

# **5311 Rural Transit Program 2024 Application Workshop**

Funding Period  
October 1, 2024 – September 30, 2026

Presentation by ADOT Staff  
January 11, 2024

# Agenda

- Introduction
- Title VI Civil Rights and ADA requirements
- 5311 Guidebook
  - Policy Changes for 2024
  - Budgeting for the 2-year grant cycle
  - Application requirements
  - Public Notice requirements
- E-grants Overview
- Questions & Answers

Note: Slides and recording will be posted to website after this presentation

# 5311 Rural Transit Program

- ADOT Multimodal Planning Division (MPD) administers the Federal Transit Administration (FTA) Formula Grants for Rural Areas Program - Section 5311 Program or Rural Public Transit Program.
- Section 5311 Program - funding to support the administrative, operating, intercity operating, capital and planning costs of operating **public transit services** in rural areas.
- Funds may be used only to support **public transit service** in Non-Urbanized Areas (<50,000 in population).
- Grants are available on a competitive basis to address the mobility needs of the **general public**.
- Annual apportionment from FTA approximately \$15 million (FFY 2023). FFY 2024 Continuing Resolution through 1/19/2024.

# ADOT 5311 Key Dates\*

ADOT Publishes NOFA	December 20, 2023
5311 Application Opens in E-grants	December 20, 2023
<b>Application Deadline</b>	<b>February 21, 2024, 3:00 pm MST</b>
Agency time to cure	March 2024
Budget discussions with subrecipients	March -April 2024
Preliminary notice of awards	May 2024
Final award (Exhibit A)	September 2024
Federal Fiscal Year Begins	October 1, 2024

*\*Dates anticipated, but subject to change. Awards are dependent on FTA apportioning funding and subsequent approval of ADOT grant application.*

# MPD Transit Team

## Administration

Jill Dusenberry – Transit Group Manager  
Aubree Perry – Assistant Transit Manager

### 5311

Jesse Zaragoza  
Luke Taylor  
Shatawn Reed

## State Safety Oversight

Brian Brinkley  
Steve Bethel

### 5310

Aubree Perry  
Brian McCoy

## Program Support

Ann Cochran – Program Analyst  
Sarah Wuertz – Contract Specialist/RTAP Administrator  
Edmund Shepard – Vehicles Management Analyst  
Diane Ohde – Transit Grants Business Analyst Consultant

# ADOT - Civil Rights Office

## Title VI Implementation Plan Template

- Auto Populated Information
- Steps to attach demographic information (Updated with new census website)
- Detailed instructions on each section
- Areas that need to be updated are highlighted
- Check Boxes that apply and delete those that don't apply

<https://azdot.gov/business/civil-rightsexternal-eeo-contractor-compliance/title-vi-nondiscrimination-program/fta>

### Title VI Plan Cover Page

TYPE AGENCY/TRANSIT PROVIDER  
NAME HERE  
YEAR

Title VI Contact: TYPE TITLE VI CONTACT PERSON AND TITLE HERE  
Title VI Contact Phone: TYPE TITLE VI CONTACT PERSON PHONE NUMBER HERE  
Title VI Contact Email: TYPE TITLE VI CONTACT PERSON'S EMAIL HERE  
TTY Number (If applicable): TYPE YOUR TTY NUMBER HERE  
Alternate Language Phone: TYPE ALTERNATE LANGUAGE PHONE NUMBER HERE  
Address: TYPE YOUR ADDRESS HERE  
Web Address: TYPE WEB ADDRESS HERE  
Para Información en Español: TYPE NAME AND CONTACT INFORMATION HERE

# ADOT - Civil Rights Office

## Contact Information:

**Stephanie Ortiz**

Contractor Compliance & Title VI Program Manager

(602)712-6984

**Jesse Cuilty**

ADA/504 Program Manager

(602)712-8625



# ADOT 2024 5311 Program Guidebook

- To follow along see:  
<https://azdot.gov/planning/transit-programs-and-grants>
- Then Select Program Handbooks, Applications, and Awards
- Then pick the Program Guidebook in the 5311 section.

Program Handbooks, Applications and Awards

## 5311 Rural Public Transportation Program

- [5311 FFY 2024 Notice of Funding Availability \(NOFA\)](#)

- [5311 Program Guidebook - FFY 2024](#)



# 2024 Program Updates (pages 5-6)

POLICY SUBJECT	CHANGE
<b>E-Grants</b>	The application has had minor updates on the following pages: CFDA Number has been changed to Assistance Listing Number on the Exhibit A, Program Management - added ICAP Begin and End Dates, Vehicle - Federal grant number for replacement vehicles required, and the Grant Agreement. The majority of the application can be carried forward from prior year except for the Transportation Providers and Union Classification Page and the Local Match Page. Please review and update every page prior to submission.
<b>Application Process</b>	Applicants must identify funding for Year 1 and Year 2 in the initial application submission. Any scanned documents attached in E-Grants shall comply with minimum 300 dpi scanning requirements, be clearly legible, and in PDF format.
<b>Debarment and Suspension (Executive Orders 12549 and 12689)</b>	Applicants must have a UEI number issued by SAM.gov. DUNS numbers are no longer accepted.
<b>Procurement</b>	ADOT has provided a link to the Standard Work document for agency procurement with this update.

# 2024 Program Updates (pages 5-6)

<b>Indirect Cost</b>	The Guidebook now states any non-Federal entity (excluding state and local governments and Indian Tribes) that has never received a negotiated indirect cost rate may elect to charge a de minimis rate of up to 10% of modified total direct costs which may be used indefinitely.
<b>Operating Expenses</b>	Guidance is provided regarding key service provisions required when operating Fixed Route Services with Complementary Paratransit.

# 2-Year Budget Cycle

- 2024 5311 Grant covers the period:
  - October 1, 2024 – September 30, 2026

Year 1	October 1, 2024 – September 30, 2025
Year 2	October 1, 2025 – September 30, 2026

Unused funds awarded in Year 1 will roll over into Year 2.

All funds awarded in Year 1 and Year 2 (including capital) will **EXPIRE** September 30, 2026.

# Budget Worksheet

- 2-year Budget Worksheet

Clipboard	Font	Align	
B19	$\Sigma$	=SUM(E19:P19)	
A	B	C	D
ORGANIZATION NAME			
DATE PREPARED			
	Year 1 Total Budget	Year 2 Total Budget	Total Combined Year 1+2 Budgets
ADMINISTRATION			
Administrative Supplies	-	-	-
Administrative Staff	-	-	-
Administrative Overhead (COB)	-	-	-
Administrative Equipment	-	-	-
Financial Staff	-	-	-
Fringe Benefits (Admin)	-	-	-
General Liability Insurance	-	-	-
HR / Employee Recruitment	-	-	-
In-kind (Administration)	-	-	-
Management Support	-	-	-
Management / Contractor Fee	-	-	-
Marketing / Advertising	-	-	-
Phones / Internet	-	-	-
Postage	-	-	-
Printing	-	-	-
Professional Services	-	-	-

<https://azdot.gov/planning/transit-programs-and-grants/program-handbooks-applications-and-awards>

- [5311 Program Guidebook - FFY 2024](#)
- [5311 Peer Group Roundtable Presentation](#) - August 5, 2021
- [5311 2022 Application Webinar \(Presentation\)](#) - January 5, 2022
- [5311 2020 CARES Act Year 1 Award Notice](#) - May 4, 2020
- [5311 Budget Worksheets](#) - FY 2018
- [5311 Year 1 Implementation Webinar](#) - FY 2020

# Budget Worksheet

You can also access the budget worksheet in E-Grants

1. Click View Forms to view your application.
2. Click your Budget form page.
3. Locate the 2- Year Budget Form hyperlink
4. Click link to open 2- Year Budget Form

# Budget Worksheet continued

[Back](#)

## 5311 Application Menu

Document Information: **5311-2022-City of Bullhead City-00002**

[Details](#)

Info	Document Type	Organization	Role	Current Status
	5311 Application	<a href="#">City of Bullhead City</a>	DOT Program Manager	Application In Progress

### View, Edit and Complete Forms

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

[VIEW FORMS](#)

