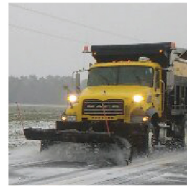


NORTH CAROLINA

Department of Transportation



Integrated Mobility Division FY 2022 Application Training

Carolyn Freitag

August 20 and 27, 2020

FY 2022 Application Training

Agenda

- Welcome
- Introductions
- Review Discussion Points
- What's Continuing from FY 2021
- Review Grant Programs
- Review Application Documents
- Questions and Answers

FY 2022 Application Training



WELCOME

INTRODUCTIONS

Carolyn Freitag

New Directors/New Applicants

FY 2022 Application Training

The purpose of this training before the “Call for Projects” opens is:

- 1) to understand the grant funding available and who is eligible;
- 2) what is the same from prior year;
- 3) review and walk-through application documents;
- 4) provide an opportunity to ask questions.



FY 2022 Call for Projects

Call for Projects: August 24, 2020 – December 1, 2020

5311 Admin/Operating	Combined Capital
5310 Operating	Mobility Manager
5310 Capital – Purchase of Service	ConCPT
5339	Traveler's Aid
Rural State Operating*	5307
STI – Capital – Rural	STI – Capital –Urban
Non-STI Rural Expansion Vehicle	STI – Capital – Rural
5303 Planning	

*Rural State Operating for multi-county, regional, or consolidated systems only.

What's Continuing from FY 2021



- Vehicles must reach useful life by June 30th to be eligible for replacement.
- Useful life mileage for some vehicles was lowered to match federal levels outlined in Circular 5010.E, i.e.,
 - Center Aisle Vans, mini-van, conversion van – 100,000 miles
 - Bus: LTVs 20-28' – 100,000 miles
 - **All larger bus thresholds remain the same**
- Potential for expansion vehicles if federal funds are available and applicant can budget for the 20% local share (no state funds).
 - Applications will be scored through the STI process but not approved through STI
 - Rural STI application is to be used for expansion vehicle
 - Funding is not guaranteed
- Mobility Management grants are for 1 position only and details for developing grant amount must be documented.

What's Continuing from FY 2021



- **5310 – Operating, Capital Purchase of Service, and Mobility Management grant applications must show the detail of how the amount of the grant request is derived i.e.,**
 - number of trips anticipated at trip cost
 - trip cost developed; i.e., by Fully Allocated Cost model or some other cost pricing method
 - Mobility Management position costs i.e.,
 - salary
 - benefits
 - travel
 - **marketing/advertising not an eligible Mobility Management expense**

What is Continuing from FY 2021

Documents on the Master Documents list are universal to cover all programs for Urban, Small Urban, and Rural for example:

- Call for Projects Announcement
- Program Resolution* (5303 package has UPWP resolution)
- Local Share Certificate
- Public Hearing
- Title VI
- others...



***A copy of board meeting minutes reflecting each funding source applied for are required as supporting documentation for the combined resolution.**

***Board-approved minutes are due in by January 15, 2021**

What's Continuing from FY 2021



- **Delegation of Authority**
 - Stand-alone document
 - Primary and Alternate designees in addition to Authorized Official
 - Master Document to submit with application
 - New instructions on submitting changes – e-mail to ctptransportation@ncdot.gov

What's Continuing from FY2021



- **Unified Application Checklist**

- All IMD grants are on a single Excel-based checklist
- Master Documents Tab
- Planner' Verify Documents on Same Worksheet
- Upload in EBS as separate document **in Excel format.**
- **Located on IMD's Document Library, Grants, Subject:** "Unified Application Checklist" and included with the grants package for convenience but only **1** checklist is required if multiple grants applied for

- **DUNS Number Verification**

- Instructions on verification for registration or renewing
- Screenshot is a Master Document to attach

- **EEO Plan**

- Systems with 100+ employees must submit an EEO plan to IMD.
- Systems with 50-99 employees keep plan on file in office for review if asked for.

What's Continuing from FY 2021

- 5311 Admin/Operating Funding

- Facility Insurance Verification Certificate – facilities with federal funding involved
- DUNS Verification (Master Document)



- Combined Capital

- Vehicle useful life mileage was lowered to 100,000 miles for most vehicles
- Procurements over \$10,000 require procurement checklist, review, and approval from IMD
- Same master documentation as 5311 application, only need specific quotes/estimates if requesting items such as computers, furniture, fencing, etc.

- 5310 Enhanced Mobility of Seniors and Individuals with Disabilities

- Two 5310 Applications:
 - 5310 Operations is for transit systems to apply for funding for **(G313) Transportation of Clients or Others, or for non-profits such as a Regional Planning Organization who is applying for (G621) Volunteer Reimbursement.**
 - IF operating projects are approved, they will be approved on a cost-per-trip reimbursement basis (50/50 cost sharing ratio – no state match will be provided for operating projects).
 - 5310 – Capital Purchase of Service is for non-Community Transportation applicants to apply for funding for **(G-341) Direct Purchase of Service (Public); (G-611) Purchase of Service (Private)**
 - Contracts/Memorandums of Agreement for service are required

What's Continuing from FY 2021



- **Mobility Manager**
 - Separate application
 - Same master documentation as 5311 application
 - **Requires 3 counties to participate**
 - **Local match is 50%**
 - Mobility Manager progress report
 - **Will only be funded if all other Capital projects have been funded**
 - **Will be evaluated according to the final guidelines established in the 2018 Statewide Locally Coordinated Plan.**

- **Traveler's Aid – no changes**

Grant Information and Requirements

- Section 5311 Admin/Operating
- Combined Capital
- Section 5310 Enhanced Mobility of Seniors and Individuals w/ Disabilities Program
- Mobility Management
- Rural State Operating *multi-county, regional, or consolidated systems only.
- Traveler's Aid
- ConCPT
- Local Match

Section 5311 Admin and/or Operating Grant

1. Budget amount distributed to systems by assigned Planner
2. Amount can be used as all Admin, all Operating, or combination
3. If 5311 funds are used as Admin & Operating, total cannot exceed the total amount of State and Federal portion.
4. State does not participate in Operating budgets
5. Job descriptions are required for new positions added to the grant or if a change in job duties.

Section 5311 Admin and/or Operating Grant

6. If an Admin position is less than 100% assigned to Transportation the amount of salary has to be requested accordingly, i.e. Administrative Assistant, 50% Transportation and 50% Operations, the 50% for Operations cannot be requested with Admin dollars.
7. Signed Conflict of Interest forms from TAB/Governing Board members are an annual requirement and must be submitted to consider an application complete.
8. Lease and/or service agreements are required documents for rent, equipment, professional or contracted services, uniform rental, etc....

Combined Capital Grant

1. The Combined Capital application is much the same as the FY 2021 application. Vehicles must meet useful life miles criteria for replacement by June 30, 2020.
2. Elaborate as much as possible on the application questions requiring a written answer.
3. The useful life mileage for vehicle replacement was lowered in FY2021 to the federal useful life mileage outlined in Circular 5010.E.D, that threshold will continue.
4. Planner will be working with transit systems on determining how many and which vehicles will be in line for replacement in FY 2022.

Section 5310 Enhanced Mobility of Seniors and Individuals w/ Disabilities Program

1. The Section 5310 Program circular (9070.1G) defines a Senior as an individual **65** years or older.
2. Section 5310 funding is formula based and approved funding amount will depend upon the number of elderly and disabled population in each county and number of applicants within each region. Elaborate as much as possible on questions requiring a written answer.
3. Section 5310 funds are only available for the following G-codes: **G(313)** Transportation of Clients or Others and **G(621)** Volunteer Reimbursement for community transportation systems and non-profit organizations such as a Regional Planning Organization; or for non-transportation applicants, such as a County agency or Council on Aging, for **G(611)** Direct Purchase of Service (Private) or **G(641)** Direct Purchase of Service (Public)

Section 5310 Enhanced Mobility of Seniors and Individuals w/ Disabilities Program

4. The Statewide Locally Coordinated Plan outlines 5310 project approval guidelines which IMD will follow when determining which projects are approved for funding.
5. Funding is not guaranteed for any project, and it is possible approved projects may receive less funding than requested.
6. 5310 projects require a Letter of Support from the applicant's MPO/RPO and must be able to show the service is not primarily in an urban area.

