

FY 2007 - 2008
Federal Transit Grant
Application
Training

Transit and Rail Bureau



Introductions

Transit and Rail Bureau



Agenda

1. Eligibility – 5309, 5310, 5311, and 5317
2. Overview of Application Process/Timeline
3. Section-by-Section Application Review
4. Application Do's and Dont's
5. Additional Responsibilities of the Sub-grantee

Eligibility

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5309 – Capital / Vanpool

Are you eligible for 5309 Vanpool?

- Public Agencies
- Private non-profits
- Private providers of public transportation
- Have Public Regulation Commission licensing
- Provide vanpool commuter transportation with a vehicle that has a capacity of at least 7 persons

5310 - Transportation for Elderly Individuals and Individuals with Disabilities Are you eligible for 5310?

- Non-profit with 501(c)(3) or certified public body**
- Transport the elderly or disabled**
- Coordinate with other existing services**
- Never in breach of contract**

5311 - General Public Rural Transportation

Are you eligible for 5311?

- State agency, local public body, non-profit with 501(c)(3)
- Serve the general public
- Population 50,000 or less
- Advertise Notice of Applying for Funding
- Charge a fare
- Coordinate with existing providers
- Never in breach of contract

Are you eligible for 5317?

New Freedom Initiative

- Consistent with Coordinated Human Services Transportation Plan
- The purpose of the New Freedom Program is to provide improved public transportation services, and alternatives to public transportation, for people with disabilities, beyond those required by the Americans with Disabilities Act of 1990 (ADA). The program will provide additional tools to overcome barriers facing Americans with disabilities who want to participate fully in society.

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Are you eligible for 5311(c)?

Tribal Transit

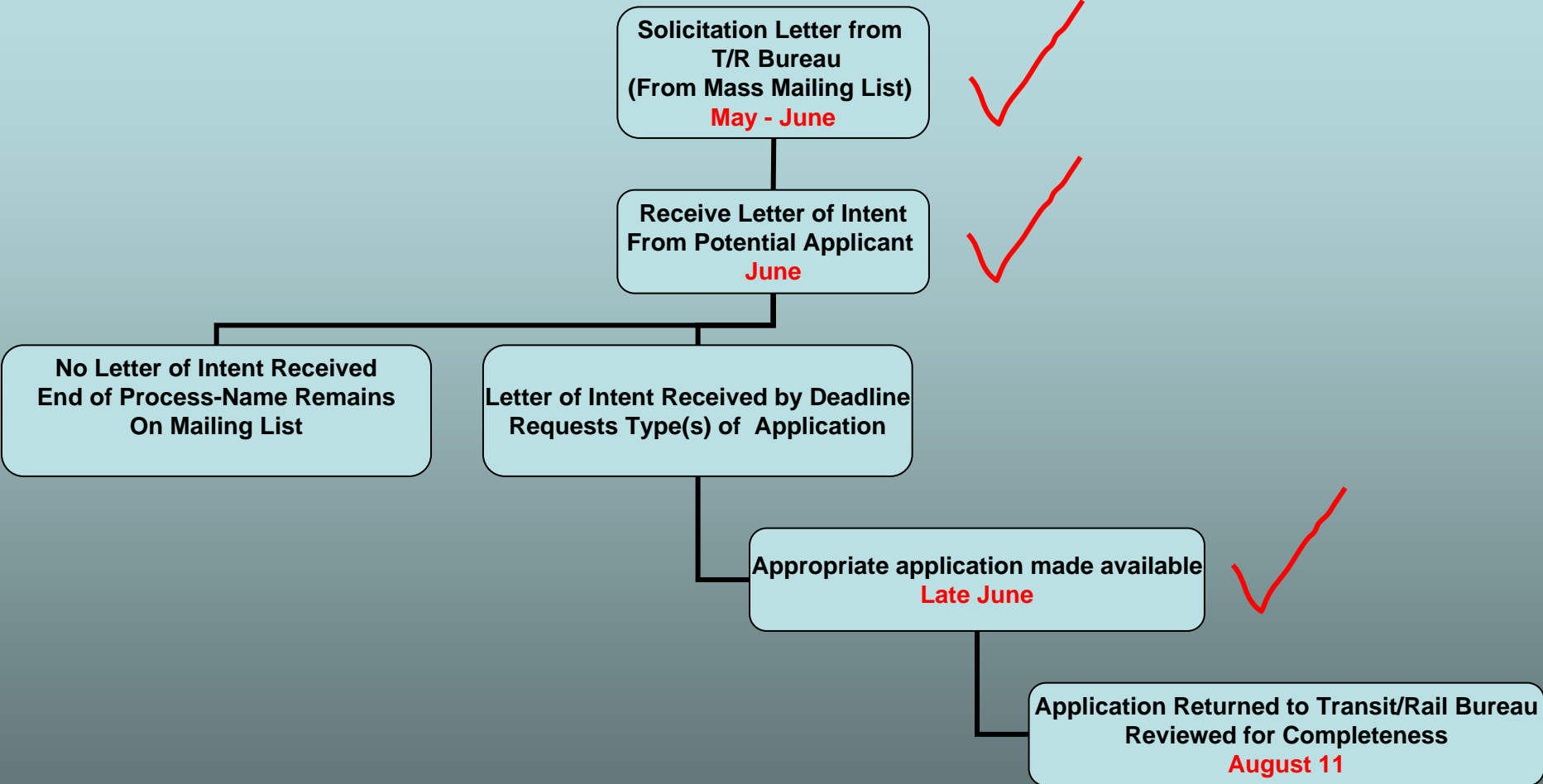
- Eligible direct recipients include Federally-recognized Indian tribes or Alaska Native villages, groups, or communities as identified by the BIA in the U.S. Department of the Interior. Unless the statute is amended to include planning as an eligible activity, eligible applicants will be limited to tribes that have completed the planning process and are ready to implement transit service and tribes with existing transit services. To be eligible applicants, tribes must have the requisite legal, financial, and technical capabilities to receive and administer Federal funds under this program.