#### Forms

Status	Page Name	Note	Created By
	<a href="#">Program Information</a>		12/20/2021 1:25:09 PM
	<a href="#">Program Management</a>		12/20/2021 1:25:09 PM
	<a href="#">System Characteristics</a>		12/20/2021 1:25:09 PM
	<a href="#">Route Service Characteristics (d)</a>		
	<a href="#">Vehicles</a>		12/20/2021 1:25:09 PM
	<a href="#">Other Capital Requests</a>		
	<a href="#">Planning</a>		
	<a href="#">Budget</a>		Shatawn Reed 1/5/2022 2:39:32 PM

PLANNING REQUEST	Request Year	Request Amount	Federal Request	Local Match
		\$0	\$0	\$0
Total Planning Costs		\$0	\$0	\$0

[2-Year Budget Form](#)



# E-Grants Roles (page 9)

- The 5311 Application is managed through E-Grants. E-grants roles, pg. 9

## E-Grants User Roles:

1. *Organization Administrator* – The Organization Administrator is the person responsible for ensuring that their organization information and the users access stays current. If an employee leaves, the Organization Administrator is required to remove their access. This role can perform all other functions allowable in the system including starting, writing, and submitting grants, reports, and reimbursement requests.
2. *Authorized Official* – ~~This role can perform all functions allowable in the system including starting, writing, and submitting grants, reports, and reimbursement requests.~~ This role cannot modify or eliminate access for the organization in the system, but can do all other functions.
3. *Financial Officer* – This role can start, and write grants and reimbursement requests. (Financial Officers cannot submit grants, but can submit reimbursement requests.)
4. *Grant Writer* — This role can start, and write grants. Grant Writers are limited to the application function.
5. *View Access* — This role can see applications, but cannot actively save or edit the system.
6. *Attorney* — This role was designed to allow an attorney access to the contracts for signature purposes. Attorneys can save and view the contracts. They also receive notices pertaining to the contracts, such as a completed contract when it is executed. Attorneys can see all of the application, and may be actively participating, but they cannot submit the contract or work on reimbursement requests.

# Subrecipient Responsibilities

Responsibilities	Location in 5311 Guidebook
See E-Grants User Roles - All Agencies must have an Organization Administrator	Page 9
Project Eligibility	Page 9
Intercity - Private Operators	Page 10
Timing Clarification for Transfer of funding from ADOT to FTA for Tribes	Page 11
Transit Advisory Committee (TAC ) - Allows for community input and flexibility	Page 11



# Private Operators Involvement (page 13)

## Public and Private Sector Involvement

Section 5311 grantees must provide ways for active public involvement in the transit decision-making process. This is accomplished through the TAC (see page 12), through public hearings, and other local government's citizen participation processes. *Public Involvement is required as part of the Section 5311 grant process.* See more information about the Public Involvement Requirements on Page 39.

*As part of this process, private sector transportation providers must be notified of the agency's intent to apply for Federal transit funding and be given an opportunity to comment.* The transportation network in rural Arizona includes both publicly funded and private for profit services. Most often, private carriers in Arizona serve intercity needs, provide tour services or operate local taxi services. Both public and private sector services are valuable components of a comprehensive passenger transportation network and private operators must be given an opportunity to participate in the development of public transportation services, to the extent feasible.

- Reasonable provider notice - can be sent via email if return receipt provided via email.
- Grantees must conduct Public Outreach

# ADOT Evaluation Process (page 14-15)

- Benefit to Rural areas
- ADOT State Management Plan
  - first prioritizes the preservation/maintenance of systems, then
  - the expansion of current systems
  - finally new systems,
  - also considers Title VI and Environmental Justice factors to ensure equitable distribution of funds throughout eligible areas of Arizona.
- The applications are ranked by the following criteria:
  - Appropriateness and Effectiveness of Service
  - Benefit to Rural Community
  - Financial and Managerial Capability
  - Local Commitment to Transit and Accessibility
  - Safety and Training
  - Coordination

# Evaluation Process (page 14)

## Priorities

Program Maintenance	Program Growth	Capital Investment
Maintain investment in administration and operations at least at the previous year's level recognizing economic factors such as decreased state and local revenues, inflation and conservation.	Capacity for individual program growth to meet local community needs as well as state program growth to ensure new program entry based upon the application review process.	Provide long term program capacity to meet annual variations in capital purchases without impacting administration and operations budgets.

# Appeal Process (page 15)

- Applicants are provided an opportunity to appeal funding decisions.
- The appeal must be submitted within ten business days of the preliminary notice of award.

Letters of appeal must clearly identify the applicant, contact person, address, phone number, project description and grounds for appeal.

Letters of appeal must be submitted within ten business days of notification of award. Submit the appeal via email to your assigned Program Manager.



# Local and In-Kind Match (page 15-16)

## In-kind Match

In-kind match must be documented in the application and approved by ADOT. In-kind contributions may be used toward the local match only if the recipient formally documents the value of each non-cash share, and if this value represents a cost that would otherwise be eligible under the project. The net project cost must include the value of any in-kind contributions included in net project cost to the extent it is used as local match. In-kind match for Intercity funding must provide documentation of the in-kind miles being used as part of the application. ADOT must provide the Intercity in-kind match documentation to FTA as part of the federal grant application. **Use of non-cash match sources and documentation must be approved by ADOT.**

- Intercity In-kind is part of the application and must be uploaded into E-Grants on the Local Match Page.
- In-kind is allowable for some capital projects and must be included in the application and approved by ADOT.
- In Kind is documented on the Local Match Page

# Local Match Ratios (pages 16-17)

Local Match Ratios	Maximum Federal Share	Minimum Local Share
Project Administration	80%	20%
Project Operating*	50% - 58%	50% - 42%
Capital (Sliding Scale / STP Flex)*	80% - 90%	20% - 10%
Preventive Maintenance	80%	20%
Complementary Paratransit	58% - 90%	42% - 10%
Planning	80%	20%
Training (RTAP Pre-Approved)	100%	0%

*\*Sliding Scale may be applied. ADOT will determine the ratio during budget award review.*

# Complementary Paratransit (page 18)

- Maximum 80/20 Match Ratio, Minimum 58/42
- Applicants must have a current Complementary Paratransit plan, approved by ADOT
- Applicants may apply for funding for a Complementary Paratransit Plan (initial or updates) in Year 1 and Year 2
- Applicants must be able to demonstrate how the costs of delivering Complementary Paratransit are kept separate from other operational expenses.

# Complementary Paratransit (page 18)

- <https://www.nationalrtaap.org/Toolkits/ADA-Toolkit/Service-Type-Requirements/ADA-Complementary-Paratransit-Requirements>
- Must be comparable to the **fixed route service** in a number of areas.
- If you operate fixed routes you must also provide ADA complementary paratransit service within  $\frac{3}{4}$  mile on either side of the fixed route.
- Trips cannot be denied for time request but can offer service 1 hour before or after requested time. Additional staff must be available to provide service.
- One-way paratransit fare may be no more than twice the full fixed route fare for a similar trip.
  - Personal care attendant may not be charged a fare.
- Service must be provided on the same days and during the same hours as fixed route service.
- No restrictions or priorities based on trip purpose. Service must be provided regardless of the nature of the trip.



# Complementary Paratransit (page 18)

- <https://www.nationalrtap.org/Toolkits/ADA-Toolkit/Service-Type-Requirements/ADA-Complementary-Paratransit-Requirements>

## Prohibited Capacity Constraints

- You cannot have capacity constraints in ADA complementary paratransit service.

Capacity constraints are defined as any operational patterns or practices that significantly limit the availability of service to ADA paratransit eligible individuals (Section 37.131 f).

## Capacity constraints include:

- Limits on the number of trips an individual may make, or trip waiting lists.
- Denying trips.
- Long telephone hold times for trip reservations.
- Substantial numbers of excessively long trips or untimely pickups.

