

**FEDERAL TRANSIT ADMINISTRATION
SECTION 5307
GRANT APPLICATION PACKAGE**

ISSUE DATE: SEPTEMBER 27, 2016

SUBMITTAL DEADLINE: NOVEMBER 29, 2016

Submit Completed Application To:

**Jamie Cochran, FAICP
Transit Program Manager
GDOT – Intermodal Office
600 W. Peachtree Street – 9th Floor
Atlanta, Georgia 30308
E-Mail: Jacochran@Dot.Ga.Gov**

PART A: GRANT APPLICANT AND REQUEST INFORMATION

Please complete the information requested in the table below for the organization submitting this FTA grant application package.

| | |
|--|--|
| Name of Applicant Organization: | |
| DUNS Number: | |
| Mailing Address: | |
| Name and Title of Person Authorized to Submit the Grant Application | |
| Address, Phone Number and E-Mail Address for Authorized Person | |
| Name and Contact Information for your organization's Chief Executive Official (address, phone number, and e-mail address) | |
| Congressional District: | |

PART B: SAMPLE TRANSMITTAL LETTER

(please place on organization's letterhead and include signature of authorized official)

_____ (Date)

Ms. Jamie Cochran, FAICP
Transit Programs Manager – Intermodal Office
Georgia Department of Transportation
One Georgia Center
600 W. Peachtree Street – 9th Floor
Atlanta, Georgia 30308

Dear Ms. Cochran:

The _____ (Applicant's organization) is applying for FY2018 financial assistance under Title 49 U.S. Section 5307 Formula Assistance for Urbanized Areas. We are requesting \$ _____ in federal funding assistance and \$ _____ in state funding share for the project. Local funds in the amount of \$ _____ (10% share) will be provided by _____ (name of Legal Entity) from these sources, _____ (specify).

The _____ (name of the Legal Entity) certifies that it has the technical, financial, and managerial capabilities to carry out the work described in this grant application. The following information in support of the request for funding is submitted for your consideration.

If you have any questions on these matters, please contact _____ (principal contact) at _____ (phone number) and _____ (e-mail address).

Sincerely,

Signature of Designated Official

PART C: AUTHORIZING RESOLUTION

(this Authorizing Resolution must be enacted by the governing body of the applicant organization and signed by the Chair of the County Commission or Mayor of the City Council as appropriate. Please make sure the authorizing resolution is properly witnessed and notarized, including the date the notary commission expires. It should also be stamped with the notary seal and the certificate of the attesting officer must also be completed).

Resolution authorizing the filing of an application with the Department of Transportation, United States of America, and Georgia Department of Transportation, for a grant under Title 49 U.S.C., Section 5339.

WHEREAS, the Secretary of the US Department of Transportation and the Commissioner of the Georgia Department of Transportation are authorized to make grants for mass transportation projects;

WHEREAS, the contract for financial assistance will impose certain obligations upon the applicant, including the provision by it of the local project costs;

WHEREAS, it is required by the U.S. Department of Transportation in accord with the provisions of Title VI of the Civil Rights Act of 1964, that in connection with the filing of an application for assistance under Title 49 U.S.C. Section 5303 the Applicant gives an assurance that it will comply with Title VI of the Civil Rights Act of 1964 and other pertinent directives and the U.S. Department of Transportation requirements there under; and

WHEREAS, it is the goal of the Applicant that Minority Business Enterprise (Disadvantaged Business Enterprise and Women's Business Enterprise) be utilized to the fullest extent possible in connection with this project, and that definitive procedures shall be established and administered to ensure that minority business shall have the maximum feasible opportunity to compete for contracts and purchase orders when procuring construction contracts, supplies, equipment contracts, or consultant and other services.

