

# Huntington, WV-KY-OH Urbanized Area

## Section 5310 FTA Funding for Mobility Management Services

To Provide Mobility Management Services for Seniors and  
Individuals with Disabilities



## TABLE OF CONTENTS

General Information	1
Application Format	2
Application Calendar	3
Application Checklist	4
Section I: Applicant Information	5
Section 2: Funding Proposal, Source of Local Match	6
Section 3: Mobility Management Application	8
Attachment 1: Authorizing Resolution Certificate	15
Attachment 2: Verification Certification	17
Attachment 3: Articles of Incorporation	18
Attachment 4: Intergovernmental Review	19
Attachment 5: Certifications	22
<b>Appendices</b>	
Appendix A: Section 5310 Program Requirements	A-1
Appendix B: Title VI and LEP	B-1
Appendix C: Monthly Reporting Examples	C-1

## General Information

### Introduction

KYOVA Interstate Planning Commission (KYOVA) and Tri-State Transit Authority (TTA) are seeking proposals from applicants who desire to provide mobility management services that are designed to meet the needs of seniors, low income and individuals with disabilities. TTA intends to fund these services from organizations located within the Huntington, WV-KY-OH Urbanized Area to enhance/expand transportation services for seniors, low income and individuals with disabilities. Requests are limited to \$50,000 per year (80% federal/20% local).

### Purpose of the Program

To provide funding for mobility management services such as the planning and implementation of coordinated services; operation of transportation brokerage; and/or customer travel navigator activities.

***Note: Funds provided under this program are not meant to replace other funds received for special needs transportation, nor are the services to be provided intended to replace any services currently provided by your agency or any local transit agency.***

The Section 5310 Program is jointly administered by the FTA, Tri-State Transit Authority and KYOVA Interstate Planning Commission. FTA regulations require TTA to prepare and submit a Section 5310 Application on behalf of all recommended agencies within the Huntington, WV-KY-OH Urbanized Area. Accordingly, TTA and KYOVA Interstate Planning Commission are responsible for notifying potential applicants and eligible local entities of funding availability; developing project selection criteria; preparing the application packet; determining an applicant's eligibility; and selecting projects for inclusion in the 5310 Application. Upon FTA approval of the 5310 application, TTA will contract with approved agency for Mobility Management Services. TTA is required to ensure that all approved agencies comply with federal requirements.

The 2024 Section 5310 Program Application Packet has been prepared to provide agencies requesting funding with information and guidance on the Section 5310 Program. Included is information on how to comply with program rules and regulations, and reporting obligations (Appendix A). It is imperative that each applicant adhere to the established guidelines and the calendar provided in this packet. TTA is unable to guarantee that every request for funds will be met.

Eligible applicants include:

- (a) designated recipients of FTA Section 5307 funding;
- (b) Private non-profit organizations, if public transportation service provided by State and local governmental authorities is unavailable, insufficient, or inappropriate;
- (c) governmental authorities that certify to the Governor that no non-profit organizations are readily available in an area to provide the special services; and,
- (d) governmental authorities approved by the state to coordinate services for seniors and individuals with disabilities.

Agencies applying for funding to provide mobility management services must demonstrate that they have the resources and managerial capabilities to carry out the project.

## **APPLICATION FORMAT**

This application packet has been assembled in a very specific format which KYOVA and TTA hope will reduce the amount of preparation time and aid in the fair evaluation of each application. **Applications received, that do not follow this format, will be returned for revision to the submitting organization which may jeopardize your organization's Section 5310 funding.**

**A checklist of items to be included in your application packet has been provided on Page 4.**

The pages of the application packet that you will be required to submit have been numbered for you.

***Applications will not be accepted without a positive Local Intergovernmental Review. An Application for Federal Assistance (provided on Page 19) must be completed in order to receive an Intergovernmental Review. The applicant will be notified immediately of the status of the review following the process, and whether or not the application will proceed. The Application for Federal Assistance must be submitted with your application on or before Friday, February 28, 2025.***

KYOVA and TTA Staff are available to answer any questions concerning this application packet and may be reached at the following numbers: KYOVA (304-523-7434) and TTA (304-529-6094).

On or before 4:00 p.m., February 28, 2025 please submit one (1) original of your agency's application to KYOVA, at the following address:

**KYOVA Interstate Planning Commission  
400 Third Avenue  
Huntington, WV 25701**

**Or**

**P. O. Box 939  
Huntington, WV 25712  
Phone: 304-523-7434**

**APPLICATION CALENDAR FOR FY 2024**  
**SECTION 5310**  
**MOBILITY MANAGEMENT SERVICES**

This calendar has been provided for use as a guide in planning the completion and submission of your application. Applicants should adhere to the dates as outlined to ensure proper completion and timely submission of their applications.

- |                    |   |
|--------------------|---|
| <b>January 17</b>  | Applications available  |
| <b>January 24</b>  | Letters of Intent to be received by KYOVA and TTA.  |
| <b>February 28</b> | Last day for application to be submitted to KYOVA   |
| <b>March</b>       | KYOVA and TTA reviews applications, projects are selected for inclusion in the Huntington, WV-KY-OH Urbanized Area 5310 Application to FTA. |
| <b>April</b>       | Huntington, WV-KY-OH Urbanized Area 5310 Applications submitted to FTA  |

KYOVA staff will be available by phone or email to answer questions and assist with application throughout the entire application process. (304.523.7434 or [bwild@kyovaipc.org](mailto:bwild@kyovaipc.org))

## APPLICATION CHECKLIST

- Letter of Intent
- Section 1: Applicant Information
- Section 2: Funding Proposal & Source(s) of Match
- Notarized** Proof of Necessary Local Matching Funds
- Section 3: Grant Application

### Attachments

- Attachment 1: Authorizing Resolution (*Signed in Blue Ink*)
- Attachment 2: Verification Certification (**Signed in Blue Ink**)
- Attachment 3: Articles of Incorporation (*IRS tax Exemption letter is not acceptable*)
- Attachment 4: Application for Federal Assistance to Complete Intergovernmental Review (**Signed in Blue Ink**)
- Attachment 5: Certifications and Assurances (**Signed in Blue Ink**)

### Appendices

- Appendix A: Section 5310 Program Requirements
- Appendix B: Title VI Nondiscrimination and LEP
- Appendix C: Examples of Monthly Section 5310 Expenditure Report Forms

### Other Attachments

- Other information directly related to the project

# SECTION 5310 PROGRAM APPLICATION

## MOBILITY MANAGEMENT

### Section 1: Applicant Information

<b>APPLICANT NAME</b>		
<b>LEGAL NAME OF BUSINESS</b>		
<b>DOING BUSINESS AS (IF APPLICABLE)</b>		
<b>ADDRESS</b>		
<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>PHONE NUMBER</b>		<b>FAX NUMBER</b>
<b>AGENCY EMAIL</b>		
<b>CONTACT PERSON FOR APPLICATION</b>		
<b>PHONE NUMBER</b>		<b>FAX NUMBER</b>
<b>CONTACT EMAIL</b>		
<b>FEDERAL TAX ID</b>		<b>DUNS#</b>
<b>IS THERE A PUBLIC TRANSIT SYSTEM IN YOUR AREA?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		

### REFERENCES

New applicants: Please fill out the table below with references from up to three of your current funders. By filling out this table you are allowing West Virginia Department of Transportation (WVDOT), Kentucky Transportation Cabinet (KYTC), Ohio Department of Transportation (ODOT), KYOVA Interstate Planning Commission (KYOVA) and Tri-State Transit Authority (TTA) to contact these references.

NAME	ORGANIZATION	PHONE NUMBER	EMAIL

## SECTION 2 FUNDING PROPOSAL

*Develop Cost Price Analysis for each year of the project to determine the unit rate and annual funding level.*

### FUNDING IS LIMITED TO \$50,000 PER YEAR

	<u>2025</u>	<u>2026</u>	<u>2027</u>
	7/1/24 - 6/30/25	7/1/25 - 6/30/26	7/1/26 - 6/30/27
<b>Direct Operating Costs:</b>			
Fuel, Lubricants and Tires	_____	_____	_____
Maintenance Costs	_____	_____	_____
Insurance Costs	_____	_____	_____
<b>Direct Labor Costs:</b>			
Salaries: Manager	_____	_____	_____
Drivers	_____	_____	_____
Others	_____	_____	_____
Fringe Benefits	_____	_____	_____
Service Marketing	_____	_____	_____
Contracted Services	_____	_____	_____
Administrative & Reporting Costs	_____	_____	_____
<b>Indirect Costs:</b> can be no higher than 10% Overhead (Rent & Others)	_____	_____	_____
Other Indirect Costs (explain)	_____	_____	_____
<b>Subtotal</b>	_____	_____	_____
Less Passenger Fares & Donations	_____	_____	_____
Less Other _____	_____	_____	_____
<b>Total Project Cost</b>	_____	_____	_____
<b>Proposed Units of Service</b>	<u>2025</u>	<u>2026</u>	<u>2027</u>
Number of Service Miles			
Service Hours			
Passenger Trips			
(check the one your agency is using as the basis for the unit rate)	_____	_____	_____
<b>Unit Rate</b>	<u>2025</u>	<u>2026</u> <u>Estimated</u>	<u>2027</u> <u>Estimated</u>
Total Project Cost Divided by Proposed Units of Service	_____	_____	_____



## Source(s) of Local Match

Local Contribution Source(s)	<u>2025</u>	Amounts <u>2026</u>	<u>2027</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>Total Local Contributions</b>	_____	_____	_____
<b>Local Matching Ratio</b>			
Total Local Contributions			
Divided by Total Project			
Cost (Must be at least 20%)	_____	_____	_____

Local match can be derived from Non-U.S. Department of Transportation Federal Programs including, but not limited to: Title III-B of the Older Americans Act or certain Health and Human Resources programs; state programs, local contributions or grants.

**Attach documentation of local support immediately behind this page.**

### Section 3: Mobility Management Application

1) Provide a description of your agency. Include a mission statement if available.  
(If applicable, be specific about the management of your transportation services.)

