

Florida Department of Transportation

Capital Assistance Application

Federal Fiscal Year 2021 / State Fiscal Year 2022



49 U.S.C. Section 5339 CFDA 20.526

Bus and Bus Facilities Formula Program for Rural Areas

Agency Name:	
Applicant Type:	<input type="checkbox"/> New Applicant <input type="checkbox"/> Previous Applicant

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Application Checklist

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

- Application Checklist (*this form*)
- Applicant Information Form

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 and Publisher's Affidavit (*public agencies only*)
- Exhibit D: FDOT Certification and Assurances
- Exhibit E: Standard Lobbying Certification Form
- Exhibit F: FTA Section 5333(b) Assurance
- Exhibit G: Federal Certifications and Assurances
- Exhibit H: CTC Agreement or Certification

PART II- Funding Request

- Form A-1: Current System Description
 - Organization Chart
- Form A-2: Fact Sheet
- Form A-3: Proposed Project Description
- Form B-1: Financial Capacity – Proposed Budget for Transportation Program
- Form B-2: Capital Request Form
- Form 424: Application for Federal Assistance
- Form C: Current Vehicle and Transportation Equipment Inventory Form

PART III- Other Required Documents

- Exhibit I: Leasing
- Exhibit J: Certification of Equivalent Service
- Exhibit K: Copy of the Title VI Plan (*if agency has not previously submitted a Title VI plan*)
- Exhibit L: Local Clearinghouse Agency/RPC Cover Letter (*required if proposed project is for facilities*)
- Exhibit M: Protection of the Environment

Applicant Information

Section 5339 CFDA 20.526 Bus and Bus Facilities Formula Program for Rural Areas: <i>GRANT APPLICATION</i>					
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>					
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					

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 5339 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 FDOT Triennial Oversight Review?</p> <p>If yes, what date(s) did the review occur?</p> <p>_____</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>If yes, is your agency currently in compliance?</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 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 <input type="checkbox"/> No</p> <p><i>If yes, registration expiration date:</i></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 – Sample

(On Agency Letterhead)

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

GRANT APPLICATION

(Agency Name) submits this Application for the Section 5339 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 Department 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 – Sample
(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 **(Governing Board)** FLORIDA:

This resolution applies to Federal Program(s) under U.S.C. Section(s) 5339.

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 and Publisher's Affidavit (public agencies only)

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

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 5339 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)***

A Public Hearing has been scheduled at ***(date, time, location)***, for the purpose of advising all interested parties of service being contemplated if grant funds are awarded, and to ensure that contemplated services would not represent a duplication of 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 accommodations on the basis of race, color, sex, 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: FDOT Certification and Assurances

(Agency Name) certifies and assures to the Florida Department of Transportation regarding its Application under U.S.C. Section 5339 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–
- 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 becomes 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.

_____ Date

_____ Signature of Authorized Representative

_____ Typed Name and Title of Authorized Representative

Exhibit E: 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 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 F: FTA Section 5333 (b) Assurance

Note: By signing the following assurance, the recipient of Section 5339 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 9040.1G, Chapter VIII](#)); (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.

_____ **Date**

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

_____ **Typed Name and Title 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

Exhibit G: Federal Certifications and Assurances

Please attach Federal Certifications and Assurances signature page and the page listing the certification categories here.