Application Process and Timeline

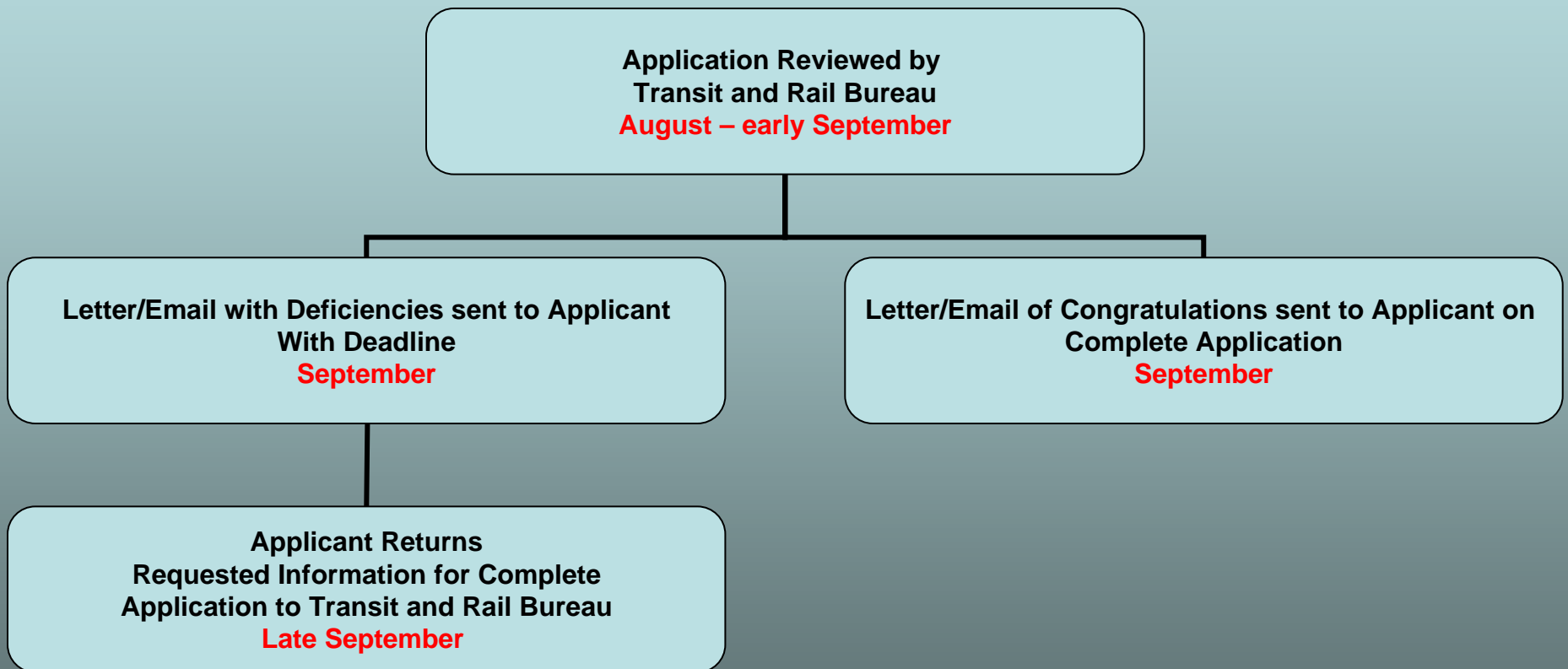
