



Public Transportation Division

**FY 2019 Application Instructions
State Rural or State Urban Grants**

Posted: June 8, 2018
Due: June 29, 2018

Table of Contents

SECTION ONE – INTRODUCTION 3

INTRODUCTION	4
ONLINE APPLICATION	4
SECTION TWO – GENERAL INFORMATION.....	5
GENERAL INFORMATION.....	6
SECTION THREE – VEHICLE AND OTHER CAPITAL PROJECTS	9
VEHICLE PROJECTS	10
OTHER CAPITAL.....	11
ATTACHMENTS.....	12
SECTION FOUR – CONSTRUCTION AND REHABILITATION PROJECTS	13
CONSTRUCTION AND REHABILITATION PROJECTS.....	14
NOTE	15
SECTION FIVE – BUDGET AND MILESTONES.....	16
ATTACHMENTS.....	17
LINE ITEMS	18

SECTION ONE – INTRODUCTION

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.

Online Application

The online grant application is divided into four sections or web pages in eGrants:

- General Information
- Vehicles and Other Capital Project
- Construction and Rehabilitation
- Budget and Milestones

All items with a red asterisk* indicate a mandatory field and require a response. All responses need to be clear and concise and communicate how the agency will allocate and apply the funds. Also, all applicants are required to complete all sections of the application completely and thoroughly with the most current agency-related information.

For the convenience of the applicant, these instructions contain fillable fields. Upon running a grammar check, spell-check, and word\character count, the applicant can copy and paste the text into the appropriate online application field.

In addition to the filling out the online application, we ask all Applicants to revisit their Service Profile and make updates, as appropriate.

SECTION TWO – GENERAL INFORMATION

GENERAL INFORMATION

Provide primary contact information in the available fields. (See Figure 1).

Person to be contacted regarding this application	
First Name *	<input type="text"/>
Last Name *	<input type="text"/>
Phone Number *	<input type="text"/>
Email Address *	<input type="text"/>

Figure 1: Contact Person

The *Obligation Certification* form must be downloaded and is filled out by the applicant and signed by an official or designee with signature authority then uploaded to eGrants. (See Figure 2).

Click here to download an Obligation Certification	
Obligation Certification *	<input type="button" value="Choose File"/> No file chosen

Figure 2: Obligation Certification Upload

The applicant confirms that the agency *Service Profile* is accurate by checking the box as shown in image below. The *Service Profile* is located in the “*Administrative Requirements Menu*” under “*Supplementals.*” (See Figure 3).

By checking this box, you are indicating that the service profile for this organization is accurate. *	<input type="checkbox"/>
--	--------------------------

Figure 3: Service Profile Certification

Service area selection is made by clicking on one of the radio buttons. (See Figure 4).

Project Service Area *	<input type="radio"/> Urban <input type="radio"/> Rural
------------------------	---

Figure 4: Project Service Area Selection

General Information

All responses are required to answer the provided questions outlined in the fillable boxes below.

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

Click here to enter text.

Provide the following:

- *Type of service*
- *Service area (cities and counties)*
- *Hours of operation when the service is available.*
- *Budgeted line items.*

0 of 2000

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

Click here to enter text.

Provide the following:

How did trend data affect the need and demand as it applies to:

- *Type of service provided part of the trend*
- *Service area to be served based on trend and need.*
- *Hours of operation based on trend and need.*
- *Identification of ridership audience (i.e. elderly, disabled, veteran, etc.)?*

0 of 2000

3. *Describe the anticipated benefits of the project. **

Click here to enter text.

Provide the following:

- *Based on the trend data, how will riders or communities benefit from the service?*

0 of 2000

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

Click here to enter text.

Provide the following:

- *Whether the agency will procure goods or services.*
- *Whether the agency would like to procure goods or services.*
- *Whether contract to procure goods/services is already approved by TxDOT PTN.*
- *Identify the type of procurement and document steps take to procure.*

0 of 2000

5. *If vendors have been previously selected, complete the following (press the save button for additional rows).* * (See Table 1).

Vendor Name	Description of goods/services
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.

Table 1: Vendor Name 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?* * (See Figure 5). Reference 43 TAC 31.11(f).

Yes No

Figure 5: 49 USC §5301 Certification

SECTION THREE – VEHICLE AND OTHER CAPITAL PROJECTS

VEHICLE AND OTHER CAPITAL PROJECTS

The number of questions will depend on the responses to questions 1 and 5.

Vehicle Projects

Vehicle projects include the purchase, rebuild and overhaul of vehicles.

1. *Are Vehicle Capital expenses part of the proposed project? **
 - *If “No” is selected then proceed to question 5; questions 2 – 4 will be hidden as they are not applicable.*
2. *Describe the scope of the project: for the purchase of a vehicle, identify if the vehicles will be used for expansion or replacement; for rebuild or overhaul, identify the vehicles to be rebuilt/overhauled or describe them by vehicle type. **

Click here to enter text.