2) What are your organization's funding sources?

#### **Service Area and Demographics**

Please cite the *source* and the *year* for your demographic data for questions four (3) through eight (8).

3) What is the proposed geographic area to be served by your agency (county or counties, cities and towns)? **(Submit a map or maps as an Attachment.)**

4) Total *population* (number of persons) in your proposed service area? \_\_\_\_\_

5) What is the *percentage* of persons below poverty level in your proposed service area? \_\_\_\_\_

6) What is the *percentage* of unemployment in your proposed service area? \_\_\_\_\_

7) What is the *percentage* of the minority populations in your proposed service area for the following groups?

Asian \_\_\_\_\_ American Indian or Pacific Islands \_\_\_\_\_ Black \_\_\_\_\_  
Alaskan Native \_\_\_\_\_ Hispanic \_\_\_\_\_ Caucasian \_\_\_\_\_ Other \_\_\_\_\_

8) What is the *percentage* of the disabled *population* in your proposed service area? \_\_\_\_\_

#### **Existing / Current Transportation Services (if applicable)**

9) Describe the current transportation service(s) that your organization provides:

10) If your organization does have a written vehicle maintenance plan, does it meet the manufacturer's minimum requirements?

Yes

No

*(For questions 11-13), answer the questions that apply to your organization.)*

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

12) Description of service(s) currently provided to meet the needs of the disabled:

13) Description of efforts made to address the needs of low-income communities:

14) Please identify in the table below **ALL** other transportation providers (public and private) in the proposed geographic area or areas that you serve.

Name and Address of Provider	Contact Person & Phone Number	Service Area	Number of Vehicles	Frequency & Type of Service Provided	Wheelchair Accessible (Yes/No)

**Proposed Project Description**

15) Project Name:

16) Does your project address any gaps in service as identified by the KYOVA Human Services Public Transportation Coordination Plan? If you are unsure check <http://www.kyovaipc.org> >Transit on the website for a copy of the TMA Coordinated Public Transit-Human Services Transportation Plan?

Yes       No

Is this project included in the lists of projects that address gaps in service as identified in the plan?

Yes       No

17) Describe the project:

18) Does any public transportation exist in the area that is served by the proposed project?

Yes       No

If yes, explain how public transit will be partnering in the proposed project.

19) Describe the processes that your agency undertakes to ensure that the proposed mobility management services are or will be coordinated to the maximum extent possible with other federally funded agencies and private transportation providers in the proposed service area.

20) Describe the consultation process with the public and the level of involvement of the community to be served (public assistance recipients, low-income residents, persons with disabilities, elderly, etc.)

21) Describe your agency's plan for marketing the proposed services to seniors, individuals with disabilities and low-income persons in the proposed service area.

*Provide information identified below to support your application*

22) Mark the appropriate box or boxes and fully describe the attributes that contribute to your proposed program. Use additional space to detail your response.

Mobility Manager

Innovative Approaches- identify any innovative techniques and approaches that contribute to the proposed project.

Use of Transit Based Strategies-Describe any commitment by transit providers that will contribute to the success of the project.

Linkages to Other Community Resources and Services-identify available support services that complement the transportation activities and are critical to ensuring that the community gets adequate access to transportation services.

Other Strategies- Describe other locally-specific actions strategies and linkages, about which FTA/DOT should be aware, that were not captured in the preceding criteria.

**Operations of Your Agency**  
**(Staffing and Capacity)**

23) Indicate the hours and days of operation:

24) Total full-time employees:

25) Number of full-time drivers (if applicable):

26) Other than drivers, please describe the position and duties of other full-time employees:

27) Do you employ any part-time employees? If so, list positions below with a brief description of their duties:

28) Do you utilize volunteers? If so, how many and for what kinds of service or projects:



# ATTACHMENT 1

On the following two (2) pages is a statement authorizing you to file a grant application on behalf of your organization. Complete all blanks and place it directly after the cover page in your application. (Do not retype). **Sign the resolution using a blue pen.**

## AUTHORIZING RESOLUTION CERTIFICATE

I, \_\_\_\_\_, do hereby certify that I am the duly qualified and acting  
(Name of Certifying Officer)

\_\_\_\_\_ of the \_\_\_\_\_ and as such, I am the  
(Title of Certifying Officer) (Name of Applicant)

keeper of the seal, records, and files of the \_\_\_\_\_.  
(Name of Applicant)

I do further certify that a regularly constituted meeting of the \_\_\_\_\_  
(Name of Applicant)

of the Board of Directors, Executive Committee, etc., \_\_\_\_\_ held on the \_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_, at which a quorum of all of the members were present and voting, a certain resolution was

(Unanimously) (or)  (By Majority Vote) (Check one of the blanks) adopted in full conformance

and authority with the  Bylaws of the Applicant or  Statutes of the State of

WV/KY/OH (check one of the blanks) as made and provided, and that the following is a complete and

true copy of the pertinent provisions of said Resolution:

1. That an application be made to Tri-State Transit Authority for Federal grant under the Section 5310 Program to acquire funds to provide (brief description of project).

2. That \_\_\_\_\_ of the \_\_\_\_\_  
(Name of Authorized Individual) (Name of Applicant)

is authorized to furnish such additional information as may reasonably be required by the

Federal Transit Administration or Tri-State Transit Authority in connection with aforesaid

application for said grant.

I further certify that the original of the complete said Resolution is on file in the records of the \_\_\_\_\_ in my custody.  
(Name of Applicant)

I do further certify that the foregoing Resolution remains in full force and effect and has not been rescinded, amended, or altered in any manner since the date of its adoption.

IN WITNESS WHEREOF, I have affixed my official signature and the seal (if appropriate) of the \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**SEAL**

\_\_\_\_\_  
Certifying Officer Signature  
\_\_\_\_\_

## ATTACHMENT 2

### VERIFICATION CERTIFICATION

*(Sign the following certification using a blue pen)*

I am an officer of the applicant corporation herein and am authorized to make this verification on its behalf. The statements in the foregoing application and its exhibits are true to the best of my knowledge.

I declare that the following is true and correct.

Executed on \_\_\_\_\_ at \_\_\_\_\_

(Date)

(City and State)

\_\_\_\_\_

(Signature of Officer)

\_\_\_\_\_

(Title)

## **ATTACHMENT 3**

### **ARTICLES OF INCORPORATION**

Submit a copy (**must be on 8 ½" X 11" size paper**) of your organization's articles of incorporation. The Articles of Incorporation should be inserted directly following the Verification Assurance when submitting your application.

*Note: A tax exempt statement from the IRS is not acceptable.*

## ATTACHMENT 4

### APPLICATION FOR FEDERAL ASSISTANCE TO COMPLETE INTERGOVERNMENTAL REVIEW – ALL APPLICANTS

All Applicants must complete the Intergovernmental Review. Please see instructions below as the process for West Virginia, Ohio and Kentucky applicants may be different.

#### **West Virginia and Ohio Applicants**

Along with your application, you must submit an Application for Federal Assistance necessary to complete an Intergovernmental Review. Please fill out the highlighted sections. It is not necessary for your local planning organization to submit your local intergovernmental review to the State Clearinghouse. TTA will do this for you. Once a positive Intergovernmental Review is complete, your agency will be notified by KYOVA. **TTA and the Federal Transit Administration will not accept any applications that do not have a positive local intergovernmental review.**

#### **Kentucky Applicants**

The Kentucky State Clearinghouse has been designated as the state Single Point of Contact (SPOC) and is charged with providing state and local input to the appropriate federal agency. At the state level this task is accomplished by identifying those state agencies that should be involved in the planning and development of activities by Executive Order 12372, and providing these agencies with the opportunity to evaluate proposals in a timely, effective fashion. All federal applications are subject to EO 12372 Intergovernmental Review Process unless the application specifically states not subject to EO 12372.

The Kentucky State Clearinghouse processes the Intergovernmental Review Applications through an e-clearinghouse at the Kentucky Department for Local Government (DLG). All information and forms may be found at: [https://kydlgweb.ky.gov/FederalGrants/16\\_eClearinghouse.cfm](https://kydlgweb.ky.gov/FederalGrants/16_eClearinghouse.cfm). If you have any questions or need assistance completing the forms, contact KYOVA Interstate Planning Commission. DLG will provide a letter of review to the applicant, which will serve as the required documentation for the Intergovernmental Review Process for the Section 5310 application.

#### **All Applicants**

***An Application for Federal Assistance must accompany your application when submitted to KYOVA Interstate Planning Commission on or before February 28, 2025. Projects must receive a positive Intergovernmental Review to be considered for funding.***

It is the applicant's responsibility to ensure that it allows the local planning organizations and Kentucky DLG adequate time to review the application. **Most planning organizations and the Kentucky DLG may take 30 to 45 days to review an application.**

**APPLICATION FOR  
FEDERAL ASSISTANCE**

(only fill in highlighted fields)

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<b>2. DATE SUBMITTED</b>	Applicant Identifier
			<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
			<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<b>5. APPLICANT INFORMATION</b>				
Legal Name:		Organizational Unit:		
Organizational DUNS:		Department:		
Address:		Division:		
Street:		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>		
City:		Prefix:	First Name:	
County:		Middle Name		
State:		Last Name		
Zip Code		Suffix:		
Country:		Email:		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> △△-△△△△△△△△		Phone Number (give area code)	Fax Number (give area code)	
<b>8. TYPE OF APPLICATION:</b> PICK ONE <input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)    △    △		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types)  Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): △△-△△△		<b>9. NAME OF FEDERAL AGENCY:</b>		
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.):		<b>11. DESCRIPTIVE TITLE, BRIEF DESCRIPTION AND LOCATION OF APPLICANT'S PROJECT:</b>		
<b>13. PROPOSED PROJECT</b> Start Date:    Ending Date:		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant    b. Project		
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$	DATE:		
c. State	\$	PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$	b. No. <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
f. Program Income	\$	<input checked="" type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$			
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>				
a. Authorized Representative				
Prefix	First Name		Middle Name	
Last Name			Suffix	
b. Title			c. Telephone Number (give area code)	
d. Signature of Authorized Representative			e. Date Signed	

## INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

This is a standard form used by applicants as a required face sheet for pre-applications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

Item:	Entry:	Item:	Entry:																
1.	Select Type of Submission.	11.	Enter a brief descriptive title, description and location of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.																
2.	Date application submitted to Federal agency (or State if applicable) and applicant's control number (if applicable).	12.	List only the largest political entities affected (e.g., State, counties, cities).																
3.	State use only (if applicable).	13.	Enter the proposed start date and end date of the project.																
4.	Enter Date Received by Federal Agency Federal identifier number: If this application is a continuation or revision to an existing award, enter the present Federal Identifier number. If for a new project, leave blank.	14.	List the applicant's Congressional District and any District(s) affected by the program or project																
5.	Enter legal name of applicant, name of primary organizational unit (including division, if applicable), which will undertake the assistance activity, enter the organization's DUNS number (received from Dun and Bradstreet), enter the complete address of the applicant (including country), and name, telephone number, e-mail and fax of the person to contact on matters related to this application.	15.	Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15.																
6.	Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.	16.	Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.																
7.	Select the appropriate letter in the space provided. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">A. State</td> <td style="width: 50%;">I. State Controlled Institution of Higher Learning</td> </tr> <tr> <td>B. County</td> <td>J. Private University</td> </tr> <tr> <td>C. Municipal</td> <td>K. Indian Tribe</td> </tr> <tr> <td>D. Township</td> <td>L. Individual</td> </tr> <tr> <td>E. Interstate</td> <td>M. Profit Organization</td> </tr> <tr> <td>F. Intermunicipal</td> <td>N. Other (Specify)</td> </tr> <tr> <td>G. Special District</td> <td>O. Not for Profit Organization</td> </tr> <tr> <td>H. Independent School District</td> <td></td> </tr> </table>	A. State	I. State Controlled Institution of Higher Learning	B. County	J. Private University	C. Municipal	K. Indian Tribe	D. Township	L. Individual	E. Interstate	M. Profit Organization	F. Intermunicipal	N. Other (Specify)	G. Special District	O. Not for Profit Organization	H. Independent School District		17.	This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.
A. State	I. State Controlled Institution of Higher Learning																		
B. County	J. Private University																		
C. Municipal	K. Indian Tribe																		
D. Township	L. Individual																		
E. Interstate	M. Profit Organization																		
F. Intermunicipal	N. Other (Specify)																		
G. Special District	O. Not for Profit Organization																		
H. Independent School District																			
8.	Select the type from the following list: <ul style="list-style-type: none"> <li>• "New" means a new assistance award.</li> <li>• "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date.</li> <li>• "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision enter the appropriate letter:  <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">A. Increase Award</td> <td style="width: 50%;">B. Decrease Award</td> </tr> <tr> <td>C. Increase Duration</td> <td>D. Decrease Duration</td> </tr> </table> </li> </ul>	A. Increase Award	B. Decrease Award	C. Increase Duration	D. Decrease Duration	18.	To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)												
A. Increase Award	B. Decrease Award																		
C. Increase Duration	D. Decrease Duration																		
9.	Name of Federal agency from which assistance is being requested with this application.																		
10.	Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.																		

## ATTACHMENT 5

### CERTIFICATIONS

Read and sign the following certifications using a **blue pen**. Failure to sign these certifications will mean that your agency will not be considered for funding.



# GENERAL CERTIFICATIONS AND ASSURANCES

## 1. CERTIFICATION OF PROVISION OF NECESSARY LOCAL MATCHING FUNDS

I, \_\_\_\_\_, hereby certify that the \_\_\_\_\_;  
(Name) (Name of Agency)

shall have available the required 20% of local match (can be derived from Non-U.S. Department of Transportation Federal Programs including, but not limited to: Title III-B of the Older Americans Act or certain Health and Human Resources programs; state programs, local contributions or grants) needed for the requested Mobility Management Funding. It is my understanding that failure to comply with this stipulation will result in the Tri-State Transit Authority's cancellation of any issued contract for Mobility Management funding.

## 2. CIVIL RIGHTS REQUIREMENTS

Agree that the Agency will comply with the following requirements:

Nondiscrimination. In accordance with Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C. § 2000d, et seq., Age Discrimination Act of 1975, as amended, 42 U.S.C. §6101, et. seq., Americans With Disabilities Act of 1990, as amended, 42 U.S.C. § 12101, et. seq., and Federal transit law at 49 U.S.C. § 5332, as amended, the Agency agrees that it will not discriminate against anyone on the basis of race, color, national origin, age or disability. In addition, the Agency agrees to comply with any other applicable Federal statutes that may be signed into law or regulations that may be promulgated.

Equal Employment Opportunity. Agree that the Agency will comply with the following equal employment opportunity requirements:

Race, Color, Religion, National Origin, Sex, Disability, Age, Sexual Orientation, Gender Identity or Status as a Parent. In accordance with Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C. § 2000e, et seq., and Federal transit laws at 49 U.S.C. § 5332, the Vendor agrees to comply with all applicable equal employment opportunity requirements of the U.S. Department of Labor (US 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 Number 11246, "Equal Employment Opportunity", as amended by Executive Order Number 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 Agency agrees to take affirmative action to ensure that Applicants are employed, and that employees are treated during their employment, without regard to their race, color, religion, national origin, sex, disability, age, sexual orientation, gender identity or status as a parent. 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 Agency agrees to comply with any implementing requirements FTA may issue.

## 3. ENERGY CONSERVATION

Agency agrees to comply with, and obtain the compliance of its subcontractors, with mandatory standards and policies relating to energy efficiency contained in applicable State Energy Conservation Plans issued in compliance with the Energy Policy and Conservation Act, 42 U.S.C. §§ 6321 et seq.

## 4. CERTIFICATION OF SPECIAL EFFORTS TO PROVIDE TRANSPORTATION THAT DISABLED PERSONS CAN USE

The Agency hereby certifies that special efforts are being made in its service area to provide transportation that disabled persons, including wheelchair users and semi-ambulatory persons can use. The transportation resulting from these special efforts is reasonable in comparison to the transportation provided to the general public and meets a significant fraction of the actual transportation needs of such persons within a reasonable time.

## 5. LITIGATION CERTIFICATION

As the authorized representative for the Agency, I hereby certify that to the best of my knowledge there is no litigation pending or threatened which might affect the performance of this Project.

## 6. FISCAL AND MANAGERIAL CAPABILITY CERTIFICATION

As the authorized representative for the Agency, I hereby certify that, based on my experience with the Agency and a review of the Agency's records that the Agency has the requisite fiscal and managerial capability to carry out this Project.

## 7. APPLICATION OF FEDERAL, STATE AND LOCAL LAWS AND REGULATIONS

The Agency hereby certifies that it will comply with changing federal, state and local requirements, the Agency shall note that federal, state and local requirements may change and the changed requirements will apply to this Project as required.

Federal Regulation Changes - Agency shall at all times comply with all applicable FTA regulations, policies, procedures and directives, including without limitation those listed directly or by reference in the current FTA Master Agreement between the Tri-State Transit Authority and FTA, as they may be amended or promulgated from time to time during the term of this Project. The Agency's failure to so comply shall constitute a material breach of this Project.

## 8. ACCESS TO RECORDS - INSPECTION

The Agency hereby certifies that it shall permit the Tri-State Transit Authority, the Comptroller General of the United States and the

Secretary of the United States Department of Transportation, or their authorized representatives, to inspect all vehicles, facilities and equipment used by the Agency as part of the Project to verify compliance with the requirements of the Section 5310 Program. All records of the transportation services rendered by the Agency, including maintenance records, records verifying usage of the vehicle, and all relevant Project records shall also be available for inspection. The Agency shall also permit the above named persons or agencies to audit the records and accounts of the Agency pertaining to the Project.

## **9. COORDINATION**

As the authorized representative for the Agency, I hereby certify that to the best of my knowledge the Agency has coordinated, to the maximum extent feasible, with other transportation providers and users, regardless of their funding source.

## **10. SCHOOL BUS OPERATIONS**

The Agency as required by 49 C.F.R. Part 605, "School Bus Operations," certifies that before it acquires property or an interest in property of a private mass transportation company or operates mass transportation equipment or a facility in competition with or in addition to transportation service provided by an existing mass transportation company it has or will have:

- A. Provided for the participation of private mass transportation companies to the maximum extent feasible; and
- B. Paid or will pay just compensation under state or local law to a private mass transportation company for its franchises or property acquired.

## **11. NO FEDERAL GOVERNMENT OBLIGATIONS TO THIRD PARTIES**

The Agency acknowledges and agrees that, notwithstanding any concurrence by the Federal Government in or approval of the solicitation or award of the underlying Project, absent the express written consent by the Federal Government, the Federal Government is not a party to this Project and shall not be subject to any obligations or liabilities to the Tri-State Transit Authority, Agency, or any other party (whether or not a party to the Project) pertaining to any matter resulting from the underlying Project.

## **12. PROGRAM FRAUD AND FALSE OR FRAUDULENT STATEMENTS OR RELATED ACTS**

As the authorized representative for the Agency, I certify the Agency acknowledges that the provisions of the Program Fraud Civil Remedies Act of 1986, as amended, 31 U.S.C. §§ 3801 et seq. and U.S. DOT regulations, "Program Fraud Civil Remedies," 49 C.F.R. Part 31, apply to its actions pertaining to this Project. Upon execution of the underlying Project, the Agency certifies or affirms the truthfulness and accuracy of any statement it has made, it makes, it may make, or causes to be made, pertaining to the underlying Project or the Federal Transit Administration (FTA) assisted Project for which the Project work is being performed. In addition to other penalties that may be applicable, the Agency further acknowledges that if it makes, or causes to be made, a false, fictitious, or fraudulent claim, statement, submission, or certification, the Federal Government reserves the right to impose the penalties of the Program Fraud Civil Remedies Act of 1986 on the Agency to the extent the Federal Government deems appropriate.

