

Florida Department of Transportation

Capital & Operating Assistance Application

Federal Fiscal Year 2021 / State Fiscal Year 2022



49 U.S.C. Section 5310, CFDA 20.513

Formula Grants for the Enhanced Mobility of Seniors and Individuals with Disabilities

Agency Name:	
Applicant Type:	<input type="checkbox"/> New Applicant <input type="checkbox"/> Previous Applicant
Project Type(s):	<input type="checkbox"/> Capital <input type="checkbox"/> Operating <input type="checkbox"/> Mobility Management
Service Area(s):	<input type="checkbox"/> Large Urban <input type="checkbox"/> Small Urban <input type="checkbox"/> Rural

Please Note

This grant application is color coded based on the type of award for which you are applying. Applicability specifications are also described in the Application Instruction Manual.

All Applications | Forms and exhibits in **purple** must be completed for **all** applications.

Capital Applications | Forms and exhibits in **red** must be completed for capital applications, exclusively.

Operating Applications | Forms and exhibits in **blue** must be completed for operating applications, exclusively.

Checklist

Each of the below items must be included with your Section 5310 Grant Application submittal in the same order as the checklist.

Application Checklist (*this form*)

Applicant Information

PART I - APPLICANT ELIGIBILITY

Eligibility Questionnaire (*only applicable for returning applicants*)

Exhibit A: Cover Letter

Exhibit B: Governing Board's Resolution

Exhibit C: Coordinated Public Transit-Human Service Transportation Plan

Exhibit D: CTC Agreement or Certification

Exhibit E: Certification of Incorporation (*Required for all first-time private non-profit applicants*)

Exhibit F: Proof of Non-Profit Status

Exhibit G: Local Clearinghouse Agency/RPC Cover Letter (*Required if proposed project is for facilities*)

Date received: _____

Exhibit H: Public Hearing Notice

PART II - FUNDING REQUEST

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Organization Chart

Form A-2: Fact Sheet

Form A-3: Proposed Project Summary

Form B-1: Financial Capacity – Proposed Budget for Transportation Program

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Form B-2: Operations Phase- Estimate of Project Costs by Budget Category

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Form C: Current Vehicle and Transportation Equipment Inventory

PART III – REQUIRED DOCUMENTS

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Exhibit J: Standard Lobbying Certification

Exhibit K: Leasing Certification

Exhibit L: Certification of Equivalent Service

Form 424: Application for Federal Assistance

Exhibit M: Federal Certifications and Assurances

Exhibit N: Transportation Operating Procedure (*Applies to Section 5310-only Applicants*)

Exhibit O: Title VI Plan (*Required if not previously submitted to District*)

Exhibit P: Protection of the Environment (*Required if the proposed project is for facilities*)

Exhibit Q: Triennial Review – CAP Closeout Documentation

Applicant Information

		49 U.S.C. Section 5310, Formula Grants for the Enhanced Mobility of Seniors and Individuals with Disabilities: GRANT APPLICATION			
Agency (Applicant) Legal Name:			Physical Address (No P.O. Box):		
Applicant Status: <input type="checkbox"/> First-time applicant <input type="checkbox"/> Returning applicant <i>A first-time applicant has not received any funding for the past two grant cycles</i>					
Applicant's County: If Applicant has offices in more than one county, list county where main office is located					
City:	State:	Zip + 4 Code:	Congressional District:		
Federal Taxpayer ID Number:		Applicant's DUNS Number: <i>Unique 9-Digit number issued by Dun & Bradstreet. May be obtained free of charge at: http://fedgov.dnb.com/webform</i>			
Applicant Fiscal period start and end dates: _____ to _____ <i>State Fiscal period from: July 1, 2020 to June 30, 2021</i>					
Counties Served: <i>List the county or counties that will be served by the proposed project.</i>			Project's Service Area: <input type="checkbox"/> Large Urban <input type="checkbox"/> Small Urban <input type="checkbox"/> Non-Urban <i>Check all that apply.</i>		
Executive Director:			Grant Contact Person (if different than Executive Director):		
Telephone:			Telephone:		
Fax:			Fax:		
E-mail Address:			Email Address:		
Current Vehicle Inventory Enter Number for ENTIRE Fleet in each category:	Sedans:	Vans:	MiniVans with Ramp:	Buses(Cutaways)	Buses (Medium Duty)
	Other:				N/A
Authorizing Representative certifying to the information contained in this application is true and accurate. Signature (Authorizing Representative): _____ Printed Name: _____ Title: _____ Email Address: _____ *Must attach a Resolution of Authority from your Board (original document) for the person signing ALL documents on behalf of your agency. See Exhibit B					