NOW, THEREFORE, BE IT RESOLVED by (Governing Body of Applicant)

1. That the Designated Official (Name and Title, hereinafter referred to as The Official) is authorized to execute and file an application on behalf of (Exact Legal Name of Applicant) with the Georgia Department of Transportation, to aid in the purchase of bus transit vehicles and/or the planning, development, and construction of bus transit-related facilities.
2. That the Official is authorized to execute and file with such application and assurance or any other document required by U.S. Department of Transportation and Georgia Department of Transportation effectuating the purposes of this grant.
3. That the Official is authorized to furnish such additional information as the U.S. Department of Transportation and the Georgia Department of Transportation may require in connection with the application or the project.
4. That the Official is authorized to set forth and execute Minority Business Enterprise, DBE (Disadvantaged Business Enterprise) and WBE (Women Business Enterprise) policies and procedures in connection with the project's

procurement needs.

5. That the Official is authorized to execute a grant agreement on behalf of Exact Legal Name of Applicant) with the Georgia Department of Transportation to aid in the purchase of bus transit vehicles and/or the planning, development, and construction of bus transit-related facilities.

CERTIFICATE

The undersigned duly qualified and acting _____ (Title of Officer) of the _____ (Exact Legal Name of Applicant) certifies that the foregoing is a true and correct copy of a resolution, adopted at a legally convened meeting of the _____ (Governing Body of the Applicant) held on _____, 20____.

(if the applicant has an official seal, it should be impressed here)

Signature of Recording Officer

Title of Recording Officer

Date

Part D-3: Certification of FTA-Funded Equipment
(Applicant must place these certification on the organization's letterhead and obtain the appropriate signature of the authorized official)

Date _____

I certify that a complete physical inventory of all FTA-funded vehicles and equipment has been conducted within our organization. All FTA-funded vehicles, equipment, and facilities, are accounted for, are in serviceable condition, and have been placing on an inventory list for the organization.

Signature of Authorized Official

Date

PART E:

PROJECT DESCRIPTION

(The proposed project should be fully described including the overall project goals and objectives; how the project will contribute to the transit system; major project elements, activities, and milestones. All projects must conform to FTA guidelines.

Projects must be derived from an approved Statewide Transportation Improvement (STIP) and/or Transportation Improvement Program (TIP), and with reasonable notice and opportunity to comment on the proposed project to the public and interested parties.

E-1: Overall Project Goals and Objectives

E-2: Major Project Elements and Activities

E-3: Benefits to Transit System

E-4: Project Milestones and Implementation Schedule

(please state the estimated completion date for each work activity planned for the project. All contracts must include name/purpose of contract (i.e. vehicles, other contractors, consultants, other support, etc.) and dates for advertising dates for solicitation(s), contract award dates, and contract completion dates. Please make sure the following charts for EACH major budget activity is completed, including contracts – please insert additional tables for each activity, if needed).

| Project Milestone | Estimated Completion Date (Month/Year) |
|-------------------------------------|---|
| RFP/RFQ Out for Bid | |
| Contract Award | |
| First Bus Delivered (if applicable) | |
| Last Bus Delivered (if applicable) | |
| Contract Complete | |

| Project Milestone | Estimated Completion Date (Month/Year) |
|-------------------------------------|---|
| RFP/RFQ Out for Bid | |
| Contract Award | |
| First Bus Delivered (if applicable) | |
| Last Bus Delivered (if applicable) | |
| Contract Complete | |

| Project Milestone | Estimated Completion Date (Month/Year) |
|---|---|
| Consultant/Contractor RFP/RFQ Out for Bid (please specify: | |
| Contract Award | |
| Contract Complete | |

| Project Milestone | Estimated Completion Date (Month/Year) |
|---|---|
| Consultant/Contractor RFP/RFQ Out for Bid (please specify: | |
| Contract Award | |
| Contract Complete | |

| Project Milestone | Estimated Completion Date (Month/Year) |
|-----------------------------|---|
| Facility-Related Milestones | |
| RFP/RFQ Out for Bid | |
| Contract Award | |
| Contract Complete | |

| Project Milestone | Estimated Completion Date (Month/Year) |
|---|---|
| Facility-Related Milestones (please specify) | |
| Contract Award | |
| Contract Complete | |

| Other Project Milestone | Estimated Completion Date (Month/Year) |
|--------------------------------|---|
| (please specify) | |
| (please specify) | |
| (please specify) | |

PART F: PROJECT BUDGET

(Applicant must complete the following section to describe the financial aspects of the proposed project, including requested amounts for each project element, amount and source of local matching funds; documentation of the proposed project’s inclusion in the approved Transportation Improvement Program (TIP) if the project is located in an urbanized area or the State Transportation Improvement Program (STIP) if the project is located in a non-urbanized area.