## **13. SENSITIVE SECURITY INFORMATION**

The Agency agrees that it must protect, and take measures to ensure that its sub agreement at each tier protect, "sensitive security information" made available during the administration of any agreement or any sub agreement to ensure compliance with the Homeland Security Act, as amended, specifically 49 U.S.C. Section 40119(b), and U.S. DOT regulations, "Protection of Sensitive Security Information," 49 C.F.R. Part 15, and with 49 U.S.C. Section 114(s) and U.S. Department of Homeland Security, Transportation Security Administration regulations, "Protection of Sensitive Security Information," 49 C.F.R. Part 1520.

## **14. ACCESSIBILITY**

The Agency agrees that products and services provided shall be in accordance with the 42 U.S.C. Sections 12101, et seq. and DOT regulations, "Transportation Services for Individuals with Disabilities (ADA)," 49 C.F.R. Part 37; and Joint ATBCB/DOT regulations, "American with Disabilities (ADA) Accessibility Specifications for Transportation Vehicles," 36 C.F.R. Part 1192 and 49 C.F.R. Part 38.

## **15. TRAFFICKING IN PERSONS**

The Agency agrees to comply with, and assures the compliance of each sub recipient with, the requirements of the subsection 106(g) of the Trafficking Victims Protection Act of 2000 (TVPA), as amended, 22 U.S.C. § 7104(g), and the provisions of the Trafficking in Persons subsection of the current FTA Master Agreement.

Agency agrees that it and its employees that participate in the any Section 5310 Award, may not:

- 1. Engage in severe forms of trafficking in persons during the period of time that the Section 5310 Award is in effect.
- 2. Procure a commercial sex act during the period of time that the Section 5310 Project Grant Agreement is in effect, or
- 3. Use forced labor in the performance of the Section 5310 Award or sub-agreements thereunder.

Agency agrees to inform the Tri-State Transit Authority of any information it receives from any source alleging a violation of a prohibition listed above. The Division will then inform FTA immediately of any information it receives from any source alleging a violation of the prohibitions listed above.

## **16. ACCESS TO SERVICES FOR PERSONS WITH LIMITED ENGLISH PROFICIENCY**

To the extent applicable and except to the extent that FTA determines otherwise in writing, Agency agrees to facilitate compliance with the policies of Executive Order No. 13166, "Improving Access to Services for Persons with Limited English Proficiency," 42 U.S.C. §

2000d-1 note, and with the provision of U.S. DOT Notice, "DOT Policy Guidance Concerning Recipients' Responsibilities to Limited English Proficiency (LEP) Persons," 70 Fed. Reg. 74087, December 14, 2005.

## **17. ENVIRONMENTAL JUSTICE**

The Agency agrees to facilitate compliance with the policies of Executive Order No. 12898, "Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations," February 11, 1994, 42 U.S.C. § 4321 note, as well as, facilitating compliance with that Executive Order, U.S. DOT Order 5610.2, "Department of Transportation Actions to Address Environmental Justice in Minority Populations and Low-Income Populations," 62 Fed. Reg. 18377, April 15, 1997, and the most recent edition of FTA Circular 4703.1, "Environmental Justice Policy Guidance for Federal Transit Administration Recipients," August 15, 2012, to the extent consistent with applicable federal laws, regulations, requirements, and guidance.

## **18. CHARTER SERVICE**

The Agency may not engage in Charter Service, except as permitted under federal transit laws, specifically 49 U.S.C. § 5323(d) and (r), FTA regulations, "Charter Service," 49 C.F.R. Part 604, any other Federal Charter Service regulations, or federal guidance.

The only possible exception that would allow a 5310 recipient to provide charter services is if for "program purposes" which is defined in 49 C.F.R. Part 604 as "transportation that serves the needs of either human service agencies or targeted populations" (seniors or individuals with disabilities). The Agency's service only qualifies for the exemption contained in 49 C.F.R. 604.2(e) if the service is designed to serve the needs of targeted populations.

## **19. SEAT BELT USAGE**

Pursuant to Executive Order No. 13043, "Increasing Seat Belt Use in the United States," April 16, 2018, 1997, 23 U.S.C. § 402 note, Agency is required to adopt and promote on-the-job seat belt use policies and programs for its employees and other personnel that operate company-owned vehicles, company-rented vehicles, or personally-operated vehicles and include this provision in third party contracts, third party subcontracts, and sub-agreements entered into under this Project.

## **20. DISTRACTED DRIVING, INCLUDING TEXT MESSAGING WHILE DRIVING**

Pursuant to Executive Order No. 13513, "Federal Leadership on Reducing Text Messaging While Driving," October 1, 2009, 23 U.S.C. § 402 note and DOT Order 3902.10, "Text Messaging While Driving," December 30, 2009. The Agency agrees to adopt and enforce workplace safety policies to decrease crashes caused by distracted drivers, including policies to ban text messaging while using an electronic device supplied by an employer, and driving a vehicle the driver owns or rents, any vehicle an Agency owns, leases, or rents, or a privately-owned vehicle when on official business in connection with the award, or when performing any work for or on behalf of the award.

The Agency agrees to conduct workplace safety initiatives in a manner commensurate with its size, such as establishing new rules and programs to prohibit text messaging while driving, re-evaluating the existing programs to prohibit text messaging while driving, and providing education, awareness, and other outreach to employees about the safety risks associated with texting while driving.

## **21. TERMINATION**

### (a) Termination for Convenience

If approved for funding, the Agency understands that Tri-State Transit Authority may terminate any contract, in whole or in part, at any time by written notice to the Agency when it is in the area's best interest. The Agency shall be paid for transportation services rendered up to the time of termination. The Agency shall promptly submit a termination claim to the Tri-State Transit Authority to be paid to the Agency. If the Agency has any property in its possession belonging to the Tri-State Transit Authority, the Agency will account for the same, and dispose of it in the manner Tri-State Transit Authority directs.

### (b) Termination for Default (Breach or Cause)

If the Agency does not deliver transportation services in accordance with the contract, or the Agency fails to perform in the manner called for in the contract, or if the Agency fails to comply with any other provisions of the contract, the Tri-State Transit Authority may terminate the contract for default. Termination shall be affected by serving a notice of termination on the Agency setting forth the manner in which the Agency is in default. The Agency will only be paid for transportation services provided in accordance with the manner of performance set forth in the contract.

If it is later determined by the Tri-State Transit Authority that the Agency had an excusable reason for not performing, such as a strike, fire, or flood, events which are not the fault of or are beyond the control of the Agency, the Tri-State Transit Authority, after setting up a new performance schedule, may allow the Agency to continue providing transportation services, or treat the termination as a termination for convenience.

### (c) Opportunity to Cure

The Tri-State Transit Authority, in its sole discretion may, in the case of a termination for breach or default, allow the Agency an appropriately short period of time in which to cure the defect. In such case, the notice of termination will state the time period in which cure is permitted and other appropriate conditions.

If Agency fails to remedy to the Tri-State Transit Authority's satisfaction the breach or default or any of the terms, covenants, or conditions of the Contract, within ten (10) days after receipt by Agency of written notice from the Tri-State Transit Authority setting forth the nature of said breach or default, the Tri-State Transit Authority shall have the right to terminate the Contract without any further obligation to Agency. Any such termination for default shall not in any way operate to preclude the Tri-State Transit Authority from also pursuing all available remedies against Agency and its sureties for said breach or default.

(d) Waiver of Remedies for Any Breach

In the event that the Tri-State Transit Authority elects to waive its remedies for any breach by Agency of any covenant, term or condition of the Contract, such waiver by the Tri-State Transit Authority shall not limit the Tri-State Transit Authority remedies for any succeeding breach of that or of any other term, covenant, or condition of this Contract.

**22. HOLD HARMLESS**

If approved for funding, the Agency agrees to protect, defend, indemnify and hold the Tri-State Transit Authority, its officers, employees and agents free and harmless from and against any and all losses, penalties, damages, settlements, costs, charges, professional fees or other expenses or liabilities of every kind and character arising out of or relating to any and all claims, liens, demands, obligations, actions, proceedings or causes of action of every kind and character in connection with or arising directly or indirectly out of this Contract and/or the performance hereof. Without limiting the generality of the foregoing, any and all such claims, etc. relating to personal injury, infringement of any patent, trademark, copyright (or application for any thereof) or of any other tangible or intangible personal or property rights, or actual or alleged violation of any other tangible or intangible personal or property rights, or actual or alleged violation of any applicable statute, ordinance, administrative order, rule or regulation, or decrees of any court, shall be included in the indemnity hereunder. The Agency further agrees to investigate, handle, respond to, provide defense for and defend any such claims, etc. at his/her sole expense and agrees to bear all other costs and expenses related thereto, even if such claim is groundless, false or fraudulent.

**23. FTA TERMS**

The preceding provisions include, in part, certain Standard Terms and Conditions required by Federal Transit Administration, Department of Transportation (FTA/DOT) whether or not expressly set forth in the preceding contract provisions. All contractual provisions required by (FTA/DOT), as set forth in FTA Circular 4220.1F, dated November 1, 2008, are hereby incorporated by reference. Anything to the contrary herein notwithstanding, all FTA mandated terms shall be deemed to control in the event of a conflict with other provisions contained in this Contract. The Agency shall not perform any act, fail to perform any act, or refuse to comply with any Tri-State Transit Authority requests that would cause the Tri-State Transit Authority to be in violation of the FTA terms and conditions.

**24. AUDITS**

The Agency agrees to report any audit findings that involve Section 5310 Mobility Management funding immediately to the Tri-State Transit Authority.

I declare that the foregoing certifications are true and correct.

Executed on \_\_\_\_\_ at \_\_\_\_\_.  
**(Date)** **(City and State)**

\_\_\_\_\_  
**(Signature of Official)** **(Title)**

## CERTIFICATION OF EQUIVALENT SERVICE

The \_\_\_\_\_  
(Name of Applicant)

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; and
- (7) Constraints on capacity or service availability.

