applicant		TxDOT PTN-PTC
	Submitted	N/A	Confirmed
Fixed Route Complimentary Paratransit Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indirect Cost Allocation Plan and Certificate of Indirect Cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indirect Cost approval letter from cognizant agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third Party Contract(s) for Transportation Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Map(s) or Bus Schedule of service area	<input type="checkbox"/>		<input type="checkbox"/>
PTMS Agency Inventory List	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form PTN-116 Request to Purchase Non-Accessible Vehicle(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Budget Workbook(s)	<input type="checkbox"/>		<input type="checkbox"/>

The PTC has reviewed the application and confirms all applicable parts of the application are complete and all required attachments are included.

PTN-PTC Name : _____
Signature: _____
Date of Review: _____

Federal and State Requirements

Agencies should be in compliance with all federal and state requirements, rules, and regulations prior to issuance of funding.

1. In accordance with Title 49 CFR Section 21.9(b) and 43 TAC 31.42, recipients are required to submit a Title VI Program or Plan to TxDOT.

Has the agency provided a current **Title VI Program** to TxDOT: Yes No

2. In accordance with 49 CFR 21 and 43 TAC 31.42 a formal EEO program is required of any applicant that employed 50 or more transit-related employees (including temporary, full-time or part-time employees) **and** received in excess of \$1 million in capital or operating assistance or in excess of \$250,000 in planning assistance in the previous Federal fiscal year.

Has the agency provided a current **EEO program** to TxDOT: Yes No N/A

3. In accordance with 49 CFR 37 and 43 TAC 31.42 the DOT ADA regulations require public entities operating fixed route transit to provide complementary paratransit to persons with disabilities who are unable to use the regular fixed route system.

Has the agency provided a current **ADA Complimentary Paratransit Plan** to TxDOT:

Yes No N/A

Include as a separate attachment the ADA Complimentary Paratransit plan.

4. In accordance with the 43 TAC 31.44 agencies are required to have written procurement policies and procedures.

Provide the effective date of approved **written procurement policies and procedures**: _____

5. In accordance with the 43 TAC 31.53 agencies are required to have a preventive maintenance program for both vehicles and facilities with state and federal interest.

Provide the effective date of approved **preventative maintenance program**: _____

6. In accordance with the 49 CFR 18, current (applicable to the fiscal year) indirect cost allocation plan is required to support the distribution of indirect costs related to the grant program, and must be approved by FTA or cognizant agency. Without an approval letter from the cognizant agency, indirect costs must be excluded from the reimbursement process.

Indirect Cost Rate: _____ % or N/A

Include as a separate attachment:

- 1) Current Indirect Cost Allocation Plan with accompanying Certificate of Indirect Cost and
- 2) Indirect Cost approval letter from the cognizant agency (documents the approved percentage rate and applicable fiscal year)

Is TxDOT the cognizant agency? Yes No

If yes, submit the Indirect Cost Allocation Plan with accompanying Certificate of Indirect Cost

PART III – FEDERAL AND STATE REQUIREMENTS

7. In accordance with 43 TAC 31.11, is the proposed public transportation project consistent with continuing, cooperating, and comprehensive regional transportation planning implemented in accordance with 49 U.S.C. §5301?

Yes No

8. Provide a list of any unresolved Improvement Action Plan(s) (IAP) and the target date for resolution. (If no IAPs, write NA)

9. **Audit** - Applicants of federal funding are required to comply with federal (OMB A-133) and/or state (State of Texas Single Audit Circular) requirements. Applicants should respond based on the Transit Provider's previous fiscal year.

Did the agency expend \$500,000 or more in federal awards in fiscal year 2014?

Yes No

a. If yes, was an audit completed in accordance with OMB Circular A-133?

Yes No

i. If yes, date the audit was completed: _____

ii. If no, describe reason and agency's plan to complete audit by the deadline (due nine months after end of agency's fiscal year): _____

10. Provide the agency's fiscal year end date: _____

Funding program

1. Indicate the program in which you are applying. If the agency serves a combination of urban and rural service areas, complete one application per service area for which you are requesting funds. For which service area is this application relevant? (Check one)

§5311 and State - Rural Area

The Federal Transit Act, codified at 49 USC **§5311**, is a formula based program and provides funding to designated rural transit districts for the purpose of supporting public transportation in rural areas. Eligible activities include operating, administration, planning and capital expenses.