Please note the FY apportionment for Small Urbanized Areas (per FTA Apportionments dated February 6, 2015) as shown in Table F-1.

Table F-1: Federal Fiscal Year 2018 Section 5307 Apportionments for Small Urbanized Areas (Per FTA Apportionments dated February 6, 2015)

| Urbanized Area | Amount |
|-----------------------|---------------|
| Albany | \$1,638,528 |
| Athens-Clarke County | \$2,228,322 |
| Brunswick | \$628,948 |
| Cartersville | \$610,211 |
| Dalton | \$1,026,055 |
| Gainesville | \$1,531,289 |
| Hinesville | \$708,981 |
| Macon | \$2,190,840 |
| Rome | \$1,339,715 |
| Valdosta | \$1,013,394 |
| Warner Robins | \$1,645,676 |

Please note your grant application request may exceed your agency’s apportionment level. However, your request should be accompanied by a tiered system of priorities, as follows:

- **Tier 1 project activities should consist of projects that are included in your agency’s Federal Fiscal Year Apportionment as shown above.** If your transit system elects not to expend the entire apportionment, GDOT will consider the remaining balance available for reallocation to other small urban transit systems throughout the state and will notify your agency of the same.
- **Tier 2 projects should consist of requests for funding to carry out project elements that are beyond your organization’s Federal apportionment shown in Table F-1.**
- **If you request funding in an amount greater than your apportioned amount, your grant application must clearly indicate the project activities that are included in Tier 1 (your agency’s apportioned amount) and those**

Part F-2: Capital Assistance Funding - Vehicles

(Applicant should describe the cost elements included in the request including number, type, fuel type, capacity, and length of the vehicles being requested; presence of ADA equipment (i.e. wheelchair lift, etc.) and other capital items related to the transit program. Estimated costs methodology should be described along with the source data for the capital cost estimates)

Description and Justification for Capital Assistance Funding for Vehicles:

Part F-2-1: Estimated Vehicle and Related Equipment Costs

| Scope No. | ALI No. | Itemized Vehicle Costs | Total Vehicle and Related Costs: |
|-----------|---------|---|----------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | Total Vehicle and Related Equipment Costs: | \$ |

Part F-3: Capital Assistance Funding - Facilities

(If Applicant is requesting funding for bus-related facilities, such as maintenance facilities, transfer terminals, etc., detailed information should be provided on (1) the justification or need for such a facility; (2) documented planning activities conducted already; (3) expected level of environmental documentation; (4) expected right-of-way activities and impacts; (5) estimated design costs; (6) current status of project phases; (6) anticipated timeline for the development and construction of the facility; and (6) sources of local funding to support the entire project). Estimated cost estimation methodology should be described).

Description and Justification for Capital Assistance Funding for Facilities:

Part F-6-1: Estimated Bus-Related Facilities Cost

| Scope No. | ALI No. | Itemized Operating Expenses | Total Facility Costs: |
|-----------|---------|-----------------------------------|-----------------------|
| | | Other (please specify): | |
| | | Total Facility Assistance: | \$ |

Part F-7: Planning Assistance Funding
(applicant should describe the nature of the planning assistance being requested, including project activities to be undertaken, project deliverables, contractual services to be used, etc. Information on how the cost of this assistance was estimated should also be provided)

Description and Justification for Planning Assistance Funding:

Part F-7-1: Summary of Planning Costs

| Scope No. | ALI No. | Itemized Operating Expenses | Total Planning Costs: |
|-----------|---------|--|-----------------------|
| | | Contractual Services (please specify): | |
| | | Other (please specify): | |
| | | Other (please specify): | |
| | | Other (please specify): | |
| | | Other (please specify): | |
| | | Other (please specify): | |
| | | Total Planning Assistance: | \$ |

Part F-8: Operating Assistance Funding

(applicant should describe the service to be provided (i.e. type (i.e. fixed route, demand response, etc..), extent of service area, hours of service, etc.; whether funding request is to continue existing service or expand service into new areas, etc. A worksheet to calculate the operating assistance funding request is shown in Part F-9).