Exhibit A: Cover Letter

(On Agency Letterhead)

**STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
GRANT APPLICATION**

(Agency Name) submits this Application for the Section 5310 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 FDOT and all of its officers, agents and employees from any claim, loss, damage, cost, charge, or expense arising 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 ***Date*** day of ***Month, Year*** with an original resolution or certified copy of the original resolution authorizing ***Name & Title*** to sign this Application.

Agency Name

Signature

Typed Name and Title of Authorized Representative

Date

Exhibit B: Governing Board’s Resolution

(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:

This resolution applies to the Federal Program under U.S.C. Section 5310.

The submission of a grant application(s), supporting documents, and assurances to the Florida Department of Transportation is approved.

(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 **Date, Year**

By

Signature, Chairperson of the Board

Typed Name and Title

ATTEST:

Exhibit C: Coordinated Public Transit-Human Service Transportation Plan

The projects selected for funding under the Section 5310 program must be included in a locally developed, coordinated public transit-human services transportation plan (Coordinated Plan) that was “developed through a process that includes representatives of public, private, and non-profit transportation and human services providers and participation by members of the public.”

Reference: FTA C 9070.1G Chapter V

Certification

(Agency Name) certifies and assures to the Florida Department of Transportation regarding its application for assistance under 49 U.S.C. 5310 that this grant request is included in a coordinated plan compliant with Federal Transit Administration Circular FTA C 9070.1G.

(a) The name of this coordinated plan:

(b) The agency that adopted this coordinated plan:

(c) The date the coordinated plan was adopted:

(d) Section and page in the coordinated plan that identifies the project or need your agency is fulfilling:

Signature

Typed Name and Title of Authorized Representative

Date

Exhibit D: CTC Agreement or Certification

See Grant Application Instruction Manual for Community Transportation Coordinator (CTC) Agreement requirements.

Exhibit E: Certification of Incorporation

All first-time private non-profit applicants must include a copy of their certification of incorporation here. You may insert the certification as a PDF or print and attach the document to your final application.

Exhibit F: Proof of Non-Profit Status

All private non-profit applicants must include proof of non-profit status here. You may insert the proof of status as a PDF or print and attach the document to your final application.

Exhibit G: Local Clearinghouse Agency/RPC Cover Letter

If grant application is for facilities, please include a copy of the cover letter submitted to the local clearinghouse agency or Regional Planning Council (RPC). You may insert the letter as a PDF or print and attach the document to your final application.

Exhibit H: Public Hearing Notice

Attach a copy of the notice of public hearing and an affidavit of publication here, **if applicable (see instruction manual)**. You may insert the notice as a PDF or print and attach the document to your final application.

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 5310 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)***.

This notice is to provide an opportunity for a Public Hearing for this project. This public notice is to ensure that this project and the contemplated services will not duplicate 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 ***(Specify due date)***.

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)***.

All public notices must include the following language:

Florida Law and Title VI of the Civil Rights Act of 1964 Prohibits Discrimination in Public accommodation on the basis of race, color, sex, religion, national origin, age, disability, income or of marital status.

Persons believing they have been discriminated against on these conditions may file a complaint with the Florida Commission on Human Relations at 850-488-7082 or 800-342-8170 (voice messaging).

PART II - FUNDING REQUEST

Form A-1: Current System Description

- (a) Please provide a brief general overview of the organization type (i.e., government authority, private non-profit, etc.) including its mission, program goals, and objectives (Maximum 300 words).