Section 5310 Enhanced Mobility of Seniors and Individuals w/ Disabilities Program

7. Applications for purchase of service funding from applicants who are not 5311 or 5307 funded grantees must include:
 - A Memorandum of Understanding between the applicant and a 5311 or 5307 funded transit provider to be the sole provider of service; or
 - Proof the applicant completed a compliant federal procurement for private transportation providers that provide shared ride service.
8. Salaries and benefit expenses along with motor fuel, oils and lubricants, etc....are not eligible items for 5310 funding. Reimbursements are made on a cost-per-trip basis.
9. Requests for replacement vehicles must be applied for under the Combined Capital application. Vehicles are the first priority for funding

Service Contract Template

Direct Purchase of Service



Contract for Transportation Services

A CONTRACT BETWEEN

(ORGANIZATION NAME)

(CITY/COUNTY), North Carolina

AND

Transportation Services Vendor Name, Location

This Transportation Services Contract Contract (“*Contract*”) is made and entered into by ORGANIZATION NAME, (CITY/COUNTY) North Carolina, and Transportation Services Vendor, Location, henceforth known as the “*Contractor*”.

ARTICLE 1. SCOPE OF SERVICES: The parties have entered into a *Contract*. ORGANIZATION NAME (“*System*”) enters into the *Contract* as Agent for their organization. The *Contractor* agrees to provide Transportation Services and all other duties/responsibilities/deliverables included or referred to in this *Contract*.

ARTICLE 2. DURATION: The *Contract* becomes effective XXX, 20XX, and is to continue through XXX, 20XX.

ARTICLE 3. COMPLETE CONTRACT: The *Contract* shall consist of the following documents:

1. The text of this *Contract* form;
2. The Request for Proposal for Transportation Services, issued by the *System* on XXXX, 20XX, including all federal and state requirements, and all related Addenda;
3. The Proposal submitted by the *Contractor*, all Addenda/Appendices included with the Proposal and all official correspondence regarding the Proposal provided by the *Contractor* and accepted by the *System*;
4. The GOVERNING BODY NAME awarded the *Contract* at their meeting held on XXX, 20XX.

ARTICLE 4. LEGAL AUTHORITY: The parties warrant and represent to each other that they have adequate legal counsel and the authority to enter into this *Contract*.

ARTICLE 5. APPLICABLE LAWS: The parties agree to conduct all activities under this *Contract* in accordance with all applicable rules, regulations, directives, issuances, ordinances, and laws in effect or promulgated during the terms of this *Contract*.

IN WITNESS THEREOF, the parties have caused this contract to be executed by their duly authorized representatives.

Signed for Organization Name:

Signature: _____ Date: _____

Print Name and Title: _____

Attest for Organization Name:

Signature: _____ Date: _____

Print Name and Title: _____

Signed for Transportation Services Vendor, Location:

Signature: _____ Date: _____

Print Name and Title: _____

Attest for Transportation Services Vendor, Location:

Signature: _____ Date: _____

Print Name and Title: _____

Contract for Transportation Services

A CONTRACT BETWEEN

(ORGANIZATION NAME)

(CITY/COUNTY), North Carolina

AND

Transportation Services Vendor Name, Location

This Transportation Services Contract Contract (“*Contract*”) is made and entered into by ORGANIZATION NAME, (CITY/COUNTY) North Carolina, and Transportation Services Vendor, Location, henceforth known as the “*Contractor*”.

ARTICLE 1. SCOPE OF SERVICES: The parties have entered into a *Contract*. ORGANIZATION NAME (“*System*”) enters into the *Contract* as Agent for their organization. The *Contractor* agrees to provide Transportation Services and all other duties/responsibilities/deliverables included or referred to in this *Contract*.

ARTICLE 2. DURATION: The *Contract* becomes effective XXX, 20XX, and is to continue through XXX, 20XX.

This Transportation Services Contract Contract (“Contract”) is made and entered into by ORGANIZATION NA (CITY/COUNTY) North Carolina, and Transportation Services Vendor, Location, henceforth known as “Contractor”.

ARTICLE 1. SCOPE OF SERVICES: The parties have entered into a Contract. ORGANIZATION NAME (“System”) entered into the Contract as Agent for their organization. The Contractor agrees to provide Transportation Services and other duties/responsibilities/deliverables included or referred to in this Contract.

ARTICLE 2. DURATION: The Contract becomes effective XXX, 20XX, and is to continue through XXX, 20XX.

Contract for Transportation Services

A CONTRACT BETWEEN

(ORGANIZATION NAME)

(CITY/COUNTY), North Carolina

AND

Transportation Services Vendor Name, Location

This Transportation Services Contract Contract (“*Contract*”) is made and entered into by ORGANIZATION NAME, (CITY/COUNTY) North Carolina, and Transportation Services Vendor, Location, henceforth known as the “*Contractor*”.

ARTICLE 1. SCOPE OF SERVICES: The parties have entered into a *Contract*. ORGANIZATION NAME (“*System*”) enters into the *Contract* as Agent for their organization. The *Contractor* agrees to provide Transportation Services and all other duties/responsibilities/deliverables included or referred to in this *Contract*.

ARTICLE 2. DURATION: The *Contract* becomes effective XXX, 20XX, and is to continue through XXX, 20XX.

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2. The Request for Proposal for Transportation Services, issued by the *System* on XXXX, 20XX, including all federal and state requirements, and all related Addenda;
3. The Proposal submitted by the *Contractor*, all Addenda/Appendices included with the Proposal and all official correspondence regarding the Proposal provided by the *Contractor* and accepted by the *System*;
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IN WITNESS THEREOF, the parties have caused this contract to be executed by their duly authorized representatives.

Signed for Organization Name:

Signature: _____ Date: _____

Print Name and Title: _____

Attest for Organization Name:

Signature: _____ Date: _____

Print Name and Title: _____

Signed for Transportation Services Vendor, Location:

Signature: _____ Date: _____

Print Name and Title: _____

Attest for Transportation Services Vendor, Location:

Signature: _____ Date: _____

Print Name and Title: _____

Mobility Management Grant

1. Eligibility for a Mobility Management grant requires the project be multi-county with at least 3 counties participating, 1 being the applicant.
2. Mobility Management grant is for 1 position only per applicant.
3. Elaborate as much as possible on application questions requiring a written answer.
4. A job description is required for the Mobility Management application. Include the percent of time assigned to each task.
5. The progress report submitted quarterly or with each claim must include details on number of clients served, meeting attended, presentations made to support the activities listed in the application. Sign-in sheet or meeting agenda must be included.

Mobility Management Grant

6. Marketing and general administrative duties are not eligible activities for the Mobility Manager position.
7. Matching funds are 50% federal and 50% local.
8. The Statewide Locally Coordinated Plan outlines 5310 project approval guidelines which IMD will follow when determining which projects are approved for funding.
9. Like other 5310 projects, Mobility Management applications require a Letter of Support from the applicant's MPO/RPO and must be able to show the service is not primarily in an urban area.
10. Mobility Management applications will only be funded if there are funds available after other Capital needs have been met.

Rural State Operating Grant

1. Eligible recipients are either a Small Fixed Route System, Regional System, or Urban/Rural Consolidated System and are identified in the program overview material.
2. The purpose of the RSO funds is to extend general transportation opportunities and increase ridership in our rural areas.
3. A funding formula was created for equitable distribution of the operating funds to all systems that qualify. The funding formula is 50% based on individuals in poverty and 50% based on service hours.
4. Local match is 50%. ROAP funds are eligible for local match.

Travelers' Aid

1. The North Carolina Department of Transportation (NCDOT) assists in funding Travelers' Aid programs around the state. The overall purpose of the Travelers' Aid Program is to provide intercity bus and/or train tickets for disadvantaged individuals, victims of domestic violence, and stranded travelers in need of transportation to other locations in times of distress.
2. These programs provide assistance to homeless individuals or families who are seeking relocation to safe, stable, and supportive homes. Issues include, but are not limited to:
 - Escaping domestic violence
 - Experiencing a major medical crisis
 - Job Loss
 - Homelessness

Travelers' Aid

3. The mission of the Travelers' Aid program is to advance and support a network of human service providers committed to assisting individuals and families who are in transition or crisis and are disconnected from their support systems. Travelers' Aid programs consist of a diverse group of human service nonprofit organizations and a network of transportation providers.
4. Eligible applicants are private non-profit organizations; public transportation providers, including private operators of public transportation services; and local governmental authorities.
5. 50% State and 50% Local funding.

ConCPT Funding

1. Funding provided by the North Carolina legislature in August 2017.
2. Funds are for two purposes: 1) encourage transit systems to consolidate into a single transit system and 2) encourage coordination between providers for longer-distance trips spanning multiple (3 or more) service areas. Expected results are to maximize resources, gain efficiencies, and increase access to public transportation.
 - Ex. Consolidation: Hyde-Tyrrell
 - Ex. Coordination: Down East Express and Ridge Runner
3. Eligible applicants must be sub-recipients of Federal transit funds through the NCDOT Integrated Mobility Division or directly from the Federal Transit Administration.
4. \$1.5M in funding: \$750,000 for each program.