Exhibit H: CTC Agreement or Certification

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

PART II - FUNDING REQUEST

Form A-1: Current System Description

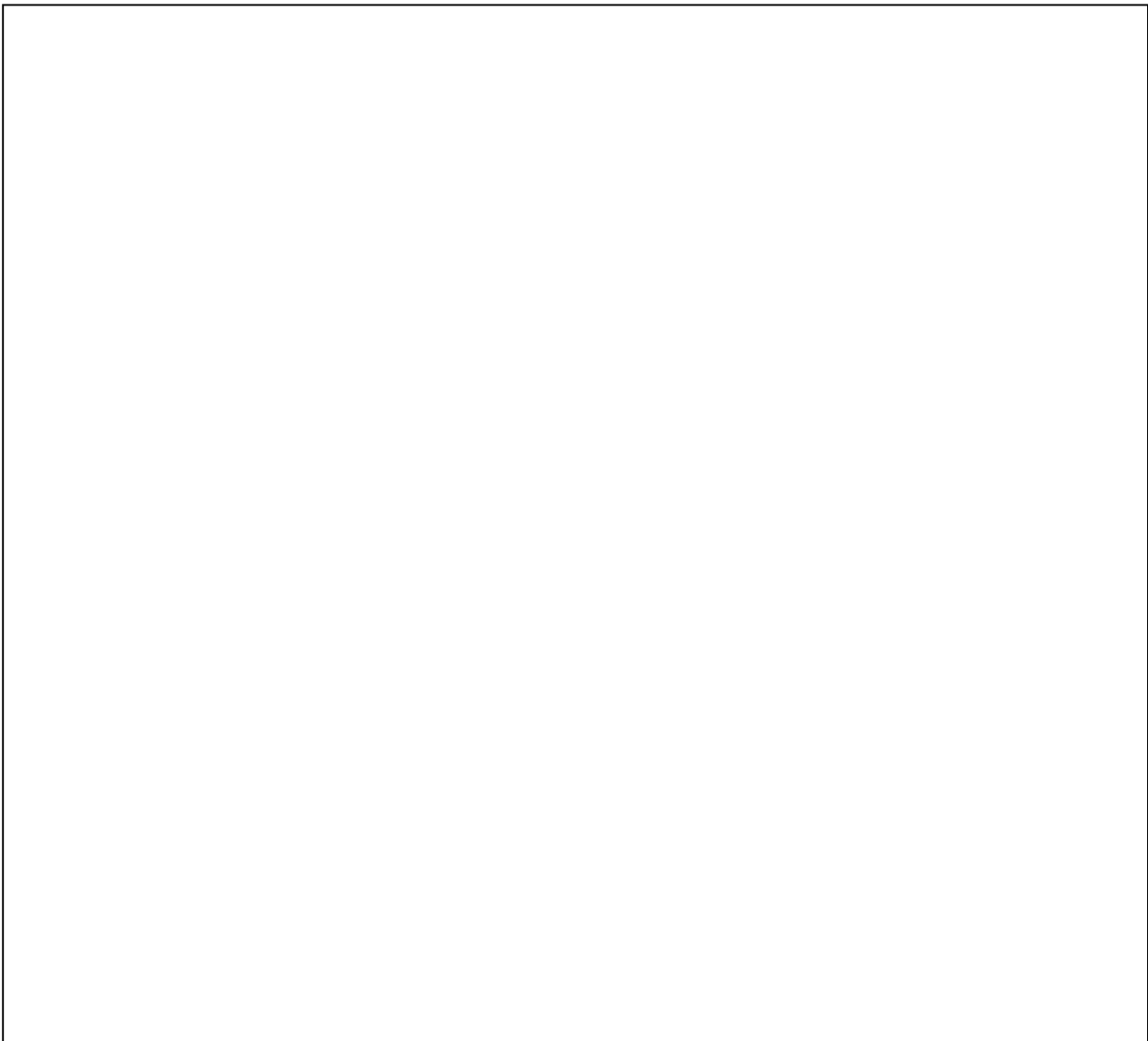
1. Please provide a brief general overview of the type organization (i.e., government authority, private non-profit, etc.) including its mission, program goals, and objectives (Maximum 300 words).

