

5311 Applications 2016



Presentation by ADOT Staff
February 2016

5311 Application Changes 2016

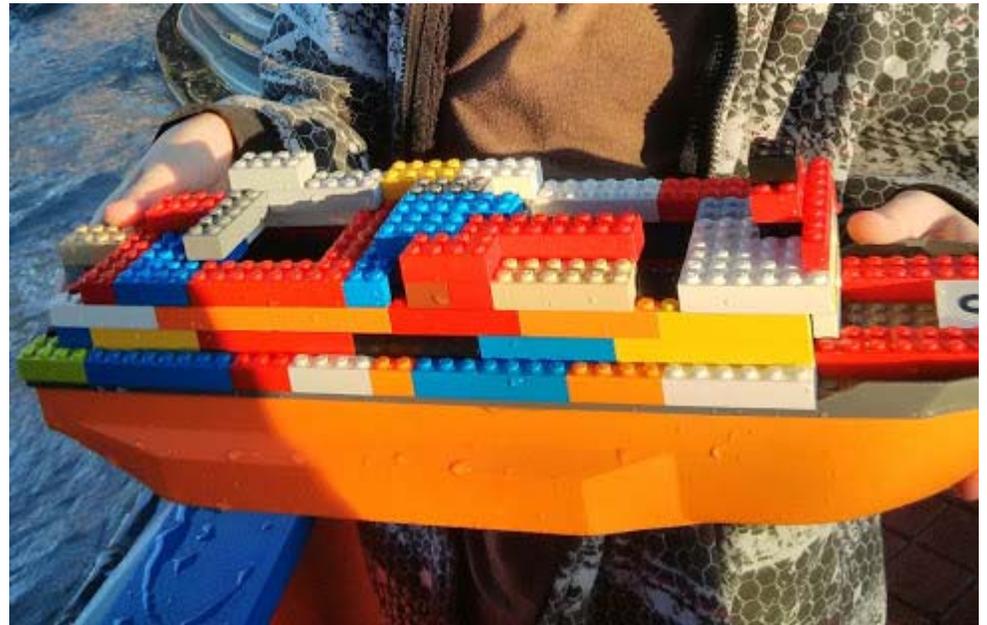
- ▶ Instructions and Upload Boxes Added
- ▶ Budget Page—2 year budget upload required
- ▶ Program Management
- ▶ Vehicle Page
- ▶ Other Capital Page
- ▶ Local Match Page
- ▶ Grant Agreement & Exhibits



Register ALL new users in Egrants

Before starting the 2016 Application get everyone on board

- City Leaders that might need access
- Attorneys
- Financial Officers
- Any new staff



New User Registration



Welcome to E-Grants

This is E-Grants, ADOT's Grant Management Software for Grant applications and overall management for the grant lifecycle. At this time, the E-Grants system is only available to accept transit grant applications.

Steps to Get Started:

- The initial registration for your organization must be completed by an Organization Administrator for the organization; e.g. Program Director
- Once the Organization Administrator registers the organization, they will receive an email *Notification of Access Approval* from the online systems administrator
- From that point, the Organization Administrator can designate access to your organizational account to other staff members as they see appropriate
- Once your organization is registered in the system, you can apply for grants, complete/submit reports and submit requests for reimbursement.



Starting new users

Contact Information

Name	Prefix	First	Middle	Last	Suffix
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Organization	<input type="text"/>				
Title	<input type="text"/>				
Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text" value="Arizona"/>	Zipcode	<input type="text"/>
County	<input type="text"/>				
Phone #1	<input type="text"/>	Phone #2	<input type="text"/>		<input type="text"/>
Fax	<input type="text"/>	Cell Phone	<input type="text"/>		<input type="text"/>
Email	<input type="text"/>				
Website	<input type="text"/>				
Username	<input type="text"/>				
Password	<input type="text"/>	Confirm Password	<input type="text"/>		
Notes	<input type="text"/>				

Need email address for all contacts

Select User name and Temporary Password

Put preferred role here.

Update Your Organization Address and Type



 [Back](#)

Organization - TEST1

- Required fields are marked with an *.
- Please enter your legal organization name and contact information (The legal entity, governmental name, or umbrella organization under which you operate.)
- The address must be your physical address (No PO boxes)
- Please list departments and sub organization information on the Additional Addresses Tab.
- List additional addresses such as contract, mailing, and remittance addresses on the Additional Addresses Tab.