ConCPT Funding

5. Coordination service must run 5-days per week to be eligible.
6. A billing scenario between lead system and participating systems must be established but each system benefits with increased ridership, trips counted on each leg, and revenues earned as usual.
7. Application is divided between programs, only complete applicable part.

Sources of Local Match

Farebox revenue is NOT a source of local match

As with all FTA formula program grants administered by NCDOT, the local match must be provided from sources other than federal Department of Transportation funds. Some examples of possible local match sources include:

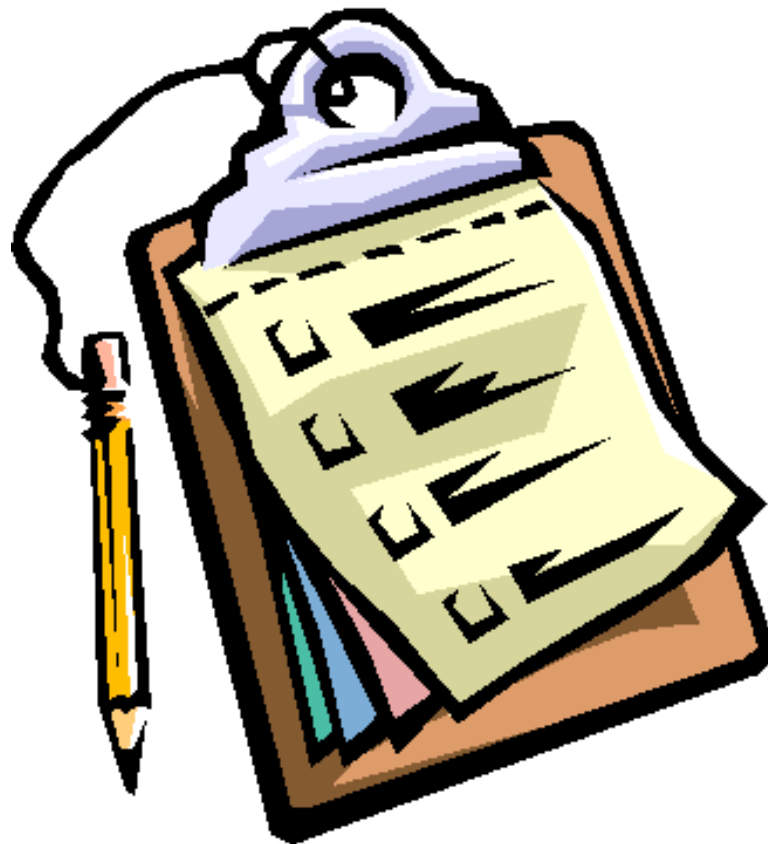
- local or state appropriations
- dedicated tax revenues
- federal funds – non-USDOT – must have transportation component (employment training, aging, community services, vocational rehabilitation, etc.)
- private donations
- revenue from human services contracts and net income generated from advertising and concessions

Applicants should be prepared for the entire Local Share amount in the event State funding is not available.

Grant Information and Requirements

- 5307 – anticipate funding allocation amount for split letters in Fall 2020
 - be prepared for 1% Security expense or explanation as to why not necessary
 - can be used for Operating, Capital, Preventive Maintenance
- 5303 – allocation table uses same criteria as 2021, draft and final UPWP submittal schedules follow Transportation Planning Division Schedule
 - Draft and Final UPWP schedule outlined in Program Overview
- STI – Capital – Urban **and** Rural: Projects (Expansion Vehicle, Facility, Fixed Guideway) must be prioritized through process and applied for in approved year
- Non-STI Rural Expansion Vehicle: no State funding, 20% Local match

Progress Reports



**North Carolina Department of Transportation
Public Transportation Division
ADMINISTRATION GRANT PROGRESS REPORTING FORM**

Project Name:

Project Number:

WBS Element:

Period Covered:

5311 Admin Progress Report Form

Administrative Activity	Accomplishments During Period
Staff Changes	
Advertising/Marketing	
Training	
Outreach Efforts	
TAB Meeting Date & Summary	
Travel	
Repairs & Maintenance	
Other Significant Activities	

North Carolina Department of Transportation
Public Transportation Division
Section 5310 (Elderly & Disabled) Reporting Form

Reporting Period: _____ to _____

Please complete the following information and submit/attach with your claim for reimbursement.

ENTER AGENCY NAME HERE	
Agency Address	
Point of Contact Information	Name: _____ Phone: _____
Names of Counties Served <i>List all counties served even if partial county is served</i>	
Actual or estimated number of one-way trips	Purchase of service: _____ <i>(All trips not using a 5310 funded vehicle)</i> Using 5310 funded vehicle(s): _____
Number of individuals eligible to be served <i>Report the number of clients that are eligible to receive transportation services in the counties you serve</i>	

5310 Progress Report Form

Combined Capital Progress Report Form

North Carolina Department of Transportation Public Transportation Division CAPITAL GRANT REPORTING FORM				
Name of Grantee:		Period of Performance:		
Project #:		Period Covered:		
WBS Element:		Report Date:		
Capital Item G-Code	Description of Item (Name the item and identify as state contract or local procurement. No dates are needed for state contract items.)	Quantity	Project Status	Date
G-			IFB* Issued	
			Contract Awarded	
			Contract Completed	
Status:				
G-			IFB Issued	
			Contract Awarded	
			Contract Completed	
Status:				
G-			IFB Issued	
			Contract Awarded	
			Contract Completed	
Status:				
G-			IFB Issued	
			Contract Awarded	
			Contract Completed	
Status:				
G-			IFB Issued	
			Contract Awarded	
			Contract Completed	
Status:				
G-			IFB Issued	
			Contract Awarded	
			Contract Completed	
Status:				
G-			IFB Issued	
			Contract Awarded	
			Contract Completed	
Status:				

*IFB: Information for Bids

Report Prepared by: _____
Name Title

Date: _____

Mobility Management Report Form

North Carolina Department of Transportation
Public Transportation Division
MOBILITY MANAGEMENT PROGRESS REPORTING FORM

Grantee Name:

Project Number:

WBS Element:

Period Covered:

Mobility Management Activity	Accomplishments During Period (Provide as much detail as possible)
Total Trips for Area Served (breakdown by system)	
Breakdown Trip Purpose by Percent	
Meetings Attended (list type, date, sponsor) and attach agenda or copy of sign-in sheet	
Number and Type of Client Interactions	

Training Attended (attach agenda)	
List Presentations Made	

FY 2022 Application Documents



PUBLIC TRANSPORTATION PROGRAM RESOLUTION

FY 2022 RESOLUTION

Section 5311 (including ADTAP), 5310, 5339, 5307 and applicable State funding, or combination thereof.

Applicant seeking permission to apply for Public Transportation Program funding, enter into agreement with the North Carolina Department of Transportation, provide the necessary assurances and the required local match.

A motion was made by *(Board Member's Name)* _____ and seconded by *(Board Member's Name or N/A, if not required)* _____ for the adoption of the following resolution, and upon being put to a vote was duly adopted.

WHEREAS, Article 2B of Chapter 136 of the North Carolina General Statutes and the Governor of North Carolina have designated the North Carolina Department of Transportation (NCDOT) as the agency responsible for administering federal and state public transportation funds; and

WHEREAS, the North Carolina Department of Transportation will apply for a grant from the US Department of Transportation, Federal Transit Administration and receives funds from the North Carolina General Assembly to provide assistance for rural public transportation projects; and

WHEREAS, the purpose of these transportation funds is to provide grant monies to local agencies for the provision of rural, small urban, and urban public transportation services consistent with the policy requirements of each funding source for planning, community and agency involvement, service design, service alternatives, training and conference participation, reporting and other requirements (drug and alcohol testing policy and program, disadvantaged business enterprise program, and fully allocated costs analysis); and

WHEREAS, the funds applied for may be Administrative, Operating, Planning, or Capital funds and will have different percentages of federal, state, and local funds.

WHEREAS, non-Community Transportation applicants may apply for funding for "purchase-of-service" projects under the Capital budget Section 5310 program.

WHEREAS, *(Legal Name of Applicant)* _____ hereby assures and certifies that it will provide the required local matching funds; that its staff has the technical capacity to implement and manage the project(s), prepare required reports, obtain required training, attend meetings and conferences; and agrees to comply with the federal and state statutes, regulations, executive orders, Section 5333 (b) Warranty, and all administrative requirements related to the applications made to and grants received 42 from the Federal Transit Administration, as well as the provisions of Section 1001 of Title 18, U. S. C.

Authorizing Resolution

Authorizing Resolution (continued)

WHEREAS, the applicant has or will provide all annual certifications and assurances to the State of North Carolina required for the project;

NOW, THEREFORE, be it resolved that the (Authorized Official's Title)* [] of (Name of Applicant's Governing Body) [] is hereby authorized to submit grant application (s) for federal and state funding in response to NCDOT's calls for projects, make the necessary assurances and certifications and be empowered to enter into an agreement with the NCDOT to provide rural, small urban, and urban public transportation services.