- (b) Please provide information below:

- Organizational structure (**attach an organizational chart at the end of this section**)
- Total number of employees in organization _____
- Total number of transportation-related employees in the organization _____

- (c) Who is responsible for insurance, training, management, and administration of the agency's transportation programs? (Maximum 100

words)

- (d) How are the operations of the transportation program currently funded? What are the sources of the funding (e.g., state, local, federal, private foundations, fares, other program fees)? Please provide details regarding each of the individual funding programs currently available to fund the transportation program. *Maximum 200 words*

- (e) How does your agency ensure that passengers are eligible recipients of 5310-funded transportation service? *Maximum 200 words*

(f) Please answer the below questions in the space provided below:

- To what extent does your agency serve minority populations?
- Is your agency minority-owned?

Maximum 200 words

(g) How many drivers (including contracted drivers) are utilized for 5310-funded transportation services?

- How many drivers do you have?
 - Number of Full-Time Drivers _____
 - Number of Part Time Drivers _____
- How many vehicles do you have that require a Commercial Driver’s License (CDL) certified driver? _____
- How many drivers are needed during peak service? _____
- How many vehicles are needed during peak service? _____

(h) Fully explain your transportation program:

- Service hours, planned service, routes and trip types;
- Staffing–include plan for training on vehicle equipment such as wheelchair lifts, etc.;
- Records maintenance–who, what methods, use of databases, spreadsheets etc.;
- Vehicle maintenance–who, what, when and where. Which services are outsourced (e.g., oil changes)? Include a section on how vehicles are maintained without interruptions in service
- System safety plan (5310 only agencies exempt)
- Drug-free workplace; and
- Data collection methods, including how data was collected to complete Form A-2.

*Note: If the applicant is a CTC, **relevant pages** of a TDSP and AOR containing the above information may be provided. **Please do not attach the entire plan or report.** If the applicant is a “5310 only agency,” relevant information from the TOP containing the above elements may be provided below*

A large, empty rectangular box with a thin black border, intended for the applicant to provide relevant information from their TDSP, AOR, or TOP as specified in the note above.

Form A-2: Fact Sheet

	Calculations ¹ (current system)	Current System	Calculations ¹ (if grant is awarded)	If Grant is Awarded (Estimates are acceptable)
1 Number of total one-way trips served by the agency PER YEAR (for entire system). * Please include calculations.				
2 Number of one-way passenger trips provided to seniors and individuals with disabilities PER YEAR.*				
3 Number of individual senior and disabled clients (unduplicated) PER YEAR.				
4 Total number of vehicles used to provide service to seniors and individuals with disabilities.				

1 If a software program is used to obtain the required data for the fact sheet, please identify the source.

	Calculations ¹ (current system)	Current System	Calculations ¹ (if grant is awarded)	If Grant is Awarded (Estimates are acceptable)
5	Number of 5310 vehicles used to provide service to seniors and individuals with disabilities eligible for replacement that have reached their useful life.			
6	Total fleet vehicle miles traveled to provide service to seniors and individuals with disabilities PER YEAR.			
7	Total number of square miles of service coverage.			
8	Number of days that vehicles are in operation to provide service to seniors and individuals with disabilities AVERAGE PER YEAR.			

	Calculations ¹ (current system)	Current System	Calculations ¹ (if grant is awarded)	If Grant is Awarded (Estimates are acceptable)
9	Number of hours of service AVERAGE PER DAY (24-hour period).			
10	Number of hours of service PER YEAR.			
11	Posted hours of normal operation agency provides service to seniors and individuals with disabilities PER WEEK (This does not include non-scheduled emergency availability).	<i>M-F:</i> <i>Saturday:</i> <i>Sunday:</i> <i>Total (WEEK):</i>		<i>M-F:</i> <i>Saturday:</i> <i>Sunday:</i> <i>Total (WEEK):</i>

*One-way passenger trip is the unit of service provided each time a passenger enters the vehicle, is transported, and then exits the vehicle. Each different destination would constitute a passenger trip.