[Organization Information](#) | [Organization Members](#) | [Organization Documents](#) | [Additional Addresses](#)

Organization Information

Name	<input type="text" value="TEST1"/>
DBA	<input type="text" value="TEST1"/>
Acronym	<input type="text"/>
COG/MPO	<input type="text" value="MAG"/>
TAX ID	<input type="text"/>
Vendor #	<input type="text"/>

Organization Information

Name	<input type="text" value="TEST1"/>	*
DBA	<input type="text" value="TEST1"/>	
Acronym	<input type="text"/>	
COG/MPO	<input type="text" value="MAG"/>	*
TAX ID	<input type="text"/>	
Vendor #	<input type="text"/>	
DUNS #	<input type="text" value="12345678"/>	*
Address	<input type="text" value="206 S. 117 Ave"/>	*
City	<input type="text" value="phoenix"/>	*
State	<input type="text" value="Arizona"/>	*
Zipcode	<input type="text" value="85009"/>	*
County	<input type="text" value="Maricopa County"/>	*
Phone	<input type="text" value="(602) 712-8774"/>	*
Fax	<input type="text"/>	
Email	<input type="text" value="sallred@azdot.gov"/>	
Website	<input type="text"/>	
Type	<input type="text" value="Tribe"/>	

Manage Roles, Active Dates

Organization - TEST1

Follow the instructions listed below to add/remove/modify organization members.

[Organization Information](#) | [Organization Members](#) | [Organization Documents](#) | [Additional Addresses](#)

Organization Members

Administrators with the authority to add members to your organization can follow these steps:

To add a member to your organization, select the **Add Members** link below.

If a member has already added his/her information in the system, you can search for the member.

If you need to add a member's information into the system, select **New Member**.

For more detailed instructions, select the **Show Help** button above.

Current Members

Sort By:

<input type="checkbox"/>	Person	Role	Active Dates	Active Documents	Assigned By	Modified By
<input checked="" type="checkbox"/>	OhdeTest, DTest	AGENCY Authorized Official	4/15/2013	1	Allred, Sara 4/15/2013	Ohde, Diane 4/15/2013
<input checked="" type="checkbox"/>	allred_sara	AGENCY Grant Writer	4/15/2013		Allred, Sara 4/15/2013	
<input checked="" type="checkbox"/>	Allred, S	AGENCY Organization Administrator	2/19/2014	1	Allred, Sara 2/19/2014	

Select 2016 for the new application

- ▶ Decide whether you want to carry forward

Agreement

Please make a selection below to continue.

You may copy forward data from one of the following items:

ed herein is true and c
sult in loss of eligibili

I AGREE

I DO NOT AGREE

Powered by IntelliGrants™

Carry forward

- ▶ Only affects some forms
- ▶ See the boxes with red stop signs
- ▶ Required to resave and confirm all answers
- ▶ Saves typing

Status	Page Name
	Program Information
	Program Management
	System Characteristics
	Route Service Characteristics
	Vehicles
	Other Capital Requests
	Planning
	Budget
	Local Match
	Union
	Safety and Training Programs
	Substance Abuse
	CIVIL RIGHTS

Management Tools

5310 Application Menu - Management Tools

The menu below contains links to the tools that can be used to manage this document. See the description below each link for more detail.

Document Information: [5310-2014-TEST1-00018](#)

 [Details](#)

Management Tools

Save first, and
then print



CREATE FULL PRINT VERSION

Select the link above to create a printable version of the document.



CREATE FULL BLANK PRINT VERSION

Select the link above to create a blank printable version of the document.



ADD/EDIT PEOPLE

Select the link above to perform actions such as adding people, changing a security role, or altering people's active dates on this document.



STATUS HISTORY

Select the link above to view the status history of this document.



CHECK FOR ERRORS

Select the link above to check the entire document for errors.



ATTACHMENT REPOSITORY

Select the link above to view all attachments in this document.

Check Add/ Edit
People if someone
didn't show up

Main Application Menu

5311 Application Menu

Document Information: [5311-2014-Subrecipient**-00028](#)

 [Details](#)

Info	Document Type	Organization	Role	Current Status	Period Date / Date Due
	5311 Application	ADOT Subrecipient	AGENCY Authorized Official	Application in process	12/02/2013 - 01/01/2015 N/A

View, Edit and Complete Forms

Select the **View Forms** button below to view, edit, and complete forms.

[VIEW FORMS](#)

Change the Status

Select the **View Status Options** button below to perform actions such as submitting applications or request modifications.

[VIEW STATUS OPTIONS](#)

Tools

Select the **View Management Tools** button below to perform actions such as adding people to this document or viewing the document history.

[VIEW MANAGEMENT TOOLS](#)

Status	Page Name
	Program Information
	Program Management
	System Characteristics
	Route Service Characteristics
	Vehicles
	Planning
	Budget
	Local Match
	Union
	Safety and Training Programs
	Substance Abuse
	CIVIL RIGHTS
Agreement	
	Grant Agreement
	Signature Page for Grant Agreement
	Attorney Determination
	Upload
	Exhibit A
	Exhibit B 5311
	Exhibit C Responsibility Matrix
	Exhibit D Procurement
	Exhibit E Civil Rights

Application Menu

- ▶ Save early and often. Saving also activates all the grant agreement pages.
- ▶ When you first come in you can see both the application and the Agreement but then it will focus on one or the other.