# Intercity (page 19)

- Intercity and Intercity Feeder Routes awarded as Intercity
- Intercity - Routes between two urbanized areas not close together.
- Intercity Feeder - Routes are from a rural to an urban or connect from a rural to an Intercity Route.
- Both routes **must** connect to a larger intercity network.
- If the route does not connect to a **second** urban area, it will not be considered for Intercity funding.
- Marketing materials and websites clearly indicate Intercity or Intercity Feeder Route.
- Limited stops in the communities they serve and must allow passengers to carry baggage.

# Preventive Maintenance (page 20)

## Preventive Maintenance

- Supplies, materials, labor, services, and associated costs required to preserve or extend the functionality and serviceability of the asset.
- Preventive Maintenance is eligible for vehicles, and building components and systems.

## Applying for Preventive Maintenance

- Preventive Maintenance may be capitalized if sufficient grant funds are available.
  - 80/20 match ratio - apply in capital.
- Otherwise considered part of the operating budget.
  - 58/42 match ratio - apply in operating

# Sub-Recipients' Responsibilities (pages 21-22)

## MONTHLY

- Reimbursement Requests due 45 days after the month ends.
- Performance Data (passenger trips, vehicle miles, etc.)
- DBE Contracting Activities (required monthly at <https://adot.dbesystem.com/>)
- Capital Milestones

## QUARTERLY

- Transit Advisory Committee (TAC) Minutes and/or Agendas

## ANNUALLY

- Complementary Paratransit Plan Updates (Certifications)
- Single Audit Report (required at \$750,000 in federal grants) Email Audit Report to [singleaudit@azdot.gov](mailto:singleaudit@azdot.gov)
- National Transit Database (NTD) Report
- Insurance Certificates and Endorsements
- Federal Certs and Assurances
- Title VI plan

# Sub-Recipients' Responsibilities (page 21)

## OTHER

- Proposed scheduling or fare changes must be reported to Program Manager and Public prior to implementation.
- Accident reporting to Program Manager within 48 hrs.
- Asset Management / Vehicle records must be maintained and updates shared with Program Manager.

# In Good Standing (page 24)

## **In Good Standing**

It is the policy of MPD to administer state and federal grants in compliance with all appropriate Federal and State regulations and use best practices in the management of public funds and public accounting. Section 5311 grantees are expected to maintain a “good standing” status to continue to receive grant funds.

### **The following is required to remain in good standing**

- Comply with all grant agreement requirements;
- Responsiveness to communications and request for information from ADOT;
- Maintenance of adequate financial records that document and support all grant expenditures;
- Submission of invoices that are accurate and timely;
- Full participation in site visits with timely responses to any deficiencies.
- Submission of reports to ADOT including audit documents, vehicle insurance certificate, quarterly TAC minutes, etc.;
- Satisfactory progress of the grant funded project; and
- Timely reporting of accidents as required.

# Procurements (pages 26-27)

- State Procurement office purchases
- Joint procurement is the preferred method
- Coordinate with ADOT Program Manager
- National RTAP – Procurement Pro
- Grantees can utilize the standard work for subrecipient procurement here: [Subrecipient Procurement Standard Work](#)



# Vehicles (pages 28-29)

- ADOT liens are in place for the life of the vehicle  
Required by FTA
- Lien releases are completed at time of vehicle disposal only
- Vehicle must meet minimum useful life threshold to be eligible for replacement
- FTA will not allow ADOT to fund a vehicle replacement until minimum useful life met or will be met within 1 year based on years or annual mileage.



# Minimum Useful Life - Vehicles

**Vehicle Minimum Useful Life Guidelines**

Vehicle Type	Minimum Years	and / or	Minimum Miles
Minivan With Ramp	6 years	and / or	100,000 mi.
Minivan No Ramp	6 years	and / or	100,000 mi.
Maxi Van With Lift	6 years	and / or	100,000 mi.
Maxivan No Lift	6 years	and / or	100,000 mi.
Cutaway with Lift	7 years	and / or	200,000 mi.
Sport Utility Vehicle (SUV)	7 years	and / or	150,000 mi.
Crew Cab Trucks	7 years	and / or	150,000 mi.
Buses over 30 ft	7 years	and / or	300,000 mi.
Heavy duty buses 35+ ft	10 years	and / or	350,000 mi.
Trolleys	14 years	and / or	500,000 mi.
Automobile	4 years	and / or	100,000 mi.

# Insurance (pages 33-35)

- Insurance

Umbrella Policies can count towards total

Self-insurance is also eligible

The current minimum requirement for automobile liability insurance is based on vehicle size, and is as follows:

<b>Combined Single Limit (CSL) of \$5,000,000</b>  For vehicles carrying sixteen (16) or more passengers	<b>Combined Single Limit (CSL) of \$2,000,000</b>  For vehicles carrying five (5) to fifteen (15) passengers	<b>Combined Single Limit (CSL) of \$1,000,000</b>  For vehicles carrying four (4) or less passengers
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**Workers' Compensation Insurance** - subrecipient will need to abide by state statutory limits.

<b>Employers' Liability Insurance per accident</b>  \$500,000	<b>Employers' Liability Insurance per employee - Disease</b>  \$500,000	<b>Employers' Liability Insurance policy limit - Disease</b>  \$1,000,000
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To comply with these requirements, ADOT has developed a 5310/5311 Insurance checklist to assist Grantees in submitting required documentation for yearly renewals, Certificate of Insurance with endorsements and cancellation notices to [MLB\\_MPD@azdot.gov](mailto:MLB_MPD@azdot.gov). Grantees must list the name of your agency and Agreement Number in the subject line of the e-mail.

# Public Notice/Meeting (page 40)

- Public Notice is required.
- Public meeting must be held to obtain input on your application.
- Public Notice - publish in local newspaper and your website.
- Two notices must be published at least one week apart
- Public meeting to be held at least five days after second notice is published.
- Public meeting must be schedule before application is submitted.

# Public Notice/Meeting (pages 40-42)

- Draft Grant Application should be available for the Public Meeting.
- Hold the Public Meeting in an accessible location
- Must provide opportunity for written & oral comments on the application.
- Title VI notice posted  
<https://azdot.gov/business/civil-rights/title-vi-nondiscrimination-program/title-vi-implementation>
- See sample public notice in guidebook

# Federal Motor Carrier Safety Administration (FMCSA) (pages 52-54)

- Requirements will apply to *nonprofits* and *local governments who contract service* if they operate:
  - designed or used to transport 16 or more passengers, including the driver, (interstate or intrastate),
  - designed or used to transport 9-15 passengers (including the driver) for compensation, (interstate or intrastate) or
  - has a gross vehicle weight rating or gross combination weight rating, or gross vehicle weight or gross combination weight, of 10,001 pounds or more, whichever is greater (interstate).
  - has a gross vehicle weight rating or gross combination weight rating, or gross vehicle weight or gross combination weight, of 10,001 pounds or more, whichever is greater (intrastate)

# Drug & Alcohol Requirements (pages 54-57)

## GRANTEE REQUIREMENTS

- FTA requires each grantee to establish a policy that defines its Drug and Alcohol Testing Program and requires the entity's governing body to formally adopt the policy.
- An entity's governing body is the board of directors or highest-ranking officials.
- The policy must indicate proof of governing board adoption.
- Policies must be changed, readopted, and redistributed to reflect significant regulatory revisions, policy re-adoption is not necessary for minor regulatory changes.
- The current revision date should also be indicated in the policy document.