Provide the following:

- *The number of vehicles; whether the project is for new, replace, rebuild, overhaul, etc.*
- *VIN number for each replaced vehicle.*
- *Year and type of vehicle.*
- *Description of replaced vehicle.*

0 of 2000

3. *For each separate vehicle project, describe the need for the project. Specifically, identify how the project was selected and what service improvements and/or project benefits are to be addressed (press the save button for additional rows). * (See Table 2).*

Vehicle Project Description Description of Project Need, Selection and Benefit

Click here to enter text.	Click here to enter text.
<i>Describe purchase of vehicle information.</i>	
Click here to enter text.	
<i>Describe purchase of vehicle information.</i>	

Table 2: Vehicle Project Description

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

- *A non-accessible vehicle requires a “waiver” with the Public Transportation Coordinator’s endorsement prior to entering into a grant agreement.*
- *All fixed route service vehicles are required by FTA to be accessible and will not be granted waivers*

Other Capital

Other Capital includes, but is not limited to:

- *Shop equipment.*
- *Communication.*
- *Computer equipment.*
- *Hardware.*
- *Software.*
- *Preventive maintenance.*
- *Purchase of service.*
- *Other miscellaneous equipment.*

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

- *If “Yes” is selected, proceed to questions 6 and 7, as they will appear.*
- *Other Capital expenses include but are not limited to: preventive maintenance, purchase of service, communication and computer equipment, hardware and/or software, and other miscellaneous equipment used to support the project.*

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

Click here to enter text.

Provide the following:

- *Describe whether scope include shop equipment, communication, hardware; etc.*
- *Provide quantities and types to include makes and models for hardware and titles for software for example.*
- *Requested dollar amount and any match amount.*

0 of 2000

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. **

Click here to enter text.

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.*

0 of 2000

Attachments

Upload any additional documents relevant to this application.

NOTE: A map or bus schedule for each service area **MUST** 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. (See Figure 6).

Description	Upload
<input type="text"/>	<input type="button" value="Choose File"/> No file chosen

Figure 6: Attachments

SECTION FOUR – CONSTRUCTION AND REHABILITATION PROJECTS

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? **

- If “Yes” is selected, then proceed to questions 2 – 6. *Construction and Rehabilitation Projects* include, but are not limited to:
 - Construction related planning and procurement.
 - Preliminary engineering
 - Environmental review
 - Real estate acquisition
 - Final design
 - Construction.
 - Other related activities.

2. *Identify the Construction and Rehabilitation project phases that will be included as part of the proposed project. * (See Figure 7).*

A. Planning	<input type="checkbox"/>
B. Preliminary Engineering <i>(including environmental review)</i>	<input type="checkbox"/>
C. Final Design and Real Estate Acquisition	<input type="checkbox"/>
D. Construction/Rehabilitation	<input type="checkbox"/>

If C or D 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 No file chosen

Figure 7: Project Phase Selection

3. Describe the scope of the *Construction and Rehabilitation* project in detail. *

Click here to enter text.

Provide the following:

- *Approval authority to construct or rehabilitate a facility.*
- *Construction type; i.e. facility, maintenance, fueling station, access road, etc.*
- *Work to be performed, pricing, etc.*

0 of 2000

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

Click here to enter text.

Provide the following:

- *See question for details.*

0 of 2000

5. Provide the facility location, if available. (See figure 8).

N/A	<input type="checkbox"/>
Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text" value="▼"/>
Zip	<input type="text"/>

Figure 8: Facility Location Address

6. Describe the facility including the facility function. *

Click here to enter text.

Provide the following:

- *Facility location.*
- *Facility type (Administrative, maintenance, etc.).*
- *Description of the proposed facility.*

0 of 2000

Note

Agencies must receive consultation with PTN prior to Construction and Rehabilitation projects. Consultation is necessary prior to the inclusion of Construction and Rehabilitation projects in a PGA.

SECTION FIVE – BUDGET AND MILESTONES

BUDGET AND MILESTONES

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

*Does this budget include indirect costs?**

If "Yes" please enter the Indirect Rate. (See Figure 9)

Sub-recipients that have not previously had a negotiated indirect cost rate may elect for a 10% de minimus rate of modified total direct cost without negotiating an indirect cost rate or submitting an indirect cost rate agreement plan.

If yes, please enter the Indirect Rate <input type="text"/> %
--

Figure 9: Indirect Cost Rate

Attachments

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

Line Items

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

Column Heading	Comments
<i>Description</i>	Choose the description from the pre-populated drop-down list
<i>Scope</i>	Field is locked and does not need to be completed.
<i>Suffix #</i>	Field is locked and does not need to be completed
<i>TPN</i>	Field is locked and does not need to be completed
<i>Fuel Type</i>	Choose the fuel type from the drop-down list
<i># of Units</i>	Enter the number of units associated with the project description. For operating or project administration the total fund amount should be entered. Required to be filled out by the Applicant.
<i>Total Cost</i>	eGrants will calculate.
<i>Award Amount</i>	State amount requested by Applicant
<i>State Match</i>	Not applicable for this application
<i>Local Match</i>	Not applicable for this application
<i>In-Kind Match</i>	Not applicable for this application
<i>Total Funds</i>	eGrants will calculate.
<i>TDCs?</i>	Not applicable for this application
<i>Match Ratio</i>	Field is locked and does not need to be completed
<i>TDC</i>	Not applicable for this application
<i>Estimated RFP/IFB Issued</i>	Date must be entered for all capital item and any contracted services by the Applicant. Required to be filled out by the Applicant, if applicable.
<i>Estimated Contract Award</i>	Date must be entered for all line items by the Applicant. For project administration and operating enter the date the agency will begin using the funds. Required to be filled out by the Applicant.
<i>Estimated First Vehicle Delivered</i>	Vehicle projects only. Required to be filled out by the Applicant, if applicable.
<i>Estimated Last Vehicle Delivered</i>	Vehicle projects only. Required to be filled out by the Applicant, if applicable.
<i>Estimated Contract Complete</i>	Date when all funds will be expended for line item. Required to be filled out by the Applicant.