Program Contacts

- ▶ Key contacts for transit grants.
- ▶ List all participating agencies
- ▶ Application category --new applications only answer specific questions.

1. Program Contact Information

Agency Name:

ADOT Subrecipient

Primary Contact Person's Name:

Title:

Transit Agency Address, City, Zip:

Contact Office Phone:

Contact Cell Phone or alternative phone (if applicable):

Contact Email:

Agency Website Address:

Secondary Contact (if applicable)

Name:

Title:

Contact Office Phone:

Contact Cell Phone or alternative phone (if applicable):

Contact Email:

2. Is this a joint application (multiple agencies)?

Yes No *

3. Application Category:

Organization

- ▶ Stakeholders outreach
- ▶ TAC are the transit manager's eyes, ears, and should advocate for you.

Organization

4. 5311 Public Transit services are required to be open to the general public. Does your transit service meet this criteria?

Yes No *

5. In what department will your transit program be located?

6. Describe your Transit Advisory Committee (TAC) memberships and the members' positions in your community.

0 of 1000

Coordination

- ▶ FAST ACT encourages coordination—Coordination Plans can include Intercity needs.

COORDINATION OF SERVICE

This section provides an opportunity to document your attempts to coordinate with other agencies, e.g.: DES, Department of Human Services, Senior Centers, One-Stop Centers for employment assistance, training programs and/or other transportation operators in the service area (including 5310 providers).

7. Is your system included in a Regional Transportation Coordination Plan? Yes No *

8. Please explain your coordination efforts:

0 of 2000

Other Capital Updated Instructions

FUNDING REQUESTS

9. Please check the box next to the types of funding requested in this application. Questions will follow in other portions of the application depending on your selection. If you requested a vehicle or rehabilitation in the last application, but not this year, please first go to the vehicle page and delete the vehicle request before unselecting Capital Funds.

- Administrative Funds
- Operating Funds
- Capital Funds
- Intercity Funds
- Planning Funds
- Other Please Explain

9a. Please identify the type of capital needed by checking all capital types requested in this application.

For Vehicle Requests, additional questions will show on the Vehicles page. Provide additional information for all other capital requests on the Capital Request page which will only appear if other capital is requested. If you requested a vehicle or rehabilitation in the last application, but not this year, please first go to the vehicle page and delete the vehicle request before unselecting Vehicle or Vehicle Rehabilitation.

- Vehicle (Revenue Rolling Stock)
- Vehicle Rehabilitation
- Other Capital Requests

Sound Financial Management required for FTA Grants

FINANCIAL MANAGEMENT

1. Briefly describe your organization's budgeting process.
2. Describe your procurement process for purchasing operating supplies, services, and capital items such as vehicles. Please include thresholds for purchasing using the three requests for prices (small purchases) as well as for an RFP or bid type process.
3. How is the budget monitored for the organization as a whole?
4. How will the transit budget be monitored including revenues and expenditures?
 - 4a. Who will prepare and monitor the transit budget?
 - 4b. Describe your organization's experience in managing programs that include Federal funds and the associated requirements.

- ▶ Please be thorough.
- ▶ Separation of duties
- ▶ Dual control

Looking for active monitoring of the transit budget.

Cost Allocation Plans

- ▶ Must be current and uploaded here with the approval of the cognizant agency.

5. Do you have a current approved indirect cost allocation plan?

Yes No *

5a. What is your current indirect cost rate?

%

5b. Who is your cognizant agency

5c. Date of approval:

5d. Upload your current indirect cost allocation plan.

Marketing is a great way to build ridership— RTAP Toolkit

MARKETING AND COMMUNICATION

Marketing your transit program to potential riders is a requirement of the grant. National RTAP has a marketing toolkit for rural transit agencies.

6. Describe your agency's marketing plan.

1214 of 1500

7. Does your agency maintain a website page for transit? Yes No

7a. If yes, provide the URL / web address for the transit program.

http://www.cityofbisbee.com/dept_comdev.html

8. How and when is information on proposed service or fare changes communicated to riders and the general public?

- ▶ Notice to the public prefer 30 days

Feedback from Riders

9. Do you conduct a ridership survey of your passengers? Yes No

9a. If yes, when was your last survey conducted?

9b. Please provide a copy of your last survey.

9c. If no, how do you collect feedback from your riders on your system needs?

Inclement Weather / Resolution

10. Has there been any service disruption in the past year including for inclement weather? Yes No

10a. If yes, please explain the service disruption and how the public was notified of the service disruption?

0 of 1500

Attach your Public meeting notice(s) with date(s) of meeting(s) for notice of intent to apply for 5311 funds.

11. DELETE

https://egrants.azdot.gov/_Upload/23331-NoticeofPublicHearing2015.pdf

11a Resolution may also be attached here.

