

2017

49 U.S.C. SECTION 5339
BUS AND BUS FACILITIES FORMULA PROGRAM
CFDA 20.526

SMALL URBAN GUIDANCE DOCUMENT FOR FDOT DISTRICT OFFICES

FLORIDA DEPARTMENT OF TRANSPORTATION - PUBLIC TRANSIT OFFICE

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1. INTRODUCTION

This guidance document includes program information and instructions to assist small urban recipients with application requirements for Federal Small Urban capital under U.S.C. Section 5339 Bus & Bus Facilities Program, as administered by the Florida Department of Transportation (FDOT).

The Section 5339 Bus & Bus Facilities Program provides Federal capital assistance to eligible recipients who operate/contract public transportation services in Small Urban Areas. Small urbanized areas have a population of at least 50,000 but less than 200,000, as determined by the Bureau of the Census.

Several types of activities are eligible for federal assistance under this program including projects to replace, rehabilitate, and purchase buses and related equipment, and projects to construct bus-related facilities. This includes the acquisition of buses for fleet and service expansion, bus maintenance and administrative facilities, transfer facilities, bus malls, transportation centers, intermodal terminals, park and ride stations, acquisition of replacement vehicles, bus rebuilds, passenger amenities such as passenger shelters and bus stop signs, accessory and miscellaneous equipment such as mobile radio units, supervisory vehicles and fare boxes, computers, and shop and garage equipment. Capital equipment purchased must be necessary and reasonable to the provision of public transportation services in Small Urban Areas.

2. APPLICATION CHECKLIST

Name of Applicant: _____

Check one: New Applicant _____ Recurring Applicant _____

The following must be included in the Application for Section 5339 Capital Assistance in the order listed.

- ___ 2. Application Checklist (this form)
- ___ 3. Form 424: Application for Federal Assistance
- ___ 4.1 Exhibit B: Proposed Project Description
- ___ 4.2 Exhibit E: Federal Certifications and Assurances
- ___ 4.3 Exhibit F: Certification of Equivalent Service (if grant is for non-accessible vehicles)
- ___ 4.4 Exhibit G: Applicant Certification and Assurance to FDOT
- ___ 4.5 Exhibit H: Protection of the Environment
- ___ 4.6 Exhibit J: Standard Lobbying Certification Form
- ___ 4.7 Exhibit K: FTA Section 5333(b) Assurance
- ___ 4.8 Local Clearinghouse/Regional RPC Letter

3. STANDARD FORM 424

The standard Application for Federal Assistance (Form 424) must be filled out in its entirety for Section 5339 applications, and for the local clearinghouse submission (only if the grant is for facilities). A sample of the standard form is located on the next page of this manual. Applicants that are not using TransCIP to submit their application should print a copy of the [424 form](#) and include it with this application. This form must be used for **ALL** applications.

No pre-application process is used in this program; therefore, all submissions are applications.

The code assigned to the Section 5339 Program in the Catalog of Federal Domestic Assistance is 20.526. This code should be shown in Section 10 of the form followed by the title: “Bus and Bus Facilities for Small Urban Areas Program.” [Congressional Districts](#) and [DUNS Numbers](#) be obtained from the respective linked documents.

3.1. FORM 424 SAMPLE AND INSTRUCTIONS

Item:	Entry:
1.	Type of Submission should be “Application”
2.	Type of Application should be “New”
3.	“Not Applicable”
4.	“Not Applicable”
5. a	“Not Applicable”
5 B	Federal Award Identifier (FTA Grant Number) is not needed at this time.
6.	State use only (if applicable)
7.	State Application Identifier is “1001”
8.a, b, c, d e, f	Enter legal name of applicant, name of primary organizational unit (including division, if applicable), which will undertake the assistance activity, enter employer/taxpayer identification number (EIN/TIN) as assigned by Internal Revenue Service, enter the organization’s DUNS number (received from Dun and Bradstreet), enter the complete address of the applicant (including country), and name, telephone number, e-mail and fax of the person to contact on matters related to this application.
9.	Type of Applicant 1: Select Applicant Type
10	Name of Federal Agency should be “ Federal Transit Administration”
11.	Catalog of Federal Domestic Assistance Number is: 20.526 CFDA Title should be: Bus and Bus Facilities Formula Program
12.	“Not Applicable”

13.	“Not Applicable”
14	List the areas affected by project (cities, counties, States etc.)
15.	Enter a brief descriptive title of the project (e.g., “construction of...” or “purchase of...”). If appropriate (e.g., construction or real property projects), attach a map showing project location. For pre-applications, use a separate sheet to provide a summary description of this project.
16.	List the applicant’s Congressional District and any District(s) affected by the program or project
17	Enter the proposed start date and end date of the project.
18.	Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item
19.	Check the applicable box
20.	Check the applicable box (If “yes”, provide explanation in attachment)
21.	Must be signed by a governing board representative that was authorized to sign this particular application