Description and Justification for Operating Assistance Funding:

Part F-8-1: Summary of Operating Expenses

(Applicant should provide detailed estimates of all of the cost components of their request for operating assistance. Part F-8 should include notes on the methods used to estimate each of the cost components identified in the table below).

| Scope No. | ALI No. | Itemized Operating Expenses | Total Operating Expenses |
|------------------------------------|---------|--------------------------------|--------------------------|
| | | Salary and Fringe Benefits | |
| | | Maintenance, Parts, and Repair | |
| | | Fuel | |
| | | Other (please specify): | |
| Total Operating Assistance: | | | \$ |

Part F-8-2: Basis of Operating Cost Estimates

(for each cost component identified in Part F-7 above, the Applicant should describe the basis for the cost estimate)

Part F-8-3: Worksheet for Calculating Operating Assistance Request

Period of Operations: **Start Month/Year** _____ **End Month/Year** _____

| OPERATING ASSISTANCE FACTORS: (See Appendix B for notes on eligible operating expenses) | AMOUNT |
|--|---------------|
| (1) TOTAL OPERATING EXPENSES (SEE PART F-7) = | |
| LESS UNALLOWABLE COSTS: | |
| (2) Less Ineligible Expenses | |
| (3) Less Non-Mass Transportation Expenses | |
| (4) Less Other Exclusions (i.e. costs already attributed to preventative maintenance) | |
| (5) TOTAL UNALLOWABLE COSTS = | |
| (6) TOTAL ELIGIBLE OPERATING EXPENSES = (Item (1) – Item (5)) | |
| (7) Less Farebox and Other Non-Federal Revenues Not Included In Local Share | |
| (8) NET PROJECT COST (Item (6) – Item (7)) = | |
| (9) Less Local Share = | |
| (10) NET EXPENSES BEFORE FEDERAL FUNDS (Item (8) – Item (9)) = | |
| (11) MAXIMUM FTA SHARE (AMOUNT) = | |
| (12) TOTAL FEDERAL FUNDS REQUESTED (THIS AMOUNT MUST NOT EXCEED LINE (9) OR (11)) = | |

Part F-8-4: One Percent (1%) Safety and Security Projects
(Applicant is required to spend at least 1% of the requested federal funds for eligible transit safety and security projects. These projects should be specified in the table below)

| Scope No. | ALI No. | Project Description | Federal Fund Amount | State Fund Amount | Local Fund Amount | Total Funding |
|-----------|---------|---------------------|---------------------|-------------------|-------------------|---------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Part F-8-5: Summary of Project Funding Assistance

| Type of Project Assistance | Federal Share of Funding | State Share of Funding | Local Share of Funding | Total Funding |
|----------------------------|--------------------------|------------------------|------------------------|---------------|
| Capital - Vehicles | | | | |
| Capital - Facilities | | | | |
| Operating | | | | |
| Planning | | | | |
| Safety and Security | | | | |
| TOTAL: | | | | |

Part F-8-6: Sources of Local Matching Funds and Amounts

| | |
|------------------------------------|----|
| Local government general revenues | \$ |
| Other: please specify - | \$ |
| Other: please specify - | \$ |
| Other: please specify - | \$ |
| TOTAL LOCAL MATCHING FUNDS: | \$ |

Part G-2: Data Collection and Monitoring

For the purpose of this section, FTA is requiring that all subgrantees provide public transit service development and implementation procedures to monitor their level and quality of transit service to determine compliance with Title VI. These comparisons of the level and quality of transit service provided to the minority community, against overall system averages, will measure the actual realization of established service policies and standards.