In accordance with 49 CFR 37.27, public entities operating demand responsive systems for the general public which receive financial assistance under Sections 5310 or 5311 of the Federal Transit Act, as amended, must file this certification with the appropriate state program office before procuring any inaccessible vehicle. Such public entities not receiving Federal Transit Act funds shall also file the certification with the appropriate state program office. Such public entities receiving Federal Transit Act funds under any other Section of the Federal Transit Act must file the certification with the appropriate Federal Transit Administration regional office. This certification is valid for no longer than one year from its date of filing.

\_\_\_\_\_  
Typed Name & Title of Authorized Official

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ASSURANCE CONCERNING NONDISCRIMINATION ON THE BASIS OF DISABILITY IN FEDERALLY-ASSISTED PROGRAMS AND ACTIVITIES RECEIVING OR BENEFITING FROM FEDERAL FINANCIAL ASSISTANCE IMPLEMENTING THE REHABILITATION ACT OF 1973, AS AMENDED, AND THE AMERICANS WITH DISABILITIES ACT OF 1990 (FEDERAL TRANSIT ADMINISTRATION)**

\_\_\_\_\_, (the "Recipient"/Applicant) agrees that as a condition to the approval or extension of any Federal financial assistance from the Federal Transit Administration (FTA) to construct any facility, obtain any rolling stock or other equipment, undertake studies, conduct research or to participate in or obtain any benefit from any program administered by the FTA, no otherwise qualified person with a disability shall, solely by reason of his or her disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives or benefits from Federal financial assistance administered by the FTA or any entity within the United States Department of Transportation (DOT).

Specifically, the Recipient GIVES ASSURANCE that it will conduct any program or operate any facility so assisted in compliance with all applicable requirements imposed by DOT regulations implementing the Rehabilitation Act of 1973, as amended, and the Americans with Disabilities Act of 1990 (any subsequent amendments thereto) set forth at 49 C.F.R. Parts 27, 37, and 38, as well as all applicable regulations and directives issued pursuant thereto by other Federal departments or agencies.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Legal Name of Applicant)

BY: \_\_\_\_\_  
(Signature of Authorized Official)

**FEDERAL TRANSIT ADMINISTRATION (FTA)  
CIVIL RIGHTS ASSURANCE**

The \_\_\_\_\_ HEREBY CERTIFIES THAT, as a condition  
(Name of Applicant)

of receiving Federal financial assistance under the Federal Transit Administration (FTA) Transportation Act of 1964, as amended, it will ensure that:

1. No person on the basis of race, color, or national origin will be subjected to discrimination in the level and quality of transportation services and transit related benefits.
  
2. The \_\_\_\_\_ will compile, maintain, and submit in  
(Name of Applicant)  
  
a timely manner Title VI information required by FTA Circular 4702.1B and in compliance with the Department of Transportation’s Title VI regulation, 49 C.F.R. Part 21.9.
  
3. The \_\_\_\_\_ will make it known to the public that  
(Name of Applicant)  
those person or persons alleging discrimination on the basis of race, color, or national origin as it relates to the provision of transportation services and transit-related benefits may file a complaint with the Federal Transit Administration and/or the U.S. Department of Transportation.

The person or persons whose signature appears below are authorized to sign this assurance on behalf of the grant applicant or recipient.

\_\_\_\_\_  
(Typed Name/Title of Authorized Official)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Authorized Official)

## TITLE VI REPORT

1. List any active lawsuits or complaints naming the applicant which allege discrimination on the basis of race, color, or natural origin with respect to service or other transit benefits. The list should include: date the lawsuit or complaint was filed; a summary of the allegation; and the status of the lawsuit or complaint; including whether the parties to a lawsuit have entered into a consent decree. **If none, please state.**

2. A description of all pending applications for financial assistance and all financial assistance currently provided by other federal agencies. **If none, please state.**

3. A summary of all civil rights compliance review activities conducted in the last three years. The summary should include: the purpose or reasons for the review; the name of the agency or organization that performed the review; a summary of the findings and recommendations of the review; and a report on the status and/or disposition of such findings and recommendations. **If none, please state.**



## SCHOOL TRANSPORTATION OPERATIONS AGREEMENT

**Name of Applicant:** \_\_\_\_\_

- A. As required by 49 U.S.C. 5323 (f) and FTA regulations, —School Bus Operations, at 49 CFR 605.14, the Applicant agrees that it will:
- (1) Engage in school transportation operations in competition with private school transportation operators only to the extent permitted by an exception provided by 49 U.S.C. 5323(f), and implementing regulations, and:
  - (2) Comply with the requirements of 49 CFR Part 605 before providing any school transportation using equipment or facilities acquired with Federal assistance authorized by 49 U.S.C. Chapter 53 or Title 23 U.S.C. awarded by FTA for transportation projects.
- B. The Applicant understands that the requirements of 49 CFR Part 605 will apply to any school transportation it provides, the definitions of 49 CFR Part 605 apply to this school Transportation agreement, and a violation of this agreement may require corrective measures and the imposition of penalties, including debarment from the receipt of further Federal assistance for transportation.

\_\_\_\_\_  
(Typed Name & Title of Authorized Official)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**CERTIFICATION OF PRIMARY PARTICIPANT REGARDING  
DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS**

The Primary Participant (applicant for an FTA grant or cooperative agreement, or potential contractor for a major third-party contract), \_\_\_\_\_ (NAME OF APPLICANT) certifies to the best of its knowledge and belief, that it and its principals:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
2. Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
3. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (2) of this certification; and
4. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

If the primary participant (applicant for an FTA grant, or cooperative agreement, or potential third-party contractor) is unable to certify to any of the statements in this certification, the participant shall attach an explanation to this certification.)

THE PRIMARY PARTICIPANT (APPLICANT FOR AN FTA GRANT OR COOPERATIVE AGREEMENT, OR POTENTIAL CONTRACTOR FOR A MAJOR THIRD-PARTY CONTRACT), \_\_\_\_\_, CERTIFIES OR AFFIRMS THE TRUTHFULNESS AND ACCURACY OF THE CONTENTS OF THE STATEMENTS SUBMITTED ON OR WITH THIS CERTIFICATION AND UNDERSTANDS THAT THE PROVISIONS OF 31 U.S.C. SECTIONS 3801 ET SEQ. ARE APPLICABLE THERETO.

\_\_\_\_\_  
(Signature and Title of Authorized Official)

# APPENDIX A

## SECTION 5310 PROGRAM REQUIREMENTS

### Purpose of the Program

Provide funding for mobility management services such as the planning and implementation of coordinated services; operation of transportation brokerage; and/or customer travel navigator activities.

***Note: Funds provided under this program are not meant to replace other funds received for special needs transportation, nor are the services to be provided intended to replace any services currently provided by your agency or any local transit agency.***

### Background

The Huntington, WV-KY-OH Urbanized Area receives an annual allocation under Section 5310 of the Federal Transit Act. The funds are received through a grant from the Federal Transit Administration (FTA). The purpose of the funding is to provide support for mobility management and programs among public transportation providers and other human service agencies providing transportation of seniors and individuals with disabilities. **REQUESTS ARE LIMITED TO \$50,000 PER YEAR (80% federal/20% local).**

Applicants should present a willingness to establish joint 'coalitions' to assess and address evolving unmet transportation needs as identified in KYOVA's Locally Developed Coordination Plan. They should also present a willingness to guide specific services and solutions arising out of coalition planning efforts directed by boards, typically with wide-ranging public, institutional and private sector participation. Lastly, applicants should possess the knowledge, ability and willingness to share and coordinate all available resources to support the full range of mobility initiatives and delivery schemes.

### Program Overview

KYOVA and TTA intend to provide support for mobility management services described in this Application Packet based upon a unit rate that is predetermined by the proposing agency and concurred with by KYOVA and TTA. Projects will be awarded for a period of three years. The funding will be allocated annually. The annual funding level and unit rate will be subject to renegotiation each year of the contract term.

### Contract

Once an agency is approved for funding, the agency is required to enter into a Contract with TTA and KYOVA which states the terms and conditions under which the services are to be provided. The Contract ensures grant compliance. Some of the significant requirements are:

1. The agency is responsible for providing the mobility management service as proposed in their application packet.
2. The agency is required to adhere to all the federal and state requirements as certified to in the application packet and any additional requirements that may

- surface.
3. The agency is required to maintain insurances that cover the project appropriately.
  4. The agency is required to maintain financial and statistics of services provided for the project. These records are to be maintained on site and available for inspection by personnel from KYOVA, TTA, and or the Federal Transit Administration (FTA) during periodic onsite reviews.

### **Technical Assistance Available**

Technical assistance is available from KYOVA and TTA. This assistance includes, but is not limited to:

- Program Development
- Project Implementation
- Financial Management
- Compliance with contract terms and federal and state regulations
- Training for passenger transportation employees

### **Terms of Projects**

Contracts awarded are available for one year from the time the services begin.

### **Eligible Agencies**

Agencies eligible to submit proposals are limited to:

- Private Non-Profit agencies that have secured 501(c)(3) non-profit status and are registered with the Secretary of State's Office as a non-profit.
- Public Bodies that certify to the Governor that no non-profit corporations or associations are readily available in an area to provide service; and public bodies approved by the state to coordinate services for seniors and individuals with disabilities.

Local public bodies eligible to apply for Section 5310 funds as coordinators of services for seniors and individuals with disabilities are those designated by the state to coordinate human service activities in a particular area. Examples of such eligible public bodies are a county Agency on Aging or a public transit provider which the State has identified as the lead agency to coordinate transportation service funded by multiple Federal or State human service programs.

Approval to apply for Section 5310 funding by a public body must be given by KYOVA and TTA prior to the body completing an application packet. Public Bodies interested should contact Terri Sicking with KYOVA at 304-523-7434.

### **Eligible Projects**

Mobility Management consists of short-range planning and management activities and projects for improving coordination among public transportation and other transportation service providers. Mobility Management does not include operating public transportation services.

Mobility management techniques may enhance transportation access for populations beyond those served by one agency or organization within a community.

