

5311 Rural Transit Program 2022 Guidebook and Application Workshop

Funding Period
October 1, 2022 – September 30, 2024

Presentation by ADOT Staff
January 5, 2022

Agenda

- Introduction
- Title VI Civil Rights and ADA requirements
- 5311 Guidebook
 - Policy Changes for 2022
 - Budgeting for the 2-year grant cycle
 - Application requirements
 - Public Notice requirements
- E-grants Overview
- Questions & Answers

5311 Rural Transit Program

- The Multimodal Planning Division (MPD) of the Arizona Department of Transportation (ADOT) administers the Federal Transit Administration (FTA) Formula Grants for Rural Areas Program commonly known as the Section 5311 Program or as the Rural Public Transit Program.
- The Section 5311 Program provides funding to support the administrative, operating, intercity operating and capital, 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.

ADOT 5311 Key Dates*

ADOT Publishes NOFA	December 20, 2021
5311 Application Opens in E-grants	December 20, 2021
Application Deadline	February 23, 2022, 3:00 pm MST
Agency time to cure	March 2022
Budget discussions with subrecipients	March -April 2022
Preliminary notice of awards	May 2022
Final award (Exhibit A)	September 2022
Federal Fiscal Year Begins	October 1, 2022

**Dates anticipated, but subject to change. Awards are dependent on FTA approval of ADOT grant application.*

MPD Transit Team

Administration

Jill Dusenberry – Transit Group Manager

Sara Allred – Transit Group Asst. Manager and State Transit Planner

5311

Aubree Perry
Deb Brunner
Shatawn Reed

State Safety Oversight

Brian Brinkley

5310

Sara Allred
Brian McCoy

Program Support

Ann Cochran – Program Analyst

Sarah Wuertz – Contract Specialist/RTAP Administrator

Edmund Shepard – Vehicles Management Analyst

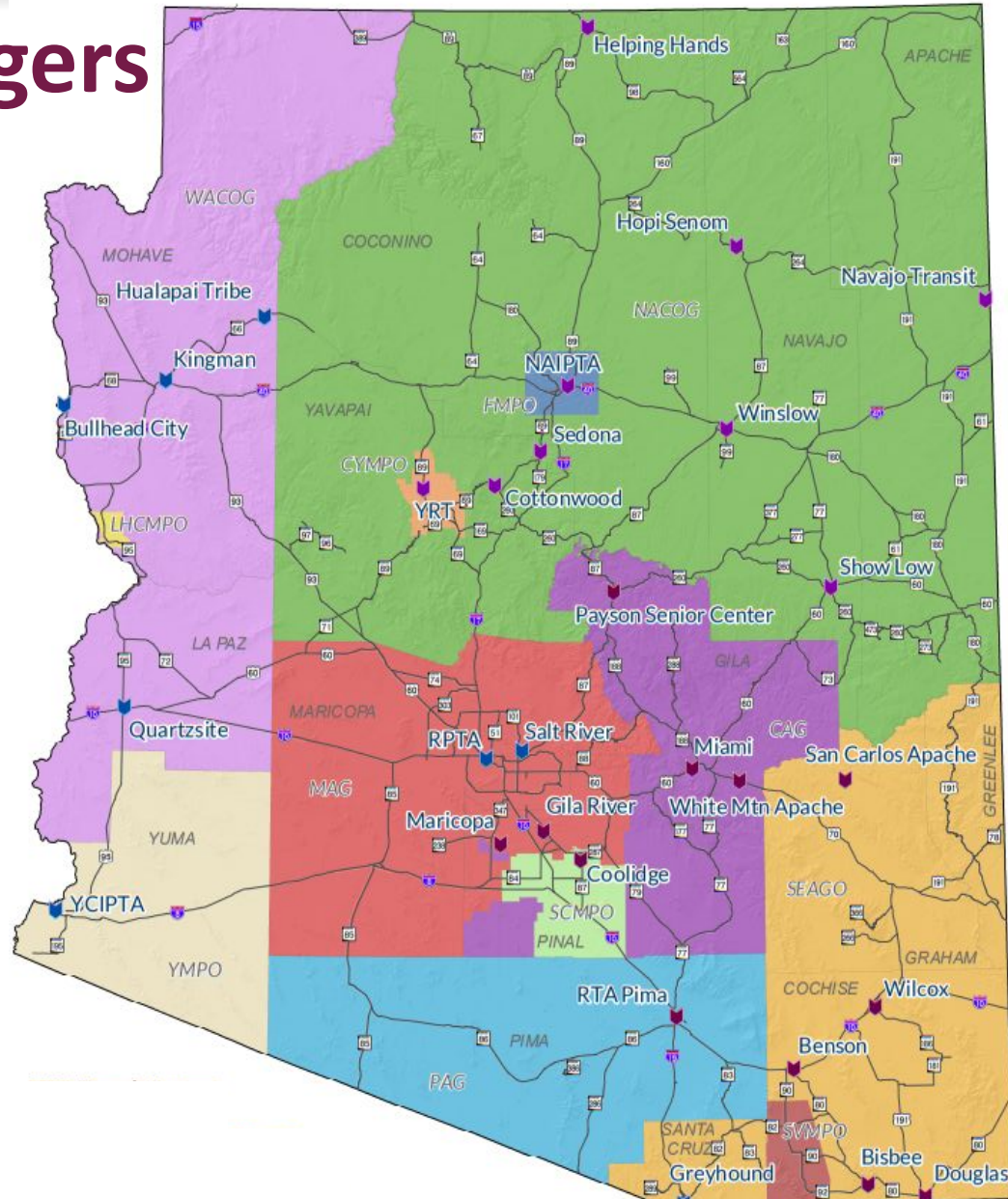
Diane Ohde – Transit Grants Business Analyst Consultant