I (Certifying Official's Name)* [] (Certifying Official's Title) [] do hereby certify that the above is a true and correct copy of an excerpt from the minutes of a meeting of the (Name of Applicant's Governing Board) [] duly held on the [] day of [], [].

Signature of Certifying Official

****Note that the authorized official, certifying official, and notary public should be three separate individuals.***

Seal Subscribed and sworn to me
(date) _____

*Notary Public **

Printed Name and Address

My commission expires
(date) _____

Affix Notary Seal Here

Certifications and Assurances

Federal (FTA) and State (NCCDOT) Certifications and Assurances for Public Transportation programs will be distributed upon receipt of federal documents from the FTA.

Documents include:

- Federal Certs and Assurances
- Applicant and Attorney Affirmations
- Certifications and Restrictions on Lobbying
- Special Section 5333(b) Warranty
- Certification of Equivalent Service** if applicable due to 1) purchasing a non-lift equipped vehicle or 2) a fleet with non-lift equipped vehicles in it.

****Does not apply if Sub-recipient does not have a vehicle fleet.**

Title VI Program Report

SECTION 5311, 5310, 5339, Combined Capital, 5307 or State Funds Call for Projects

TITLE VI PROGRAM REPORT

Legal Name of Applicant: _____
(Complete either Part A or Part B; and Part C)

Part A – No complaints or Lawsuits Filed

I certify that to the best of my knowledge, **No complaints or lawsuits** alleging discrimination have been filed against _____ (*Transit System Name*) during the period **July 1, 2019 through June 30, 2020**.

Signature of Authorized Official

Date

Type Name and Title of Authorized Official

Part B – Complaints or Lawsuits Filed

I certify that to the best of my knowledge, the below described complaints or lawsuits alleging discrimination have been filed against _____ (*Transit System Name*) during the period **July 1, 2019 through June 30, 2020**.

Complainant Name/Address/Telephone Number	Date	Description	Status/Outcome

(Attach an additional page if required.)

Signature of Authorized Official

Date

Type Name and Title of Authorized Official

Part C - Title VI Plan

Do you currently have a Title VI Plan: _____

Date of last plan update: _____

DBE GOOD FAITH EFFORTS CERTIFICATION

This is to certify that in all purchase and contract selections (*Legal Name of Applicant*) _____ is committed to and shall make good faith efforts to purchase from and award contracts to Disadvantaged Business Enterprises (DBEs).

DBE good faith efforts will include the following items that are indicated by check mark(s) or narrative:

Required by PTD	Check all that apply	Description
*	<input type="checkbox"/>	Write a letter/email to Certified DBEs in the service area to inform them of purchase or contract opportunities;
*	<input type="checkbox"/>	Document telephone calls, emails and correspondence with or on behalf of DBEs;
	<input type="checkbox"/>	Advertise purchase and contract opportunities on local TV Community Cable Network;
*	<input type="checkbox"/>	Request purchase/contract price quotes/bids from DBEs;
	<input type="checkbox"/>	Monitor newspapers for new businesses that are DBE eligible
*	<input type="checkbox"/>	Encourage interested eligible firms to become NCDOT certified. Interested firms should contact the office of contractual services at (919) 707-4800 for more information
*	<input type="checkbox"/>	Encourage interested firms to contact the Office of Historically Underutilized Businesses at (919) 807-2330 for more information
*	<input type="checkbox"/>	Consult NCDOT Certified DBE Directory. A DBE company will be listed in the DBE Directory for each work type or area of specialization that it performs. You may obtain a copy of this directory at https://www.ebs.nc.gov/VendorDirectory/default.html
	<input type="checkbox"/>	Other efforts: Describe:
	<input type="checkbox"/>	Other efforts: Describe:

You may obtain a copy of the USDOT Disadvantaged Business Enterprise Program Title 49 Part 26 at <https://www.ebs.nc.gov/VendorDirectory/default.html>

Reminder: Documentation of all good faith efforts shall be retained for a period of five (5) years following the end of the fiscal year.

I certify that, to the best of my knowledge, the above information describes the DBE good faith efforts.

Signature of Authorized Official

Date

Type Name and Title of Authorized Official

DBE Certification Form

DBE Anticipated Vendor Form

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION
INTEGRATED MOBILITY DIVISION

DBE/MBE/WBE/HUB ANTICIPATED VENDOR AWARDS in FY 2022

APPLICANT'S NAME: _____ PERIOD COVERED _____

MAILING ADDRESS: _____ From: _____

VENDOR NUMBER: _____ To: _____

We expect to utilize the following list of DBE/MBE/WBE/HUB Vendors in FY 2022:

DBE/MBE/WBE/HUB Vendor/Subcontractor's Name	Mailing Address City, State, Zip	ID# from NCDOT Website	Describe Service/ Item to be Purchased	Anticipated Expenditure (\$)
				TOTAL

- ☐ The above list includes the DBE/MBE/WBE/HUB Vendors the applicant expects to utilize in FY 2022.
- ☐ The applicant does **NOT** expect to utilize any DBE/MBE/WBE/HUB Vendors in FY 2022.

Signature of Authorized Official

Date

Public Hearing Notice

PUBLIC HEARING NOTICE

Section 5311 (ADTAP), 5310, 5339, 5307 and applicable State funding, or combination thereof.

This is to inform the public that a public hearing will be held on the proposed ____ Community Transportation Program Application to be submitted to the North Carolina Department of Transportation no later than ____ public hearing will be held on ____ at ____ before the (*governing board*) ____.

Those interested in attending the public hearing and needing either auxiliary aids and services under the Americans with Disabilities Act (ADA) or a language translator should contact ____ on or before ____, at telephone number ____ or via email at ____.

The Community Transportation Program provides assistance to coordinate existing transportation program operating in ____ as well as provides transportation options and services for the communities within this service area. These services are currently provided using _____. Services are rendered by _____.

The total estimated amount requested for the period July 1, 2021 through June 30, 2022

<u>Project</u>	<u>Total Amount</u>	<u>Local Share</u>
Administrative	\$	\$ (15%)
Operating (5311)	\$	\$ (50%)
Capital (Vehicles & Other)	\$	\$ (10%)
5310 Operating	\$	\$ (50%)
Other _____	\$	\$ (%)
TOTAL PROJECT	\$	\$

Total Funding Request

Total Local Share

This application may be inspected at ____ from _____. Written comments should be directed to ____ before ____.

End of Notice

____ **Note: AN ORIGINAL COPY** of the published Public Hearing Notice must be attached to a signed Affidavit of Publication. **Both the Public Hearing Notice and the Affidavit of Publication** must be submitted with the grant application.

Public Hearing Record

Important – A public hearing MUST be conducted whether or not requested by the Public.

PUBLIC HEARING RECORD

Section 5311 (ADTAP), 5310, 5339, 5307 and applicable State funding, or combination thereof.

APPLICANT:

DATE:

PLACE:

TIME:

How many BOARD MEMBERS attended the public hearing?

How many members of the PUBLIC attended the public hearing?

Public Attendance Surveys

☐ (Attached)

☐ (Offered at Public Hearing but none completed)

I, the undersigned, representing (Legal Name of Applicant) do hereby certify to the North Carolina Department of Transportation, that a Public Hearing was held as indicated above and

During the Public Hearing

☐ (NO public comments)

☐ (Public Comments were made and meeting minutes will be submitted after board approval)

The estimated date for board approval of meeting minutes is:

Signature or Clerk to the Board

Printed Name and Title

Affix Seal Here

Voluntary Title VI Public Involvement

Title VI of the Civil Right's Act of 1964 requires North Carolina Department of Transportation to gather statistical data on participants and beneficiaries of the agency's federal-aid highway programs and activities. The North Carolina Department of Transportation collects information on race, color, national origin and gender of the attendees to this public meeting to ensure the inclusion of all segments of the population affected by a proposed project.

The North Carolina Department of Transportation wishes to clarify that this information gathering process is **completely voluntary** and that you are not required to disclose the statistical data requested in order to participate in this meeting. This form is a public document.

The completed forms will be held on file at the North Carolina Department of Transportation. For Further information regarding this process please contact Shantray Dickens the Title VI Manager at telephone number 919.508.1896 or email at sddickens@ncdot.gov.

Public Hearing Record

Project Name:		Date:
Meeting Location:		
Name (please print)		Gender:
		<input type="checkbox"/> Male <input type="checkbox"/> Female
General ethnic identification categories (check one)		
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Hispanic American	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> African American	<input type="checkbox"/> Asian/Pacific Islander	Other: _____
Color:		National Origin:

After you complete this form, please fold it and place it inside the designated box on the registration table.