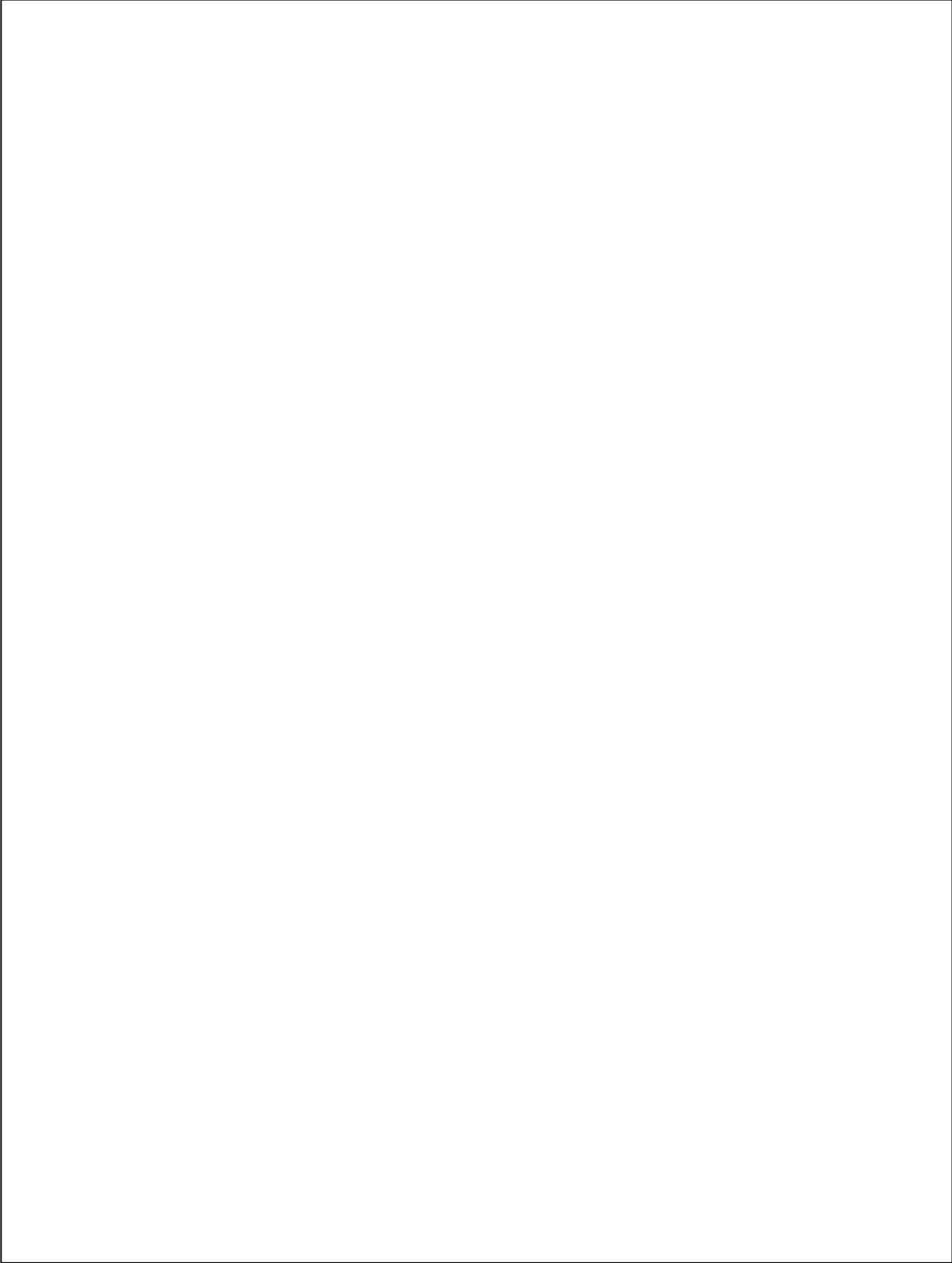
2. Please provide information below (Maximum 100 words):
 - Organizational structure (**attach an organizational chart at the end of this section**)
 - Total number of employees in the organization _____
 - Total number of transportation-related employees in the organization _____
3. Who is responsible for insurance, training, management, and administration of the agency's transportation programs? (Maximum 100 words)

4. 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;
- A detailed description of service routes and ridership numbers
- System safety plan;
- Drug-free workplace; and
- Data collection methods, including how data was collected to complete Exhibit A-1.

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

A large, empty rectangular box with a thin black border, intended for the applicant to provide details about their transportation program as requested in the text above.



Form A-2: Fact Sheet

(The information listed should be specific to the Section 5339 funds and not agency wide).

	CURRENTLY	IF GRANT IS AWARDED
1. Number of one-way passenger trips. ¹ PER YEAR (Show Calculations)		
2. Number of individuals served unduplicated (first ride per rider per fiscal year) ² . PER YEAR (Show Calculations)		
3. Number of vehicles used for this service. ACTUAL		
4. Number of ambulatory seats. AVERAGE PER VEHICLE (Show Calculations) (Total ambulatory seats divided by total number of fleet vehicles)		
5. Number of wheelchair positions. AVERAGE PER VEHICLE (Show Calculations) (Total wheelchair positions divided by total number of fleet vehicles)		
6. Vehicle miles traveled. PER YEAR		
7. Average vehicle miles PER DAY		
8. Normal vehicle hours in operation. PER DAY		
9. Normal number of days in operation. PER WEEK		
10. Trip length (roundtrip). AVERAGE		

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

2 The unduplicated riders are for current year and the subsequent year once the grant is awarded.

Form A-3: Proposed Project Description

1. 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?

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

2. If a grant award will be used to **construct bus related facilities**:

- Specifically explain how it will be used in the context of total service
- 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
- Provide a full, detailed scope of the project, including but not limited to a project schedule, construction days, method of procurement, etc.

3. If this grant application is for **a vehicle/equipment**:

- Provide a detailed explanation of the need for the vehicle and provide documentation of the need
- Describe whether the intent is to replace existing vehicles/equipment or purchase additional vehicles/equipment
- Describe how vehicles will be maintained without interruptions in service (who, what, where, and when)
- Describe who will drive the vehicle, the number of drivers, and CDL certifications

4. If the 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 (Include an equitable plan for distribution of vehicles/equipment to lessees and/or private operators).