5311 Program Managers

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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-rights/title-vi-non-discrimination-program/fta-funded-programs>

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:

Jesse Zaragoza

Title VI Program Manager

(602)712-8676

Danielle Valentine

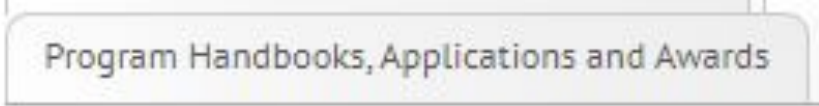
ADA/504 Program Manager

(602)712-8625



ADOT 2022 5311 Program Guidebook



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



Program Handbooks, Applications and Awards

- Then pick the Program Guidebook in the 5311 section.

5311 Rural Public Transportation Program

- [5311 Notice of Funding Availability\(NOFA\) - FFY 2022](#) 
- [5311 Program Guidebook - FFY 2022](#)  
- [5311 Peer Group Roundtable Presentation](#)  - August 5, 2021
- [5311 Rural Transit Program 2021 Year 2 Preliminary Award Notice](#)  - Revised June 21, 2021
- [5311 Rural Transit Program Year 1 & New CARES Act Preliminary Award Notice](#)  - July 6, 2020

2022 Program Updates (pages 5-6)

POLICY SUBJECT	CHANGE
E-Grants	The application has had minor updates on the following pages: Local Match, Other Capital Requests, Planning, Program Information, Program Management, Transportation Providers and Union Classification, 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. Please review and update every page prior to submission.
Tribal Consultation	5311 agencies must follow the State's Tribal consultation and coordination policies that aid the state in adhering to the outreach activities and input from the various tribal entities within the State.
Insurance	5311 agencies are required to use and submit the new Insurance Checklist to ADOT Risk Management.
Civil Rights	ADOT's Civil Rights Office has published an updated template for a Title VI Non-discrimination plan
Admin Ratio	The Guidebook now clarifies Recommended Administration ratio is 25% or less of the total not including Capital.(vehicles, bus shelters,) Ratios above 30% will be considered on a case by case basis. Capitalized Preventative Maintenance is included.
SAM.gov	Beginning April 2022, the DUNS number will be replaced with the Unique Entity Identifier. All 5311 agencies are required to maintain registration
	with the System for Award Management (SAM.gov). See section on "Debarment and Suspension".
Vehicle Useful Life	ADOT has updated the minimum vehicle useful life based upon vehicle type that agencies will need to reference when submitting a request to ADOT for replacement of their vehicle.

