Texas Department of Transportation

Application Instructions

FY 2021 State Rural and State Urban Grants

Public Transportation Division

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SECTION ONE – INTRODUCTION

1.1   Introduction

This document contains instructions on how to fill out the application for State Rural or State Urban funds. As described in the Transportation Code, Chapter 456, the State funding program is formula based providing State grant funds to designated rural and urban transit districts for public transportation projects in rural and urban areas.

The State Rural or State Urban application is the process to apply for the State funds. Eligible activities include operating, administration, planning and capital expenses. Entities receiving funds for multiple urbanized areas as defined in the minute order must complete one application per area.

The purpose of this document is to provide the reader instructions on how to fill out a grant application in the Texas Department of Transportation (TxDOT) Public Transportation (PTN) electronic grants system (eGrants).

1.2   Online Application

The online grant application is divided into five (5) sections or web pages:
- General Information
- Vehicles and Other Capital Project
- Construction and Rehabilitation
- Obligation Certification
- Budget and Milestones

All items with a red asterisk* indicate a mandatory field and require a response. All fields have their respective character limit and indicate the number of characters used and the number of characters remaining as you type.   All responses should be clear and concise and communicate how the agency will specifically allocate and apply the funds. Also, applicants should complete all sections of the application completely and thoroughly with the most current agency-related information. For the convenience of the applicant, screen shots of the online application are included in this document for reference. In addition to the online application, Subrecipients are required to verify the Service Profile is current. If needed, the Subrecipient should update the Service Profile as appropriate.

SECTION TWO – APPLICATION SUBMISSION

2.1   Schedule

The application process schedule includes major milestones and target due dates culminating in a fully executed project grant agreement (PGA). The application submission due date is set; all other dates are subject to change. Any updates to the schedule will be communicated to everyone via email.

The following table outlines the call for projects schedule with target dates:

Activity / Milestone	Target Date
Submission	
Notice of Opportunity available	Friday, June 12, 2020
Applications submission due	Friday, July 3, 2020
Reviews	
Application review	Friday, July 10, 2020
Administrative compliance	Friday, July 10, 2020
PGA Development	
Texas Transportation Commission approval	Thursday, June 25, 2020
Project Grant Agreements distributed	Monday, July 27, 2020
Award Grants	
Project Grant Agreements executed	Tuesday, September 1, 2020

2.2   Development

eGrants

- Applications must be submitted via eGrants by changing the status in eGrants to *"Application Submitted for Review."*
- Ensure you save often when creating your application as eGrants will timeout after 15 minutes of inactivity.
- For help and resources regarding the eGrants system, contact the eGrants help desk Monday - Friday, 8 a.m. - 4 p.m. (closed federal holidays) at (512) 486-5957 or by email at PTN-eGrantshelp@txdot.gov.

Submission

- Grant applications must be in *"Application Submitted for Review"* status in eGrants no later than 5:00 P.M. CST Friday, July 3, 2020.
- Applications must be submitted by the responsible entity in eGrants.

SECTION THREE – GENERAL INFORMATION

3.1   General Information Form

Provide primary contact information in the available fields. Confirm that the Service Profile is accurate by reviewing in eGrants and then by using check box.

Agency Name

Person to be contacted regarding **this** application

First Name *

Last Name *

Phone Number *

Email Address *

By checking this box, you are indicating that the service profile for this organization is accurate. * ☐

Project Service Area *   ○ Urban   ○ Rural

If "Urban" is selected, please select the urbanized area.*   [⌄]

General Information

All responses should be supported with qualitative and quantitative data, citing sources as appropriate. See the questions and their respective guidance below.

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

> • Type of service – Demand Response, Fixed Route, ADA Complementary, Paratransit, and/or Deviated Fixed Route.
> • Service Area – cities and/or counties.
> • Hours of Operation – days of week, hours of day, holidays if applicable.
> • Budgeted line items broken down by ALIs

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2. Describe how the need/demand for the proposed project(s) was determined. *

> • Should relate back to information provided in Question 1.
> • Include current state qualitative and quantitative data used to determine the need/demand for each Type of Service, Service Area and Hours of Operation.

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3. Describe the anticipated benefits of the project. *

> • Include the population that will benefit from Type of Service, Service Area and Hours of Operation, as described in Question 1.