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		\$

Form B-2: Capital Request Form³

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

All vehicle requests must be supported with a completed sample order form for estimating 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, 12 ambulatory seats, and 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

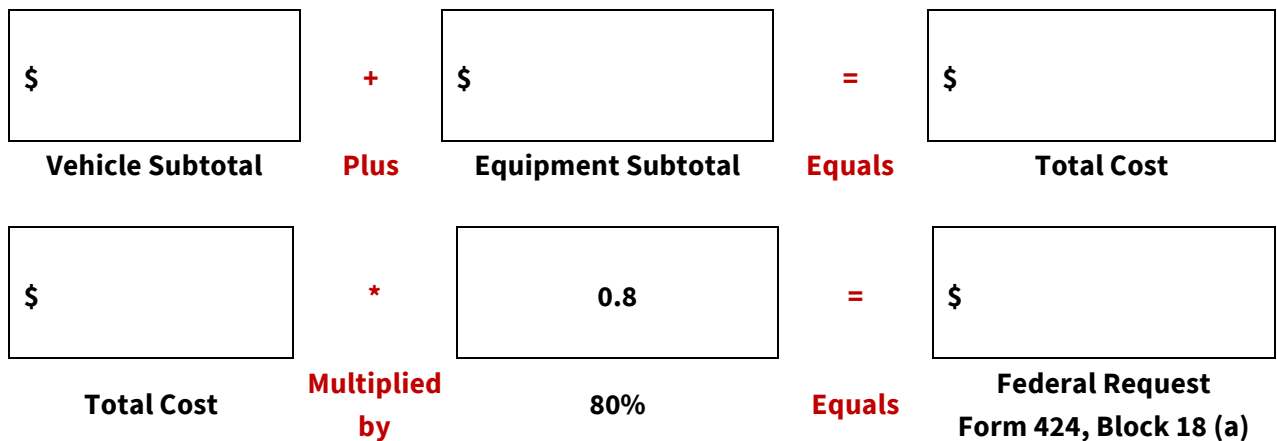
³ Applicants must use this form.

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](#).

Description*	Useful Life (See Application Instructions)	Quantity	Estimated Cost
Subtotal			\$

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



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.

Form C: Current Vehicle and Transportation Equipment Inventory Form (for Entire Fleet – include FDOT and Non-FDOT Vehicles) *

Vehicle Inventory

Model Year ¹	Make/Size/Type	FDOT Control #	VIN # ²	Ramp or lift?	Seats & W/C positions (i.e. 12+2) As designed by manufacturer	Current Mileage	Previous Mileage (1 year ago)	Current Mileage – Previous Mileage = Mileage from the past year	Vehicle Status (Active/Spare/Other)	Expected Retirement Date	Donated? (Yes/No) If yes, when was the vehicle donated to your agency?	Funding Source ³

*Applicants MUST use this form. If you need more space, add more rows.

1 Include an asterisk next to model year for the vehicle(s) being replaced.
 2 VIN must be provided regardless of funding type
 3 Identify the grant or other funding source used for purchasing the vehicle/equipment

Equipment Inventory

Include computer hardware and software, copiers, printers, mobile radios, communication systems, etc.

FDOT Control #	Agency Control #	Item Description	Model #	Year Purchased	Expected Retirement Date	Donated? (Yes/No) If yes, when was the equipment donated to your agency?	Funding source <small>Error! Bookmark not defined.</small>

*NOTE: Applicants MUST use this form. If you need more space, add more rows if needed

PART III – MANAGERIAL CAPABILITY

Exhibit I: Leasing

MEMORANDUM for FTA 5339

Date: _____

From: _____
(Typed name and title) (Signature)

(Typed or printed agency name)

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

Subject: **FFY 2021 GRANT APPLICATION TO THE FEDERAL TRANSIT ADMINISTRATION,
CAPITAL GRANTS FOR NON-URBANIZED AREAS PROGRAM,
49 UNITED STATES CODE SECTION 5339**

Leasing

Will the _____ (Name of applicant agency), as applicant to the Federal Transit Administration Section 5339 Program, lease the proposed vehicle(s) (or any other equipment that may be awarded to the Applicant) to a third-party?

Yes No

If yes, specify to whom: _____

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

Exhibit J: 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
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 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**

Name and title of authorized representative

Signature of authorized representative

Exhibit K: Title VI Program

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 L: Local Clearinghouse Agency Letter

If grant application is for facilities, please include a copy of the cover letter submitted to the local clearinghouse agency or RPC.

Exhibit M: Protection of the Environment

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

End of Application

5339 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