

Application for FY2019
FTA Section 5310: Enhanced Mobility of Seniors and Individuals with Disabilities
(49 U.S.C. Section 5310)

Name of Project: _____

Total Funding Request (Excluding Match): _____

Legal Name of Applicant: _____

Website: _____

Type of Applicant Requesting Funds: Government Non-Profit Transit Agency

Street Address: _____

City: _____ County: _____ ZIP: _____

Phone Number: _____ Fax: _____

Federal Tax ID: _____

Name and Title of Designated Official with Signature Capacity: _____

Phone Number: _____ Fax: _____

Email: _____

Name and Title of Project Contact Person: _____

Phone Number: _____ Fax: _____

Email: _____

Is your organization receiving funds from any of the following programs (mark the appropriate boxes)?

5311 5310 5339 5307 Other FTA funds

Are there any other federal or state funding sources utilized by your organization? If so, please describe.

Provide a description of your agency, including a mission statement if available.

Complete one application for each project funding request

Check the project type that applies
(please complete separate application for each type of funding requested—capital/operating)

Type of Project: Capital Project (80/20)* Operating (50/50)*

Total Project Cost: _____ ; Grant Request: _____ ;

Cash Match: _____ ;

Source of Match: _____

*Minimum required match percentage (Grant Request/Match Percentage)

Authorization:

I, _____, am the person duly authorized to sign this application and associated certifications on behalf of my agency/organization. I also acknowledge that the information in this application package is a public record.

To the best of my knowledge and belief, all the data in this application is true and correct. My agency/organization will comply with applicable Certifications and Assurances and FTA requirements if federal assistance is awarded.

Signature of Authorized Representative

Date

Title of Authorized Representative Organization/Agency

Project Narrative

Please provide a detailed project description, no more than 400 words. This summary is NOT a description of your agency but should provide a description of the purpose and specifications of the project to be funded. While capital purchases are eligible under the program, their necessity should be identified and described as to how they support the goal and purpose of the project.

Project Need and Goals

1. Describe the unmet transportation need that the proposed project seeks to address and the relevant planning effort that documents the need.
 - a. Does it cover an area targeted by the Coordinated Plan?
 - b. Describe how the project will mitigate the transportation need.
 - c. Estimate number of people served and/or number of service units that will be provided and provide beginning/ending dates.
2. Describe the project goals and objectives
 - a. Are these goals consistent with 5310 funding goals? Describe.

Please cite the source/year for data:

Total population in area served:	Enter the cumulative total in the column to the left. Source of Information:
Total number of seniors (65+) in service area:	Enter number and percentage of population served in column to the left. Source of information:
Total number of individuals with disabilities in service area:	(see above)
Total number of low-income individuals in service area:	Enter the number and percentage of population to be served who are at or below 150% of the HHS Poverty Guidelines in column to the left. Source of Information:
Other:	If your project targets other specific populations, specify group in the column to the left and percentage of total population to be served. Source of information:
Accessibility:	Describe ADA accessible aspects of your program including vehicle(s) used, facilities related to the project, clientele, etc. Source of Information.
Service availability	
Monday	Hours: __:__ a.m. to ____:____p.m.
Tuesday	Hours: __:__ a.m. to ____:____p.m.
Wednesday	Hours: __:__ a.m. to ____:____p.m.
Thursday	Hours: __:__ a.m. to ____:____p.m.
Friday	Hours: __:__ a.m. to ____:____p.m.
Saturday	Hours: __:__ a.m. to ____:____p.m.
Sunday	Hours: __:__ a.m. to ____:____p.m.
Holidays	Hours: __:__ a.m. to ____:____p.m.
Other	Hours: __:__ a.m. to ____:____p.m. or Describe

Describe service(s) currently provided to meet the needs of the elderly:

Describe services currently provided to meet the needs of individuals with disabilities:

Describe efforts made to address needs of low-income communities:

Vehicle(s) requested: Yes No (if no, skip to next section)