Maintenance

MAINTENANCE

12. Attach a Vehicle Maintenance Plan, if applicable.

13. How is maintenance provided for your transit service vehicles?

In-house

If in-house, provide a list of services provided.

Outside vendor via contract

If by contract, list the vendors you use and what services they provide.

0 of 1500

Other

Please Explain.

Changes and Performance data

1. Are you planning any significant changes to your program this year? Yes No*

2. How many routes does your service offer that will be funded by this grant? *

3. Do you have a contingency plan and / or agreement in place with other transportation providers to ensure the delivery of transit services when there are insufficient back-up vehicles or drivers at your agency? Yes No*

Performance Data

4. Annual Passengers Trips Anticipated:

Fare box loads on the budget page—use 2 years for anticipated fare revenue

*

4a. Annual Passengers Trips Last Year:

+

5. Anticipated Annual Fare Revenue:

*

5a. Fare Box Last Year:

+

6. Average cost per passenger trip using the last year's data:

+

7. Will your net advertising revenue be deducted in your operating costs? Yes No*

Advertising can be local match or deducted with fare box

How does the service fit your community?

Go to the HELP menu for definitions

Service Types

9. Systems with multiple routes may have several different types of service. Please check ALL of the types of service that your system provides and then Save so that the Hybrid or Other should only be used for routes that do not fit one of these definitions.

Rural Providers—Choose Local/Regional or intercity feeder route

Local / Regional	Intercity
<input type="checkbox"/> Demand Response	<input type="checkbox"/> Intercity Fixed Route
<input type="checkbox"/> Deviated / Flex Route	<input type="checkbox"/> Intercity Feeder Route
<input type="checkbox"/> Fixed Route with Complementary Paratransit	
<input type="checkbox"/> Commuter	
<input type="checkbox"/> Hybrid or Other	

Questions expand based on selection, see Help for definitions

Please respond to the questions as appropriate for the transit service.

All Applicants Answer the Following

23. Does the system connect with other modes of transportation, if so describe how you connect and are they timely?

0 of 2000

24. In what jurisdictions, does this system operate outside of the primary applicant community? Please list the routes that go outside of the community limits and identify the specific community whether unincorporated county or other.

Routes

- ▶ Match the route types with the types on the previous page.
- ▶ Don't pick Intercity unless you're sure and then talk to ADOT
- ▶ Details for each routes should be provided
- ▶ This detail will assist with planning

TOTAL ROUTES:

ROUTE SERVICE CHARACTERISTICS		
1.	Route Name:	<input type="text"/>
2.	Select the Days each route operates:	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su
3.	Route Type:	<input type="text" value=""/> ▼
4.	Service Type:	<input type="text" value=""/> ▼
5.	# Daily Hours of Operation:	<input type="text"/>
6.	Start Time:	<input type="text" value=""/> : <input type="text" value=""/> : <input type="text" value=""/>
7.	End Time:	<input type="text" value=""/> : <input type="text" value=""/> : <input type="text" value=""/>
8.	Does the route operate continuously other than short breaks for the driver?	<input type="radio"/> Yes <input type="radio"/> No
9.	Number of times route is run daily	<input type="text" value=""/> 
10.	Round Trip Miles per route cycle	<input type="text" value=""/> 
11.	Annual Passenger trips (optional):	<input type="text"/>
12.	Does the route accommodate baggage?	<input type="radio"/> Yes <input type="radio"/> No
13.	Is this a new or existing route?	<input type="text" value=""/> ▼
14.	Is the service changing?	<input type="radio"/> Yes <input type="radio"/> No

Destinations and Connections

15.	Check the types of key activity centers the route serves and indicate which are the busiest in the text box provided.		
15a.	Medical	<input type="checkbox"/>	<input type="checkbox"/>
15b.	Employment	<input type="checkbox"/>	<input type="checkbox"/>
15c.	Education	<input type="checkbox"/>	<input type="checkbox"/>
15d.	Residential	<input type="checkbox"/>	<input type="checkbox"/>
15e.	Shopping	<input type="checkbox"/>	<input type="checkbox"/>
15f.	Entertainment	<input type="checkbox"/>	<input type="checkbox"/>
15g.	Other	<input type="checkbox"/>	<input type="checkbox"/>
16.	Busiest activity center for this route?	<input type="text"/>	<input type="text"/>
17.	System Connections?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
17a.	List the other mode it connects to	<input type="text"/> 0 of 500	<input type="text"/> 0 of 500
18.	that each route operates in:		
18a.	County	<input type="text"/>	<input type="text"/>
18b.	City(ies) (If the route operates outside the city limits, please type unincorporated):	<input type="text"/>	<input type="text"/>

Ensure the Connections are close and riders can connect.