2-Year Budget Cycle (page 7)

- 2022 5311 Grant covers the period:
 - October 1, 2022 – September 30, 2024

Year 1	October 1, 2022 – September 30, 2023
Year 2	October 1, 2023 – September 30, 2024

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, 2024.

2-Year Budget Cycle (page 8)

The 5311 Application is a 2-year application cycle and will be open in even years. All awards will be eligible for funding for 2 years. At ADOT's discretion, ADOT may call for projects for new applicants in the odd year. New Applicants must contact ADOT and have completed a planning study to be considered eligible for this odd year funding cycle application.

While ADOT awards for 2 years, FTA awards annually. Grantees will be awarded a portion of funding in the first year. Grantees in good standing will have their 2nd year of the program amended to adjust for the remaining second year. ADOT will amend the awards towards the end of the 1st year to fund the 2nd year based on the applications and the budget discussion as well as where the sub-recipient is in their use of the funds. This will be done by a revision to the Exhibit A. The revised Exhibit A must be signed by the sub-recipients appropriate signatory authority prior to ADOT reimbursing the Year 2 awards.

Budget Worksheet

- 2-year Budget Worksheet

Clipboard	Font	Alignm	
B19	Σ	=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 Rural Public Transportation Program

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- [5311 Rural Transit Program 2021 Year 2 Preliminary Award Notice](#) - Revised June 21, 2021
- [5311 Rural Transit Program Year 1 & New CARES Act Preliminary Award Notice](#) - July 6, 2020
- [5311 2020 CARES Act Year 1 Award Notice](#) - May 4, 2020
- [5311 2020 Application FAQ](#) - February 6, 2020
- [5311 2020 Application Webinar](#) - January 16, 2020
- [5311 Year 1 Implementation Webinar](#) - FY 2020
- [5311 Budget Worksheets](#) - FY 2018

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	City of Bullhead City	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
	Program Information		12/20/2021 1:25:09 PM
	Program Management		12/20/2021 1:25:09 PM
	System Characteristics		12/20/2021 1:25:09 PM
	Route Service Characteristics (d)		12/20/2021 1:25:09 PM
	Vehicles		12/20/2021 1:25:09 PM
	Other Capital Requests		
	Planning		
	Budget		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 (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

Evaluation Process (pages 13-14)

- Must demonstrate benefit to Rural areas
- The State's Long Range Plan requires that ADOT first fund preservation of systems, then modernization, and then expansion. ADOT Transit program through its State Management Plan first prioritizes the preservation of systems, then the expansion of current systems and finally new systems, while also considering 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
<p>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.</p>	<p>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.</p>	<p>Provide long term program capacity to meet annual variations in capital purchases without impacting administration and operations budgets.</p>

Appeal Process (page 14)

- 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
- In-kind is allowable for construction and must be included at the time of application.

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 17)

- Maximum 90/10 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 in Year 1 and operating funds for Complementary Paratransit in 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.nationalrtap.org/Toolkits/ADA-Toolkit/Service-Type-Requirements/ADA-Complementary-Paratransit-Requirements>
- ADA complementary paratransit service must be comparable to the fixed route service in a number of areas.
- Geographic area of service – transit systems that run fixed routes must also provide ADA complementary paratransit service within $\frac{3}{4}$ mile on either side of the fixed route; this is considered to be the maximum distance a rider would travel to reach a bus or train stop.
- Response time –the paratransit ride may not be provided more than an hour before or after the requested time.
- Fare- the one-way paratransit fare may be no more than twice the full fixed route fare for a similar trip. A rider's personal care attendant may not be charged a fare. However, at least one additional accompanying individual must be permitted to board and will be required to pay the same fare as the rider (additional companions may accompany the ADA-eligible customer, if space is available).
- Hours and days of service—ADA paratransit service must be provided on the same days and during the same hours as fixed route service.
- Trip purpose—there may be 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. Under the ADA, 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.
 - Substantial numbers of significantly untimely pickups.
 - Due to high demand for ADA paratransit service and limited resources, this tends to be where most transit systems have difficulty in complying with the complementary paratransit regulations. Rigorously managing demand through the eligibility process is a way to combat capacity constraint issues

Intercity (pages 18-19)