# Items needed for your 2024 Application

- ☐ Indirect Cost Allocation Plan (if applicable)
- ☐ Copy of Latest Ridership Survey
- ☐ Public Notice(s)
- ☐ Resolution (if applicable)
- ☐ Vehicle (and other Assets) Maintenance Plan
- ☐ Routes by type & Rider's Guide
- ☐ Complementary Paratransit Plan (if applicable)
- ☐ Build Sheet for vehicle requests
- ☐ Certificate of Equivalent Form (if applicable)
- ☐ Milestone dates for all capital requests
- ☐ Map showing location for capital requests (i.e. Passenger Shelters)
- ☐ Title VI Plan
- ☐ EEO Policy
- ☐ Drug & Alcohol Policy



# 5311 Applications 2024

[egrants.azdot.gov](http://egrants.azdot.gov)



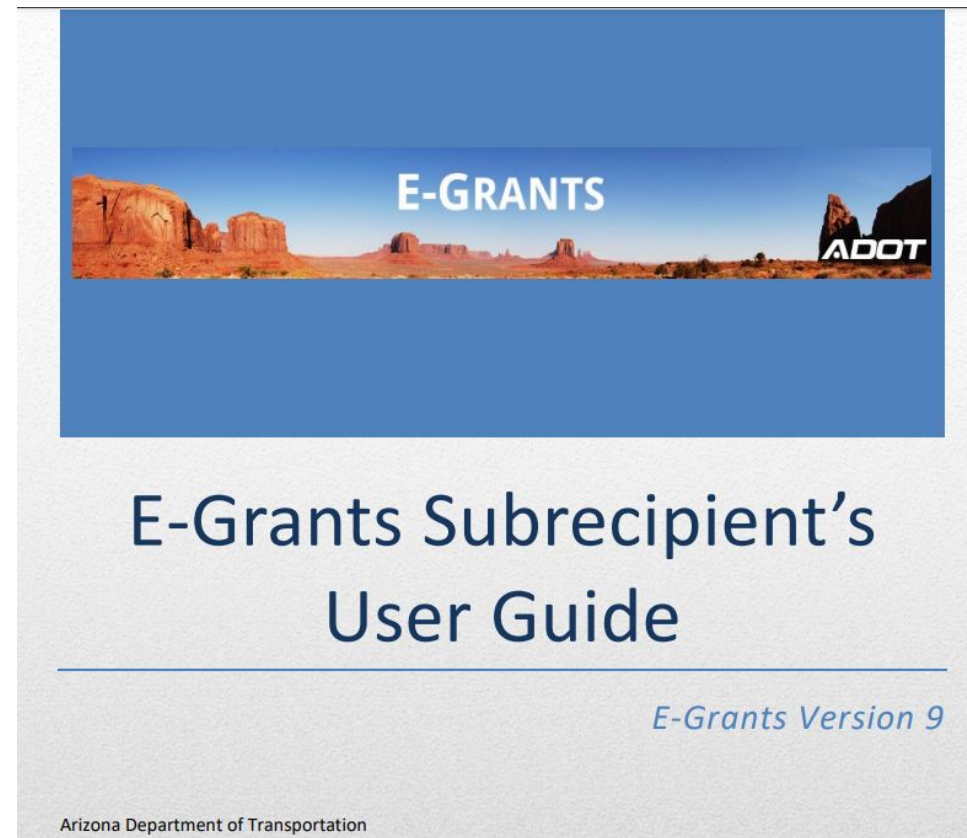


# E-Grants link

<https://egrants.azdot.gov>

# E-Grants User Manual

<https://azdot.gov/planning/transit-programs-and-grants/program-handbooks-applications-and-awards>



# 5311 Application Changes 2024

- **Exhibit A**

- CFDA changed to Assistance Listing Number per 2 CFR Part 200.

- **Program Management**

- Added ICAP begin and end dates

- **Vehicle**

- Added Federal grant number for replacement vehicles - required by FTA

- **General Info**

- The majority of the application can be carried forward from prior year except for the Budget, Planning, Local Match, Civil Rights, Agreement/Exhibits, and Other Capital Requests. Please review and update every page prior to submission.

## Add ALL users

- For 2024 Application access, review organization members and add missing users:

Attorneys

City Leaders that might need access

Financial Officers

Any new staff

# Verify/Update your Organization Profile



 [Back](#)

## Organization - TEST1

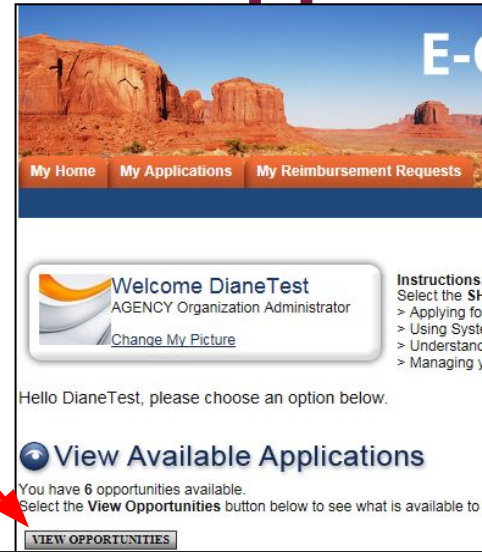
- Required fields are marked with an \*.
- Please enter your legal organization name and contact information (The legal entity, governmental name, or umbrella organization under which you operate.)
- The address must be your physical address (No PO boxes)
- Please list departments and sub organization 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"/>	

# Create your 2024 5311 Grant Application



## 5311 Application for Delane Org 2

Offered By:  
ADOT

5311 Application Availability Dates:  
12/20/2023-02/21/2024

5311 Application Period:  
10/01/2024-09/30/2026

5311 Application Due Date:  
02/21/2024

Description:  
2024 - 49 U.S.C. 5311 provides funding for the purpose of supporting general public transportation in rural areas, with population of less than 50,000.

**APPLY NOW**

**NOT INTERESTED**

# Do you want to carry forward?

- Decide whether you want to carry forward your application from 2022
- Remember, you still have to review & update each page

## Agreement

Please make a selection below to continue.

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

5311-2022-PTO-00003 (Active Grant) ▼

I certify that all the information that will be provided herein is true and complete to the best of my knowledge. I understand that omissions, misstatements, or falsifications will result in non-award and may result in loss of eligibility. I understand the STATE reserves the right to verify any information obtained through the application process.














I AGREE

I DO NOT AGREE

# Carry forward

- Saves typing.
- Most forms carry forward in the 5311 Application section.
- See the red stop sign with a hand.
- Some forms don't copy all the data forward.
- Required to resave and confirm all answers.
- Icons with pencil depict page has been saved with data.

## Forms

Status	Page Name
	<a href="#">Program Information</a>
	<a href="#">Program Management</a>
	<a href="#">System Characteristics</a>
	<a href="#">Route Service Characteristics (2)</a>
	<a href="#">Vehicles</a>
	<a href="#">Other Capital Requests</a>
	<a href="#">Planning</a>
	<a href="#">Budget</a>
	<a href="#">Local Match</a>
	<a href="#">Transportation Providers and Union Classification</a>
	<a href="#">Safety and Training Programs</a>
	<a href="#">Substance Abuse</a>
	<a href="#">CIVIL RIGHTS</a>

The Other Capital Requests, Planning, Budget, Civil Rights and the Local Match Page do not carry forward.



# Application Tips

- You will not see a Print Version of a form until the Page is saved.
- You may experience some nondescript error messages on the forms. First try resaving the form to clear the errors prior to requesting assistance.
- Some forms allow multiple pages. e.g. Route Service Characteristics, Capital Request, Route Service Characteristics
- You can delete the form you currently have open by clicking the Delete button on the top right corner. This will not delete your application.
- Click the Add button on top right to add a new page to the current form.

# SAM.gov Reminder

- Subrecipients must renew their SAM.gov registration every 12 months
- Start the renewal process 45 days before expiration
- If you fail to have an active SAM.gov registration and UEI number:
  - We cannot award new funding
  - May have to deny any applications submitted
  - May not be able to reimburse

<https://sam.gov/content/home>

Note: DUNS number not longer used - agencies must have a UEI number from SAM.gov (Unique Entity ID)

# Accessing your Application



**Welcome DianeTest**  
AGENCY Organization Administrator  
[Change My Picture](#)

#### Instructions:

Select the **SHOW HELP** button above for detailed instructions on the following.

- > Applying for an Opportunity
- > Using System Messages
- > Understanding your Tasks
- > Managing your awarded grant

Hello DianeTest, please choose an option below.

## View Available Applications

You have 6 opportunities available.

Select the **View Opportunities** button below to see what is available to your organization.

**VIEW OPPORTUNITIES**

# Application Search

 [Back](#)

## My Applications

Use the search functionality below to find a specific Application.