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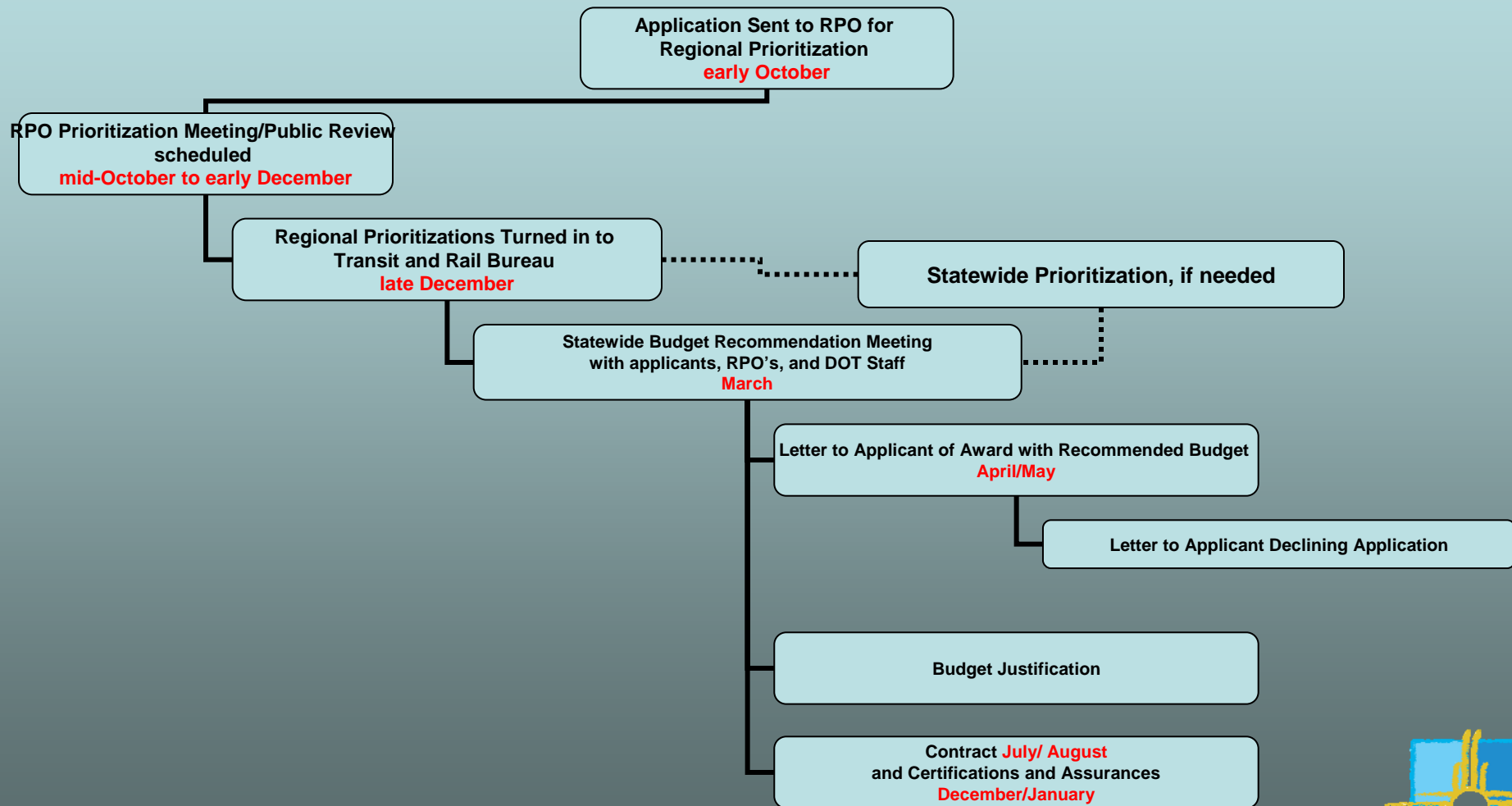
Application Process – Part I



