

# Florida Department of Transportation

## Capital & Operating Assistance Application

Federal Fiscal Year 2021 / State Fiscal Year 2022



### 49 U.S.C. Section 5311, CFDA 20.509

#### Formula Grants for Rural Areas

<b>Agency Name:</b>	
<b>Project Type(s):</b>	<input type="checkbox"/> Capital <input type="checkbox"/> Operating

## Please Note

This grant application is color coded based on which type of award you are applying for.

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

### **All Applications**

Forms and exhibits in **red** apply to capital applications, exclusively.

### **Capital Applications**

Forms and exhibits in **blue** apply to operating applications, exclusively.

### **Operating Applications**

# Application Checklist

Each of the below items must be included with your Section 5311 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: Public Hearing Notice
- Exhibit D: Local Clearinghouse Agency/RPC Cover Letter *(Required if proposed project is for facilities)*

Date received: \_\_\_\_\_

**PART II - FUNDING REQUEST**

- Form A-1: Current System Description
- Form A-2: Fact Sheet
  - Organization Chart
- Form A-3: Proposed Project Description
- Form B-1: Financial Capacity – Proposed Budget for Transportation Program
  - Proof of Local Match
  - Supporting Documentation
- Form B-2: Operations Phase- Estimate of Project Costs by Budget Category
- Form B-3: Capital Request
  - Completed Sample Order Form(s)
- Form C: Current Vehicle and Transportation Equipment Inventory
- Exhibit I: FDOT Certification and Assurances
- Exhibit J: Standard Lobby Certification
- Exhibit K: FTA Section 5333 (b) Assurance
- Exhibit L: Leasing Certification
- Exhibit M: Certification of Equivalent Service
- Form 424: Application for Federal Assistance
- Exhibit N: Federal Certifications and Assurances
- 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

# Applicant Information

		49 U.S.C. Section 5311, Formula Grants for Rural Areas: <b>GRANT APPLICATION</b>			
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:	<a href="#">Congressional District:</a>		
Federal Taxpayer ID Number:		Applicant's DUNS Number: <i>Unique 9-Digit number issued by Dun &amp; Bradstreet. May be obtained free of charge at: <a href="http://fedgov.dnb.com/webform">http://fedgov.dnb.com/webform</a></i>			
Applicant Fiscal period start and end dates: _____ to _____ <i>State Fiscal period from: July 1, 2020 to June 30, 2021</i>					
Project's Service Area: <i>List the county or counties that will be served by the proposed project.</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 <b>ENTIRE</b> 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 <b>ALL</b> documents on behalf of your agency. See Exhibit B					

# PART I – APPLICANT ELIGIBILITY

## Eligibility Questionnaire

This questionnaire applies to returning applicants. If you are a current grant sub-recipient and are not compliant with all FDOT and FTA Section 5311 requirements, you will not be eligible to receive grant funds until compliance has been determined. You must be in compliance at time of grant award execution.

<p>Are you a returning applicant?</p> <p>*If yes, please answer all questions. If no, disregard remaining questions in this questionnaire.</p>	<p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
<p>Has your agency completed a Triennial Oversight Review?</p> <p>    If yes, what date(s) did the review occur?</p> <p>    _____</p> <p>    If yes, is your agency currently in compliance?</p>	<p><input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Review Scheduled</p> <p><input type="checkbox"/> Was not notified by FDOT District Office</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> N/A</p>
<p>If your agency is not in compliance, do you have a corrective action plan to come into compliance?</p> <p>    If yes, what is the date of anticipated date of corrective action closeout?</p> <p>    _____</p>	<p><input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> N/A</p>
<p>Is your agency registered on SAM.gov?</p> <p><i>Note: Agency must register each year/application cycle.</i></p>	<p><input type="checkbox"/> Yes</p> <p>If yes, registration expiration date:</p> <p><input type="checkbox"/> No</p>
<p>_____</p> <p><i>Signature</i></p> <p>_____</p> <p><i>Typed Name and Title</i></p> <p>_____</p> <p><i>Date</i></p>	

**Exhibit A: Cover Letter**

*(On Agency Letterhead)*

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

***(Agency Name)*** submits this Application for the Section 5311 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 the FDOT and all of its officers, agents and employees from any claim, loss, damage, cost, charge, or expense 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 5311.