Application for Federal Assistance SF-424		
* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received:	4. Applicant Identifier:	
<input type="text"/>	<input type="text"/>	
5a. Federal Entity Identifier:	5b. Federal Award Identifier:	
<input type="text"/>	<input type="text"/>	
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
<input type="text"/>	<input type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:	
<input type="text"/>	<input type="text"/>	
d. Address:		
* Street1:	<input type="text"/>	
Street2:	<input type="text"/>	
* City:	<input type="text"/>	
County/Parish:	<input type="text"/>	
* State:	<input type="text"/>	
Province:	<input type="text"/>	
* Country:	USA: UNITED STATES <input type="text"/>	
* Zip / Postal Code:	<input type="text"/>	
e. Organizational Unit:		
Department Name:	Division Name:	
<input type="text"/>	<input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text"/>	* First Name: <input type="text"/>	
Middle Name: <input type="text"/>		
* Last Name: <input type="text"/>		
Suffix: <input type="text"/>		
Title: <input type="text"/>		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <input type="text"/>	Fax Number: <input type="text"/>	
* Email: <input type="text"/>		

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on .
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

4. APPLIES TO ALL APPLICANTS

4.1.EXHIBIT B: PROPOSED PROJECT DESCRIPTION

Applicants must submit **Exhibit B** as part of their application. The proposed project description should be completed thoroughly as evaluators will rely heavily on the narrative in reviewing and ranking an application, but must not exceed three (3) pages with 1” margins. **Exhibit B** must include, but not be limited to:

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? More hours? Larger geographic area? Shorter headways? More trips? Please explain in detail.
2. If a grant award will be used to maintain services as described in Exhibit A, specifically explain how it will be used in the context of total service. Make sure to include information on how the agency will supply the reporting information required by FTA.
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, provided elsewhere in this manual.
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 and/or private operators.
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 services, whether the applicant employees are represented by a union and if so represented the name and local number of the union.
8. 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 plan
 - g. Drug free work place
9. Have you met with the CTC and, if so, how are you providing a service that they cannot? Provide detailed information supporting this requirement.

4.2.EXHIBIT E: FEDERAL CERTIFICATIONS AND ASSURANCES

The **last** page (Appendix A) of the annual Federal Register Notice that applies to Federal Certifications and Assurances provides applicants with a single signature page on which an applicant and its attorney must certify compliance with the requirements of the various Federal Transit Administration grants or cooperative agreements. The Federal Register Notice is revised annually and is usually available around January 1 of each year. Applicants may obtain a copy of the current year document through the Internet at <http://www.fta.dot.gov/grants/13071.html>. If unable to access the form, applicants may contact their FDOT District Office for assistance. The appropriate signed Federal certification/assurance form must be included in the application when it is submitted to the FDOT District Office.

Submissions in TrAMS: An applicant submitting certifications and assurances for their agency in TrAMS can attach a screenshot of their PIN as replacement of the signature page.

GRANT WRITING TIP: All applicants must use the current year form and it must be the actual form from FTA. This form cannot be an edited version of a prior year's form or a recreation of the form.

The signature page for Federal Certifications and Assurances should be signed by an individual authorized by the applicant's governing board to sign and submit applications, and its attorney. Blue ink is required as it distinguishes an original signature from a photocopied signature.

Federal Certifications and Assurances Required of Each Applicant:

- Authority of applicant and its representative
- Standard Assurances
- Debarment, Suspension, and other Responsibility Matters
- Drug Free Workplace Certification
- Intergovernmental Review Assurance
- Federal Transit Administration Master Agreement (<http://www.fta.dot.gov/documents/17-Master.pdf>)
- Nondiscrimination Assurance
- Assurance of Nondiscrimination on the Basis of Disability Procurement Compliance.

Applicants for Federal Assistance may signify compliance with the above certifications and assurances by placing an "X" at the top of Appendix A next to the statement that reads: "The Applicant agrees to comply with applicable requirements of Categories 01-24". If an applicant chooses to do this, no additional notation is necessary, except for the signature on the reverse.

A description of the certifications required for the Section 5339 Bus and Bus Facilities for Small Urban Areas Program is provided in the annual Federal Register Notice.

4.3. EXHIBIT F: CERTIFICATION FOR AGENCIES REQUESTING NON-ACCESSIBLE VEHICLES

If the applicant wants to purchase non-accessible vehicles for demand responsive service, they must provide a detailed explanation as to the need for this type of vehicle (sedan, station wagon or passenger van) in addition to the following “Certification of Equivalent Service” must be completed and included in the application.

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, 5339, 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 _____, 20_____.

(Signature of authorized representative)

(Name and title of authorized representative)

4.4. EXHIBIT G: CERTIFICATION AND ASSURANCES TO FDOT

To be completed and signed by an individual authorized by the governing board of the applicant agency and submitted with the grant application.

_____ (undersigned) _____ certifies and assures to the Florida Department of Transportation in regard to its Application under U.S.C. Section 5339 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. FDOT 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 FDOT if, for any reason, they are no longer needed or used for the purpose intended.
- 10) It recognizes FDOT's authority to remove vehicles/equipment from its premises, at no cost to the FDOT, if the Department determines the vehicles/equipment are not used for the purpose

intended, improperly maintained, uninsured, or operated unsafely.