Search Applications

Application Types	<input type="text" value="5311 Application 2024: 2024"/>
Application Name	<input type="text"/>
Person	<input type="text"/>
Status	<input type="text" value="-- Select --"/>
Organization	<input type="text"/>
Year	<input type="text"/>
<input type="button" value="SEARCH"/> <input type="button" value="CLEAR"/>	

# Application Search Results

[Back](#)

## My Applications

Use the search functionality below to find a specific Application.

Search Applications

Application Types5311 Application 2024: 2024

Application Name

Person

Status-- Select --

OrganizationCoolidge

Year

SEARCHCLEAR

Export Results toScreenSort by:-- Select --GO

Number of Results 1

Document Type	Organization	Name	Current Status	Year
5311 Application	City of Coolidge	5311-2024-City of Coolidge-00011	Application In Progress	2024
1				

[Back](#)

## 5311 Application Menu

Document Information: 5311-2024-City of Coolidge-00011

[Details](#)

Info	Document Type	Organization	Role	Current Status	Period Date / Date Due
	5311 Application	<a href="#">City of Coolidge</a>	DOT Program Manager	Application In Progress	12/20/2023 - 02/21/2024 02/21/2024 3:00PM MST



### 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](#)

# Management Tools

 [Back](#)

## 5311 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:** [5311-2024-City of Coolidge-00011](#)

 [Details](#)

### Management Tools

 [CREATE FULL PRINT VERSION](#)

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

Save First, then Print

 [CREATE FULL BLANK PRINT VERSION](#)

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

 [ADD/EDIT ORGANIZATIONS](#)

Select the link above to manage the organizations associated with this document.

Check Add/Edit People if user  
unable to access application.

 [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.

 [MY ACTIVITIES SEARCH/REPORTS](#)

Select the link above to perform a search and output the results from the My Activities.

 [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.



# Forms Menu

## Forms

Status	Page Name
	<a href="#">Program Information</a>
	<a href="#">Program Management</a>
	<a href="#">System Characteristics</a>
	<a href="#">Route Service Characteristics (4)</a>
	<a href="#">Vehicles</a>
	<a href="#">Other Capital Requests</a>
	<a href="#">Planning</a>
	<a href="#">Budget</a>
	<a href="#">Local Match</a>
	<a href="#">Transportation Providers and Union Classification</a>
	<a href="#">Safety and Training Programs</a>
	<a href="#">Substance Abuse</a>
	<a href="#">CIVIL RIGHTS</a>

- Save early and often.
- When you first come in you can only see the 5311 Application Section forms.
- Saving activates the Agreement Section forms to display.

## Agreement

	<a href="#">Grant Agreement / Exhibits</a>
	<a href="#">Grant Agreement</a>
	<a href="#">Signature Page for Grant Agreement</a>
	<a href="#">Attorney Determination</a>

# Highlights of Key Pages in E-Grants

# Program Information Form

## 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.

- ☒ 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 Other 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

# Program Management Form

## 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. (Refer to 5311 Guidebook for procurement threshold.)
  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.
- 4c. If you provide more than one mode of service, how do you track expenses based on mode?

- Please be thorough
- Separation of duties

Looking for active  
monitoring of the  
transit budget.

# Program Management Form

- Indirect Cost Allocation Plans
- Must be current and uploaded here and approved by the cognizant agency.

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

☐ Yes ☒ No \*

5a. What is your approved indirect cost rate?

%

5b. Who is your cognizant agency for indirect cost rates?

5c. Dates of indirect cost rate approval or de minimis rate. **Effective Date:**

**End Date:**

New - Dates  
must be  
entered if Yes  
to ICAP

5d. In your cost allocation plan, did you elect to charge the de minimis rate of 10% of modified total direct costs?

☐ Yes ☐ No

5e. Upload your current cost allocation plan.

No file chosen

Current plan must be uploaded. Should cover 10/1/24 to 9/30/25

# Program Management Form

- Feedback from Riders - Question #9
  - Surveys should be conducted regularly
  - If current survey is not available attach most recent survey and conduct a new survey as soon as possible.
- Public Meeting - Question # 11, a, b and c

11. Attach your Public meeting notices for notice of intent to apply for 5311 funds.  No file chosen ☐ DELETE  
[40601\\_897029-NOTICEOFPUBLICHEARING2020.pdf](#)

11a. Identify the date your Public meeting was held, list the location(s) where Public meeting notices were posted, and the dates that they were posted.

0 of 1500

11b. If listed on website, please provide copy of link.

11c. Resolution may also be attached here.  No file chosen ☐ DELETE  
[40601\\_897974-Resolution.pdf](#)

# Systems Characteristics

1. Have you made or are you planning any significant changes to your routes or transit program this year? ☒ Yes ☐ No\*

1a. If yes, please explain.

to eliminate the on-call service currently being provided to the Katherine Heights Township from the Green Line.

In year two of the grant, there are plans to implement major changes to the Green and Blue Lines. The Blue Line, which currently services east and west of Highway 95,

914 of 1000

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 sufficient back-up vehicles or drivers at your agency? ☐ Yes ☒ No\*

3a. If yes, please explain.

**Include seasonal and special routes!**



# Systems Characteristics

## 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 appropriate Vanpool or Other should only be used for routes that do not fit one of these definitions. (See Help above)

Identify the service types you deliver.

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

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

## Demand Response

10. Please explain how the demand response service is the appropriate model for your community?

Questions expand based on selection, see Help for definitions

Providing demand response service is appropriate for our community because it is a relatively low cost transportation option that enriches people's wellbeing and provides access to essential services that may otherwise be unavailable to many of our customers. Demand response is made possible with the services provided by volunteer drivers. Most of the demand response customers are elderly or individuals with disabilities. However, individuals of any age or level of mobility may

970 of 2000

# How does the service fit your community?

## Go to the HELP menu for definitions

The screenshot displays the ADOT E-GRANTS website interface. The header features a landscape image with the text 'E-GRANTS' and the ADOT logo. Below the header is a navigation bar with links: 'My Home', 'My Applications', 'My Reimbursement Requests', 'My GAEs', and 'My Assets'. A secondary navigation bar includes 'My Reports', 'My Administration', 'My Organization(s)', 'My Profile', and 'Logout'. A 'SHOW HELP' button is circled in red, with a red arrow pointing to a 'Page Help' modal window. The modal window is titled 'Page Help' and contains a section for 'SERVICE TYPES'. It lists three types: 'Demand Response', 'Deviated / Flex Route', and 'Fixed Route with Complementary Paratransit'. A 'CLOSE' button is located at the bottom right of the modal. On the left side of the modal, there are links for 'Back', 'Document', and 'Details', and a partially visible text 'You are here'.

**E-GRANTS** ADOT

My Home | My Applications | My Reimbursement Requests | My GAEs | My Assets

My Reports | My Administration | My Organization(s) | My Profile | Logout

**Page Help**

**SERVICE TYPES**

**Demand Response:** Service provided based on reservations with no defined or scheduled service route.

**Deviated / Flex Route:** Publicized Routes with scheduled stops that deviate as requested by passengers.

**Fixed Route with Complementary Paratransit:** Service with regularly scheduled routes that do not deviate. An additional vehicle operates within a minimum of 3/4 miles of the service for qualifying passengers requesting this.

**CLOSE**

Back | Document | Details | You are here

GLOBAL ERRORS | REVIEW PANEL | **SHOW HELP**


# Route Service Characteristics Form

- Match the route types with the types on the previous page.
  - Seasonal or Year-Round
- Only select Intercity if you connect to the Intercity Bus Network.