Form A-3: Proposed Project Summary

All Applicants

(a) How will the grant funding be used?

Check all that apply:

<input type="checkbox"/> Vehicle(s)→	<input type="checkbox"/> Expansion	<input type="checkbox"/> Replacement
<input type="checkbox"/> Equipment→	<input type="checkbox"/> Expansion	<input type="checkbox"/> Replacement
<input type="checkbox"/> Mobility Management		
<input type="checkbox"/> Preventative Maintenance		
<input type="checkbox"/> Operating→	<input type="checkbox"/> Expansion	<input type="checkbox"/> Continuing Service

(b) In which geographic area(s) will the requested grant funds be used to provide service?

- Urban (UZA)
- Small Urban (SUZA)
- Rural

Complete the service area percentages for the geographic areas where the requested grant funds will be used to provide service

Example:

If your agency makes 500 trips per year and 100 of those trips are urban then:

$$100 \text{ UZA trips} / 500 \text{ total trips} = .2 * 100 = 20\% \text{ UZA service area}$$

UZA	/	=	% UZA service area
SUZA	/	=	% Small Urban service area
Rural	/	=	% Rural service area
Number of trips, revenue service hours, or revenue service miles within specified geographic area	Divided by	Total number of trips, revenue service hours, or revenue service miles	Equals Percentage of service within specified geographic area

Calculate the funding split for the geographic areas where the requested grant funds will be used to provide service.

UZA	X		=	\$
SUZA	X		=	\$
Rural	X		=	\$
Total amount requested	Multiplied by	Percentage of service within specified geographic area	Equals	Funding split

NOTE: When invoicing for operating projects, you must use the above funding split on your invoice summary forms.

Once you have determined the funding split between UZA, SUZA and Rural, you will need to calculate the match amount.

NOTE: Operating Assistance (50% Federal and 50% Local):

UZA	X	.5 Federal & .5 Local	=	\$	\$
SUZA	X	.5 Federal & .5 Local	=	\$	\$
Rural	X	.5 Federal & .5 Local	=	\$	\$
Funding Split	Multiplied by	.5 Federal & .5 Local	Equals	Federal	Local

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

UZA	X	.8 Federal & .1 State & .1 Local	=	\$	\$	\$
SUZA	X	.8 Federal & .1 State & .1 Local	=	\$	\$	\$
Rural	X	.8 Federal & .1 State & .1 Local	=	\$	\$	\$
Funding Split	Multiplied by	.8 Federal & .1 State & .1 Local	Equals	Federal	State	Local

(c) How will the grant funding improve your agency's transportation service? Provide a general description of the project components to be funded via this agreement.

(d) Provide a description of the project location, please include at least one of the below. Use attachments if necessary:

- Transportation service geographical limits
- Maps
- Illustration/graphic of project area

(e) Describe project components in detail. Please explain the challenges or difficulties that your agency will overcome if awarded these funds.

Will it be used to:

- Provide more hours of service?
- Expand service to a larger geographic area?
- Provide shorter headways?
- Provide more trips?
- To continue service or expand service?

- (f) If this grant is not fully funded, can you still proceed with your transportation program? Explain.

- (g) **All Non-CTC Applicants:** Have you met with the CTC and, if so, how are you providing a service they cannot? Provide detailed information supporting this determination. *Applications submitted without the appropriate CTC coordination agreement may be rejected by FDOT. Grant awards will not be made without an appropriate coordination agreement.*

Capital Requests Only

- (a) If this capital request includes equipment, please describe the purpose of the request.
- (b) If you are requesting a vehicle that requires a driver with a CDL:
 - Do you currently have an adequate number of CDL licensed drivers on staff to operate the requested vehicle(s)? If not, how will you ensure staffing needs are met?
- (c) If the requested vehicles or equipment will be used by a lessee or private operator under contract to the applicant agency, identify the proposed lessee/operator.
 - Include an equitable plan for distribution of vehicles/equipment to lessees and/or private operators.