Application Process – Part II



Application Process – Part III



Section-by-Section Application Review

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Application for 2007/2008 Grant Year Section 5311 Public Rural Transportation

I. Applicant Information

Organization:	
Contact Person:	
Mailing Address:	
City, State, ZIP:	
Phone Number:	
FAX Number:	
E-mail Address: (Required)	
Applicant Signature and Date Signed:	
Please Print	



II. Summary of Request

Please enter the dollar amount of your application request (Admin & Oper) and the equipment you wish to Purchase in the appropriate column below. This information should come directly from the budget pages in Section IX for 5311 and Section VIII for 5310 and 5309.

	Federal	Local	Total
Capital (80/20) Equipment Description:			
Administration (80/20)			
Operating (50/50)			
TOTAL			

This information must match with budget schedules for correct request

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Use the following guidelines to estimate capital costs:

	Total	FTA Share	Local Share
13-passenger modified van no lift or options	\$29,430.00	\$23,544.00	\$5,886.00
13-passenger modified van with one lift - no options	\$33,550.00	\$26,840.00	\$6,710.00
25 passenger bus with one lift	\$100,000.00	\$80,000.00	\$20,000.00
Mobile radios (price per unit, installed)	\$700.00	\$560.00	\$140.00
Base station (installed, only one required)	\$1,100.00	\$880.00	\$220.00
13-passenger bus no lift-no options	\$36,205.00	\$28,964.00	\$7,241.00
13-passenger modified bus with one lift – no options	\$40,038.00	\$32,030.40	\$8,007.60

Options are privacy glass

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III. Description of Service Area

Check the most appropriate description of your community:

- Urban area (more than 50,000 people)
- Non-urbanized/Rural (50,000 people or less)

Please list all the municipalities, counties and communities served by your program:

Please complete the following demographic information for your service area. Exact counts are preferred, but estimates are acceptable. For this section, you are describing the same group of people two different ways, so your total number of clients by ethnicity should equal the total number of clients by elderly or disabled status.

Category	# of Clients	%		%	# of Clients	Category
Black						Elderly (non-disabled)
Hispanic						Persons with Disabilities (including elderly)
Asian or Pacific Islander						Other (everyone else)
American Indian or Alaskan Native						
Anglo						
Other						
			= TOTAL* =			

TOTALS should equal.

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Where can you find demographic information?