Thank you for your cooperation.

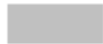
Public Hearing Outreach

PUBLIC HEARING OUTREACH

APPLICANT: 

Provide a detailed description of public hearing outreach efforts by the applicant to inform the public **ESPECIALLY MINORITY, WOMEN, ELDERLY, DISABLED, LIMITED ENGLISH PROFICIENCY- (LEP) AND LOW INCOME INDIVIDUALS** about the scheduled public hearing and the opportunity to comment on the proposed Community Transportation grant application. Outreach may include efforts such as distribution of information on vehicles, at human service agencies, at local community events, at public events, local organization, etc.

Click on gray box and begin typing the *detailed* description.



Local Share Certificate

FY 2022 LOCAL SHARE CERTIFICATION FOR FUNDING

(Legal Name of Applicant)

Requested Funding Amounts

<u>Project</u>	<u>Total Amount</u>	<u>Local Share**</u>
Administrative	\$ _____	\$ _____ (20%)
5311 Operating (No State Match)	\$ _____	\$ _____ (50%)
5310 Operating (No State Match)	\$ _____	\$ _____ (50%)
5307 Operating	\$ _____	\$ _____ (50%)
5307 Planning	\$ _____	\$ _____ (20%)
Combined Capital	\$ _____	\$ _____ (20%)
Mobility Management	\$ _____	\$ _____ (50%)
5310 Capital Purchase of Service	\$ _____	\$ _____ (20%)
_____	\$ _____	\$ _____ (_ %)
_____	\$ _____	\$ _____ (_ %)
_____	\$ _____	\$ _____ (_ %)

Funding programs covered are 5311, 5310, 5339 Bus and Bus Facilities, 5307 (Small fixed route, regional, and consolidated urban-rural systems)

TOTAL	\$ _____	\$ _____
	Total Funding Requests	Total Local Share

***NOTE: Applicants should be prepared for the entire Local Share amount in the event State funding is not available.**

The Local Share is available from the following sources:

<u>Source of Funds</u>	<u>Apply to Grant</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

FY 2022 Local Share Certificate (page 2)

_____	_____	\$ _____
_____	_____	\$ _____
<hr/> <hr/>		
TOTAL		\$ _____

**** Fare box revenue is not an applicable source for local share funding**

I, the undersigned representing (*Legal Name of Applicant*) _____ do hereby certify to the North Carolina Department of Transportation, that the required local funds for the FY2022 Community Transportation Program and 5307 Governors Apportionment will be available as of July 1, 2021, which has a period of performance of July 1, 2021 – June 30, 2022.

Signature of Authorized Official

Type Name and Title of Authorized Official

Date

Surface Transportation Providers List

Surface Transportation Providers

(operating in your service area)

List all private transportation providers and indicate if represented by union. This information is generally available in your telephone directory or through the County's business licensing office. If you contract out any part of your service or management/administration of your transit system and the contractor's employees are represented by a labor union, remember to include them here.

Legal Name of Applicant

(Not the System Name)

Private Transportation Providers	Union Representation	If yes – Provide <u>Name</u> of Union and the affiliated Local Branch Number, (e.g. ACME Local #458)
1 <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/>
2 <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/>
3 <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/>
4 <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/>
5 <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/>
6 <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/>
7 <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/>
8 <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/>
9 <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/>
10 <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/>
11 <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/>
12 <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/>
13 <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/>
14 <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/>
15 <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/>
16 <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/>
17 <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/>
18 <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/>
19 <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/>
20 <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/>
21 <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/>
22 <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/>
23 <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/>
24 <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/>
25 <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/>

Transit Advisory Board (TAB)

5311 Transit Advisory Board (TAB)/Governing Board Composition														
										Service Area Demographics				
										Elderly	Minority	Disabled	Low Income	Hispanic or Latino
Applicant: <input type="text"/>														
Number of Projected TAB Meetings for FY 2022: <input type="text"/>										2000 Census data used for Disabled Calculations				
										2005-2009 ACS Estimates used for Elderly & Low Income Calculations				
Number of TAB Meetings held in FY2021 as of: <input type="text"/>										2010 Census data used for Minority & Origin Calculations				
TAB Member's Name	What best describes the role or position of this board member in the community?					This person knows the transportation					Board Service			
	Human Service or Non-Profit Agency	Transportation Provider	Business	Gvmt or Gvmt Affiliate	Transit User	General Public	Elderly	Disabled	Minority or Limited	Low Income	Current Term Status			
											Year Term Began	Year Term Ends	Appointed or Selected	# Years Served
1						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
2						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
3						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
4						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
5						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
6						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
7						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
8						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
9						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Equal Employment Opportunity

EEO QUESTIONNAIRE

Threshold Requirements: Any applicant, recipient, or sub-recipient is required to comply with program requirements in Chapter III if it meets the following thresholds:

- a. Employees 100 (+) or more transit-related employees*; and
- b. Requests or receives capital or operating assistance under Sections 3, 4(i), or 9 of the FTA; assistance under 23 U.S.C. 142(a)(2) or 23 U.S.C. 103(e)(4), or any combination thereof, in excess of \$1 million in the previous Federal fiscal year; or
- c. Request and receives planning assistance under Sections 8 and/or 9 in excess of \$250,000 in the previous Federal fiscal year.

Transit systems with 50 – 99 employees must keep a plan on file for review at next site visit.

Name of Organization: _____

_____ State DOT _____ MPO _____ Transit Agency _____ City

TrAMS ID: _____ (if applicable)

1. How many employees do you have in your organization? _____
2. How many of those employees are *transit related? _____

***A transit related employee is an employee of an FTA applicant, recipient, or subrecipient who is involved in an aspect of an agency's mass transit operation funded by FTA. For example, a city planner involved in a planning bus routes would be counted as part of the recipient's work force, but a city planner involved in land use would not be counted.**

****If EEO requirement is not applicable check here _____, sign at the bottom, and submit, otherwise complete remaining questions.**

3. How much did your organization receive in capital or operating assistance the previous fiscal year?

4. How much did your organization receive in planning assistance the previous fiscal year?

Equal Employment Opportunity

6. Do you contract out any of your transit services? _____ Yes _____ No

If no, skip to question 7. If yes,

a. What is the name of agency (s)? _____

b. How much does the agency receive in capital or operating assistance? _____

c. How much does the agency receive in planning assistance? _____

d. How many transit employees does the agency have? _____

e. Does the agency submit an EEO Program to you? _____ Yes _____ No

If yes, what is the date of their last EEO submission? _____

7. What is the date of your last Triennial Review (If applicable)? _____

a. Were there any deficiencies? _____ Yes _____ No

If yes, in what area(s) _____

b. Are any of the deficiencies still open _____ Yes _____ No

If yes, in what area(s)? _____

8. What is the date of your last State Management review (If Applicable)? _____

a. Were there any deficiencies? _____ Yes _____ No

If yes, in what area(s) _____

b. Are any of the deficiencies still open _____ Yes _____ No

If yes, in what area(s)? _____

(Add County Name) County Area Transit System

Conflict of Interest

Conflict of Interest Policy [Click here and type Date that Board adopted policy]

In accordance with Board policy and related legislation, no employee, officer, agent, immediate family member, or Board member of the agency shall participate in the selection, award, or administration of a contract supported by Federal and/or State funds if a conflict of interest, real or apparent, would be involved. Such a conflict would arise when any of the following has a financial or other interest in the firm selected for award:

- The employee, officer, agent, or Board member,
- Any member of his/her immediate family,
- His or her partner, or
- An organization that employs, or is about to employ, any of the above.

The agency's officers, employees, agents, or Board members will neither solicit nor accept gifts, gratuities, favors, or anything of monetary value from contractors, potential contractors, or parties to subagreements.

[Highlight this entire entry and Enter any applicable local policy that addresses the following--Grantees may set minimum rules when the financial interest is not substantial or the gift is an unsolicited item of nominal intrinsic value. To the extent permitted by state or local law or regulations, such standards of conduct will provide for penalties, sanctions, or other disciplinary action for violation of such standards by the grantee's officers, employees, or agents, or by contractors or their agents.]

The undersigned hereby acknowledges, understands, and agrees to abide by this policy.