Intercity and Intercity Feeder Service — Both the Intercity and Intercity Feeder Routes are awarded as Intercity by ADOT. Intercity Routes are 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. These routes must connect to a larger intercity network. If the route does not connect, it will not be considered for Intercity funding. The marketing materials and websites must indicate that this is an Intercity or Intercity Feeder Route. These routes have limited stops in the communities they serve and must allow passengers to carry baggage. ADOT awards 15% of its formula funds to Intercity per FTA requirements. ADOT will not fund intercity routes that do not demonstrate a significant benefit to rural communities. As with all programs, ADOT funds the deficit of the operating expenses after the fare has been deducted. See Operating for eligible expenses.



Preventive Maintenance (pages 19-20)

- ***Preventive Maintenance*** - All activities, supplies, materials, labor, services, and associated costs required to preserve or extend the functionality and serviceability of the asset in a cost effective manner, up to and including the current state of the art for maintaining such 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. The match ratio for capitalized Preventive Maintenance is 80/20. Otherwise, it will be a part of the operations budget.

Sub-Recipients' Responsibilities (pages 20-21)

MONTHLY

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

E-grants monthly reimbursement requests are open for 45 days after the month ends

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
- 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 24 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



Vehicles (pages 29-30)

- ADOT liens clarified and aligned with FTA standards
- Lien releases are to be done at time of vehicle disposal

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 and Licensing (pages 31-33)

- Insurance updated
 - 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:

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

Employers' Liability Insurance per accident \$500,000	Employers' Liability Insurance per employee - Disease \$500,000	Employers' Liability Insurance policy limit - Disease \$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. Grantees must list the name of your agency and Agreement Number in the subject line of the e-mail.

Private Providers (page 36)

- Dispute process
- Review participation
- Updated Notice requirements—email reply

Applicants must ensure that private-for-profit and private non-profit transit operators are given the opportunity to participate in the planning and implementation of the project to the maximum extent feasible. This includes soliciting private companies' participation in their planning process and encouraging private companies to actively participate in the planning process.

ADOT encourages all applicants to fully utilize the resources and expertise of private providers such as taxicab companies, intercity bus operators and human service transportation systems, considering the capability of these firms to provide the needed service. Purchase of service agreements or contracts with private operators are an appropriate means of providing general public transportation service.

Applicants should review local regulations to ensure that private companies are treated fairly. This includes revising or encouraging adjustments in local regulations to permit private companies to operate the applicants' services more efficiently.

Applicants should periodically review their existing services to determine if private companies can provide parts of the service, or the entire service, more efficiently. Consider the total cost of providing transportation service when comparing public and private service proposals. The subsidies provided to public and private nonprofit transportation providers such as capital assistance grants, operating subsidies, and the use of public facilities should be reflected in the cost comparisons.

Finally, applicants must have a process in place to resolve disputes with private transportation providers.

Public Involvement (page 37)

- Public Involvement requires information and the ability to comment. Method of Outreach is flexible.

Prior to submission, all applicants for Rural Public Transit Program funds must provide an opportunity for public involvement. Public notice must be sufficiently early for the public to participate in the decision making process. Any fare or significant route changes should also have an accompanying public involvement process.

Public notices shall be published in the newspaper(s) having general circulation in the vicinity of the proposed undertaking and/or on the front page of the community's website for a minimum of 2 weeks. Additional notices can be posted throughout the community (libraries, grocery stores, post offices, etc.) published through a Facebook page/social media, radio announcements, and community listserve(s). **Publish two notices of public meetings, at least one week apart.** Schedule the date of the meeting at least five days after the second notice is published.

The grant proposal, any fare changes, and/or significant route changes must be made available for public inspection. Any public meetings should be held at a place and time generally convenient for persons affected by the proposed undertaking. The site must be accessible to the elderly and persons with disabilities. Provisions should be made for submission of written statements, exhibits, and oral statements. Interpreters must be provided for non-English speaking persons if requested. A written summary of the oral proceedings must be prepared. A [Title VI](#) statement must be included in the notice and visible at any public involvement meeting.