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: Public Hearing Notice

Attach a copy of the notice of public hearing and an affidavit of publication here. 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 5311 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, 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)

## Exhibit D: 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.



# 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 \_\_\_\_\_

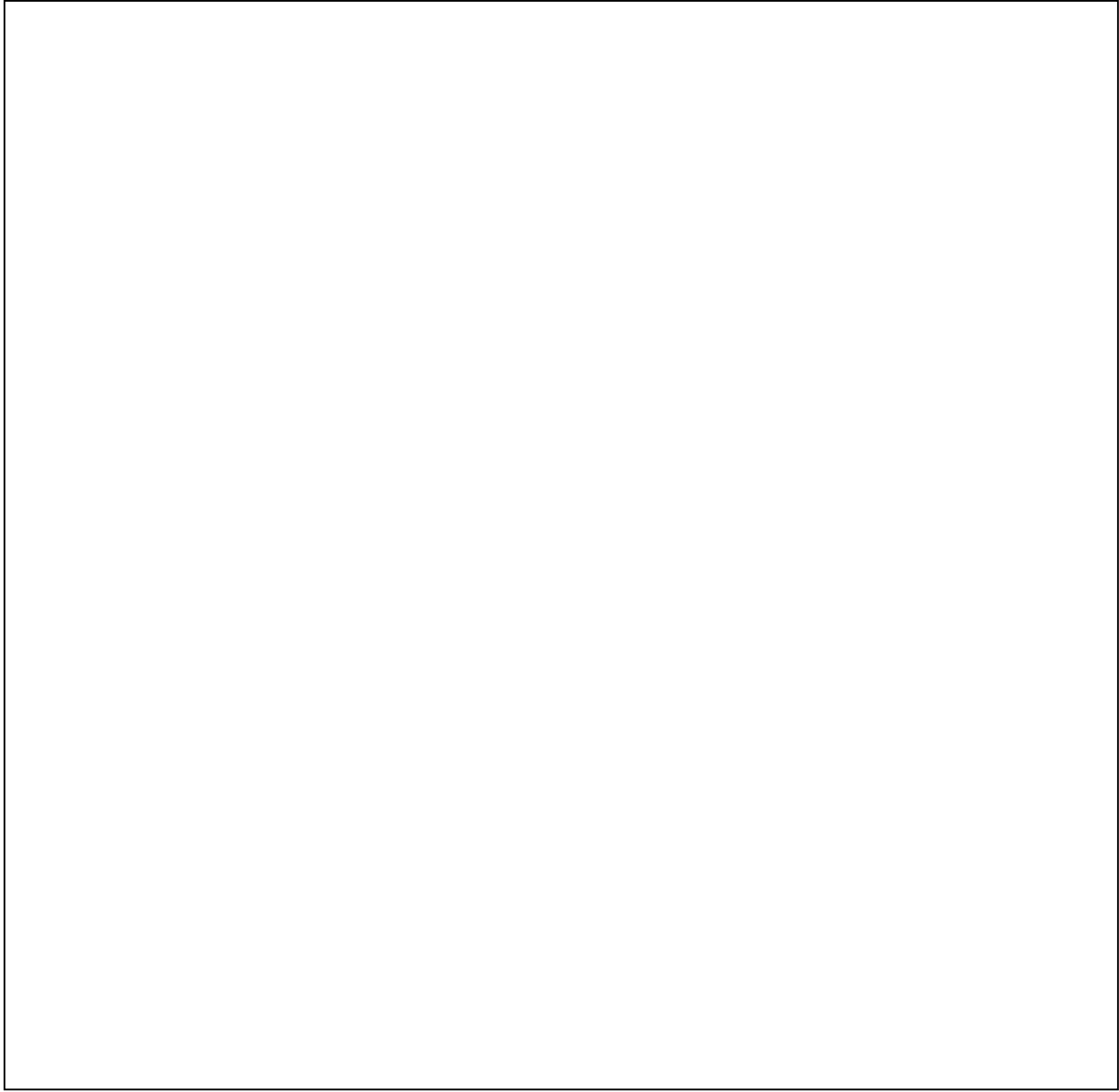
(c) Who is responsible for insurance, training, management, and administration of the agency’s transportation programs? (Maximum 100 words)