Route Service Characteristics

19. Upload a user guide for this Route Service Area. Please include a map if it is available. If you only have one user guide, please upload it only once.

<input type="text"/>	Browse...
<input type="text"/>	Browse...
<input type="text"/>	Browse...

20. Please explain any service changes that you are making and the reasons for making these changes.

0 of 2000

21. Any additional comments about your routes and the service your agency provides.

Vehicles

- ▶ Vehicle inventory. #2 is for spares & on-lien

AGENCY VEHICLE INVENTORY

Total Vehicles in Inventory: 3

Spare Vehicle Ratio: 0%

- Please provide the information requested in the table below for all vehicles in your transit fleet whose routes utilize 5311 funding.

Vehicle Identification Number (VIN)	Funding Source (i.e.: 5310, 5311, local, etc.)	Vehicle Type	Model Year	Mileage	# of Ambulatory Seats	# of W/C Positions	Lift or Ramp?	Anticipated Replacement Year	Requesting Rehab?	Route Served (Spare can also be listed)	Is the Vehicle On ADOT Lien?
1FDDE45P99DA41978	5311	Bus < 30 FT	2009	186000	2	2	Lift	2015	No	Spare	<input checked="" type="radio"/> Yes <input type="radio"/> No
1FDDE45P79DA41977	5311	Bus < 30 FT	2009	173300	2	2	Lift	2017	No	Route 1, 2, and 3	<input checked="" type="radio"/> Yes <input type="radio"/> No
1GB6G5BG8E1115402	5311	Bus < 30 FT	2014	36500	2	2	Lift	2020	No	Route 1, 2, and 3	<input checked="" type="radio"/> Yes <input type="radio"/> No

- Please provide the information requested in the table below for all vehicles in your transit fleet whose routes utilize 5311 funding.

INSTRUCTIONS: Please COPY the VIN number from the Agency Vehicle Inventory table for each vehicle. Once copied, please PASTE the VIN number in to the table below in the "Vehicle Identification Number" column.

Vehicle Identification Number (VIN)	Condition Code	Vehicle in Service?	Original Vehicle Cost	Make	Model	Fuel Type	Chassis
1FDDE45P99DA41978	3 FAIR	Spare	\$73,997	Ford EIDorado	Aerotech	Diesel	Medium Duty
1FDDE45P79DA41977	4 GOOD	Yes	\$73,997	Ford EIDorado	Aerotech	Diesel	Medium Duty
1GB6G5BG8E1115402	5 EXCELLENT	Yes	\$79,700	Chevy	StarCraft	Gas	Medium Duty

Vehicle Replacement and Expansion

- ▶ Requires Milestones
- ▶ Identify Contract and Upload Build Sheet w/ documentation
- ▶ ADA accessible

8. Please identify the contract you will be using to purchase the vehicle. Specify ADOT, Self-Procure, Joint Procure, or Other. Please name the lead agency which procured or will procure the vehicle. If you are using the ADOT or State contract, you must have created a build with an ADOT vendor prior to submitting this application.

0 of 300

8a. Please upload your Build Sheet documentation.

9. Will your requested vehicle be fully accessible to persons with disabilities, in accordance with ADA guidelines? Yes No

9a. If No, Please explain

Milestones required—ADOT procured

For ADOT procured 2016 or 2017?

All funds due by January 15th.

VEHICLES

NOTE: REQUESTS WITHOUT MILESTONE DATES WILL NOT BE AWARDED.

ALL CAPITAL VEHICLE REQUESTS

12. Please estimate the following dates for milestones. If more than one procurement contract will be needed, please enter the milestone dates in the appropriate column. They are reported to FTA and will need to be confirmed if the award is made.
Project Title should be (Expansion or Replacement) - (Vehicle Type). e.g. Expansion - Vans

Project Title	Estimated Completion Date				
	RFP Issued	Contract Awarded	First Vehicle Delivered	All Vehicles Delivered	Contract Complete

Other Capital Requests

1. Select the Capital category
2. Save
3. Capital Description
4. Prioritize Vehicles and Other Capital

1. OTHER CAPITAL REQUESTS

Capital Category	Capital Description	Phase (if Applicable)	Title	Priority #	QTY	Cost \ Item	Total	Federal	Local
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0	\$0	\$0
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0	\$0	\$0
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0	\$0	\$0
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0	\$0	\$0
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0	\$0	\$0

TOTAL OTHER CAPITAL REQUEST: \$0

- ▶ Justify ALL capital projects. 2 text boxes for justification. 2nd is for larger projects.

TITLE:

JUSTIFICATION:

2a. Please answer the following questions:

- Description of the capital equipment / facility project.
- Explanation for why this equipment or facility is essential for the operation of your transit service.
- Is this a replacement of an older unit(s) or an addition?
- How will this equipment interact with existing equipment you use and operate? Please detail any modifications that will be needed to accommodate this equipment.
- What is your alternative option if this is not awarded?