(Printed Name)

(Signature)

(Date)

System Description

FY2022 COMMUNITY TRANSPORTATION PROGRAM GRANT APPLICATION NORTH CAROLINA DEPARTMENT OF TRANSPORTATION FEDERAL SECTION 5311 & STATE FUNDING TRANSIT SYSTEM DESCRIPTION

Check If New Sub-Recipient ☐

1. GENERAL INFORMATION

APPLICANT'S LEGAL NAME:	<input type="text"/>																															
APPLICANT'S CONGRESSIONAL DISTRICT:	<input type="text"/>	<i>If incorrect, enter correct primary district: <input type="text"/></i>																														
MAILING ADDRESS:	<input type="text"/>																															
	<i>PO Box or Street Address</i>																															
	<input type="text"/>																															
	<i>City, State Zip (9-digit zip)</i>																															
PHYSICAL ADDRESS:	<input type="text"/>																															
	<i>Street Address</i>																															
	<input type="text"/>																															
	<i>City, State</i>																															
TAXPAYER IDENTIFICATION NUMBER:	<input type="text"/>																															
DOING BUSINESS AS (DBA) NAME:	<input type="text"/>																															
	<i>Normally the transit system name, if different than applicant name</i>																															
APPLICANT DUNS NUMBER:	<input type="text"/>																															
	<i>Unique 9-Digit number issued by Dun & Bradstreet. May be obtained free of charge at: http://fedgov.dnb.com/webform</i>																															
DUNS NUMBER OF PARENT AGENCY:	<input type="text"/>																															
	<i>Required only if different than Applicant</i>																															
CONTACT PERSON:	<input type="text"/>																															
PHONE NUMBER:	<input type="text"/>																															
	<i>Area Code & Phone Number</i>																															
FAX NUMBER:	<input type="text"/>																															
	<i>Area Code & Phone Number</i>																															
EMAIL ADDRESS:	<input type="text"/>																															
SERVICE AREA'S CONGRESSIONAL DISTRICT:	<input type="text"/>	<i>If incorrect, enter correct primary district: <input type="text"/></i>																														
	<i>If Service Area is included in more than one district, enter primary district only</i>																															
SERVICE AREA:	<input type="text"/>																															
FEDERAL FINANCIAL ASSISTANCE TRANSPARENCY ACT (FFATA):	<p>FFATA mandates the disclosure of the names and total compensation of the five most highly compensated officers of an entity if:</p> <ul style="list-style-type: none"> The Applicant received 80% or more of its annual gross revenues in the preceding fiscal year from the federal government (all federal sources, not just FTA); and Those revenues were greater than \$25M; and The public does not have access to the information through Securities and Exchange Commission or Internal Revenue Service filings as specified in FFATA. <p>Applicant should select "Yes" if they are subject to the reporting requirements of FFATA and "No" if they are not subject to Executive Compensation Reporting. <input type="text"/></p>																															
EXECUTIVE COMPENSATION REPORTING:	<p>If "Yes" is selected above, enter the Names and Compensation amounts for the top five officers of the Applicant.</p> <table border="0"> <tr> <td>1.</td> <td><input type="text"/></td> <td>\$ <input type="text"/></td> </tr> <tr> <td></td> <td><i>Enter full name</i></td> <td><i>Total compensation</i></td> </tr> <tr> <td>2.</td> <td><input type="text"/></td> <td>\$ <input type="text"/></td> </tr> <tr> <td></td> <td><i>Enter full name</i></td> <td><i>Total compensation</i></td> </tr> <tr> <td>3.</td> <td><input type="text"/></td> <td>\$ <input type="text"/></td> </tr> <tr> <td></td> <td><i>Enter full name</i></td> <td><i>Total compensation</i></td> </tr> <tr> <td>4.</td> <td><input type="text"/></td> <td>\$ <input type="text"/></td> </tr> <tr> <td></td> <td><i>Enter full name</i></td> <td><i>Total compensation</i></td> </tr> <tr> <td>5.</td> <td><input type="text"/></td> <td>\$ <input type="text"/></td> </tr> <tr> <td></td> <td><i>Enter full name</i></td> <td><i>Total compensation</i></td> </tr> </table>		1.	<input type="text"/>	\$ <input type="text"/>		<i>Enter full name</i>	<i>Total compensation</i>	2.	<input type="text"/>	\$ <input type="text"/>		<i>Enter full name</i>	<i>Total compensation</i>	3.	<input type="text"/>	\$ <input type="text"/>		<i>Enter full name</i>	<i>Total compensation</i>	4.	<input type="text"/>	\$ <input type="text"/>		<i>Enter full name</i>	<i>Total compensation</i>	5.	<input type="text"/>	\$ <input type="text"/>		<i>Enter full name</i>	<i>Total compensation</i>
1.	<input type="text"/>	\$ <input type="text"/>																														
	<i>Enter full name</i>	<i>Total compensation</i>																														
2.	<input type="text"/>	\$ <input type="text"/>																														
	<i>Enter full name</i>	<i>Total compensation</i>																														
3.	<input type="text"/>	\$ <input type="text"/>																														
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4.	<input type="text"/>	\$ <input type="text"/>																														
	<i>Enter full name</i>	<i>Total compensation</i>																														
5.	<input type="text"/>	\$ <input type="text"/>																														
	<i>Enter full name</i>	<i>Total compensation</i>																														

System Description

2. TYPE OF APPLICANT

3. TYPE OF TRANSIT SYSTEM

4. TYPE OF SERVICE – (check all that apply)

☐ Demand Response

☐ Fixed Route

☐ Subscription

☐ Other: (specify below)

☐ Deviated Fixed Route

5. SERVICE OPTIONS – (check all that apply)

☐ General Public

☐ Brokerage (Contractual service not a referral)

☐ Human Service

☐ Other: (describe below)

6. PURCHASE SERVICE - List agencies that purchase service from the transit system. Note: List agency ONCE

Agency

1

Name:

☐

Check if agency purchased service last year

List Programs Served:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Agency 2

Name:

☐

Check if agency purchased service last year

List Programs Served:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

System Description

7. REVENUE VEHICLE INVENTORY BY CATEGORY

→ **Important - (If a vehicle has been replaced and the transit system has received the title from PTD, the vehicle should not be included in this inventory. Identify vehicles awaiting disposition in 8B below.)**

<input type="text"/>	Center Aisle Van	<input type="text"/>	20-Ft LTV (Cutaway) (no lift)
<input type="text"/>	Conversion Van	<input type="text"/>	20-Ft LTV (Cutaway) (w/lift)
<input type="text"/>	Lift-Equipped Van	<input type="text"/>	22-Ft LTV (Cutaway) (w/lift)
<input type="text"/>	Minivan (no ramp)	<input type="text"/>	25-Ft LTV (Cutaway) (w/lift)
<input type="text"/>	Minivan (w/ramp)	<input type="text"/>	28-Ft LTV (Cutaway) (w/lift)
<input type="text"/>	Crossover (4/All-wheel drive)	<input type="text"/>	Sedan
<input type="text"/>	Transit Bus	<input type="text"/>	Other: (describe below)

8. FLEET SIZE

A. ACTIVE FLEET

<input type="text"/>	Total <u>Revenue</u> Vehicles in Fleet
<input type="text"/>	Backup <u>Revenue</u> Vehicles
<input type="text"/>	Total Lift-Equipped Vehicles

B. INACTIVE FLEET

<input type="text"/>	Enter number of vehicles <u>awaiting</u> disposition. This includes vehicles for which replacements have been received and titles have been received from IMD. It also includes fleet reductions for which titles have been received from IMD.
----------------------	--

System Description

9. DAYS AND HOURS OF SERVICE (Check all that apply and enter corresponding service hours):

DAYS	Beginning Time	SERVICE HOURS	Ending Time
<input type="checkbox"/> Seven (7) days per week			
<u>Or</u>			
<input type="checkbox"/> Monday - Friday			
<input type="checkbox"/> Saturday			
<input type="checkbox"/> Sunday			
<input type="checkbox"/> Holiday			

10. SYSTEM MANAGEMENT & OPERATION

A. Is the Management/Administration of the transit system currently subcontracted?

If **yes**, answer the following:

Name of the Management provider:

When will the new RFP process begin?

Are employees of the subcontractor represented by a labor organization (union)?

If **so**, provide the following:

Name of Union:

Example: Amalgamated Transit Union Local #1437

B. Is the Operation of the transit system currently subcontracted?

If **yes**, answer the following:

Name of the service provider:

When will the new RFP process begin?

Are employees of the subcontractor represented by a labor organization (union)?

If **so**, provide the following:

Name of Union:

Example: Amalgamated Transit Union Local #1437

C. Does another public transit system contract with your system for any part of its service?

If **yes**, answer the following:

Name of the public transit system:

Type of service that you provide:

Are employees of the other transit system or its subcontractor(s) represented by a labor union?

If **so**, provide the following:

Name of other system's subcontractor (if applicable):

Name of Union:

Example: Amalgamated Transit Union Local #1437

System Description

11. PUBLIC INVOLVEMENT – Please complete the chart below to document outreach efforts.

Organizations / Events	Date / Time	Location	Number of Attendees	Primary Audience	Number Title VI Forms Completed
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					
11)					
12)					
13)					
14)					
15)					

A. Is a governing board approved, formalized, public involvement plan in use?

If **yes** (complete questions below)

Is that plan evaluated and updated at least annually?