For example, a non-profit agency could receive Section 5310 funding to support administrative costs of sharing services it provides to its own clientele with other seniors and/or individuals with disabilities and coordinate usage of vehicles with other non-profits, but **not the operating costs of the service**. Mobility Management is intended to build coordination among existing public transportation providers and other transportation service providers with the result of expanding the availability of service. Mobility Management activities may include:

- The promotion, enhancement, and facilitation of access to transportation services, including the integration of services for individuals with disabilities, seniors, and low-income individuals;
- Support for short-term management activities to plan and implement coordinated services;
- The support of state and local coordination policy bodies and councils;
- The operation of transportation brokerages to coordinate providers, funding agencies, and passengers;
- The provision of coordination services, including employer-oriented transportation management organizations' and human service organizations' customer-oriented travel navigator systems and neighborhood travel coordination activities such as coordinating individualized travel training and trip planning activities for customers;
- The development and operation of one-stop transportation traveler call centers to coordinate transportation information on all travel modes and to manage eligibility requirements and arrangements for customers among supporting programs; and
- Operational planning for the acquisition of intelligent transportation technologies to help plan and operate coordinated systems inclusive of geographic information systems (GIS) mapping, global positioning system technology, coordinated vehicles scheduling, dispatching and monitoring technologies, as well as technologies to track costs and billing in a coordinated system and single smart customer payment system.

### **Local Matching Requirement**

Applying agencies must make a local contribution (match) of at least 20% of the total project cost. TTA will accept local contributions greater than 20%. However, this will have no effect on project selection. The local matching percentage identified in the applying agency's application will be incorporated into the contract and shall remain in effect the entire term of the project.

**Note:** Local match can be derived from Non-U.S. Department of Transportation Federal Programs including, but not limited to: Title III-B of the Older Americans Act or certain Health and Human Resources programs; state programs, local contributions or grants.

### **Project Payments**

Project payments will be based on a unit rate that is identified by the proposing agency and concurred with by TTA and KYOVA. The unit rate must be based upon one of the following service elements:

- Cost per service mile
- Cost per service hour
- Cost per passenger trip

### **Unit Rate and Matching Calculations**

In the application packet, your agency is required to prepare a cost price analysis to determine the unit rate and the total project cost. The total cost divided by the units of service to be provided becomes the unit rate. In addition, you will identify the local funds that will support the project. The local funds identified are divided by the total project cost to establish the local matching ratio.

### **Payment Calculations**

Approved applicants will be paid based on the unit rate multiplied by the number of service units provided during the billing period. The local matching ratio is then calculated and deducted from the sum of the previous calculation. The balance will be billed monthly to TTA.

### **Billing Forms**

Approved agencies will submit Monthly Section 5310 Expenditure Report Forms, supplied by TTA, to receive payment. All information on the forms must be completed before payment will be issued to the agency.

The reports will include the following information:

- Number of service hours provided
- Coordination Activities

**Note:** Additional information, such as project implementation, service statistics and marketing efforts, may be requested during the course of the project.

### **Records**

Approved agencies will be required to keep adequate financial and service records to evidence the actual project costs and service levels provided under the project. The actual project costs shall have no effect on the unit rate during the same calendar year. However, the information may be used to re- negotiate the subsequent year's unit rate and funding level.

### **Waiver Agreement**

KYOVA and TTA shall evaluate all applications received and determine which application(s) are in the best interest for TTA/KYOVA and the communities to be served. KYOVA and TTA at its sole discretion, reserves the right to accept or reject any and all applications submitted and to waive minor informalities and irregularities, as determined, and as is consistent with the best interest of the TTA/KYOVA, will exercise the right to reject all applications.

### **Project Selection**

Contracts will be awarded to selected eligible agencies in TMA based upon the selection criteria using available Federal funds. Once an agency has submitted their application to KYOVA and TTA,

it is reviewed for completeness. The application is then scored based on:

- Demonstration of need for the services in the service area identified in the application and how well the proposed services will meet those needs.
- Commitment to access for individuals with disabilities (regardless of age).
- Reasonable funding to implement the project and the security of the matching funds identified.
- Coordination efforts with potential customers, funding sources and other transportation providers in the service area. Inclusion in locally developed coordinated public transit-human services transportation plans.

If an application has missing documentation, the agency is given an opportunity to submit the omitted documents with penalty points being deducted. ***No application is considered for funding without a positive Local Intergovernmental Review (IGR).***

***Any applications received after the grant application deadline are considered for funding ONLY after all other on-time requests have been met.***

The application scores are then ranked from highest to lowest and the agencies receiving the highest scores are included in the TMA's consolidated application submitted to FTA.

### **Pre-Award Review**

As a condition of award, agencies submitting applications may be subject to a pre-award review. The purpose of the review is to ensure that the applicant has the ability to:

- Provide the services described in the application
- Operate the equipment necessary to provide ADA accessible services
- Comply with federal regulations identified in the application packet
- Maintain adequate financial records and verify the financial information provided in the proposal
- Maintain required passenger and service records, including maintenance of vehicle records, associated with the application

### **Grant Award**

Approved agencies will sign a contract agreeing to provide support for mobility management and coordination programs among public transportation providers and other human agencies providing transportation to seniors and individuals with disabilities as described in application packet. Approved agency agrees to abide by all Federal, State and grant requirements.

Approved agencies will submit the Monthly Section 5310 Expenditure Report to request reimbursement for monthly services and provide summary of mobility management activities and service statistics.

### **Compliance with Title VI of the Civil Rights Act**

Approved agencies must comply with Title VI of the Civil Rights Act. Agencies cannot discriminate on the grounds of race, color, creed, national origin, sex, age or disability. Clients cannot be excluded from participation in, be denied the benefits of, or be subjected to discrimination under

any program. Efforts are to be made to assure that the benefits of the agency's programs are not systematically denied to minorities.

***As part of the application packet, each agency must complete the Title VI Program provided in Appendix B. This is a specific Title VI Program covering transportation services. Your agency must utilize the format provided, complete the program, have it approved by your Board and submit with your application packet. No application will be funded without the completed Title VI Program as provided. Up to date Title VI notices and statutes are to be posted prominently in the agency's workplaces utilizing the format provided. Adopted Title VI Plans are good for three years. If you have an adopted plan, submit copy with application.***

### **Americans With Disabilities Act (ADA) Requirements**

Agencies providing transportation services to individuals with disabilities, including individuals who use wheelchairs, must ensure that the service offered is equivalent to the level and quality of service offered to individuals without disabilities. Equivalent service takes into consideration response time, fares, hours and days of operation, restrictions on trip purpose, geographic service area and constraints on capacity or service availability.

Agencies providing transportation services must ensure that they meet the following service provisions as required by the ADA.

1. Maintain lifts/ramps and other accessibility equipment in operative condition. **To achieve this, lifts/ramps must be cycled and tie downs checked daily.**
2. Require drivers to use accessibility features and provide assistance to passengers in the use of the equipment.
3. Deploy lifts/ramps at any designated stops.
4. Provide service to persons using respirators or portable oxygen or other mobility aids.
5. Provide service to individuals who use wheelchairs to board and ride accessible vehicles. A wheelchair is defined as "a mobility aid belonging to any class of three- or more-wheeled devices, usable indoors, designed or modified for and used by individuals with mobility impairments, whether operated manually or powered". If the wheelchair lift/ramp and vehicle can accommodate a mobility device that does not meet the definition, agencies should still provide the service.
6. Allow adequate time for vehicle boarding/disembarking.
7. Transport service animals. (Passengers are not required to provide any type of certification.)
8. Train personnel proficiently so that they operate vehicles and equipment safely and properly and treat individuals who use the service in a respectful and courteous way.
9. Display blue accessibility symbol on all accessible vehicles.
10. Make information available in an accessible format upon request and have adequate telephone capacity, both voice and TTD.
11. Allow standees use of lifts or ramps upon request.

Approved agencies are required to develop ADA Policies and Procedures including complaint and reasonable modification processes.



Any complaints received by an approved agency regarding the above shall be reported to TTA and KYOVA.

### **Agency Fiscal and Managerial Capabilities**

Each agency must demonstrate on an ongoing basis their fiscal and managerial capability to implement and carry out the project, which includes but is not limited to:

1. Demonstrating the financial and technical capacity to carry out the program including the safety and security aspects of the project.
2. Providing administrative and management support of the project implementation including sufficient administrative oversight to ensure that mobility management activities are meeting stated project goals and performance measures.
3. Accounting for project property and maintaining property inventory cards that contain all required information.
4. Demonstrating and retaining satisfactory continuing control over the use of project property.
5. Preparing and submitting required reports in a timely manner insuring accuracy of the information.
6. Ensuring compliance with all FTA, federal, TTA, and KYOVA requirements that are applicable to the project.
7. Ensuring local match funds are available for the life of the project and that operating funds are available for the life of the project.
8. Updating and retaining required reports and records for availability during audits or oversight reviews.
9. Documenting that equipment is in good working order and is being maintained in accordance with the manufacturer's recommendations.
10. Ensuring periodic reviews by project supervisor or agency management that maintenance procedures are being followed.
11. Ensuring that ADA equipment is in good working order and documentation is maintained verifying that the lifts/ramps and tie downs are in good working order.
12. Develop and implement sound financial procedures ensuring that the agency has an adequate financial system.
13. Keeping expenditures within the latest approved budget in accordance with project guidelines and eligible expense, if applicable.

### **Annual Audit**

Approved agencies are required to obtain an audit for each fiscal year. The audit should have the Section 5310 Mobility Management services funding spelled out verifying that the funds were utilized to provide Mobility Management services for seniors and individuals with disabilities.

### **On Site Monitoring Reviews**

Representatives from KYOVA, TTA, and/or the Federal Transit Administration will periodically conduct on-site reviews of approved applicants to verify reported service levels and compliance with contract provisions. Condition and proper maintenance of equipment being used to provide

the purchased services will also be reviewed to verify that all requirements are being met.

During such reviews, the agency will be required to produce their financial records and statistical data.