(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)? (Maximum 200 words)

(e) 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;
- Drug-free workplace; and
- Data collection methods, including how data was collected to complete Exhibit A-2.

*Note: If the applicant is a Community Transportation Coordinator (CTC), **relevant pages** of a Transportation Disadvantaged Service Plan (TDSP) and AOR containing the above information may be provided. **Please do not attach entire documents.***



**Form A-2: Fact Sheet**

	Calculations <sup>1</sup> (current system)	Current System	Calculations <sup>1</sup> (if grant is awarded)	If Grant is Awarded (Estimates are acceptable)
1	Number of total one-way trips served by the agency <b>PER YEAR. *</b>			
2	Number of individuals served unduplicated (first ride per fiscal year) <b>PER YEAR. **</b>			
3	Number of vehicles used for this service <b>ACTUAL.</b>			
4	Number of ambulatory seats. <b>AVERAGE PER VEHICLE</b> (Total ambulatory seats divided by total number of fleet vehicles)			

1 If a software program is used to obtain the required data for the fact sheet, please include the source of the data, i.e., Trapeze).

	Calculations (current system)	Current System	Calculations (if grant is awarded)	If Grant is Awarded (Estimates are acceptable)
5	Number of wheelchair positions <b>AVERAGE PER VEHICLE</b> (Total wheelchair positions divided by total number of fleet vehicles)			
6	Vehicle miles traveled. <b>PER YEAR</b>			
7	Average vehicle miles. <b>PER DAY</b>			
8	Normal vehicle hours in operation. <b>PER DAY</b>			
9	Normal number of days in operation. <b>PER WEEK</b>			
10	Trip length (roundtrip). <b>AVERAGE</b>			

The information listed should be specific to the Section 5311 funds and not agency wide.

\**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.

\*\* The unduplicated riders are for current year and the subsequent year once the grant is awarded

### Form A-3: Proposed Project Description

(a) How will the grant funding improve your agency's transportation service? Provide detail.

Will it be used to:

- Provide more hours of service?
- Expand service to a larger geographic area?
- Provide shorter headways?
- Provide more trips?
- Replace existing equipment?
- Purchase additional vehicles/equipment?

Also, highlight the challenges or difficulties that your agency will overcome if awarded these funds.

- (b) If a grant award will be used to maintain services as described in Form A-1, specifically explain how it will be used in the context of total service. Make sure to include information on how the agency will maintain adequate financial, maintenance, and operating records and comply with FTA reporting requirements including information for the Annual Program of Projects Status Reports, Milestone Activity Reports, NTD reporting, DBE reports etc.

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



- (d) **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.*



This coordination agreement must be enforced the entire time of the grant (vehicle life or operating PTGA expiration).

**Operating Requests Only**

- (a) Please specify year of activity for operating assistance.
- 

**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:
  - Who will drive the vehicle?
  - How will you ensure that your driver(s) maintain CDL certification?
- (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.

(d) If this capital request is for bus related facilities

- Please provide any pertinent documents that may be on record, to make a determination on such things as reasonableness of cost, sufficiency of preliminary engineering and design work completed.
- Please provide a full, detailed scope of the project, including but not limited to a project schedule, construction days, method of procurement, etc.
- Please provide a detailed description of all project activities included in the construction of the facility.