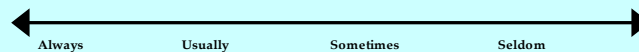
Does that plan have defined objectives?

Are those objectives being met?

If **no** – Describe below how the effectiveness of the public involvement efforts are evaluated and/or improved.

B. Describe Public Outreach Methods:

Select the ONE word that most accurately completes the sentence



Information dissemination is written.

Public meeting times are between 8 AM and 5 PM.

Information is available in an audible format.

Information is available in a language other than English.

Reasonable access is available for those with a disability.

System Description

12. ADMINISTRATIVE CHANGES - Describe administrative changes to be incorporated during FY2022 in the space below. A new job description must be attached for (1) any new administrative positions or (2) any increase in the percentage of a position dedicated to transportation.

If NONE check here: ☐

Check here if job description(s) attached: ☐

13. SERVICE CHANGES - Describe any service changes and/or provide justification/need for expansion vehicle(s) in the space below.

If NONE check here: ☐

FY2022 - Complete Project Funding Request Form for FY 2022

(Note: Include in your description the rationale for the anticipated change in service. For example, the anticipated change is due to customer feedback, marketing or other efforts. This narrative should match what is included your project funding request form)

How will the public be notified of the service changes described above?

How much lead-time is given before service changes take effect?

DUNS Verification Documentation





Quick Start Guide For New Grantee Registration

DUNS Verification Registration

Helpful Information

What is an Entity?

In SAM, your company / business / organization is referred to as an "Entity." You register your entity to do business with the U.S. Federal government by completing the registration process in SAM.

SAM is the official **free, government-operated website** – there is NO charge to register or maintain your entity registration record in SAM.

What do I need to get started?

DUNS Number

You need a Data Universal Numbering System (DUNS) number to register your entity in SAM. DUNS numbers are unique for each physical location you are registering.

If you do not have one, you can request a DUNS number for **free** to do business with the U.S. Federal government by visiting Dun & Bradstreet (D&B) at <http://fedgov.dnb.com/webform>. It takes no more than 1-2 business days to obtain a DUNS number.

Steps for Registering

1. Type www.sam.gov in your Internet browser address bar.
2. Create a SAM Individual User Account (be sure to validate your e-mail address), then Login.
3. Select "Register New Entity" under "Register/Update Entity" on your "My SAM" page.
4. Select your type of Entity. Definitions are in the Glossary to the right.
5. If you are registering in SAM.gov so you can apply for a Federal financial assistance opportunity on Grants.gov, and are not interested in pursuing Federal contracts, you will have a much shorter registration path. To chose this "grants only" path:
 - Select "No" to "Do you wish to bid on contracts?"
 - Select "Yes" to "Do you want to be eligible for grants and other federal assistance?"
6. Complete the "Core Data" pages:
 - Validate your DUNS information.
 - Enter Business Information (TIN, etc.) This page is also where you create your Marketing Partner Identification Number (MPIN). Write the MPIN down as it will serve as a password for you in other government systems. You will need it for your Grants.gov registration.
 - Enter your CAGE code if you have one, but remember, CAGE codes are tied to DUNS numbers and cannot be reused. Don't worry if you don't have a CAGE code for the DUNS number you are registering: one will be assigned to you after your registration is submitted. Foreign registrants must enter their NCAGE code before proceeding.
 - Enter General Information (business types, organization structure, etc.) about your entity.
 - Provide your entity's Financial Information, i.e. U.S. bank Electronic

DUNS Verification Registration

obtain a DUNS number.

Taxpayer Identification Number

You need your entity's Taxpayer ID Number (TIN) and taxpayer name (as it appears on your most recent tax return). Foreign entities that do not pay employees within the U.S. do not need to provide a TIN. Your TIN is usually your Employer Identification Number (EIN) assigned by the Internal Revenue Service (IRS).

Sole proprietors may use their Social Security Number (SSN) assigned by the Social Security Administration (SSA) as their TIN, but are strongly encouraged to obtain a free EIN from the IRS by visiting: <http://www.irs.gov/Businesses/Small-Businesses-&-Self-Employed/How-to-Apply-for-an-EIN>. Allow approximately two weeks before your new EIN is ready for use when registering in SAM.

- Provide your entity's Financial Information, i.e. U.S. bank Electronic Funds Transfer (EFT) Information for Federal government payment purposes. Foreign entities do not need to provide EFT information.
- Answer the Executive Compensation questions.
- Answer the Proceedings Details questions.

7. Complete the "Points of Contact" pages:

- Your Electronic Business POC is integral to your Grants.gov registration and application process. Your Government POC will be used by other government systems, such as CAGE, when they contact you. List someone with direct knowledge of this registration for both of those POCs.

8. Make sure to hit [Submit] after your final review. You will get a Congratulations message on the screen. If you do not see this message, you have not submitted your registration.

- There are two external validation steps, one with the IRS and another with CAGE, after you submit. You will receive an email from SAM.gov when your registration is active.

Please give yourself plenty of time before your grant application submission deadline. Allow up to 7-10 business days after you submit before your registration is active in SAM, then an additional 24 hours for Grants.gov to recognize your information.

For help registering in SAM, contact the supporting Federal Service Desk (FSD) at <https://www.fsd.gov/>





DUNS Verification Renewing

Quick Start Guide for Updating/Renewing an Entity

Helpful Information

What is an Entity

In SAM, your company/business/organization is now referred to as an "Entity."

Viewing Your Entity Record

How you view your entity record depends on several factors

- If you chose to make your record public, you can view your entity record by going to www.sam.gov and searching for your DUNS number or Entity Name
- If your record is available in the public search, but expired, you can view it by searching for your entity by DUNS number or Entity Name, clicking on the "Inactive" box, and clicking the "Apply Filters" button
- If you opted out of the public search, log into SAM, migrate your roles, and then click on "Register/Update Entity" and "Complete Registrations" to view your record

Steps for Updating/Renewing an Entity

1. Go to www.sam.gov and login with your SAM username and password
2. Click "Register/Update Entity" and then "Complete Registrations" (if you started your update earlier, click on "Incomplete Registrations")
3. In the Entity List panel, click on the Entity you want to update/renew
4. Click the Update Entity button in the "Registration Details" Panel
5. Complete Purpose of Registration (You only have to do this once)
6. Validate/Update "Core Data"
7. Validate/Update "Assertions" (not required to be eligible for Grants only)
8. Validate/Update "Representations and Certifications" (not required to be eligible for Grants only)
9. Validate/Update "Points of Contact", including optional POCs. If you no longer wish to have the optional POCs, please delete all data in these fields.
10. If you qualify as a small business, validate/update your information in SBA's Dynamic Small Business Search (DSBS) or apply for a small business status with the "Small Business" checkbox.

DUNS Verification Renewing

are click on "Register/Update Entity" and "Complete Registrations" to view your record

Requirements for Submitting Your Registration

- To submit your update, you must review the entire record in one sitting
- Review each page, validating the accuracy of the content
- If your registration requires Reqs & Certs (formerly ORCA), make sure you select the box certifying to the accuracy of the data on the "Review Reqs & Certs" page

10. If you qualify as a small business, validate/update your information in SBA's Dynamic Small Business Search (DSBS) or apply for a small business certification on the "SBA Supplemental" page.

11. Click Submit

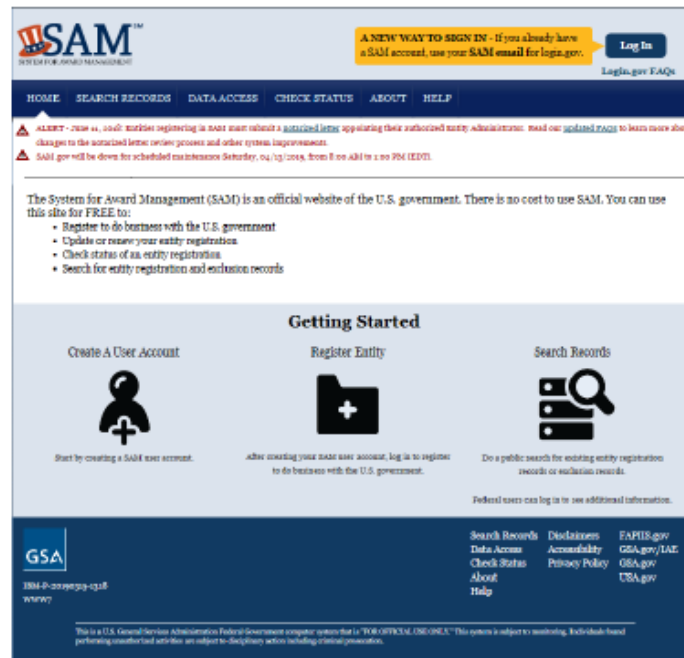
Please note if your update/renewal requires IRS or CAGE revalidation, it will take 3-5 business days for it to become active and replace your previous registration.