Public Involvement & Notice (pages 37-38)

- For the grant application, the proposal must be available
- Accessible location

The grant proposal, any fare changes, and/or significant route changes must be made available for public inspection. Any public meetings should be held at a place and time generally convenient for persons affected by the proposed undertaking. The site must be accessible to the elderly and persons with disabilities. Provisions should be made for submission of written statements, exhibits, and oral statements. Interpreters must be provided for non-English speaking persons if requested. A written summary of the oral proceedings must be prepared. A [Title VI](#) statement must be included in the notice and visible at any public involvement meeting.

- Must have written & oral submissions possible
- Title VI notice posted
<https://azdot.gov/business/civil-rights/title-vi-nondiscrimination-program/title-vi-implementation>
- See sample public notice in guidebook (p. 38)

Federal Motor Carrier Safety Administration (FMCSA) (pages 50-52)

- Requirements will apply to *non-profits* 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)

Federal Motor Carrier Safety Administration (FMCSA) (pages 50-52)

- Requirements for *non-profits* and *local governments who contract service* who meet criteria from previous slide include:
 - Part 390 Federal Motor Carrier Regulations, General Markings (USDOT#)
 - Part 391 Qualifications of Drivers
 - Part 392 Driving of Commercial Motor Vehicles
 - Part 393 Parts & Accessories Necessary for Safe Operation
 - Part 395 Hours of Service
 - Part 396 Inspection, Repair, Maintenance

Federal Motor Carrier Safety Administration (FMCSA) (pages 50-52)

 **FMCSA**
Federal Motor Carrier Safety Administration

LOGIN

ETA: The Motor Carrier Safety Planner

CSA  NEW ENTRANT  FMCSA 

HOME CHAPTERS RESOURCES & FORMS  MY SAFETY PLANNER HELP



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Chapters

HIDE CHAPTERS

CHAPTER 1

Introduction 

CHAPTER 2

Registration Requirements 


CHAPTER 3

How FMCSA Monitors Motor Carrier Safety 


CHAPTER 4

Operational Requirements 

CHAPTER 5

Vehicle Requirements 

CHAPTER 6

Driver Requirements 

CHAPTER 7

Passenger Transportation 




Forms Library

 Download  Print  Email

This library provides example forms and templates that you can use to demonstrate compliance with safety regulations. These documents provide guidance only, and in most cases, you are not required to use these exact forms. View the [Federal Motor Carrier Safety Regulations](#) for official information about what is required to demonstrate compliance.

Start by using the Compliance Questionnaire to quickly evaluate your business's policies and procedures and identify ways that you can improve safety.

To print or download the forms listed below, first click the form name, then print once the form is displayed.

Form	Related Sections	Regulation
 Compliance Questionnaire	All	All
 Common Violations	5.1, 5.2, 6.1, 6.2, 6.3, 6.4, 6.5, 8.9	All
Accident Register	4.4, 4.4., 4.4.1, 4.4.2, 4.4.3	390.15
 Annual Driver's Certification of Violations	6.1, 6.1.1, 6.1.2, 6.1.3	391.25(c)(2)

Drug & Alcohol Requirements (pages 52-55)

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 person who is primarily responsible for implementing and managing the program usually guides development of the initial draft of the policy and presents it to the governing body for review and approval. It is generally useful to involve top management officials, union officials (if the employees are represented) and local legal counsel in reviews of the draft policy.

The policy must indicate proof of governing board adoption. Some entities include a header on their entire document that contains the policy number, adoption date, and appropriate signature. Other common methods include notating in the policy the date of the adoption and the ability to review the documentation upon request, a page documenting meeting minutes, or a formal adoption page complete with signatures. Another method is to include it as an appendix.

Although policies must be changed, readopted, and redistributed to reflect significant regulatory revisions, policy re-adoption is not necessary for minor regulatory changes. The same applies to minor changes in the policy statement such as the name of the entity's new Drug and Alcohol Program Manager, Medical Review Officer (MRO), Substance Abuse Professional (SAP), collection site, or testing laboratory. Such changes are often included in an appendix and described in a form distributed to safety-sensitive employees. The current revision date should also be indicated in the policy document.