**Late Application Submission**

Applications that are received after **4:00 p.m. on Friday, February 28, 2025**, will be considered for funding only after all other agencies on time requests have been met. KYOVA and/or TTA **WILL NOT** be responsible for late, lost, or misdirected mail.

**APPENDIX B:**

**TITLE VI NONDISCRIMINATION AND  
LIMITED ENGLISH PROFICIENCY REQUIREMENTS**

*Each subrecipient must have its own program. To help you develop a Title VI program, TTA has provided this questionnaire, after which reviewed and accepted by TTA, will become your Title VI program. **Prior to submitting with 5310 Application, you will be required to submit the completed questionnaire to your Board or council for approval and then provide evidence of the approval (copy of Board or council minutes approving and adopting plan) to TTA.***

*The Federal Transit Administration (FTA) requires all recipients of FTA assistance to develop a Title VI program. For more information concerning Title VI requirements go to Title VI Circular 4702.1B, "Title VI Requirements and Guidelines for FTA Recipients": [https://www.transit.dot.gov/sites/fta.dot.gov/files/docs/FTA Title VI FINAL.pdf](https://www.transit.dot.gov/sites/fta.dot.gov/files/docs/FTA_Title_VI_FINAL.pdf)*

**Adopted Title VI Plans are good for three years. If you have an adopted plan, submit copy with application.**

## ***Title VI Program***

(Insert Agency Name Here)

(Insert Date Adopted Here)

## TITLE VI REPORTING

Please complete the form using the number of transportation clients served. An individual client may be reported as both a low-income and minority client. Only report the transit system’s clients served. DO NOT report US Census percentages or passenger trips. Use your client database to determine the number of low-income and/or minority clients. If you don’t have that information, provide your best estimate and footnote how you arrived at that estimate at the bottom of the page. Please use the most recent data available.

Transportation Clients Served	Category
	<u>Low-Income:</u> a person whose median household income is at or below the Department of Health and Human Services’ poverty guidelines
<u>Minority Persons</u> include the following:	
	American Indian and Alaska Native – refers to people having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
	Asian – refers to people having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent
	Hispanic or Latino – includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture origin, regardless of race
	Native Hawaiian and Other Pacific Islander – refers to people having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

## TITLE VI PROGRAM QUESTIONNAIRE NOTICE TO THE PUBLIC

*FTA requires that each grantee notify the public of its rights under Title VI and include the notice and where it is posted in the Title VI program. The notice must include:*

- *A statement that the agency operates programs without regard to race, color, and national origin*
- *A description of the procedures that members of the public should follow in order to request additional information on the grantee's nondiscrimination obligations*
- *A description of the procedures that members of the public should follow in order to file a discrimination complaint against the grantee*

*The notice can be a separate document, such as a posted sign, a statement that is in another document, or a stand-alone document, such as a Title VI brochure. A sample Title VI notice is provided in **Attachment A**.*

1. Please provide a copy of **your** Title VI notice(s).
2. Where are the notices posted?

### COMPLAINT INSTRUCTIONS AND FORM

*FTA requires each grantee to have instructions for the public to follow and a form for the public to use for filing a Title VI complaint. TTA has provided for you the form and procedures for filing a Title VI complaint. **Attachment B** presents the sample form and procedures.*

3. Please provide a copy of **your** agency's complaint form and procedures.

**TITLE VI COMPLAINTS, INVESTIGATIONS AND  
LAWSUITS**

*FTA requires that the Title VI program include a list of transit-related Title VI complaints, investigations, and lawsuits. TTA obtains this information with grant applications. Please note that EEO and ADA complaints are not Title VI complaints so do not list them. If you are part of a city, county, or human service agency, only list Title VI complaints, investigations, or lawsuits related to transportation services.*

4. Have you had any Title VI complaints, investigations, or lawsuits related to your transportation services? If yes, please complete the following table:

<b>Type</b>	<b>Date</b>	<b>Summary</b>	<b>Status</b>	<b>Action(s) Taken</b>
Complaints				
Investigations				
Lawsuits				

**PUBLIC PARTICIPATION ELEMENT**

*FTA requires that the Title VI program include a public participation plan that includes an outreach plan to engage minority and limited English proficient (LEP) populations. The plan may include*

*other constituencies that are traditionally underserved, such as people with disabilities, low-income populations, and others. Applicants to TTA for FTA assistance are required to comply with several requirements that help meet this Title VI requirement. These requirements include the published notice of intent to apply to TTA for FTA assistance and participation in the public transit- human services transportation coordinated plan development. Other public participation methods include open Board/ council meetings, council meetings of cities and counties that provide local funding, advisory committees, public involvement efforts for transportation services, passenger surveys, marketing efforts, such as booths at fairs, and presentations to service and other organizations.*

5. Describe the mechanism for disseminating information to the public. Provide a summary of public outreach and involvement activities undertaken and a description of the steps taken to ensure minority, low-income, and Limited English Proficiency populations have meaningful access to these activities.

### LIMITED ENGLISH PROFICIENCY (LEP) ELEMENT

*FTA requires that the Title VI program include a plan for providing language assistance to LEP persons. An LEP person is someone who speaks English less than very well.*

6. Do you have a mechanism in place to ensure meaningful access to the benefits, services, information, and other important portions of your programs and activities for individuals who are Limited English Proficiency? Please explain.

### PLANNING AND ADVISORY BOARDS

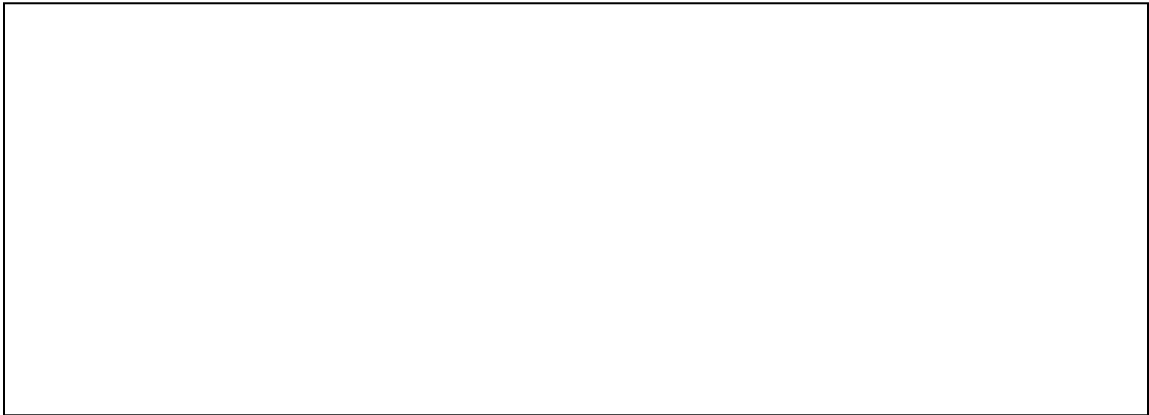
*FTA requires that the Title VI program present the racial make-up of all transit related, non-elected planning boards, advisory councils or committees, or similar committees, the membership of which is selected by the recipient, and a description of the efforts to encourage the participation of minorities on such committees.*

7. List all of your transit-related advisory boards and committees (if any) and the purpose of each.

8. What is the racial makeup of each board and committee?



9. What efforts are undertaken to encourage participation of minorities on these committees?



## **Attachment A**

### **Title VI Notice to the Public**

[Agency] operates its programs and services without regard to race, color, or national origin in accordance with Title VI of the 1964 Civil Rights Act. Any person who believes that she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with our agency.

Any such complaint must be in writing and filed with this agency within 180 days following the date of the alleged discriminatory occurrence. For information on our nondiscrimination obligations or how to file a complaint, please contact [Agency's name] by any of the methods listed below.

**Agency Name and Address**

**Phone**

**Fax**

**Email**

If this information is needed in another language, please contact us.

# Attachment B

## Title VI Complaint Form and Procedures

**SAMPLE**

### (Agency Name) TITLE VI COMPLAINT FORM

"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."

If you feel that you have been discriminated against in the provision of transportation services, please provide the following information to assist us in processing your complaint. Should you require any assistance in completing this form or need information in alternate formats, please contact us.

Please mail or return this form to:

[Director]  
[Agency Name]  
[Address]  
[Email and Fax number]

#### 1. Complainant's Name:

- a. Address: \_\_\_\_\_
- b. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- c. Telephone (Home  or Cell ): \_\_\_\_\_
- d. Telephone Work: \_\_\_\_\_ (Please include area code)
- e. E-Mail Address: \_\_\_\_\_

Do you prefer to be contacted via this e-mail address?  Yes  No

#### 2. Accessible Format of Form Needed? Large Print Audio Tape TDD Other (please specify):

#### 3. Are you filing this complaint on your own behalf? Yes **If YES, please go to Question 7**

No If no, please go to question 4

#### 4. If you answered NO to question 3 above, please provide your name and address.

- a. Name of Person Filing Complaint: \_\_\_\_\_
- b. Address: \_\_\_\_\_
- c. Telephone (Home  or Cell ): \_\_\_\_\_
- d. Telephone Work: \_\_\_\_\_ (Please include area code)
- e. E-Mail Address: \_\_\_\_\_

Do you prefer to be contacted via this e-mail address? Yes No

**5. What is your relationship to the person for whom you are filing the complaint?**

**6. Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.** Yes, I have permission. No, I do not have permission.

**7. I believe that the discrimination I experienced was based on** (check all that apply)

Race  Color  National Origin (Classes protected by Title VI)  Other (please specify)

**8. Date of Alleged Discrimination (Month, Day, Year):**

**9. Where did the Alleged Discrimination take place?**

**10. Explain as clearly as possible what happened and why you believe that you were discriminated against.** Describe all of the persons that were involved. Include the name and contact information of the person(s) who discriminated against you (if known). *Use the back of this form or separate pages if additional space is required.*

**11. Please list any and all witnesses' names and phone numbers/contact information.** *Use the back of this form or separate pages if additional space is required.*

**12. What type of corrective action would you like to see taken?**

**13. Have you filed a complaint with any other Federal, State, or local agency, or with any Federal or State court?** Yes **If yes, check all that apply** No

a.  Federal Agency (List agency's name)

b.  Federal Court (Please provide location)

c.  State Court

d.  State Agency (Specify Agency)

e.  County Court (Specify Court and County)

f.  Local Agency (Specify Agency)

**14. Please provide information about a contact person at the agency/court where the complaint was filed.**

Name:

Title:

Agency: Telephone:

Address:

City/State/Zip Code:

**You may attach any written materials or other information that you think is relevant to your complaint.**

Signature and date is required:

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

If you completed Questions 4, 5 and 6, your signature and date is required.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

## **Attachment B – Continued**

### **Title VI Complaint Form and Procedures**

**SAMPLE**  
**(Your agency's name)**

**Title VI Procedures** Title VI of the 1964 Civil Rights Act requires that —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.