- 11) It will not enter into any lease of project vehicles/equipment or contract for transportation services with any third party without prior approval of FDOT.
- 12) It will notify FDOT within 24 hours of any accident or casualty involving project vehicles/equipment, and submit related reports as required by the Department.
- 13) It will submit an annual financial audit report to FDOT (FDOTSingleAudit@dot.state.fl.us), if required by FDOT.

Date: _____

(Typed name and title of authorized representative)

(Signature of authorized representative)

4.5.EXHIBIT H: PROTECTION OF THE ENVIRONMENT

Most transit projects funded under Section 5339 will be classified by FTA as categorical exclusions. Examples of categorical exclusions include purchase of transit vehicles, and purchase of office equipment. If the proposed project is for construction or acquisition of facilities or other buildings, further evaluation may be required before a determination can be made that the project is a categorical exclusion. A Categorical Exclusion (CE) is described in 40 Code of Federal Regulations (CFR) 1508.4 and 23 CFR 771, as a project which, based upon past experience with similar actions, does not individually or cumulatively have a significant environmental effect, and is excluded from the requirement to prepare an Environmental Assessment (EA) or an Environmental Impact Statement (EIS). Therefore, a project that qualifies as a CE generally requires a lower level of documentation. These projects do not bring significant impacts to planned growth or land use for the area; do not require the relocation of significant numbers of people; do not have a significant impact on any natural, cultural, recreational, historic, or other resources; do not involve significant air, noise, or water quality impacts; do not have significant impacts on travel patterns; and do not otherwise individually or cumulatively have any significant environmental impacts.

Types of projects that have been determined by FTA to qualify as CEs, and normally do not require any further National Environmental Policy Act (NEPA) approvals by FTA, are listed in 23 CFR 771.118(c). Additional actions which meet the criteria for a CE but may be designated as CEs only after FTA approval are listed in 23 CFR 771.118 (d). In these cases, the applicant must submit documentation which demonstrates that the specific conditions or criteria for these CEs are satisfied and that significant environmental effects will not result.

To meet the requirements of a CE determination, a proposed project may not be impermissibly segmented from a larger project. This means that a project may be proposed to be implemented in phases or as part of a larger undertaking, but must still demonstrate independent utility, connect logical termini, and should not restrict consideration of alternatives. In order to meet a CE designation, a proposed project cannot have substantial controversy on environmental grounds, or significant impact to properties protected by Section 4(f) of the US DOT Act (public park and recreation lands, wildlife and waterfowl refuges, and historic sites) or Section 106 of the National Historic Preservation Act (cultural resources including historic and archaeological sites). The presence of features such as wetlands and floodplains within the project area would likely also require additional documentation.

- **The applicant should contact the Florida Department of Transportation (FDOT) District Office for assistance with determining the level of documentation required.** The FDOT will use a description of the proposed project, along with any maps or figures to assist with determining if a proposed project is likely to meet FTA criteria for a CE.

4.6.EXHIBIT J: STANDARD LOBBYING CERTIFICATION FORM FEDERAL FISCAL YEAR 2017

NOTE: All grant awards issued to a recipient in the amount of \$100,000 or more must include a signed standard lobbying certification form.

The undersigned [Contractor] certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for making lobbying contacts to an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form--LLL, "Disclosure Form to Report Lobbying," (a copy the form can be obtained from <http://www.dot.state.fl.us/transit/Pages/grantsadministration.shtm>) in accordance with its instructions [as amended by "Government wide Guidance for New Restrictions on Lobbying," 61 Fed. Reg. 1413 (1/19/96). Note: Language in paragraph (2) herein has been modified in accordance with Section 10 of the Lobbying Disclosure Act of 1995 (P.L. 104-65, to be codified at 2 U.S.C. 1601, *et seq.*)]

(3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31, U.S.C. § 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

[Note: Pursuant to 31 U.S.C. § 1352(c)(1)-(2)(A), any person who makes a prohibited expenditure or fails to file or amend a required certification or disclosure form shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such expenditure or failure.]

The Contractor, _____, certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. A 3801, *et seq.*, apply to this certification and disclosure, if any.

_____ Signature of Contractor's Authorized Official

_____ Name and Title of Contractor's Authorized Official

_____ Date

4.7.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 5339 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

(See Appendix for Example)

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

4.8.LOCAL CLEARINGHOUSE/REGIONAL PLANNING COUNCIL

Executive Order 12372 requires a review of all Federal grants to ensure compliance with the local and state planning process. Therefore, prior to submission of an application to the FDOT District Office, copies of the application must be submitted to the appropriate Local Clearinghouse/Regional Planning Council (See Appendix). The appropriate clearinghouse agency should be contacted to determine the number of copies required for local review. The date the application was submitted to the local clearinghouse for review must be listed under 19 on the Standard Form 424.

- Support letters from the local clearinghouse must be submitted to the District Office before a Section 5339 Award can be made.
- Applicants should send their applications to the **LOCAL** Clearinghouse/Regional Planning Council; **NOT TO THE STATE CLEARINGHOUSE**

End of Manual

5339 Small Urban Guidance Document Revised on 23 September 2016

Revised by: Kayla Costello

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