Signature of Authorized Official

Date

PART H: FTA CERTIFICATIONS AND ASSURANCES

*(As part of this grant application package, **all** applicants **must include original signed documents** (please see attachment for FY2018 FTA Certifications and Assurances). These documents **must be signed** by the Chief Executive of the Legal Entity **AND** the organization's **Attorney**.)*

- **On the FY2016 FTA Certifications and Assurance page listing all the categories, the Applicant must check the box for ALL categories (categories 01 – 23).**
- **The Applicant must insert the ORIGINAL SIGNATURE sheet in this section of the completed grant application.**

APPENDIX A

FY2018 SECTION 5307 GRANT APPLICATION CHECKLIST

| Part | Name/Description of Item | Completed? (yes or no) |
|-------------|--|-----------------------------------|
| A | Grant Applicant and Request Information | |
| B | Transmittal Letter | |
| C | Authorizing Resolution | |
| D | Status of Current FTA-Funded Equipment | |
| E | Project Description | |
| F | Project Budget | |
| G | Title VI Data Collection and Reporting | |
| H | FY2016 FTA Certifications and Assurances | |

| | | |
|---------------------|--|-------------|
| Reviewed By: | GDOT Urban Transit Group Leader | Date |
| | GDOT Transit Program Manager | Date |

APPENDIX B

NOTES ON INELIGIBLE OPERATING EXPENSES

Actual or estimated expenses during the project year for activities not related to the provision of mass transportation to or within the Sub-grantee's urbanized area are ineligible for operating assistance and may not be included in the computation of net project cost, pursuant to OMB Circular A-87, "Cost Principles for State and Local Governments". Such activities include but are not limited to the following:

- a. Charter Bus Operations
- b. School bus operations (i.e., operations for the exclusive transportation of school students, not the carrying of students in regularly scheduled transit services)
- c. Sightseeing services
- d. Freight haulage
- e. Intercity transportation
- f. Transit services wholly outside of the urbanized area
- g. Expenses for contingencies or capital acquisitions, including contributions to a capital reserve account or fund
- h. Capitalized costs or expenses recognized as part of and reimbursable under another FTA project. This includes both the value of cash contributions and in-kind services provided as the local share of projects such as the following:
 1. FTA capital grants (e.g., administrative expenses reimbursed under the capital grant).
 2. FTA technical studies projects
 3. FTA research, development and demonstration projects
 4. Demonstration projects funded fully or in part by non-federal public or private entities. However, under certain circumstances, demonstration project expenses (other than FTA-funded) may be eligible, and the non Federal payments to cover such expenses may be used as local share to match Section 5 operating assistance. At an applicant's request, FTA will consider the eligibility of demonstration project expenses on a case-by-case basis.
- i. Expenses incurred by a Governor, a designated recipient, or other agency in its capacity as an intermediary for providing Urbanized Area Formula Program funds between FTA and the transit operating entity
- j. Costs of advisory councils unless prior FTA approval has been granted
- k. For private transit operators, provision for Federal, State, or local income taxes
- l. Indirect transit related functions or activities of state, regional, or local entities performed as a normal or direct aspect of general public transportation
- m. Depreciation accrued by public operators, depreciation on facilities or equipment purchased with public (i.e. Federal, State or local) capital assistance, depreciation of an intangible asset and/or depreciation in excess of the rate otherwise used for income tax purposes
- n. Interest expense on long-term borrowing and debt retirement

- o. Revenue items that directly offset transit expenses (referred to as contra items), such as the following:
 - 1. Interest income earned on working capital
 - 2. Proceeds from the sale of equipment in excess of the depreciated value (Private Operators Only)
 - 3. Cash discounts and refunds which directly offset accrued expenses
 - 4. Insurance claims and reimbursements that directly offset accrued liabilities
 - 5. State fuel tax rebates to public operators

- p. Lobbying Expenses