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 (insert your agency's name) may file a complaint by completing and submitting (your agency's name) Title VI Complaint form.

#### **How do you file a complaint?**

You may download the (your agency's name) Title VI Complaint Form at (give web address), or request a copy by writing or phoning (list your agency's full name, address and phone number). You may file a signed, dated and written complaint no more than 180 days from the date of the alleged incident. The complaint should include:

- Your name, address and telephone number. (See Question 1 of the Complaint Form)
- How, why, and when you believe you were discriminated against. Include as much specific, detailed information as possible about the alleged acts of discrimination, and any other relevant information. (See Questions 7, 8, 9, and 10 of the Complaint Form)
- The names of any persons, if known, whom the director could contact for clarity of your allegations. (See Question 11 of the Complaint Form)

Please submit your complaint form to address listed below:

Director  
Your agency's name and address

#### **How will your complaint be handled?**

(Your agency's name) investigates complaints received no more than 180 days after the alleged incident. (Your agency's name) will process complaints that are complete. Once a completed complaint is received, (Your agency's name) will review it to determine if (your agency's name) has jurisdiction. The complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated by (your agency's name).

**Attachment B – Continued**  
**Title VI Complaint Form and Procedures**

**(Your agency's name)** will generally complete an investigation within 90 days from receipt of a completed complaint form. If more information is needed to resolve the case, **(your agency's name)** may contact the complainant. Unless a longer period is specified by **(your agency's name)**, the complainant will have ten (10) days from the date of the letter to send requested information to the **(your agency's name)** investigator assigned to the case. If **(your agency's name)** investigator is not contacted by the complainant or does not receive the additional information within the required timeline, **(your agency's name)** may administratively close the case. A case may be administratively closed also if the complainant no longer wishes to pursue their case.

After an investigation is complete, **(your agency's name)** will issue a letter to the complainant summarizing the results of the investigation, stating the findings and advising of any corrective action to be taken as a result of the investigation. If a complainant disagrees with **(your agency's name)** determination, he/she may request reconsideration by submitting a request in writing to **(your agency's name)** director **(or the appropriate title)** within seven (7) days after the date of **(your agency's name)** letter, stating with specificity the basis for the reconsideration. The director **(or the appropriate title)** will notify the complainant of his decision either to accept or reject the request for reconsideration within 10 days. In cases where reconsideration is granted, the director **(or the appropriate title)** will issue a determination letter to the complainant upon completion of the reconsideration review.

A person may also file a complaint directly with the Federal Transit Administration, at FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590. If information is needed in another language, then contact **(your agency's name)** at **(phone number)**.

# **APPENDIX C**

## **EXAMPLES OF SECTION 5310 EXPENDITURE REPORT FORMS**



**EXAMPLE REIMBURSEMENT RATE PER HOUR  
MONTHLY SECTION 5310 EXPENDITURE REPORT FORM**

For the Period: \_\_\_\_\_ Year \_\_\_\_\_

Agency: \_\_\_\_\_

**TOTAL PASSENGER TRIPS** \_\_\_\_\_ -

Total Elderly \_\_\_\_\_ -  
 Total Disabled \_\_\_\_\_ -  
     a.) Wheelchair Users \_\_\_\_\_ -  
     b.) Non-Wheelchair Users \_\_\_\_\_ -  
 Total Other Passengers \_\_\_\_\_ -

**Trip Purposes:**

Adult Day Care \_\_\_\_\_  
 Education \_\_\_\_\_  
 Employment \_\_\_\_\_  
 Medical \_\_\_\_\_  
 Mental Health \_\_\_\_\_  
 Nutrition \_\_\_\_\_  
 Shopping/Personal \_\_\_\_\_  
 Social/Recreation \_\_\_\_\_  
 Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**TOTAL SERVICE HOURS:** \_\_\_\_\_ 0.00

**TOTAL SERVICE MILES:** \_\_\_\_\_

X **REIMBURSEMENT RATE PER HOUR:** \_\_\_\_\_ -

**LESS 20% MATCH:**     Source:             \$     -  
    \$     -  
    \$     -

**FUNDS REQUESTED:** \_\_\_\_\_ -

**COORDINATION EFFORTS:**  
 List any examples of coordination regarding providing transportation services for this month:  
 \_\_\_\_\_  
 \_\_\_\_\_

**CERTIFICATION:** *"I certify that this report represents accurately the statistical information for the period covered and conforms to the terms and conditions of the referenced grant agreement. All documentation in support of expenses and statistics is available for review at our office. No other funding sources have been utilized to pay for the same miles/trips/hours except for requested match."*

\_\_\_\_\_  
 Name & Title   Signature   Date

\_\_\_\_\_  
 Name & Title   Signature   Date

<b>FOR DPT USE ONLY - REVIEWED BY:</b>			
Name	Date	Name	Date

EXAMPLE REIMBURSEMENT RATE PER MILE

**MONTHLY SECTION 5310 EXPENDITURE REPORT FORM**

**For the Period:** \_\_\_\_\_ **Year** \_\_\_\_\_

**Agency:** \_\_\_\_\_

**TOTAL PASSENGER TRIPS** \_\_\_\_\_ -

Total Elderly	_____	-
Total Disabled	_____	-
a.) Wheelchair Users	_____	-
b.) Non-Wheelchair Users	_____	-
Total Other Passengers	_____	-

**Trip Purposes:**

Adult Day Care	_____
Education	_____
Employment	_____
Medical	_____
Mental Health	_____
Nutrition	_____
Shopping/Personal	_____
Social/Recreation	_____
Other:	_____
_____	_____
_____	_____

**TOTAL SERVICE MILES:** \_\_\_\_\_

**REIMBURSEMENT RATE PER MILE:** \_\_\_\_\_ -

**LESS 20% MATCH:**     Source: \_\_\_\_\_ \$ -  
 \_\_\_\_\_ \$ -  
 \_\_\_\_\_ \$ -

**FUNDS REQUESTED:** \_\_\_\_\_ -

**COORDINATION EFFORTS:**  
 List any examples of coordination regarding providing transportation services for this month:  
 \_\_\_\_\_  
 \_\_\_\_\_

**CERTIFICATION:** "I certify that this report represents accurately the statistical information for the period covered and conforms to the terms and conditions of the referenced grant agreement. All documentation in support of expenses and statistics is available for review at our office. No other funding sources have been utilized to pay for the same miles/trips except for requested match."

Name & Title	Signature	Date
--------------	-----------	------

Name & Title	Signature	Date
--------------	-----------	------

FOR DPT USE ONLY - REVIEWED BY:			
Name	Date	Name	Date

**EXAMPLE REIMBURSEMENT RATE PER TRIP  
MONTHLY SECTION 5310 EXPENDITURE REPORT FORM**

For the Period: \_\_\_\_\_ Year \_\_\_\_\_

Agency: \_\_\_\_\_

**TOTAL PASSENGER TRIPS**

Total Elderly	_____	-	_____
Total Disabled	_____	-	
a.) Wheelchair Users	_____	-	
b.) Non-Wheelchair Users	_____	-	
Total Other Passengers	_____	-	

**Trip Purposes:**

Adult Day Care	_____
Education	_____
Employment	_____
Medical	_____
Mental Health	_____
Nutrition	_____
Shopping/Personal	_____
Social/Recreation	_____
Other:	_____

\_\_\_\_\_

\_\_\_\_\_

**TOTAL SERVICE MILES:**

\_\_\_\_\_

**REIMBURSEMENT RATE PER TRIP:**

\_\_\_\_\_

LESS 20% MATCH:	Source:	_____	\$	-
		_____	\$	-
		_____	\$	-

**FUNDS REQUESTED:**

\_\_\_\_\_

**COORDINATION EFFORTS:**

List any examples of coordination regarding providing transportation services for this month:

\_\_\_\_\_

\_\_\_\_\_

***CERTIFICATION:** "I certify that this report represents accurately the statistical information for the period covered and conforms to the terms and conditions of the referenced grant agreement. All documentation in support of expenses and statistics is available for review at our office. No other funding sources have been utilized to pay for the same miles/trips except for requested match."*

Name & Title	Signature	Date
--------------	-----------	------

Name & Title	Signature	Date
--------------	-----------	------

FOR DPT USE ONLY - REVIEWED BY:			
Name	Date	Name	Date

**SECTION 5310 MOBILITY MANAGEMENT REPORTING REQUIREMENTS**

**For the Period:** \_\_\_\_\_ **FY** 2019

**Transit System:** \_\_\_\_\_

**PROGRAM IMPACT:**

Actual or estimated number of rides (one-way) provided as a result of  
your Mobility Management Program for the following:

**Total Elderly** \_\_\_\_\_

**Total Low Income** \_\_\_\_\_

**Total Disabled** \_\_\_\_\_

a.) Wheelchair Users \_\_\_\_\_

b.) Non-Wheelchair Users \_\_\_\_\_

**Total Other Passengers** \_\_\_\_\_

**Monthly Total** \_\_\_\_\_

Number of contacts made with other transportation providers \_\_\_\_\_

Number of transportation providers providing transportation services \_\_\_\_\_

**Names of transportation providers providing services:**