

French Broad River MPO Section 5310 - Application Form

Funding Available

FY 2022 FTA Section 5310 Funds Available to Asheville UZA	\$511,257	55% of Funds (Traditional)*	\$281,191
Section 5310 Admin at 10%	\$51,125	35% of Funds (Other)*	\$178,940
Remaining Section 5310 after Admin	\$460,132	*note: percentage divisions were calculated before 10% admin.	

Funding Type Selection

Select the funding type (check box at right, below) being applied for and notate the amount requested. Cost Sharing/Match Requirements are noted for each funding type (i.e. Federal % / Local %).

Traditional (80/20) Other (50/50) ADA vehicle equipment (90/10)

Federal Funds Requested	Local Match	Source of Match	Total Cost

Preliminary Period of Performance

All applications should develop budgets based upon the assumption of being able to utilize the funds during the Period of Performance. This may change when successful projects begin negotiations with the City of Asheville, but for application purposes sponsors should **use July 1, 2023 to June 30, 2024 as the presumed Period of Performance.**

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.

Printed Name of Authorized Representative _____

Signature of Authorized Representative _____

Title of Authorized Representative Organization/Agency _____

Date _____

Part 1:

Applicant Data

Legal Name	
Type of Applicant (check box at right)	Government <input type="checkbox"/> Non-Profit <input type="checkbox"/> Transit Agency <input type="checkbox"/>
Address	
City, State, ZIP code	
Telephone	
Email	
Organization Website	
Federal Tax ID:	
Name/Title of Designated Official with Signature Capacity	
Phone	
Email	
Name/Title of Project Contact Person	
Phone	
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

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Project Description

Title	
Brief Description	

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 Needs and Goals (35 points)

- 1. Describe the unmet transportation need that the proposed project seeks to address and the relevant planning effort that documents that need. *List the goals and corresponding plans here (i.e. the Locally Coordinated Plan, any local plans, the MTP, etc.)* Include the following:
 - a. Does the project cover an area targeted in the Coordinated Public Transit-Human Services Transportation Plan?
 - b. Describe how the project will mitigate transportation need.

- 2. What are the project’s goals and objectives? Are these goals consistent with 5310 funding goals? Describe.

3. Complete the following table (site sources 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:	In the left box, describe ADA accessible aspects of your program including vehicle(s) used, facilities related to the project, clientele, etc. Attach separate document if necessary 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

4. Describe services currently provided to meet the needs of the elderly and individuals with disabilities in your service area.

5. **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: _____

6. **Vehicle Usage**

If you are purchasing multiple vehicles, provide a separate worksheet for each vehicle 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.

7. **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.

8. **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.

9. **Organizational Capacity**

- a. Provide the existing mission statement of your organization or develop a statement for the purpose of this application that covers its mission if you do not have an existing mission statement. The mission statement should be brief, but identify the purpose of the organization, who it serves, and how that service is provided.

Be sure to make the connection of the organization’s benefits to the French Broad River MPO planning area

- How does the organization improve the quality of life within the Asheville urbanized area?
- How does the organization serve a wide range of citizens within the Asheville urbanized area?
- How does the organization demonstrate broad-based support within the urbanized area?

10. Project application should demonstrate the project is the most appropriate match of service delivery to the need. Identify performance measures to track the effectiveness of the service in meeting the identified goals.

Project Budget and Organizational Preparedness (25 points)

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. **This can be answered as an attachment with budget spreadsheet/table.**
- 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 (i.e. letter of support, please attach).
How do you propose to continue commitment to the life of the project beyond the availability of

3. Describe what the effect of not receiving the requested funds will be—how will target population be affected if project is not funded.

- Will agency seek funds from other sources for this project and/or continue this project once funding has expired? Will these funds be from another federally funded agency? If

Project Implementation (25 points)

1. Describe key personnel assigned to this project and your agency's ability to manage the project

2. Provide an operational plan for delivering service. Include route or service area map if applicable as attachment. Include any other operational planning documents deemed relevant.

Recommended (but not required) to include project schedule with key milestones as attachment

3. Explain how this project can be achieved within your technical and financial capacity.

4. Describe a plan for monitoring and evaluation of services and steps to be taken if original goals are not achieved.

5. What are the project outcomes that will be used to demonstrate the success of the project?

Equity, Coordination, Outreach (15 points)

1. Describe how the project will be coordinated with public and/or private transportation and social service agencies serving seniors and individuals with disabilities.

2. Describe efforts to market the project and promote awareness of the program.

3. Describe (or include) your Title VI Plan **or** describe the equity work/commitment to equity your organization has. How is your organization's commitment to diversity, equity, and inclusion reflected in your 5310 project? (no more than 7 sentences)

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

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

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

- | | | |
|---|--|--|
| Client Trips <input type="checkbox"/> | Operational Planning (ITS, GPS, Tech) <input type="checkbox"/> | Accessibility <input type="checkbox"/> |
| Schedules <input type="checkbox"/> | Purchasing Supplies/Fuel <input type="checkbox"/> | Fare Collection <input type="checkbox"/> |
| Training <input type="checkbox"/> | Vehicle Sharing <input type="checkbox"/> | Private Transport Contracts <input type="checkbox"/> |
| Marketing <input type="checkbox"/> | Preventative Maintenance <input type="checkbox"/> | Vehicle Storage <input type="checkbox"/> |
| Dispatching <input type="checkbox"/> | Trip Referrals <input type="checkbox"/> | Other (Describe) |
| Admin Supplies <input type="checkbox"/> | | <div style="border: 1px solid black; height: 40px;"></div> |

BONUS Alternative Fuels (5 points):

Does the project utilize high-efficiency or alternative fueled vehicles/transportation methods?

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, updated in 2018. 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 in the following sections 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.

Printed Applicant Name _____

Signature of Authorized Authority, Title _____

Date _____

Attachment B

Proposed Budget: 5310, Enhanced Mobility of Seniors and Individuals with Disabilities				
	Grant Request	Cash Match	Total Expenses	
Labor				
Management/Supervision				
Labor—Operations				
Labor—Other				
Fringe Benefits				
Purchased Service				
Vehicle and Office Supplies				
Fuel				
Other Supplies:				
Utilities				
Insurance—vehicle liability				
Other				
Taxes				
Purchased Transportation Services				
Miscellaneous Expenses				
Dues and Subscriptions				
Travel and Meetings				
Marketing				
Other				
Interest Expense				
Leases and Rentals:				
Passenger Revenue Vehicles				
Maintenance Garages				
Admin Facilities				
Other				
Capital Purchases				
Other Costs:				
Column Totals		Grant Request	Cash Match	Total Expenses
Percent	%	%	100%	

1) Note, not all rows need to show a requested amount and/or match; 2) Also, the cumulative total of the match must meet the minimum match requirement, not individual rows; 3) Provide a calculation and/or explanation of each line on this page on attached pages. For example: Labor—manager wages @\$25/hr. X 200 hrs. = \$5,000; driver wages @ \$15/hr. X 1,080 hr., etc; 4) Also provide on attached pages, per Federal Transit Administration requirements, a detailed description of matching funds, including identifying the source of funding.

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>

Printed Name of Authorized Representative of Applicant _____

Signature of 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

6. FR 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 FR 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.

Printed Name of Authorized Representative of Applicant _____

Signature of Authorized Representative of Applicant _____

Date _____