- Libraries or colleges
- www.census.gov
- Regional Planning Organizations
- Use state or county data to approximate

IV. Type of Service Provided

The service you provide or intend to provide will be (check all that apply):

- Fixed route-vehicles will travel on specific roads and stop at pre-designated locations according to a schedule

- Modified fixed route-vehicles travel from Point A to Point B but go out of the way to pick up or drop off

- Demand responsive-vehicles pick people up when they need a ride (similar to a taxi service)

Check the most appropriate description of your community:

- Urban area (more than 50,000 people)
- Non-urbanized/Rural (50,000 people or less)

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This request for funding will (check all that apply):

- start up new services
- maintain service at current level
- reduce service from current level
- expand existing service to additional areas

Please briefly describe, if applicable, the new or expanded service.

V. Vehicle Inventory – Include all vehicles used

Make/ Model	Year	Mileage	Status	Ambulatory Capacity	W/C Spaces	L i f t ?	Condition	Original Source of Funding	Replace Date

Status Codes: R = Regular Service B=Backup S=Spare

Condition Codes: E = Excellent G = Good F = Fair

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VI. Project Coordination

Please attach a description of your efforts to coordinate service with other organizations (i.e. senior centers, other §5310, §5311 providers, and JARC/TANF programs), local governments, etc. Include discussion of your efforts to coordinate JARC/TANF services with local Income Support Divisions and NM Human Services Dept. Please document when and where your public notice appeared and discuss the responses received. Attach a copy of your public notice or your affidavit of public notice of your intent to apply for federal funds here.

VII. Program Justification

Please attach an essay (no longer than five pages) explaining in detail the need for this program. Please include any changes or expansions in your program and tie them to your budget request. Please include your mission statement, goals and objectives for your program for Fiscal Year 2007-2008. We also request that you attach your current Operations Profile here. The Operations Profile should contain the information outlined on page thirteen (13) of this application. This will not count towards your five page limit.

VIII. Civil Rights

Please provide a list of any active law suits or complaints naming you with alleged discrimination on the basis of race, color, sexual preference, or national origin with respect to service or other transit benefits.

Also provide a summary of all civil rights compliance review activities conducted during the last three (3) years. The summary shall include:

1. purpose or reason for review;
2. Name of organization performing the review;
3. Summary of findings and recommendations of the review; and
4. Report on the findings and recommendations of the review.

Finally, provide a list of all pending applications for financial assistance and all financial assistance currently provided by other federal agencies.

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IX. Financial Information

•Capital Budget

- Be specific, what are your needs and why
- Enter actual expenditures from FY 04-05 and FY 05-06, your approved budget from FY 06-07, and projected budget for FY 07-08
- Will NMDOT purchase the vehicle (Capital to Vendor)? or will the Sub-grantee purchase it (Capital to Sub-grantee)? NMDOT-sponsored Vehicle Price Agreement is only for vans and mini-buses. Larger vehicles need to be purchased directly by the sub-grantee.

•Administrative Budget

- Use these line items or ones from CRRAFT, do not create new ones
- Justify any line item increase of 20% or greater in Section VII
- Enter actual expenditures from FY 04-05 and FY 05-06, your approved budget from FY 06-07, and projected budget for FY 07-08

•Operating Budget

- Same as Administrative Budget
- Be sure all budget numbers equal the numbers on Page 1, Section II

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X. Checklist

- Be sure to review this and check off the appropriate item as you complete your application
- Be sure to read the bold note – it contains very important information
- Be aware of application deadline
- Be aware of how many copies to mail to Transit/Rail Section. Use track-able mailing method -- UPS/FedEx/Certified.

X. Checklist

THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS APPLICATION. SHOULD ANY OF THESE ITEMS BE MISSING OR INCOMPLETE, THE APPLICATION MAY BE REJECTED BY THE NEW MEXICO STATE DEPARTMENT OF TRANSPORTATION. THIS CHECKLIST MUST BE SUBMITTED WITH THE APPLICATION. DO NOT LEAVE ANY ITEMS BLANK.