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4. Identify and describe methods to procure goods and/or services related to this project. *

> • If the agency will procure goods or services or would like to use a contract for goods or services, which has been previously procured and approved by PTN, identify the type of procurement and document steps taken.

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5. If vendors have been previously selected, complete the following (press the [SAVE] button for additional rows). *

Vendor Name   **Description of goods/services**

> • Provide the vendor name for any goods or services for which a vendor was previously selected along with a short description of the goods or services.
> • If a vendor has previously been selected, responses to questions 4 and 5 must be consistent.

6. Is the proposed project consistent with continuing, cooperating, and comprehensive regional transportation planning implemented in accordance with 49 U.S.C. §5301? *

○ Yes ○ No

> • General policies for receiving federal funds are identified in 49 U.S.C. §5301. Agencies must certify the information.

Attachments
Upload any additional documents relevant to this application per the application's instructions.

Description   Upload
                                          Browse... No file selected.

NOTE: At minimum, a map or bus schedule for each service area should be attached. If available, attach service brochures as well. Any additional attachments not specifically identified in other sections of the application should be attached on this page.

All attachments should include a descriptive title; i.e. "Route Map or Bus Schedule". eGrants allows for upload of multiple documents.

After a file is uploaded and description is added, click on the [SAVE] button and a new row will be created.

SECTION FOUR – VEHICLE AND OTHER CAPITAL PROJECTS

4.1   Vehicle and Other Capital Projects Form

Vehicle Projects
Vehicle projects include the purchase, rebuild and overhaul of vehicles. The number of questions will depend on the responses to questions 1 and 5.

1. Are Vehicle Capital expenses parts of the proposed project? *

    ○ Yes ○ No

    - If you click on *"No"* then proceed to question 5, otherwise, proceed to question 2

2. Identify the specific vehicle(s) to be replaced or rebuilt.
    (press the save button for additional rows)
    Enter License and VIN of vehicle to be replaced/rebuilt

License #	VIN	Reason to select this vehicle	Replace/Rebuild
			∨

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    NOTE: vehicles must meet useful life standards to be considered for replacement

3. Identify the vehicle type(s) to be purchased. *

    (press the save button for additional rows)

Vehicle type to be purchased	Reason to select this vehicle

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4. If vehicles are proposed to be purchased, will the vehicles be ADA accessible? *

    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.

    ○ Yes ○ No ○ N/A

Upload an approved copy of Form PTN-116 Request to Purchase Non-Accessible Vehicle(s) in the field provided below.

Form PTN-116 upload | Browse... | No file selected.

Other Capital

Other Capital includes, but is not limited to: shop equipment, communication and computer equipment, hardware and/or software, preventive maintenance, purchase of service, and other miscellaneous equipment. (Program limitations may apply.)

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

   ○ Yes ○ No

6. Describe the scope of the Other Capital project in detail. *

> Provide the following:
> - Describe whether scope include shop equipment, communication, hardware; etc.
> - Provide quantities and types; include the make and models for hardware, and titles for software
> - Requested dollar amount and any match amount.

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7. Describe the need for the Other Capital project. Specifically, identify how the project was selected and what service improvements and/or project benefits are to be addressed. *

> Provide the following:
> - How the funds will be used based on the selection of project
> - Selection criteria used to determine selection and benefits
> - What services are being provided

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Attachments

Upload any additional documents relevant to this application per the application's instructions.

Description   **Upload**

_____ | Browse... | No file selected.

SECTION FIVE – CONSTRUCTION AND REHABILITATION PROJECTS

5.1   Construction and Rehabilitation Projects Form

Responses should be supported with qualitative and quantitative data, citing sources as appropriate, specifically related to how the state funds will be used for construction and/or rehabilitation related expenses.

Construction and Rehabilitation Projects

Construction and Rehabilitation Projects can include the following phases: Planning, Preliminary Engineering (including environmental review), Final Design and Real Estate Acquisition, Construction/Rehabilitation.