TOTAL ROUTES: 6


ROUTE SERVICE CHARACTERISTICS			
1.	Route Name:	<input type="text" value="Blue Line - Year 1"/>	<input type="text" value="Green Line - Year 1"/>
2.	Select the Days each route operates:	<input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> T <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> Th <input checked="" type="checkbox"/> F <input checked="" type="checkbox"/> Sa <input type="checkbox"/> Su	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input checked="" type="checkbox"/> Sa <input type="checkbox"/> Su
3.	Route Type:	<input type="text" value="Year-Round"/>	<input type="text" value="Seasonal"/>
4.	Service Type:	<input type="text" value="Fixed Route with Comp. Paratransit"/>	<input type="text" value="Deviated / Flex Route"/>
5.	# Daily Hours of Operation:	<input type="text" value="14"/>	<input type="text" value="6"/>
6.	Start Time:	<input type="text" value="6"/> <input type="text" value="00"/> <input type="text" value="AM"/>	<input type="text" value="6"/> <input type="text" value="15"/> <input type="text" value="AM"/>
7.	End Time:	<input type="text" value="8"/> <input type="text" value="00"/> <input type="text" value="PM"/>	<input type="text" value="7"/> <input type="text" value="15"/> <input type="text" value="PM"/>

# Route Service Characteristics Form


 from Cottonwood, Arizona  
to Sedona, Arizona 86336

11:15 AM - 11:59 AM  
(44 min)


  

 **Verde Lynx**

11:15 AM from Cottonwood Public Library  
\$2.00


 **SCHEDULE EXPLORER**

11:15 AM




Cottonwood  
Arizona

11:15 AM




Cottonwood Public Library




**Verde Lynx** Northbound to Sedona  
✓ 44 min (18 stops)

11:59 AM



Sedona Municipal Parking Lot

11:59 AM



Sedona  
Arizona 86336

Cost: \$2.00

Tickets and information  
Cottonwood Area Transit - Ticket information - 1 (928) 634-2287

Are your transit routes in GTFS? If not, they must be!

The National RTAP website free General Transit Feed Specification (GTFS) builder.

<http://www.nationalrtap.org/Web-Apps/GTFS-Builder>

14b.	Are your transit schedules published in GTFS?	<input type="radio"/> Yes <input type="radio"/> No
------	---	--

# Vehicles Form

- Vehicle inventory
- The VINs from Q. 1 will copy down to Q. 2 when you click save

Remember to  
update your  
mileage!

## AGENCY VEHICLE INVENTORY

Total Vehicles in Inventory: 8

Spare Vehicle Ratio: 50%

1. 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 Classification	Vehicle Length	Manf Year	Mileage	# of Ambulatory Seats	# of W/C Positions	Lift or Ramp?	Requesting Rehab?	Route Served (Spare can also be listed)	Is the Vehicle on ADOT Lien?
1FVACWDT7GHHD782	5311	Cutaway bus	38	16	101,948	32	2	Lift	No	White Mountain Connect	<input checked="" type="radio"/> Yes <input type="radio"/> No
1GB6G5BG3F1131685	5311	Cutaway bus	29	15	106,684	22	2	Ramp	No	Four Seasons Connection	<input checked="" type="radio"/> Yes <input type="radio"/> No
1GB6G5BG2F1129233	5311	Cutaway bus	29	15	121,734	22	2	Ramp	No	Four Seasons Connection	<input checked="" type="radio"/> Yes <input type="radio"/> No
1GBE5V1999F403068	5311	Cutaway bus	34	9	353,319	28	2	Lift	No	Spare	<input checked="" type="radio"/> Yes <input type="radio"/> No
1GB6G5BG8F1131908	5311	Cutaway bus	29	15	130,651	22	2	Ramp	No	Four Seasons Connection	<input checked="" type="radio"/> Yes <input type="radio"/> No
1GB6G5BG2F1131791	5311	Cutaway bus	29	15	122,936	22	2	Ramp	No	Four Seasons Connection	<input checked="" type="radio"/> Yes <input type="radio"/> No
1FTFW1EVOAKA8084	5311	SUV/Truck	18	10	44,539	5	0	N/A	No	Support vehicle used on t	<input checked="" type="radio"/> Yes <input type="radio"/> No
1FDUF5GT8CED10445	5311	Cutaway bus	34	12	250,467	28	2	Lift	No	White Mountain Connect	<input checked="" type="radio"/> Yes <input type="radio"/> No



# Vehicle Form

- Expansions will require appropriate planning documentation justifying the expansion route.
- **FAIN** is the Program Number/Phase/Grant Number included on the Exhibit A that funded the vehicle

## NEW / REPLACEMENT VEHICLES AND VEHICLE REHABILITATION

6. If you are requesting a new or replacement vehicle, please answer the following:

If you are requesting an expansion, VIN not applicable.

VEHICLE SPECIFICATIONS													
Expansion or Replacement?	Vehicle Length	Vehicle Type	Seating Capacity	Wheel chair Positions	Chassis	Fuel Type	VIN of vehicle being replaced or Rehabilitated (last 4)	FAIN of Vehicle Being Replaced	Vehicle Priority #	Replaced vehicle disposal?	Used for Intercity Route?	Request Year	Request Amount
Replacement ▾	23	Bus < 30 FT ▾	14	2	Medium Duty ▾	Gas ▾	3129		1 ▾	Spare ▾	No ▾	<input checked="" type="radio"/> Year 1 <input type="radio"/> Year 2	\$147,074
▾		▾			▾	▾			▾	▾	▾	<input checked="" type="radio"/> Year 1 <input type="radio"/> Year 2	
												<input type="radio"/> Year 1	

# Vehicle Form

- Request new vehicle (replacement or expansion)
- Requires Milestones
- Upload Vehicle Quote (build sheet)
- Must be ADA accessible

8. If the vehicle is not being retired from service, what is your justification for increasing your fleet size? Explain why a back-up vehicle or existing fleet cannot accommodate this expansion.

0 of 2000

9. If you are retiring a vehicle, please explain why rehabilitation is not a better option than purchasing a new vehicle.

0 of 2000

10. 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

10a. Please upload your Build Sheet documentation.

Browse...

☐ DELETE



# Vehicle Form – Vehicle Maintenance

## MAINTENANCE

4. All agencies receiving FTA funded vehicles must provide a vehicle maintenance plan.  
See Transit resources page for sample maintenance plans. [Transit Resources Web Link](#)

Plan should include preventive maintenance intervals and specific service requirements.

 Browse...

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

☐ In-house

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

0 of 1000

☐ Outside vendor via contract

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

0 of 1000

☐ Other

Please explain.

# Vehicle Form – Milestones

## VEHICLES

### ALL CAPITAL VEHICLE REQUESTS

NOTE: REQUESTS WITHOUT MILESTONE DATES WILL NOT BE AWARDED.

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

ADOT RFP  
issue date is  
02/26/2021

ADOT  
Contract  
Award date is  
05/01/2021

# Other Capital Requests

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

1. OTHER CAPITAL REQUESTS (Hover over column headings for more help.)

Capital Category	Capital Description	Phase (If applicable)	Title	Request Year	Priority #	Qty	Cost \ Item	Total	Federal	Local
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Year 1 <input type="radio"/> Year 2	<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="radio"/> Year 1 <input type="radio"/> Year 2	<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="radio"/> Year 1 <input type="radio"/> Year 2	<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="radio"/> Year 1 <input type="radio"/> Year 2	<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="radio"/> Year 1 <input type="radio"/> Year 2	<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="radio"/> Year 1 <input type="radio"/> Year 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0	\$0	\$0

TOTAL OTHER CAPITAL REQUEST:

\$0

# Other Capital Requests

Follow instructions carefully for entering Preventive Maintenance & Complementary Paratransit

## OTHER CAPITAL REQUESTS

INSTRUCTIONS MUST BE FOLLOWED IN ORDER TO ENTER DATA SUCCESSFULLY INTO THIS TABLE

**STEP 1** Select a Capital Category that is the closest match to your request. Do not select or enter any other data.  
(Click on SHOWHELP for Category assistance.)

**STEP 2** Click SAVE for Capital Category selections.

**STEP 3** Complete remaining columns and click SAVE.

### Additional Instructions:

- Identify all capital (non-vehicle) items needed. Vehicles are requested on the Vehicle Page.
- When applicable, select the most appropriate Capital Description and Phase combination for the project.
- Capital items must exceed \$5,000 or they should be put under Administration or Operating requests. Any exceptions must be discussed with ADOT prior to submission.
- Facility funding requests must be coordinated with ADOT prior to submission.
- When adding Preventive Maintenance:  
Select **Capital Category** as "Bus Other Capital";  
Select **Capital Description** as "Preventive Maintenance";  
Leave **Phase** blank;  
Leave **Title** blank and the system will automatically enter the Title for you when you click on Save.
- When adding ADA Complementary Paratransit:  
Select **Capital Category** as "Bus Other Capital";  
Select **Capital Description** as "ADA Complementary Paratransit";  
Leave **Phase** blank;

- Justify ALL capital projects

TITLE:

REQUEST YEAR:

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?
- Please describe your preventive maintenance program. ←

# No Milestones, No Award

## ALL CAPITAL REQUESTS

NOTE: REQUESTS WITHOUT MILESTONE DATES WILL NOT BE AWARDED.