Preventive Maintenance Requests Only

Note: Applicants applying for preventative maintenance costs must have a District-approved Preventative Maintenance (PM) Plan and a cost allocation plan if maintenance activities are performed in-house.

- (a) Please specify Period of Performance (should not exceed one (1) year)
- (b) Please include a list of general PM activities to take place with the funding
- (c) Please list useful life for purchase of any items over \$5,000
- (d) Funding Request Amount for Preventative Maintenance: _____

Form B-1: Financial Capacity – Proposed Budget for Transportation Program

Estimated Transportation Program Operating & Administrative Expenses		
<i>Year of Anticipated Award</i>		
Code	Object Class	Amount
5010	Labor	\$
5015	Fringe Benefits	\$
5020	Services	\$
5030	Materials and Supplies	\$
5040	Utilities	\$
5050	Casualty and Liability Costs	\$
5060	Taxes	\$
5100	Purchased Transportation	\$
5090	Miscellaneous	\$
5230	Capital Leases	\$
5260	Depreciation	\$
-	Other	\$
Grand Total All Expenses		\$

Estimated Transportation Program Operating & Administrative Revenues <i>Year of Anticipated Award</i>		
Code	Object Class	Amount
4111	Passenger-Paid Fares	\$
4112	Organization-Paid Fares	\$
4310	General Revenues of the Local Government	\$
4390	Other Local Funds	\$
4420	State Transportation Fund	\$
4500	Federal Funds	\$
4610	Contributed Services	\$
4630	Sales and Disposals of Assets	\$
-	Other	\$
Grand Total All Revenues		\$

Proof of Local Match - Operating Projects	
Operating Project Total:	\$
Match Source	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Operating Match Total: 50% of Operating Project Total	\$

Proof of Local Match - Capital Projects	
Capital Project Total:	\$
Match Source	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Capital Match Total: 10% of Capital Project Total	\$

Attach documentation of match funds directly after this page. Proof may consist of, but not be limited to:

- *Transportation Disadvantaged (TD) Allocation*
- *Letter on official letterhead from the applicant's CEO attesting to match availability and commitment,*
- *Written statements from county commissions, state agencies, city managers, mayors, town councils, organizations, accounting firms and financial institutions.*

Signature

Typed Name and Title of Authorized Representative

Date

Form B-2: Operations Phase- Estimate of Project Costs by Budget Category

Budget Category	Local	Federal	Total
Salaries			
Fringe Benefits			
Contractual Services			
Travel			
Other Direct Costs			
Indirect Costs			
Totals	\$	\$	\$

Budget category amounts are estimates. While the contract is active, amounts can be shifted between items without amendment (because they are all within the Operations Phase), but the revised budget must be submitted to the District to be approved and updated in the Florida Accountability Contract Tracking System (FACTS).

Cost Reimbursement

The Agency will submit invoices for cost reimbursement on a:

- Monthly
- Quarterly
- Other: _____

basis upon the approval of the deliverables including the expenditure detail provided by the Agency.

Form B-3: Capital Request Form

To identify vehicle type and estimate cost visit <http://tripsflorida.org/>

All vehicle requests must be supported with a completed sample order form in order to generate a more accurate estimating of the vehicle cost. The order form can be obtained from <http://www.tripsflorida.org/contracts.html>

1. Select Desired Vehicle (Cutaway, Minibus etc.)
2. Choose Vendor (use drop down arrow next to vendor name to see information)
3. Select Order Packet
4. Complete Exhibit A (Order Form)

The Florida Department of Management Services Contract can be found at [Florida Department of Management DMS](#)

Vehicle Request

Replacement (R) or Expansion (E)	Fuel Type	Useful Life	Description/ Vehicle Type	Quantity	Estimated Cost (from Order Form)
				Subtotal	\$

* Under Description/Vehicle Type, include the length and type vehicle, lift or ramp, number of seats and wheelchair positions. For example, 22' gasoline bus with lift, twelve (12) ambulatory seats, and two (2) wheelchair positions. Please note, in this example, if both wheelchair positions are occupied the ambulatory seats will be reduced to eight (8). Any bus options that are part of purchasing the bus itself should be part of the vehicle request and NOT separated out under equipment.