NOTE: If awarded, the agency must prepare a draft/proposed facilities/building maintenance plan that will need to be adopted after construction of facilities.

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

<b>Estimated Transportation Program Operating &amp; Administrative Expenses</b> <i>Year of Anticipated Award</i>		
<b>Code</b>	<b>Object Class</b>	<b>Amount</b>
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	\$
<b>Grand Total All Expenses</b>		<b>\$</b>

<b>Estimated Transportation Program Operating &amp; Administrative Revenues</b> <i>Year of Anticipated Award</i>		
<b>Code</b>	<b>Object Class</b>	<b>Amount</b>
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	\$
<b>Grand Total All Revenues</b>		<b>\$</b>

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

<b>Proof of Local Match – Capital Projects</b>	
<b>Capital Project Total:</b>	\$
Match Source	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>Capital Match Total:</b> 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.

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*Signature*

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*Typed Name and Title of Authorized Representative*

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*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			
<b>Totals</b>	\$	\$	\$

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**

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 estimation 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 <i>(See Application Instructions)</i>	Description/ Vehicle Type	Quantity	Estimated Cost  (from Order Form)
				<b>Subtotal</b>	\$

\*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.

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 Guidance](#).

Description*	Useful Life <i>(See Application Instructions)</i>	Quantity	Estimated Cost
		<b>Subtotal</b>	\$

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

\$	+	\$	=	\$
<b>Vehicle Subtotal</b>	<b>Plus</b>	<b>Equipment Subtotal</b>	<b>Equals</b>	<b>Total Cost</b>

\$	*	0.8	=	\$
<b>Total Cost</b>	<b>Multiplied by</b>	<b>80%</b>	<b>Equals</b>	<b>Federal Request Form 424, Block 18 (a)</b>





# 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 5311 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:
  - 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)
  - Public Transit Substance Abuse Management Program Procedure No. 725-030-035
  - 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.
- 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 FDOT, if FDOT 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 FDOT.
- 13 It will notify FDOT and request assistance if a vehicle should become unserviceable.
- 14 It will submit an annual financial audit report to FDOT (FDOTSingleAudit@dot.state.fl.us), if required.
- 15 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.

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**Date**

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**Signature of Contractor's Authorized Official**

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**Name and Title of Contractor's Authorized Official**

## 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**

\_\_\_\_\_  
**Name and Title of Contractor's Authorized Official**

**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.IG, Chapter VIII](#). (2) agreeing to alternative comparable arrangements approved by the (Department of Labor (DOL); or (3) obtaining a waiver from the DOL.)**

The \_\_\_\_\_ (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 5311 Program.

\_\_\_\_\_  
Date

\_\_\_\_\_  
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

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



## Exhibit L: Leasing Certification

### Memorandum for FTA 5311

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**Date:**

---

**From:**

---

**Signature**

---

*Typed name and title*

---

*Typed or printed 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 GRANTS FOR RURAL AREAS PROGRAM, 49 UNITED STATES CODE SECTION 5311

**Leasing:**

Will the **(Name of applicant agency)**, as applicant to the Federal Transit Administration Section 5311 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 M: Certification of Equivalent Service

*This exhibit is used when applying for non-accessible vehicles*

### 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 non-accessible 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**

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*Name and title of authorized representative*

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*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 or print and attach the form to your final application document.

### **Exhibit N: 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 or print and attach the form to your final application document.

### **Exhibit O: Title VI Plan**

If an applicant has not previously submitted their Title VI plan to the Department, a copy must be included here. You may insert the Title VI Plan as a PDF or print and attach the document to your final application.

### **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 - 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.

## **Application**

### **5311 Grant Application Revised on September 14, 2020**

Revised by: Erin Schepers, Grant Programs Administrator

FDOT Public Transit Office

605 Suwannee Street (MS 26)

Tallahassee, Florida 32399-0450

Work Phone: 850-414-4526

Email: [erin.schepers@dot.state.fl.us](mailto:erin.schepers@dot.state.fl.us)