2b. For larger projects, please answer the following questions:

- Provide details for other funding sources you are pursuing (or have obtained).
- What is the next step in the process? Please outline what you've completed so far and upload any applicable studies.

2c. Provide a map for any location specific requests such as facilities, passenger shelters, etc.

Map and / or backup documentation

No Milestones, No Award

Which year will you build / buy?

ALL CAPITAL REQUESTS

3. Please estimate the following dates for milestones. If more than one procurement contract will be needed, please enter the milestone dates in the appropriate column. They are reported to FTA and will need to be confirmed if the award is made.

For each Capital item or project requested, please fill out the proposed Milestone dates.

Project Title	Estimated Completion Date		
	RFP Issued	Contract Awarded	Contract Complete
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. If you would like to provide letters of support from your stakeholders and community members, please upload them below.
Please only provide if the capital items exceed \$50K. (As discretionary grant opportunities are available, ADOT may apply on your behalf).

- ▶ Planning Not required, but Milestones are if requested.

10. Please estimate the amount of funds requested towards planning:

PLANNING REQUEST			
Planning Title	Total Request	Federal Request	Local Match
<input type="text"/>	<input type="text"/>	\$0	\$0
<input type="text"/>	<input type="text"/>	\$0	\$0
<input type="text"/>	<input type="text"/>	\$0	\$0
<input type="text"/>	<input type="text"/>	\$0	\$0
<input type="text"/>	<input type="text"/>	\$0	\$0

Milestones

For each Capital item or project requested, please fill out the proposed Milestone dates.

Project Title	Estimated Completion Date		
	RFP Issued	Contract Awarded	Contract Complete
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Budget

- ▶ Updated Drop-down options
- ▶ 2 year Budgets
- ▶ Use the Budget Worksheet to reflect each year of funding

		SAVE	PRINT VERSION	ADD NOTE	CHECK GLOBAL ERRORS	SHOW HELP	
HR/Employee Recruitment							
In-Kind (Administration)							
Management Support							
Management/Contractor Fee							
Marketing/Advertising							
Phones/Internet							
Postage							
Printing							
Professional Services							
Program Audit							
Program Manager	\$10			\$8	\$2	<input type="radio"/> Yes <input type="radio"/> No	Please specify if other: _____
Rental Equipment							
Space Rental	\$0			\$0	\$0	<input type="radio"/> Yes <input type="radio"/> No	Please specify if other: _____
Staff Other							
Substance Abuse Program	\$0			\$0	\$0	<input type="radio"/> Yes <input type="radio"/> No	Please specify if other: _____
Transit Director							
Transit Manager/Coordinator	\$0			\$0	\$0	<input type="radio"/> Yes <input type="radio"/> No	Please specify if other: _____
Travel - non training							
Utilities							
Insurance							
Other						<input type="radio"/> Yes <input type="radio"/> No	Please specify if other: _____

- ▶ Fuel separated from Oil
- ▶ If you apply for Intercity, please coordinate with ADOT.

If applying for Intercity funds, what percentage of your Operating Budget is for Intercity Operations?

 %

	Total Request (2 YEARS)	Revised Budget (2 YEARS)	Final Budget (AWARDED)	Federal Request	Local Match	Subcontracted?	
Dispatcher(s)							
Driver Training & Certifications							
Driver Salaries							
Facility Maintenance/Janitorial				\$0	\$0	<input type="radio"/> Yes <input type="radio"/> No	Please
Fringe Benefits							
Fuel							
Mechanic(s)				\$0	\$0	<input type="radio"/> Yes <input type="radio"/> No	Please
Oil							
Operating Supplies				\$0	\$0	<input type="radio"/> Yes <input type="radio"/> No	Please
Operations Management							
Radio Services/Equipment				\$0	\$0	<input type="radio"/> Yes <input type="radio"/> No	Please
Service Contract							
Software Maintenance							
Supervisor(s)						<input type="radio"/> Yes <input type="radio"/> No	Please
Tires/Parts/Maintenance							
Travel						<input type="radio"/> Yes <input type="radio"/> No	Please
Uniforms							
Preventive Maintenance						<input type="radio"/> Yes <input type="radio"/> No	Please
Vehicle Licenses							
Other						<input type="radio"/> Yes <input type="radio"/> No	Please
Volunteer Drivers						<input type="radio"/> Yes <input type="radio"/> No	Please
In-Kind (Ops/Intercity)							
Staff Other						<input type="radio"/> Yes <input type="radio"/> No	Please
Total Operating Costs	\$0	\$0	\$0	\$0	\$0		
Deductions including Fares Earned	\$0	\$0	\$0				
Net Operating Costs	\$0	\$0	\$0	\$0	\$0		

- ▶ Award will not show on the Budget Page
- ▶ List all persons who charge against the grant