1. Are Construction and/or Rehabilitation related expenses part of the proposed project? *

     ○ Yes ○ No

2. Identify the project development life cycle(s) that are included as part of this application for funding. *

A. Planning and Scoping	☐
B. Preliminary Engineering and Environmental Review	☐
C. Final Design and Real Estate Acquisition	☐
D. Procurement	☐
E. Construction	☐

If C,D, or E are selected above, please upload a copy of your FTA Region 6 Categorical Exclusion Worksheet

(if this project is not eligible as a categorical exclusion please contact your PTC).

FTA Region 6 Categorical Exclusion Worksheet   [Browse...] No file selected.

3. **This question is divided into 3 subparts - 3a through 3c - for the purpose of obtaining detailed information on status and funding for the various phases.**

3a. Identify completed phases and describe the activities that have taken place for those phases. Identify actual costs per phase and funding sources. *

Phase	Activities which have taken place	Cost	Funding Source

Total:

3b. Describe any current activities in progress, by project phase. Identify the cost per phase, funding sources and amounts committed. *

Phase	Activities in progress	Cost	Funding Source	Amount Committed
		Total:		

3c. Describe future activities, by project phase. For each phase provide the estimated cost, secured funding sources and amounts, and funds being requested. *

Phase	Activities to be accomplished	Cost	Funding Source	Amount Committed	Amount Requested
		Total:			

4. Provide the facility location if available. *

N/A ☐

Address _____

City _____

State _____ ⌄

Zip _____

5. Describe the facility including the facility function.

_____

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Attachments

Upload any additional documents relevant to this application.

Description   **Upload**

_____ Browse... No file selected.

SECTION SIX – OBLIGATION CERTIFICATION

6.1   Obligation Certification Form

As an authorized official of the *{agency name auto filled by eGrants}*

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 and technical capacity 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.
    This includes but is not limited to:

    o   On-Site monitoring by TxDOT personnel

    o   Timely submission of required reports

    o   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:

    o   Annual Certifications and Assurances

    o   Master grant agreements

    o   Project grant agreements

    o   Applicable federal program circulars and similar federal and state guidance

8. Applicant Affirmation: Compensation has not been received for participation in the preparation of the specifications for this call for projects.

☐   By checking and completing this document I certify that
    the above statements are true and that I have the
    authority to sign this document.

Name   **Title**   **Date**

•   An agency representative with authority to sign the document should check the box at the bottom of the page. Their name and title along with the date will be inserted into the page.

SECTION SEVEN – BUDGET AND MILESTONES

7.1   Budget and Milestones Form

The budget and milestones page contains information how the agency will spend the State funds, on a per line item or ALI basis.

Agency Name
Program Type

Does this budget include indirect costs? *   ⚪ Yes ⚪ No

If yes, please enter the Indirect Rate   [   ]%

Attachments
You may upload additional documentation here.
(If this budget includes In-Kind funds you are required to upload supporting documentation.)

Description	Upload
	Choose File No file chosen

Attachments
You may upload additional documentation here. (If this budget includes In-Kind funds you are required to upload supporting documentation.)

Upload PTN-143 form plus supporting documentation when in-kind funds will be used as match. (See Figure 23).

Description	Upload
	Choose File No file chosen

7.2   Line Items

When entering budget line items, fill out a row and then press the [SAVE] button for additional rows.

Column Heading	Description
Description	Choose the description from the pre-populated drop-down list
Scope	Field is locked and is not applicable to a state grant.
Suffix #	Field is locked and is not applicable to a state grant.
TPN	Field is locked and is not applicable to a state grant.
Fuel Type	Choose the fuel type from the drop-down list.
# of Units	Enter "1" for Operating and Project Administration all other the fund amount.
Award Amount	State funds awarded to the Subrecipient.
State Match	Not applicable for state grant.
Local Match	Not applicable for state grant.
In-Kind Match	Not applicable for state grant.
Total Funds	eGrants system will calculate.
TDC Requested?	Not applicable for state grant.
Match Ratio	Not applicable for state grant.
TDC Amount	Not applicable for state grant.
Estimated RFP/IFB Issued	Date must be entered for all capital item and any contracted services by the Subrecipient.
Estimated Contract Award	Date that the grant is estimated to be awarded.
Estimated First Vehicle Delivered	Vehicle projects only. To be filled out by the Subrecipient.
Estimated Last Vehicle Delivered	Vehicle projects only. To be filled out by the Subrecipient.
Estimated Contract Complete	Date that the grant is estimated to be completed.