- 1. Application Information and Summary of Request Page (signed) _____
- 2. Copy of Articles of Incorporation _____
- 3. Copy of 501(c)3 Certification– see attachment for example _____
- 4. Description of Service Area Page _____
- 5. Map of Service Area (on 8 1/2 X 11 page) _____
- 6. Type of Service Provided Page _____
- 7. Vehicle Inventory _____
- 8. Affidavit of Publication of Notice of Intent to Apply _____
- 9. Project Coordination _____
- 10. Justification of Funding _____
- 11. Civil Rights Documentation _____
- 12. Capital Budget Page _____
- 13. Operating Budget Page _____
- 14. Administrative Budget Page _____
- 15. Operations Profile _____
- 16. Municipal Letter of Resolution of Support _____
- 17. Copy of the most current audit (Transportation Section Only) _____

- COMPLETE ONLY IF APPLICABLE (See Application Guide, Section VI) _____

- 18. Copy of Published Public Hearing Notice _____
- 19. Affidavit of Publication of Public Hearing Notice _____
- 20. Minutes of Public Hearing, Copies of Exhibits and Written Statements _____

MAIL ONE APPLICATION WITH ORIGINAL SIGNATURE AND TWO ADDITIONAL COPIES POSTMARKED NO LATER THAN _____ APPLICATIONS POSTMARKED AFTER THIS DATE WILL NOT BE CONSIDERED. FAX AND E-MAIL COPIES OF YOUR APPLICATION ARE NOT ACCEPTABLE.

Please be aware that if your application is selected for funding, you will be required to submit signed copies of the FTA Certifications and Assurances and the FTA Civil Rights Reporting Form.



XI. Operations Profile

- Be sure to include your operations profile – 5311
- Does not have to be elaborate or bound
- This document becomes part of the Memorandum of Agreement, Attach. A.

XII. Notice of Applying for Funding

- This notice is published in your local newspapers, representing your area of service. You must send letters to taxi companies, private bus companies, Medicare transport companies, local shuttle or charter services. This must be done very early in the process. You must include the affidavit of publication with the application, and the newspaper furnishes this only after the invoice for the ad has been paid.

Public Hearing in Response to Notice of Applying for Funds

- Only do this if a respondent asks you to IN WRITING
- Find a location that is ADA compliant
- Advertise at least two weeks prior to meeting
- Mail notice to existing service providers
- Allow all parties to submit written and/or oral statement
- Submit minutes and written statements with application.

Application DO's and DON'Ts

- DO NOT include maps or attachments that are larger than 8 ½ X 11 (letter page size).
- DO NOT bind or put in folders or notebooks.
- DO NOT include promotional or advertising items.
- DO NOT laminate your pages
- DO include a copy of the Transit Audit ONLY.
- DO review your application and make sure that it is signed
- DO include the original application and TWO copies. Make sure copies are legible, including original color reproductions that are now in black/white.

Additional Responsibilities of the Sub-grantee

- Alcohol and Drug Testing Compliance MIS Reports – This is an annual reporting requirement. Calculated on a calendar year. It is important you have copies of all pre-employment, random, post accident, reasonable suspicion and follow up tests. Your report is completed based on this information.
- There is a clause in the Memorandum of Agreement (MOA) about Transit and Rail Bureau mandatory meetings. You will be advised of these prior to the meeting. If it is not specified, then it is not mandatory.
- There also is a clause in the MOA stating that if the information submitted on your monthly invoice is not correct, Transit and Rail Bureau reserves the right to withhold payment until it is corrected.
- Soon after the MOA is fully executed, the Certifications and Assurances are sent out. They are not sent at the same time because the FTA issues them and are available around December – January. These are an FTA requirement and the signature page must be on file with Transit and Rail Bureau . This is signed by the Transit Director, and the entities' attorney.

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FEDERAL FISCAL YEAR 2006 CERTIFICATIONS AND ASSURANCES FOR FEDERAL TRANSIT ADMINISTRATION ASSISTANCE PROGRAMS

(Name of Applicant: _____)

The Applicant agrees to comply with applicable requirements of Categories 01 - 16. _____

(The Applicant may make this selection in lieu of individual selections below.)