System for Awards Management
www.sam.gov


Need Additional Help
www.fsd.gov
toll free: 1.866.606.8220
international: 344.206.7828

DUNS Verification and Download Instructions

1. Open web browser to www.SAM.gov to this page:



2. Do not login. Select  .

3. Enter the DUNS # in the search tool  .

DUNS Verification Instructions

DUNS Verification Instructions

4. Select **Save PDF** below the words “Quick Search Results”.

The screenshot shows the SAM.gov homepage. At the top, there is a navigation bar with links: HOME, SEARCH RECORDS, DATA ACCESS, CHECK STATUS, ABOUT, and HELP. Below the navigation bar, there are two alert messages: "ALERT - June 11, 2018: Entities registering in SAM must submit a notarized letter appointing their authorized Entity Administrator. Read our updated FAQs to learn more about changes to the notarized letter review process and other system improvements." and "SAM.gov will be down for scheduled maintenance Saturday, 04/13/2019, from 8:00 AM to 1:00 PM (EDT).". The main content area is titled "Search Results" and contains a list of instructions for users. Below the instructions, there is a section titled "Quick Search Results" with a "Clear Search" button. At the bottom, there is a summary bar showing "Total records:1" and three buttons: "Save PDF", "Export Results", and "Print".

SAM
SYSTEM FOR AMBASSADOR MANAGEMENT

A NEW WAY TO SIGN IN - If you already have a SAM account, use your SAM email for login.gov. **Log In** [Login.gov FAQs](#)

HOME SEARCH RECORDS DATA ACCESS CHECK STATUS ABOUT HELP

ALERT - June 11, 2018: Entities registering in SAM must submit a [notarized letter](#) appointing their authorized Entity Administrator. Read our [updated FAQs](#) to learn more about changes to the notarized letter review process and other system improvements.

ALERT - SAM.gov will be down for scheduled maintenance Saturday, 04/13/2019, from 8:00 AM to 1:00 PM (EDT).

Search Results

- Your search results represent the broadest set of records that match your search criteria. You may get entity registration records that are still in progress or have been submitted, but not yet activated. Check the status of each record.
- Of note, some entities choose to opt out of public display. Even if they are registered in SAM, you will not see their entity registration records in a public search. You can only see them if you log in as Federal Government user.
- You can refine your search results. If you used the Quick Search, select the search filters on this page. If you used one of the Advanced Search options, select the Edit Search button.
- If you want to perform a new search, use the Clear button to remove your current search results. If you are logged in with your SAM User Account, you can save your search criteria to run again later using the Save Search button.
- NOTE:** Please read this important message when searching for exclusion records.

Quick Search Results

Clear Search

Total records:1 **Save PDF** **Export Results** **Print**

5. Save the PDF for future reference and use.

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Delegation of Authority

FY 2022 Delegation of Authority

Date: _____

I _____

(Authorized Official's Typed/Printed Name)

(Authorized Official's Title and Agency)

as the designated party _____

(Grant recipient/Applicant Agency)

with authority to submit funding applications and enter into contracts with the North Carolina Department of Transportation and execute all agreements and contracts with the NCDOT Integrated Mobility Division hereby delegate authority to the individual(s) filling the positions as indicated below:

Primary Designee: _____

(Name and Primary Designee's Position Title)

(Primary Designee's Agency)

Reimbursement Requests:

☐

Yes

☐

No

Budget Revisions:

☐

Yes

☐

No

Budget Amendments:

☐

Yes

☐

No

Period of Performance Extensions:

☐

Yes

☐

No

Other _____:

☐

Yes

☐

No

Delegation of Authority

Alternate Designee #1

(Alternate Designee's Name and Position Title)

(Alternate Designee's Agency)

Reimbursement Requests: ☐ Yes ☐ NoBudget Revisions: ☐ Yes ☐ NoBudget Amendments: ☐ Yes ☐ NoPeriod of Performance Extensions: ☐ Yes ☐ NoOther _____: ☐ Yes ☐ No**Alternate Designee #2:**

(Alternate Designee's Name and Position Title)

(Alternate Designee's Agency)

Reimbursement Requests: ☐ Yes ☐ NoBudget Revisions: ☐ Yes ☐ NoBudget Amendments: ☐ Yes ☐ NoPeriod of Performance Extensions: ☐ Yes ☐ NoOther _____: ☐ Yes ☐ No

Signature:

Project Funding Request Form

FY 2022 Project Funding Request Form

DATE SUBMITTED:

APPLICANT'S LEGAL NAME:

MPO or RPO

NCDOT DIVISION

BUDGET TYPE:

GENERAL INFORMATION

MAILING ADDRESS:

PHYSICAL ADDRESS:

CONTACT PERSON:

PHONE NUMBER:

FAX NUMBER:

EMAIL ADDRESS:

CURRENT FISCAL YEAR

FEDERAL FUNDING-FTA

STATE FUNDING

LOCAL FUNDING

OTHER FUNDING

TOTAL GRANT AMOUNT

Project Funding Request Form

FOR OFFICE USE ONLY

PREPARED BY:

REQUEST RECOMMENDATION OR REJECT

PROJECT LOCATION:

FEDERAL PROGRAM?

STATE PROGRAM?

PREVIOUSLY FUNDED?

PROJECT / PROGRAM DESCRIPTION (Fully describe project):

PROJECT / PROGRAM BENEFITS (Fully describe benefits):

RESULT OF PROJECT / PROGRAM IF NOT FUNDED (Fully describe results of project):

Unified Application Checklist



Master Documents Tab

FY 2022 Unified Application Checklist

Applicant Name:			MDS Reviewer:	
	N/A	Master Documents to Submit	MDS Approved	Comments or Concerns
<input type="checkbox"/>	<input type="checkbox"/>	Authorizing Resolution	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Certs & Assurances	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Title VI Certification	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	DBE Certification	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Anticipated DBE/MBE/WBE HUB Vendor Awards	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Public Hearing Notice (newspaper copy)	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Public Hearing Record		
<input type="checkbox"/>	<input type="checkbox"/>	Public Hearing Minutes	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Public Hearing Affidavit	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Public Hearing Outreach	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Local Share Certificate for Funding	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Surface Transportation Providers List	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	TAB Composition List	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	EEO Form (if applicable)	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Conflict of Interest Forms	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	System Description Form	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	DUNS Verification	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Delegation of Authority Form	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Application Checklist	<input type="checkbox"/>	

5311 Admin/Operating Tab

FY 2022 Unified Application Checklist

Applicant Name:			MDS Reviewer:	
	N/A	5311 Documents to Submit	MDS Approved	Comments or Concerns
<input type="checkbox"/>	<input type="checkbox"/>	Indirect Cost Rate Verification	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Job Descriptions (<i>if changed</i>)	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Deviated Fixed Route Material	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Insurance Certification	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Insurance Auto Schedule	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Retail Estimate(s) or Proposal(s)	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Third Party Provider Contract	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Rental Lease Agreement	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Lease Agreement	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Software Leases	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	PTD Approval Letter for Software	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	5311 Project Funding Request Form	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Online Budget	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Project Funding Request Form	<input type="checkbox"/>	

5310 Operating Tab

FY 2022 Unified Application Checklist				
Applicant Name:			MDS Reviewer:	
	N/A	5310 Operating Documents to Submit	MDS Approved	Comments or Concerns
<input type="checkbox"/>	<input type="checkbox"/>	Written 5310 Operating Application	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Locally Coordinated Human Service Plan		
<input type="checkbox"/>	<input type="checkbox"/>	IRS Letter (<i>Non-Profits only</i>)	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Articles of Incorporation (<i>Non-Profits only</i>)	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	By-Laws (<i>Non-Profits only</i>)	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Members of Board of Directors (<i>Non-Profits only</i>)	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	RPO/MPO Letter(s) of Support (<i>Required</i>)	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Job Description (<i>Optional</i>)	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Letters of Support (<i>Optional</i>)	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Pictures (<i>Optional</i>)	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Charts and/or Graphs (<i>Optional</i>)	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Route Schedules (<i>Optional</i>)	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Marketing Plan (<i>Optional</i>)	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Online Budget	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Project Funding Request Form	<input type="checkbox"/>	

FY 2022 Call for Projects (continued)



Call for Projects: August 24 – December 1, 2020

- What challenges do the application packages present
- Is there specific training needed on completing the application



News You Can Use

- Application budget moved to web-based platform
- Incomplete or late applications may delay for review and contracts could be late. Funding could also be impacted.
- Systems must be in compliance to be eligible to receive funding
- ****NEW:** State funding may not be available for some programs