CAPITAL REQUEST					
This section autopopulates and will not reflect the final award, only the request will display. The final award for Capital will appear on your Exhibit A and in the reimbursement requests.	Total Request (2 YEARS)	Federal Request	Local Match	QTY	Unit Cost
		\$0	\$0	\$0	0
Total Capital Costs	\$0	\$0	\$0		

PLANNING REQUEST			
Total Request (2 YEARS)	Federal Request	Local Match	
\$0	\$0	\$0	
Total Planning Costs	\$0	\$0	\$0

For all Personnel (full time and part time) who are paid using this grant, list the following:
 The average number of hours / week the employee will be dedicated to transit. Based on a forty hour work week.
 To get to a Wage per hour, calculate full-time salary divided by 2080.
 Similar job title and wage per hour can be combined onto a single line (denote # of employees referenced in the job title).

Job Title / Category	Transit Hours per week	\$ wage per hour	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	

2 Year Budget Upload to Budget page

1	2	Year 1 Total Budget	Year 2 Total Budget	Total Combined Year 1+2 Budgets	Year 1											
					Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul		
3	ADMINISTRATION															
4	Administrative Supplies	-	-	-												
5	Administrative Staff	-	-	-												
6	Administrative Overhead (COB)	-	-	-												
7	Administrative Equipment	-	-	-												
8	Financial Staff	-	-	-												
9	Fringe Benefits (Admin)	-	-	-												
10	General Liability Insurance	-	-	-												
11	HR / Employee Recruitment	-	-	-												
12	In-kind (Administration)	-	-	-												
13	Management Support	-	-	-												
14	Management / Contractor Fee	-	-	-												
15	Marketing / Advertising	-	-	-												
16	Phones / Internet	-	-	-												
17	Postage	-	-	-												
18	Printing	-	-	-												
19	Professional Services	-	-	-												
20	Program Audit	-	-	-												
21	Program Manager	-	-	-												
22	Rental Equipment	-	-	-												
23	Space Rental	-	-	-												
24	Staff Other	-	-	-												
25	Substance Abuse Program	-	-	-												
26	Transit Director	-	-	-												
27	Transit Manager / Coordinator	-	-	-												
28	Travel - non training	-	-	-												
29	Utilities	-	-	-												
30	Insurance	-	-	-												
31	Other	-	-	-												
32	Total Administration Costs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Purple 2 year column is what you enter on the Budget page in Egrants

Local Match

- ▶ The total will carry over from the budget page
- ▶ All Match both cash and In-kind must be listed in the Local Match section

REQUESTED BUDGET SUMMARY			
	Total Request	Federal Request	Local Match
Total	0	0	0

LOCAL MATCH			
Match Amount	Name of Match Contributor	Contribution Source	Please Describe
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total:			

Are you planning to use in-kind funds/services for local match? Yes No

In-kind must also be documented in the local match above.

Match Additional Information

In-kind match-See IRS Rates

IN-KIND

SAVE

CHECK GLOBAL ERRORS

SHOW

Are you planning to use in-kind funds/services for local match? Yes No
(Capital not eligible for In-Kind)

All In-Kind match must be documented at the time of the contribution.
Except for a land donation, in-kind match cannot be used towards capital projects / purchases.
If your marketing revenues are going towards local match, please document it separately and label it in the description box.
In-kind must also be documented in the local match above.

[See IRS Mileage Reimbursement Rates.](#)

[See IRS Approved Volunteer Rates.](#)

The following instructions will help guide you on how to calculate the value of volunteer services for matching funds:

There is no federal rate for volunteer services. Organizations that already have employees performing these activities may use their own rate of pay. If you do not have employees in a similar position you may use the amount that would be paid for the activity in your location. Assistance in determining the value of volunteer services and other salaries is available using the [Bureau of Labor Statistics Occupational Employment Statistics Program](#). Please refer to IRS Publication 4671 for more information. Subrecipients can also get matching funds and help with tax information regarding their grants at [VITA Grant Program FAQs](#).

IN-KIND MATCH				
Budget Type	Source of Donations / Service	Value of Service / Unit	Number of Units	Total In-Kind
<input type="text"/>	<input type="text"/>	<input type="text"/> per <input type="text"/>	<input type="text"/>	

In-Kind Match-document in In-kind match & in Local Match sections

IN-KIND

PRINT VERSION

ADD NOTE

CHECK GLOBAL ERRORS

SHOW HELP

Are you planning to use in-kind funds/services for local match? Yes No
(Capital not eligible for In-Kind)

All In-Kind match must be documented at the time of the contribution.

In-Kind match cannot be used towards capital projects / purchases.

If your marketing revenues are going towards local match, please document it separately and label it in the description box.

Also add the total in-kind requested into the Local Match table above. Enter "In-Kind (description)" in the Please Describe column.