Transportation Code, Chapter 456 is a formula based program and provides **State** grant funds to designated rural transit districts for public transportation projects in rural areas. Eligible activities include operating, administration, planning and capital expenses.

State – Small Urbanized Area

Transportation Code, Chapter 456 is a formula based program and provides State grant funds to designated urban transit districts for public transportation projects in small urbanized areas. Eligible activities include operating, administration and capital expenses.

Service Overview

2. Indicate the type(s) of service currently being performed in the service area. (Check all that apply.)
- Demand-response** – any system of transporting individuals, including the provision of designated public transportation service by public entities and the provision of transportation service by private entities, including but not limited to specified public transportation service, which is not a fixed route system.
- Fixed route** – a system of transporting individuals (other than by aircraft), including the provision of designated public transportation service by public entities and the provision of transportation service by private entities, including, but not limited to, specified public transportation service, on which a vehicle is operated along a prescribed route according to a fixed schedule.
- ADA Complementary Paratransit** – comparable transportation service required by the ADA for individuals with disabilities who are unable to use fixed route transportation systems.
- Deviated fixed route** – Vehicles will travel from point A to point B but go out of the way to pick up or drop off people if necessary
3. For each box checked in #2, provide a description of the service. Brochures can be included as an addendum but not in lieu of the narrative provided below.

If available, include brochures as a separate attachment.

4. List the hours of operation.

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

Sunday:

If hours vary based on specific portions of the service area, include an attachment which shows service hours for each area.

5. How many one-way passenger trips do you currently provide (total for all vehicles)?

6. Daily: _____ Annually: _____ Is transportation service currently contracted to a third party operator?

Yes No

If yes, provide contact information. If the agency has more than one third party contract for transportation service, include additional information as a separate attachment to the application along with a copy of the third party contract(s).

(3 rd Party Contract) Agency Legal Name:		
Physical Address – No P.O. Box:		
City:	State:	Zip Code:
Fax Number:	E-Mail Address:	

Include as a separate attachment, a copy of the third party contract(s).

7. Does the agency charge a fare or request a donation from passengers?

- A fare is charged
 A donation is requested (but not mandatory)
 No fees are requested

If yes, indicate the amount charged on the following table:

Fare Type	Amount	Comments:
Regular Fare:	_____	
Senior Fare:	_____	
Persons with Disabilities (non-Paratransit):	_____	
Personal Care Attendant	_____	
Paratransit:	_____	
Student Fare:	_____	
Monthly Pass:	_____	
Tickets or Tokens:	_____	
No Fare Charged:	_____	
Other: _____	_____	

8. Have fares changed in the last year?

- Yes No

If yes, how was the public notified of the fare change?

- Newspaper Flyer
 Radio TV/Cable
 Public Meeting/Hearing Other Specify: _____

9. Storage of vehicles (check all that apply)

- Garage kept Off-site location in an unsecured lot
 Secured lot Staff takes vehicle(s) home at end of day
 On-site in an unsecured lot

10. How soon in advance does a passenger need to schedule a trip? (check one)

- 72 hours or greater in advance Same day as needed
 24 – 48 hours in advance Other: _____

11. Are trips scheduled on a first come first served basis?

- Yes No

12. How is dispatching accomplished? (Check all that apply)

- Two way radio
- Cell phone

- Mobile Data Terminal
- Other (Describe):

13. Is a web site available with transit information?

- Yes
- No

If yes, are schedules, maps and fare information described and current?

- Yes
- No

14. How is transit service marketed? (Check all that apply.)

- Newspaper
- Radio
- Public Hearing

- TV/Cable
- Social Media
- Flyer

Other (Specify): _____

1. Provide a description of how the need and demand for services was determined?

2. Describe the proposed project(s) for which the funds will be used.

3. Service area: List the City or Counties to be served by award.

Include as a separate attachment, Map(s) or Bus Schedule of service area.