Replacement Vehicles (R)

If the capital request includes replacement vehicles, please list the vehicles in your current fleet that you are intending to replace with the vehicle from your vehicle request. Please list by order of priority.

FDOT Control #	VIN	Year	Make	Model	Mileage

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 the [Procurement Guidelines](#). Note: this section is for equipment NOT requested as part of a vehicle purchase.

Description	Useful Life	Quantity	Estimated Cost
		Subtotal	\$

* List the number of items and provide a brief description (i.e. two-way or stereo radio, computer hardware/software, etc.)

Preventative Maintenance Request

FDOT Control #	Description of Maintenance Expense	Estimated Cost
	Subtotal	\$

$$\begin{array}{ccccccc}
 \$ & & + & \$ & & + & \$ & & = & \$ \\
 \hline
 \text{Vehicle Subtotal} & & \text{Plus} & \text{Equipment Subtotal} & & \text{Plus} & \text{Preventative} & & \text{Equals} & \text{Capital} \\
 & & & & & & \text{Maintenance} & & & \text{Project Cost} \\
 & & & & & & \text{Subtotal} & & & \text{Total}
 \end{array}$$

$$\begin{array}{ccccccc}
 \$ & & * & 0.8 & & = & \$ \\
 \hline
 \text{Capital Project Cost} & & \text{Multiplied} & & & \text{Equals} & \text{Federal Request} \\
 \text{Total} & & \text{by} & \text{80\%} & & & \text{Form 424, Block 18 (a)}
 \end{array}$$

PART III – MANAGERIAL CAPABILITY

Exhibit I: FDOT Certification and Assurances

(Agency Name) certifies and assures to the Florida Department of Transportation regarding its Application under U.S.C. Section 5310 dated **Date** day of **Month, Year**

- 1 It shall adhere to all Certifications and Assurances made to the federal government in its Application.
- 2 It shall comply with Florida Statutes:
 - Section 341.051–Administration and financing of public transit and intercity bus service programs and projects
 - Section 341.061 (2)–Transit Safety Standards; Inspections and System Safety Reviews
 - Section 252.42 – Government equipment, services and facilities: In the event of any emergency, the division may make available any equipment, services, or facilities owned or organized by the state or its political subdivisions for use in the affected area upon request of the duly constituted authority of the area or upon the request of any recognized and accredited relief agency through such duly constituted authority.
- 3 It shall comply with Florida Administrative Code **(Does not apply to Section 5310 only recipients)**:
 - Rule Chapter 14-73–Public Transportation
 - Rule Chapter 14-90–Equipment and Operational Safety Standards for Bus Transit Systems
 - Rule Chapter 14-90.0041–Medical Examination for Bus System Driver
 - Rule Chapter 41-2–Commission for the Transportation Disadvantaged
- 4 It shall comply with FDOT’s:
 - Bus Transit System Safety Program Procedure No. 725-030-009
(Does not apply to Section 5310 only recipients)
 - Transit Vehicle Inventory Management Procedure No. 725-030-025
 - Public Transportation Vehicle Leasing Procedure No. 725-030-001
 - Guidelines for Acquiring Vehicles
 - Procurement Guidance for Transit Agencies Manual
- 5 It has the fiscal and managerial capability and legal authority to file the application. Local matching funds will be available to purchase vehicles/equipment at the time an order is placed.
- 6 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.
- 7 It will maintain project vehicles/equipment in good working order for the useful life of the vehicles/equipment.