4. 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"/>

5. 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).

No file chosen

# Budget – Admin Ratio max 25%

SAMPLE BUDGET	Match Ratio	Total Request	Federal Request	Local Match
Administration Request (2 Years)	80/20	\$250,000	\$200,000	\$50,000
Operating (2 Years)	58/42	\$800,000	\$464,000	\$336,000
Intercity Request (2 Years)	58/42	\$ -	\$ -	\$ -
Capital Request	80/20	\$200,000	\$160,000	\$40,000
Planning Request	80/20	\$50,000	\$40,000	\$10,000
Total Request		\$1,300,000	\$864,000	\$436,000

Administrative costs may not exceed 25% of the total (sum of) federal administrative, operating/intercity, capitalized preventive maintenance and complementary paratransit budgets without prior ADOT approval.

Example

$$\frac{\$200,000}{\$200,000 + \$464,000 + \$160,000} = 24\%$$



# Budget

- [2-year Budget Worksheet](#)
- Use the Budget Worksheet to reflect each year of funding

ADMINISTRATION BUDGET	Year 1 Request	Year 2 Request	Final Budget (AWARDED)	Federal Request	Local Match	Subcontracted?	
<input type="text"/> ▾	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0	\$0	<input type="radio"/> Yes <input type="radio"/> No	Please specify if other: <input type="text"/>
<input type="text"/> ▾	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0	\$0	<input type="radio"/> Yes <input type="radio"/> No	Please specify if other: <input type="text"/>
<input type="text"/> ▾	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0	\$0	<input type="radio"/> Yes <input type="radio"/> No	Please specify if other: <input type="text"/>
<input type="text"/> ▾	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0	\$0	<input type="radio"/> Yes <input type="radio"/> No	Please specify if other: <input type="text"/>
<input type="text"/> ▾	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="radio"/> Yes <input type="radio"/> No	Please specify if other: <input type="text"/>
<input type="text"/> ▾	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="radio"/> Yes <input type="radio"/> No	Please specify if other: <input type="text"/>
<input type="text"/> ▾	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="radio"/> Yes <input type="radio"/> No	Please specify if other: <input type="text"/>
<input type="text"/> ▾	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="radio"/> Yes <input type="radio"/> No	Please specify if other: <input type="text"/>

# Budget

Remember to request preventive maintenance for year 1 AND year 2

## OTHER CAPITAL REQUESTS (Hover over column headings for more help.)

Capital Category	Capital Description	Phase (If applicable)	Title	Request Year	Priority #	Qty
Bus Other Capital	Preventive Maintenance		Preventive Maintenance	<input checked="" type="radio"/> Year 1 <input type="radio"/> Year 2	1	
Bus Other Capital	ADA Complementary Paratransit		ADA Complementary Paratra	<input type="radio"/> Year 1 <input checked="" type="radio"/> Year 2	2	
Bus Other Capital	Preventive Maintenance		Preventive Maintenance	<input type="radio"/> Year 1 <input checked="" type="radio"/> Year 2	3	
Bus Other Capital	ADA Complementary Paratransit		ADA Complementary Paratra	<input type="radio"/> Year 1 <input checked="" type="radio"/> Year 2	4	

## PLANNING REQUEST

Planning Title	Request Year	Total Request
Route Efficiency Planning Study	<input checked="" type="radio"/> Year 1 <input type="radio"/> Year 2	\$10,000.00
Route Efficiency Planning Study	<input type="radio"/> Year 1 <input checked="" type="radio"/> Year 2	\$15,000.00

# Budget

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.			
	Request Year	Request Amount	Federal Req
Preventive Maintenance	Year 1	\$35,000	\$2
ADA Complementary Paratransit	Year 1	\$40,000	\$3
Preventive Maintenance	Year 2	\$50,000	\$4
ADA Complementary Paratransit	Year 2	\$25,000	\$2
Replacement : Bus < 30 FT	Year 1	\$154,344	\$12
Expansion : Bus < 30 FT	Year 1	\$154,344	\$12
Rehabilitation : Bus < 30 FT	Year 1	\$154,344	\$12
Replacement : Bus 30 FT	Year 2	\$160,000	\$12
Expansion : Bus Standard 35 FT	Year 2	\$170,000	\$13
Rehabilitation : Bus Standard 40 FT	Year 1	\$175,000	\$14
Replacement : Support Vehicles	Year 2	\$100,000	\$8
Expansion : Vans	Year 2	\$78,000	\$6
Rehabilitation : Vans	Year 1	\$78,000	\$6
Replacement : Vans	Year 1	\$80,000	\$6
Total Capital Costs		\$1,454,032	\$1,163

PLANNING REQUEST			
Route Efficiency Planning Study	Year 1	\$10,000	
Route Efficiency Planning Study	Year 2	\$15,000	\$
Total Planning Costs		\$25,000	\$2

The Budget form should always be saved last to catch any changes or additions made on other pages

# Budget – Tribal Entities

- ❑ Tribal Entities must answer whether they will be transferring their ADOT 5311 award to FTA.
- ❑ If you transfer 5311 funding to FTA, you must upload your current budget and documentation of your prior transit expenditures.



Your information has been saved and the following Page Error(s) have been found.

If you are a tribe, you must answer whether you will be transferring your award to FTA.

Are you a tribal entity that transfers their ADOT award to FTA? ☐ Yes ☐ No

If yes, please upload your current budget and expenditures.

No file chosen

# Budget Page

- List everyone who charges against the grant

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"/>	
<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"/>	
Weekly Total:			\$0
Annual Total:			\$0

# Local Match

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

REQUESTED BUDGET SUMMARY			
	Total Request	Federal Request	Local Match
Total	\$2,083,352	\$1,476,624	\$606,728

LOCAL MATCH			
Match Amount	Name of Match Contributor	Contribution Source	Please Describe
\$200,988	College	City	
\$200,988	Test Only	City	
\$15,074	Advertising	Business	Community College
\$15,074	Volunteer	City	

# Local Match: In-kind

## IN-KIND

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

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

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

IN-KIND MATCH (See HELP for In-Kind Match Sample Entries)						
Budget Type	Source of Donations / Service	Request Year	Value of Service / Unit of Measure	Number of Units	Total In-Kind	In-Kind Approved Amount
<input type="text" value=""/>	<input type="text" value=""/>	<input type="radio"/> Year 1 <input type="radio"/> Year 2	<input type="text" value=""/> per <input type="text" value="mile"/>	<input type="text" value=""/>		<input type="text" value=""/>
<input type="text" value=""/>	<input type="text" value=""/>	<input type="radio"/> Year 1 <input type="radio"/> Year 2	<input type="text" value=""/> per <input type="text" value=""/>	<input type="text" value=""/>		<input type="text" value=""/>
<input type="text" value=""/>	<input type="text" value=""/>	<input type="radio"/> Year 1 <input type="radio"/> Year 2	<input type="text" value=""/> per <input type="text" value=""/>	<input type="text" value=""/>		<input type="text" value=""/>
Total:					\$334,720	\$0

Upload Backup Documentation:  
(Documentation Required for Intercity In-kind match.)

Browse...



# Local Match:

## Restrictions on Lobbying Certification

Instructions for Opening Disclosure of Lobbying Activities (Standard Form-LLL) Dynamic PDF Link:

- Open Adobe Reader on your computer.
- Right Click the Disclosure of Lobbying Activities link.
- Select 'Save link as . . .'
- Save the file to your computer and open the file from your saved folder.