Project Budget

This part of the application provides general information to assist the Department in meeting its obligations in the administration and management of the State and Federal programs. The Federal share of eligible operating costs may not exceed 50 percent. The Federal share of eligible capital costs may not exceed 85% for ADA accessible vehicles, and 80% for non-ADA accessible vehicles and other capital. Appendix A can be used to estimate the cost of a vehicle project. The Project Grant Agreement will provide for reimbursement of costs that have already been incurred. All subcontractors and vendors should be paid before a request for reimbursement is submitted.

Complete one budget workbook per funding source.

1. Are Operating expenses part of the proposed project?

State funds Yes No

Section 5311 funds Yes No N/A

2. Are Administrative expenses part of the proposed project?

State funds Yes No

Section 5311 funds Yes No N/A

3. Are Indirect costs part of the proposed project?

State funds Yes No

Section 5311 funds Yes No N/A

4. Are Planning expenses part of the proposed project?

State funds Yes No

Section 5311 funds Yes No N/A

5. Are Capital expenses part of the proposed project?

State funds Yes No

Section 5311 funds Yes No N/A

Complete the Capital Budget – Detail subsection

6. Will a Non-cash share, such as donations and contributions (i.e. in-kind), be counted as local match?

Section 5311 funds Yes No N/A

If yes, documented and eligible program match must be submitted and approved by the PTC, prior use.

Capital Budget - Detail**Vehicle Projects**

The Federal share of eligible capital costs may not exceed 80% for non-ADA accessible vehicles, 85% for ADA accessible vehicles.

7. Are Vehicle Capital expenses parts of the proposed project?

Yes No If no, skip to question 11

8. Describe the need for the vehicle(s): (Provide a response after each question. If NA, write NA)

Example: a. The project was selected by/because....

- a. How did you select the project?
- b. Describe what service improvements would be addressed by acquiring the equipment.
- c. If funding for this equipment is approved, how will the surrounding community benefit?
- d. If your agency is requesting vehicle(s) replacement, explain why the vehicle(s) replacement is needed.
- e. If the request for vehicle(s) is for service expansion, how was the need for the expansion determined?

9. Attach the PTMS Inventory List obtained by PTC. If requesting vehicle replacement, identify which vehicles are to be replaced.

10. Will the proposed vehicle(s) be ADA accessible?

Yes No

Note1: A non-accessible vehicle requires a "waiver" with the Public Transportation Coordinator's endorsement prior to entering into a grant agreement.

Note2: All fixed route service vehicles are required by FTA to be accessible and will not be granted waivers.

If no, include as a separate attachment an approved copy of Form PTN-116 Request to Purchase Non-Accessible Vehicle(s).

Construction and Related Activities

The Federal share of eligible capital costs may not exceed 80%. Construction and related activities includes, but is not limited to construction related planning and procurement, preliminary engineering, environmental review, real estate acquisition, final design, construction, and other related activities.

11. Are Construction and/or Construction Related expenses part of the proposed project?

Yes No If no, skip to question 13.

12. Describe the need for the project: (Provide a response after each question. If NA, write NA)

Example a: The project was selected by/because....

- a. How was the project selected?
- b. Describe service improvements to be addressed.
- c. If funding is approved, how will the surrounding community benefit?

Note: Agencies must receive consultation with PTN prior to construction and related activities. Consultation is necessary prior to the inclusion of construction and related activities in a PGA.

Other Capital

The Federal share of eligible capital costs may not exceed 80%. Other capital includes, but is not limited to: preventive maintenance, purchase of service, communication and computer equipment, hardware and/or software, and other miscellaneous equipment.

13. Are Other Capital expenses part of the proposed project description?

Yes No If no, skip to Part IIV – Notice and Public Hearings.

14. Describe the need for the Other Capital: (Provide a response after each question. If NA, write NA)

Example a: The project was selected by/because....

- a. How was the project selected?
- b. Describe service improvements to be addressed.
- c. If funding is approved, how will the surrounding community benefit?