[See IRS Mileage Reimbursement Rates.](#)

[See IRS Approved Volunteer Rates.](#)

The following instructions will help guide you on how to calculate the value of volunteer services for matching funds:

There is no federal rate for volunteer services. Organizations that already have employees performing these activities may use their own rate of pay. If you do not have employees in a similar position you may use the amount that would be paid for the activity in your location. Assistance in determining the value of volunteer services and other salaries is available using the [Bureau of Labor Statistics Occupational Employment Statistics Program](#). Please refer to IRS Publication 4671 for more information. Subrecipients can also get matching funds and help with tax information regarding their grants at [VITA Grant Program FAQs](#).

IN-KIND MATCH				
Projects	Source of Donations / Service	Value of Service / Unit	Number of Units	Total In-Kind
Mobility Management	Testing Source	\$200.00 per 1	1	\$200.00

Union Reporting—These are the other transportation providers in your area that you notified about your application and public involvement process.

See the help menu for a sample of how to fill this in.

LISTING OF RECIPIENT, ELIGIBLE SURFACE PUBLIC TRANSPORTATION PROVIDERS AND LABOR REPRESENTATION FOR 13(c).

- Please list the other public transit Providers in your area including name and address.
- Please list their employee's union representation if there is a union representation.
- This is a requirement of the federal government for receipt of any transit funds. (See HELP for a sample)

Agency / Transportation Provider Name	Address	City, State, Zip	Union Representation of Employees (if any)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Review Application Changes

- ▶ Program Management
- ▶ System Updates
- ▶ Vehicle Page
- ▶ Other Capital
- ▶ Budget Page
- ▶ Local Match
- ▶ Grant Agreement & Exhibits

Safety and Training Programs

- ▶ Only select those trainings your agency provides.
- ▶ ADA is required

1. INDICATE ALL TRAINING YOUR AGENCY PROVIDES:

- Yes No* Do your drivers receive training that covers the above ADA areas?
- Yes No* Defensive Driving training?
- Yes No* PASS (Passenger Service and Safety - CTAA)
- Yes No* START (Safety Training and Rural Transit – National RTAP)
- Yes No* Customer Service
- Yes No* Emergency Evacuation (covered by PASS)
- Yes No* Biohazard Training
- Yes No* First Aid
- Yes No* CPR
- Yes No* Safety
- Yes No* Reasonable Suspicion (Drug & Alcohol Training for Supervisors)
- Yes No* Dispatcher Training
- Yes No* 24 hour behind the wheel training for drivers with experienced driver
- Yes No* Vehicle Pre/Post Trip Inspection Training
- Yes No* Transit Operations Policies & Procedures

Other

Describe:

2. Is your training program offered in house? Yes No*

If no, where and by whom does your agency staff receive training

Substance Abuse

1. Do you have a substance abuse program in place that meets current Federal, State and Local regulations and practices? Yes No*
2. Do you have a clearly written substance abuse policy statement and procedures that describe your agency's policy and plans for complying with the FTA regulations? Yes No*
2.a. If yes, attach your policy to this checklist. Browse...
3. If your program includes more than what is mandated by the FTA regulations, is this reflected in the written policies? Yes No*
4. Have you made the necessary provisions for recordkeeping and reporting? Yes No*
5. Do these provisions include procedures to protect the individual's right to privacy and the prevention of unauthorized release of test result information? Yes No*
6. Have you selected qualified personnel who will be responsible for implementing and monitoring the program? Yes No*
7. Have these individuals been provided with the required trainings including reasonable suspicion? Yes No*
8. Have you informed your employees in writing of your agency's substance abuse policy and its implementation requirements? Yes No*
9. Have you established and documented a minimum of 60 minutes of drug awareness training for safety sensitive employees and 2 hours of supervisory awareness training (one hour on drugs and one hour of alcohol signs, symptoms and effects). Yes No*
10. Are enough employees trained in reasonable suspicion that the transit agency is covered at all times and shifts? Yes No*
11. Are these training programs held regularly to account for staff turnover and other changes? Yes No*
12. Does your program include testing for the five prohibited classes of substances, marijuana, cocaine, opiates, amphetamines, and PCP? Yes No*
13. Does your program have provisions for testing for the following events: pre-employment, random, post-accident, reasonable suspicion, and (return to duty, follow-up testing in the event of a second chance policy) according to the standards defined in the federal regulations? Yes No*

Civil Rights

All recipients of FTA assistance are responsible for compliance with all Civil Rights requirements, including 49 US 5332 (non discrimination), Title VI of the Civil Rights act of 1964, Equal Employment Opportunity (EEO), Section 504 of the Rehabilitation Act of 1973, ADA, Disadvantage Business Enterprise (DBE) program requirements, and Limited English Proficient (LEP). Recipients also agree to include these assurances and policies in each subcontract financed in whole or in part with Federal funds provided by FTA.