- a. Vehicle 1 Quantity: _____ Type: _____
- b. Vehicle 2 Quantity: _____ Type: _____
- c. Vehicle 3 Quantity: _____ Type: _____

Vehicle Usage

If you are purchasing multiple vehicles, provide a separate worksheet for each vehicles that shows calculations for the following:

- a. Average estimated number of operating days per vehicle per year: _____
- b. Average estimated number of operating hours per vehicle per year: _____
- c. Average estimated mileage per vehicle per year: _____
- d. Average estimated passenger trips per vehicle per year: _____*

*A passenger trip is each time a passenger boards a vehicle. For example, 5 passengers are taken to, and from, a destination. That would be 5 trips there and 5 trips back, totaling 10 passenger trips.

Existing Fleet

Attach a fleet inventory for existing vehicles that you use, indicating for each vehicle: Vehicle type, capacity, ADA Capacity, model year, and funding source.

Attach a replacement schedule for indicated vehicles.

Other Capital Purchase: Yes No (If no skip to next section)

Provide a list of capital equipment you will purchase with the funds from this program (other than vehicles) and describe how equipment will be utilized. Capital purchases must be used for the scope of enhancing mobility for seniors and individuals with disabilities.

Project Outcomes:

Provide both quantitative and qualitative information on each of the following measures based on your proposed project as applicable:

1. Services provided that impact availability of transportation services for seniors and/or individuals with disabilities

2. Additions/changes to infrastructure, technology, and/or vehicles that affect availability of transportation services

3. The estimated number of rides (measured by one-way trips) per year provided for seniors, individuals with disabilities, individuals below the poverty level, and/or other types of individuals proposed in your project

4. Will job access be improved by this project? Yes No

5. Estimated number of rides (as measured by one way trips) for work

6. List measurable project outcomes that will be used to demonstrate the success of this proposal

7. Anticipated number of unduplicated individuals that will be served during calendar year.

Coordination and Outreach

1. Describe existing relationships with other organizations (i.e. providers in the area and the ability of clients to access services)
 - a. Report on degree of coordination between local and regional providers and any agreements that exist (submit joint application with other applicants in area if possible and share vehicles with other providers when possible)

 - b. Include outreach plan if applicable.

 - c. Expand upon geographic range of project benefits and attach service area map.

2. How does this project expand mobility and/or availability/expansion of transportation services?

3. Will this project reduce duplication of services and/or increase efficiency? If so, explain.

4. What services will be coordinated by this project? (check all that apply)

- | | | |
|--|----------------------------------|----------------------------|
| Client Trips | Purchasing Fuel | Fare Collection System |
| Scheduling | Purchasing Supplies | Signage |
| Training | Vehicle Sharing | Accessibility Improvements |
| Preventative Maintenance | Private Transportation Contracts | Equipment Purchase |
| Dispatch Services | Trip Referrals /Coordination | OTHER |
| Operational Planning (ITS, GIS, GPS, technology) | Facilities for Passengers | |

5. Will this project charge client's fares or fees as part of the service? Describe what the fee structure will be and how it will be collected.

6. Describe how clients are acquired and/or referred to by your agency. What guidelines must they meet to qualify for proposed service, and any application procedure (if applicable). Provide copies of forms used/to be used.

7. Describe how you plan to continue providing proposal services after using 5310 funding.

8. Provide list of all agencies participating in the project, describe their roles in the project, provide letters of support from agencies for this project.

Managerial Capacity

1. Describe key personnel assigned to the project and agency's ability to manage the project.
2. Provide operational plan for delivering service. Include route/service area map if applicable. (i.e. a letter of support)
 - a. Describe operating and management plans as applicable to new, continuing and/or enhanced/expanded project proposal.