PART VII – PUBLIC NOTICE AND HEARINGS (Capital Projects Only)

PUBLIC NOTICE AND HEARINGS Title 49 U.S.C. 5323(b) requires applicants:

- (1) to provide an adequate opportunity for public review and comment for a capital project that will substantially affect a community or the public transportation services of a community;
- (2) to provide notice and hold a public hearing on the project if the project affects significant economic, social, or environmental interests;
- (3) to consider the economic, social, and environmental effects of the project; and
- (4) to find that the project is consistent with official plans for developing the community.

Public hearings should be held at a place and time generally convenient for persons affected by the proposed undertaking. The site must be accessible to the elderly and persons and/or with disabilities. Provisions should be made at the hearing for submission of written statements, exhibits, and oral statements. If requested to the ethnic makeup of the community, translators must be provided for non-English speaking persons at the hearing. A written summary of the oral proceedings must be prepared.

For those substantial capital projects, the signature below certifies the applicant has complied with Title 49 U.S.C. 5323(b).

Applicant Name (print):	
Title (print):	
Signature:	Date:
Date of Hearing (if required):	

OBLIGATION CERTIFICATION

As an authorized official of the _____
(Transit Provider Name)

I certify to the following:

1. The information presented in the application is true and accurate to the best of my knowledge.
2. I have not intentionally made any misstatements or misrepresented the facts.
3. The organization has the resources and technical capacity to support the project.
4. The organization has the resources to provide the required match.
5. The organization uses generally accepted accounting standards for its financial recordkeeping functions.
6. The organization will participate in a continuous, comprehensive dialogue throughout the life of the project including but not limited to:
 - ◆ On-site monitoring by TxDOT personnel
 - ◆ Timely submission of required reports
 - ◆ Timely written notification of events that will affect the outcome of the project.
7. The organization will comply with all applicable federal, state and local laws and regulations. This includes but is not limited to:
 - ◆ Master grant agreements
 - ◆ Project grant agreements
 - ◆ Annual Federal Certifications and Assurances.
 - ◆ Applicable federal program circulars and similar federal guidance
8. **Applicant Affirmation:** Compensation has not been received for participation in the preparation of the specifications for this application.

Signed: _____

Printed/Typed Name: _____

Title: _____

Date: _____

APPENDIX A – VEHICLE PROJECT TABLE

The table below estimates the cost of vehicles, including related charges. Costs are subject to change at the time of purchase.

PROJECT TABLE		
Category	Type, Description, Estimated Weight Rating, & Fuel	est. cost per unit
Van	Type 1 Raised Roof Van with Lift (9,500#) : LP, CN, D, E, G	\$50,000
	Type 7 Low-Floor Minivan with Ramp (7,000#): LP, CN, E, G	\$39,000 - \$45,000
	* Type 9 Standard Full-Size Van (9,500#) : LP, CN, D, E, G	\$22,000
	* Type 10 Standard Minivan (7,000#) : LP, CN, E, G	\$20,000
Cutaway Bus, Trolley, & Transit Bus	Type 2 (10,500#): LP, CN, D, E, G 138" Wheel Base Cutaway w) Lift	\$58,000 - \$61,000
	Type 3a (14,050#): LP, CN, D, E, G 158" Wheel Base Cutaway w) Lift	\$62,000 - \$65,500
	Type 3b (14,050#): LP, CN, D, E, G 176" Wheel Base Cutaway w) Lift	\$65,500 - \$72,000
	Type 11 (19-21,000#): LP, CN, D, E, G 202" Wheel Base Cutaway / other Med-Duty Bus (specify)	\$88,000 - \$120,000
	Type 15/16 (23,500#): LP, CN, D, E, G Cutaway or Bus	\$250,000 – \$350,000
Fuel & Notes	<u>VEHICLES</u> LP: Propane or Dual Propane & Gasoline G: Gasoline B: Battery (electric or electric hybrid) CN: CNG E: Ethanol D: Diesel (specify type) _____ (ULSD, biodiesel, regular)	

*A non-accessible vehicle requires a "waiver" with the PTC's endorsement prior to entering into a grant agreement. Typically, TxDOT requires all vehicles to be accessible to people with disabilities. Except for commuter service, applicants may purchase a non-accessible vehicle under certain circumstances.