### RESTRICTIONS ON LOBBYING CERTIFICATION

The subrecipient agrees to comply with the provisions of Section 1352 of Title 31, U.S. Code (Public law 101.121) as codified in Title 48, Federal Acquisition Regulations Subpart 3.8 and Subpart 52.203-11, 23 CFR 630.112(c)(5) , and 49 CFR part 20 and 2 CFR 200.450. The legislation prohibits Federal appropriated funds from being expended by a recipient or any lower tier sub-recipients of a Federal contract, grant, loan, or cooperative agreement to pay any person for influencing or attempting to influence a Federal agency or Congress in connection with the award of any Federal contract, the making of any Federal grant or loan, or entering into any cooperative agreement, including the extension, continuation, renewal, amendments or modification of any Federal contract, grant, loan or cooperative agreement. Certification is required to indicate compliance with 49 CFR 20.100(a).

Please complete the LOBBYING CERTIFICATION Form. If you answered "Yes" on the LOBBYING CERTIFICATION Form and meet the criteria for Line Item 2, also complete the DISCLOSURE OF LOBBYING ACTIVITIES Form.

The subrecipient agrees to require all contractors and subcontractors to also complete the form requirements.

Choose File No file chosen

[LOBBYING CERTIFICATION](#)

[DISCLOSURE OF LOBBYING ACTIVITIES \(Standard Form-LLL\)](#)

Certification required for all subrecipients!

# Union Reporting

These are the other **PUBLIC** transportation providers in your area that you notified about your application and public involvement process.

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

- Include information regarding any unions associated with your transit service.
- Please list the other public transit Providers in your area including name and address. This list should include all providers that are notified of this grant application.
- Please list their employee's union representation if there is a union representation.
- Enter N/A if the question is not applicable.
- This is a requirement of the federal government for receipt of any transit funds. (See HELP for a sample)

**Agency Name:** City of Bullhead City

**Agency Contact Name:** Michael Peluso

**Agency Phone:** (928) 763-0132

**Agency Email:** mpeluso@bullheadcity.com

**Agency Address:** 2355 Trane Road Bullhead City, Arizona 86442

Local / Regional	Intercity
Demand Response	Intercity Fixed Route
Deviated / Flex Route	Intercity Feeder Route
Fixed Route with Complementary Paratransit	
Commuter	
Vanpool or Other	

\*This table is populated from the System Characteristics form after you click SAVE.

# Union Reporting

1. Please list the labor organization by name and local number that represent your transit employees.

0 of 2000

2. Describe your transit system's service area and include cities and counties served by your transit system.

0 of 2000

3. If you contract out your operations, provide your Contractor's name.

0 of 2000

4. Please list labor organization by name and local number that represent your Contractor's transit employees.

0 of 2000

# Union Reporting

5. Please list eligible surface public transit providers including address and union representation including their local number for (13c) that operate in or partially operate within your service area. Also, identify whether the transit provides public transportation.

Note: Public Transit does not include school bus, charter or seasonal service, exclusive ride taxi, or service to individuals or groups that excludes use by the general public.

Agency / Transportation Provider Name	Agency / Transportation Provider Address City, State, Zip	Union Representation of Employees (if applicable)	Union Representation of Employees (13c) Local Number (if applicable)	Public Transportation
<input type="text"/> 0 of 50	<input type="text"/> 0 of 100	<input type="text"/> 0 of 50	<input type="text"/> 0 of 50	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/> 0 of 50	<input type="text"/> 0 of 100	<input type="text"/> 0 of 50	<input type="text"/> 0 of 50	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/> 0 of 50	<input type="text"/> 0 of 100	<input type="text"/> 0 of 50	<input type="text"/> 0 of 50	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/> 0 of 50	<input type="text"/> 0 of 100	<input type="text"/> 0 of 50	<input type="text"/> 0 of 50	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/> 0 of 50	<input type="text"/> 0 of 100	<input type="text"/> 0 of 50	<input type="text"/> 0 of 50	<input type="radio"/> Yes <input type="radio"/> No

# Safety and Training Programs

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

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

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

## 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:



# 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.
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

## CIVIL RIGHTS

All recipients of FTA assistance are responsible for compliance with all Civil Rights requirements, including 49 US 5332 (non-discrimination), Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, Title VI of the Civil Rights Act of 1964, Limited English Proficient (LEP), Equal Employment Opportunity (EEO), Disadvantage Business Enterprise (DBE) program requirements. Recipients also agree to include these assurances and policies in each subcontract financed in whole or in part with Federal funds provided by FTA.

### [ADOT Program Guidebook Web Link](#)

#### **Title VI Implementation**

1. ☐ Yes ☐ No Does your Agency receive funds directly from the Federal Transit Administration (FTA)?\*

2. Please upload your complete Title VI Implementation Plan. See [Title VI Implementation Plan Template](#).

No file chosen

3. ☐ Yes ☐ No Did you have any Title VI complaints this last year?\*

3a. Please upload your Complaint Log describing any ADA/Title VI Investigations, Complaints, and Lawsuits. If there have been no complaints, please upload a log indicating the year and stating no complaints.

No file chosen

<https://azdot.gov/business/civil-rightsexternal-eeo-contractor-compliance/title-vi-non-discrimination-program/fta>

[Title VI Implementation Plan Template](#)



# Grant Agreement Section

Agreement	
	<a href="#"><u>Grant Agreement / Exhibits</u></a>
	<a href="#"><u>Grant Agreement</u></a>
	<a href="#"><u>Signature Page for Grant Agreement</u></a>
	<a href="#"><u>Attorney Determination</u></a>
	<a href="#"><u>Upload</u></a>
	<a href="#"><u>Exhibit A</u></a>
	<a href="#"><u>Exhibit B 5311</u></a>
	<a href="#"><u>Exhibit C Responsibility Matrix</u></a>
	<a href="#"><u>Exhibit D Procurement</u></a>
	<a href="#"><u>Exhibit E Civil Rights</u></a>
	<a href="#"><u>Exhibit F DBE</u></a>
	<a href="#"><u>Exhibit G Insurance</u></a>
	<a href="#"><u>Exhibit H NonTribal</u></a>

# Tips for E-grants

- If using carry forward, you must do it upfront when you start the application.
- Follow the instructions on Other Capital Requests for Preventive Maintenance and Complementary Paratransit
- Click the “Save” button often!

TIP: Clicking the save button when you first open the page, will generate a list of items that must be addressed.



Your information has been saved and the following Page Error(s) have been found.

Question 3 is required.

Question 3a. is required.

If you selected “yes” for Question 5, then you must fill out Question 5a.

If you selected “Yes” for Question 12, then you must fill out Question 12a.

If you selected “Yes” for Question 13, then you must fill out Question 13a.

If you selected “Yes” for Question 14, then you must fill out Question 14a.

If you selected “No” for Question 16, then you must fill out Question 16a.

Question 16b. is required.

Question 18. is required.

Question 20. is required.

Question 21. is required.

Question 22. is required

Question 23. is required

Question 24. is required

Question 25. is required.

# Tips

- Acknowledge every page in Grant Agreement Section - check the box and save.
- **Grant agreement must be signed by your authorized signer and Attorney Determination must be executed.**  
*If you are unable to have it signed by the due date, upload a page indicating the date you will have the agreement signed.*
- Application due: **February 21, 2024, 3:00 pm MST**

**No extensions!**

# Questions?



# Contact Information

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## 5311 Program Managers

**Luke Taylor**

[ltaylor3@azdot.gov](mailto:ltaylor3@azdot.gov)

602.712.7106

**Shatawn Reed**

[sreed2@azdot.gov](mailto:sreed2@azdot.gov)

602.712.7318

**Jesse Zaragoza**

[jzaragoza2@azdot.gov](mailto:jzaragoza2@azdot.gov)

602.712.4498

**ADOT Civil Rights Office**

602.712.8946

[CivilRightsOffice@azdot.gov](mailto:CivilRightsOffice@azdot.gov)

***Thank you!***

Presentation slides and recording will be uploaded to website.

Submit additional questions to your Program Manager.

Responses will be provided in the Frequently Asked Questions document on the website!