 - b. Complete and attach a project schedule with key milestones, risks, and mitigation strategies.
3. Explain how this project relates to other services or facilities provided by your agency and demonstrate how it can be achieved within your technical capacity.
4. Describe your agency's ability to provide for the financial and program management needs of this project.
5. Provide a copy of your most recent audit or financial statement

Financial Need and Project Budget

1. Describe the assumptions used to develop the budget for proposed project. Administrative expenses cannot exceed 5% of total project cost. Only direct costs will be eligible for reimbursement.
 - a. For direct labor, include job title, description of tasks to be performed, hours to be dedicated to project, and hourly rates. Include unit costs for all budget items, as applicable. Applicants may be required to provide additional details
2. Provide proof of available local financial match source
3. Describe what the effect of not receiving the requested funds will be—how will target population be affected if project is not funded.

ATTACHMENT A

**SELF CERTIFICATION FOR THE LOCALLY DEVELOPED COORDINATED PUBLIC TRANSIT- HUMAN SERVICES
TRANSPORTATION PLAN “COORDINATED PLAN”**

This project is derived from the “locally coordinated plan”, the *French Broad River Metropolitan Planning Organization Coordinated Public Transit and Human Services Transportation Plan for Buncombe, Haywood, and Henderson Counties* adopted in 2012. This application agency is identified as a _____(type) and the unmet needs presented in this application fall into the target groups ranked as a priority on page _____of the plan.

The plan can be found at:

Funding restrictions, all applicants project must be for the benefit for the citizens of the FBRMPO region.

Applicant Name

Signature of Authorized Authority, Title

Date

Appendix C: FTA Certifications and Assurances Form

1. The applicant has coordinated or will coordinate to the maximum extent feasible with other transportation providers and users, including social service agencies authorized to purchase transit service;
2. The applicant has complied or will comply with all applicable civil rights requirements, including but not limited to full compliance with Title VI of the Civil Rights Act of 1964 and related statutes and regulations, in all programs and activities (see Appendix A);
3. The applicant has complied or will comply with applicable requirements of U.S. DOT regulations regarding participation of disadvantaged business enterprises in U.S. DOT programs (see Appendix A);
4. The applicant has complied or will comply with all applicable lobbying requirements for each application (per 49 CFR 20.110) exceeding \$100,000 (see Appendix A);
5. The applicant will comply with all applicable federal requirements per the FTA Federal Fiscal Year 2017 (or latest available) list of Certifications and Assurances for Federal Transit Administration Grants and Cooperative Agreements, as referenced at:
<https://cms.fta.dot.gov/sites/fta.dot.gov/files/docs/FTA%20FY%202017%20Certifications%20and%20Assurances.pdf>

Authorized Representative of Applicant

Date

Appendix D: Civil Rights, Disadvantaged Business Enterprise, and Lobbying Requirements

Civil Rights Requirements

29 U.S.C. § 623, 42 U.S.C. § 2000

42 U.S.C. § 6102, 42 U.S.C. § 12112

42 U.S.C. § 12132, 49 U.S.C. § 5332

29 CFR Part 1630, 41 CFR Parts 60 et seq.

(1) Nondiscrimination - In accordance with Title VI of the Civil Rights Act, as amended, 42 U.S.C. § 2000d, section 303 of the Age Discrimination Act of 1975, as amended, 42 U.S.C. § 6102, section 202 of the Americans with Disabilities Act of 1990, 42 U.S.C. § 12132, and Federal transit law at 49 U.S.C. § 5332, the applicant agrees that it will not discriminate against any employee or applicant for employment because of race, color, creed, national origin, sex, age, or disability. In addition, the applicant agrees to comply with applicable Federal implementing regulations and other implementing requirements FTA may issue.