- 8 It will return project vehicles/equipment to FDOT if, for any reason, they are no longer needed or used for the purpose intended.
- 9 It recognizes FDOT’s authority to remove vehicles/equipment from its premises, at no cost to FDOT, if FDOT determines the vehicles/equipment are not used for the purpose intended, improperly maintained, uninsured, or operated unsafely.
- 10 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.
- 11 It will notify FDOT within **24 hours** of any accident or casualty involving project vehicles/equipment and submit related reports as required by FDOT.
- 12 It will notify FDOT and request assistance if a vehicle should become unserviceable.
- 13 It will submit an annual financial audit report to FDOT (FDOTSingleAudit@dot.state.fl.us), if required.
- 14 It will undergo a triennial review and inspection by FDOT to determine compliance with the baseline requirements. If found not in compliance, it must send a progress report to the local FDOT District office on a quarterly basis outlining the agency’s progress towards compliance.

_____ Date

_____ Signature of Authorized Representative

_____ Typed Name and Title of Authorized Representative

Exhibit J: Standard Lobbying Certification

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 of the form can be obtained from [FDOT's website](#)) 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 sub-recipients 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.

_____ **Date**

_____ **Signature of Contractor's Authorized Official**

_____ **Typed Name and Title of Authorized Representative**

Exhibit K: Leasing Certification

Memorandum for FTA 5310

Date:

From:

Signature

Typed Name and Title of Authorized Representative

Typed Agency Name

To: Florida Department of Transportation, District Office Modal Development Office/Public Transit

Subject: FFY21/SFY22 GRANT APPLICATION TO THE FEDERAL TRANSIT ADMINISTRATION, OPERATING OR CAPITAL ASSISTANCE FOR ENHANCED MOBILITY OF SENIORS AND INDIVIDUALS WITH DISABILITIES PROGRAM, 49 UNITED STATES CODE SECTION 5310

Leasing:

Will the **(Name of applicant agency)**, as applicant to the Federal Transit Administration Section 5310 Program, lease the proposed vehicle(s) or equipment out to a third-party?

No

Yes

If yes, specify to whom:

NOTE: It is the responsibility of the applicant agency to ensure District approval of all lease agreements.

Exhibit L: Certification of Equivalent Service

CERTIFICATION OF EQUIVALENT SERVICE

(Agency Name) 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. Non-public transportation systems that serve their own clients, such as social service agencies, are required to complete this form.

Executed this Date day of Month, Year

Typed Name and Title of Authorized Representative

Signature of Authorized Representative

Form 424: Application for Federal Assistance

Attach the completed [Form 424](#) here. You may insert the completed form as a PDF in TransCIP. Applicants must ensure that the federal amount requested in the application is consistent with the amount included in Section 18 of Form 424.

Exhibit M: Federal Certifications and Assurances

Please attach [Federal Certifications and Assurances](#) signature page and the page listing the certification categories here. You may insert the signed certifications and assurances as a PDF in TransCIP.

Exhibit N: Transportation Operating Procedure (TOP)

(Applies to Section 5310-only Applicants)

Attach the agency's most recent TOP, if not already on file with your District Office. If no revisions were completed, the returning grant recipient should submit the TOP approval letter issued by the local FDOT District. If an applicant is a first-time applicant, then the applicant should submit a commitment letter stating that a compliant TOP will be developed will be developed prior to award; no official award will be made by FDOT until the applicant has a fully adopted and FDOT approved TOP. Upon request, FDOT will provide technical assistance concerning the development of a TOP.

Exhibit O: Title VI Plan

Attach one or more of the following, as applicable:

- **Title VI Program/Plan Concurrence Letter** issued by the FDOT District office
- **Letter from the applicant's Authorized Representative** certifying that the requested federal funds will be used to support services in compliance with an adopted Title VI Plan previously approved by and on file with FDOT.
- **First-Time Applicants** - Commitment letter stating that a compliant Title VI Plan will be developed prior to award.

Exhibit P: Protection of the Environment

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

Exhibit Q: Triennial Review – Corrective Action Plan (CAP) Closeout

Required if the agency's latest Triennial Review included a Corrective Action Plan. Please submit a copy of the corrective action plan and/or letter of compliance.

END OF APPLICATION

5310 Grant Application Revised on September 14, 2020

Revised by: Erin Schepers, Grant Programs Administrator

FDOT Public Transit Office

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