OR

The Applicant agrees to comply with the applicable requirements of the following Categories it has selected:

<u>Category</u>	<u>Description</u>	
01.	Required of Each Applicant	_____
02.	Lobbying	_____
03.	Private Mass Transportation Companies	_____
04.	Public Hearing	_____
05.	Acquisition of Rolling Stock	_____
06.	Bus Testing	_____
07.	Charter Service Agreement	_____
08.	School Transportation Agreement	_____
09.	Demand Responsive Service	_____
10.	Alcohol Misuse and Prohibited Drug Use	_____
11.	Interest and Other Financing Costs	_____
12.	Intelligent Transportation Systems	_____
13.	Urbanized Area, JARC, and Clean Fuels Programs	_____
14.	Elderly and Persons with Disabilities Program	_____
15.	Nonurbanized Area Formula Program	_____
16.	State Infrastructure Bank Program	_____

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(Both sides of this Signature Page must be appropriately completed and signed as indicated.)



FEDERAL FISCAL YEAR 2006 FTA CERTIFICATIONS AND ASSURANCES SIGNATURE PAGE

(Required of all Applicants for FTA assistance and all FTA Grantees with an active capital or formula project)

AFFIRMATION OF APPLICANT

Name of Applicant: _____

Name and Relationship of Authorized Representative: _____

BY SIGNING BELOW, on behalf of the Applicant, I declare that the Applicant has duly authorized me to make these certifications and assurances and bind the Applicant's compliance. Thus, the Applicant agrees to comply with all Federal statutes, regulations, executive orders, and Federal requirements applicable to each application it makes to the Federal Transit Administration (FTA) in Federal Fiscal Year 2006.

FTA intends that the certifications and assurances the Applicant selects on the other side of this document, as representative of the certifications and assurances in Appendix A, should apply, as required, to each project for which the Applicant seeks now, or may later, seek FTA assistance during Federal Fiscal Year 2006.

The Applicant affirms the truthfulness and accuracy of the certifications and assurances it has made in the statements submitted herein with this document and any other submission made to FTA, and acknowledges that the provisions of the Program Fraud Civil Remedies Act of 1986, 31 U.S.C. 3801 *et seq.*, as implemented by U.S. DOT regulations, "Program Fraud Civil Remedies," 49 CFR part 31 apply to any certification, assurance or submission made to FTA. The criminal fraud provisions of 18 U.S.C. 1001 apply to any certification, assurance, or submission made in connection with the Urbanized Area Formula Program, 49 U.S.C. 5307, and may apply to any other certification, assurance, or submission made in connection with any other program administered by FTA.

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In signing this document, I declare under penalties of perjury that the foregoing certifications and assurances, and any other statements made by me on behalf of the Applicant are true and correct.

Signature _____ Date: _____

Name _____

Authorized Representative of Applicant

AFFIRMATION OF APPLICANT'S ATTORNEY

For (Name of Applicant): As the undersigned Attorney for the above named Applicant, I hereby affirm to the Applicant that it has authority under state and local law to make and comply with the certifications and assurances as indicated on the foregoing pages. I further affirm that, in my opinion, the certifications and assurances have been legally made and constitute legal and binding obligations on the Applicant.

I further affirm to the Applicant that, to the best of my knowledge, there is no legislation or litigation pending or imminent that might adversely affect the validity of these certifications and assurances, or of the performance of the project.

Signature _____ Date: _____

Name _____

Attorney for Applicant

Each Applicant for FTA financial assistance (except 49 U.S.C. 5312(b) assistance) and each FTA Grantee with an active capital or formula project must provide an Affirmation of Applicant's Attorney pertaining to the Applicant's legal capacity. The Applicant may enter its signature in lieu of the Attorney's signature, provided the Applicant has on file this Affirmation, signed by the attorney and dated this Federal fiscal year.

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Questions?

Contact Information:

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