(2) Equal Employment Opportunity - The applicant agrees to the following equal employment opportunity requirements:

(a) Race, Color, Creed, National Origin, Sex - In accordance with Title VII of the Civil Rights Act, as amended, 42 U.S.C. § 2000e, and Federal transit laws at 49 U.S.C. § 5332, the applicant agrees to comply with all applicable equal employment opportunity requirements of U.S. Department of Labor (U.S. DOL) regulations, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor," 41 C.F.R. Parts 60 et seq ., (which implement Executive Order No. 11246, "Equal Employment Opportunity," as amended by Executive Order No. 11375, "Amending Executive Order 11246 Relating to Equal Employment Opportunity," 42 U.S.C. § 2000e note), and with any applicable Federal statutes, executive orders, regulations, and Federal policies that may in the future affect construction activities undertaken in the course of the Project. The applicant agrees to take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, color, creed, national origin, sex, or age. Such action shall include, but not be limited to, the following: employment, upgrading, demotion or transfer, recruitment or recruitment advertising, layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. In addition, the applicant agrees to comply with any implementing requirements FTA may issue.

(b) Age - In accordance with section 4 of the Age Discrimination in Employment Act of 1967, as amended, 29 U.S.C. § § 623 and Federal transit law at 49 U.S.C. § 5332, the applicant agrees to refrain from discrimination against present and prospective employees for reason of age. In addition, the applicant agrees to comply with any implementing requirements FTA may issue.

(c) Disabilities - In accordance with section 102 of the Americans with Disabilities Act, as amended, 42 U.S.C. § 12112, the applicant agrees that it will comply with the requirements of U.S. Equal Employment Opportunity Commission, "Regulations to Implement the Equal Employment Provisions of the Americans with Disabilities Act," 29

C.F.R. Part 1630, pertaining to employment of persons with disabilities. In addition, the applicant agrees to comply with any implementing requirements FTA may issue.

- (3)** The applicant also agrees to include these requirements in each subcontract financed in whole or in part with Federal assistance provided by FTA, modified only if necessary to identify the affected parties.
- (4)** The applicant also agrees to comply with the portion of Title VI of the 1964 Civil Rights Act that states, "No person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance." The applicant must supply any person who believes that he/she has been aggrieved by an unlawful discriminatory practice on the basis of race, color, or national origin by the applicant with a Title VI Complaint form (see Applicant Resources) & must investigate the matter.

U.S. DOT Disadvantaged Business Enterprises (DBE) Requirements

49 CFR Part 26

- (1)** The applicant agrees to meet the requirements of Title 49, Code of Federal Regulations, Part 26, Participation by Disadvantaged Business Enterprises in Department of Transportation Financial Assistance Programs.
- (2)** The applicant also agrees to not discriminate on the basis of race, color, national origin, or sex in the performance of this project. The applicant shall carry out applicable requirements of 49 CFR Part 26 in the award and administration of this project. Failure by the applicant to carry out these requirements is a material breach, which may result in the termination of this project or such other remedy as the City of Asheville deems appropriate. Each subcontract the contractor signs with a subcontractor must include the assurance in this paragraph (see 49 CFR 26.13(b)).
- (3)** The applicant also agrees to report its DBE participation obtained through race-neutral means throughout the period of performance.
- (4)** The applicant also agrees to pay its subcontractors performing work related to this project for satisfactory performance of that work no later than 30 days after the applicant's receipt of payment for that work from the City of Asheville. In addition, the applicant may not hold retainage from its subcontractors.
- (5)** The applicant also agrees to promptly notify the City of Asheville whenever a DBE subcontractor performing work related to this contract is terminated or fails to complete its work, and must make good faith efforts to engage another DBE subcontractor to perform at least the same amount of work. The applicant may not terminate any DBE subcontractor and perform that work

through its own forces or those of an affiliate without prior written consent of the City of Asheville.

Lobbying Requirements

31 U.S.C. 1352

49 CFR Part 19

49 CFR Part 20

- (1)** The applicant agrees that no Federal appropriated funds will be paid 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)** The applicant also agrees that if any funds other than Federal appropriated funds 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 applicant shall complete and submit Standard Form--LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. (See Applicant Resources.)

- (3)** The applicant also agrees to 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.

- (4)** The applicant also agrees that, 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 applicant also understands and agrees that the provisions of 31 U.S.C. A 3801, et seq., apply to this certification and disclosure, if any.

Authorized Representative of Applicant

Date