Items needed for your 2022 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 2022

egrants.azdot.gov

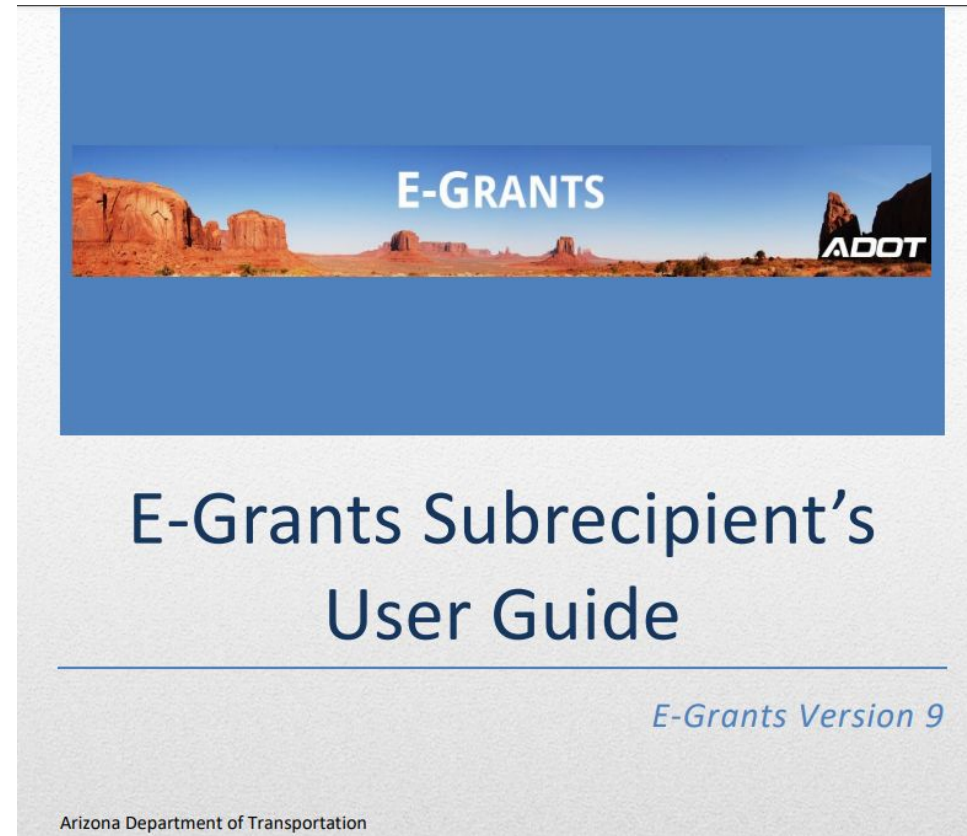


E-Grants link

<https://egrants.azdot.gov>

E-Grants User Manual

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



5311 Application Changes 2022

- **Program Information**

- Added the planning form to be part of the form set listing. The Planning Form will only show when the this box is checked.

- **Program Management**

- Revised question under Q.11a

- **Other Capital Page**

- Added bullet to Question 2a for agency to describe their Preventive Maintenance program
- Added bullet to Question 2b if applying for an ITS project, to identify how your project fits into the AZ Statewide ITS.
- Added an ITS Plan upload field.
- Revised question in 2c.

- **Planning Page**

- Required to provide scope of work

5311 Application Changes 2022

- **Local Match**

- Revised lobbying verbiage on page
- Agencies are required to complete Lobbying Certification form
- Added section “Certification of Restrictions on Lobbying” and question if you are requesting more than \$100,000 in grant funds, your agency must certify that no federal funds have or will be paid to persons to influence the funding decision (lobby) for the proposal that is being submitted for consideration.
- Added upload field if total federal funds is greater than \$100,000


- **Transportation Providers and Union Classification**

- Completely modified union reporting form.

- **Grant Agreement & Exhibits**

- Several Updates

New User Registration



System Login Portal Home

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.

Please note that Internet Explorer is the only supported browser for E-Grants. Using other browsers may cause technical issues.

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
- Once your organization is registered in the system, you can apply for grants, complete/submit reports and submit requests for reimbursement.

All new users register here

sk Availability
thru Friday 8am to 5pm MST
9-1425
@agatesoftware.com

New Users Register [HERE](#)

All new users register here

[New User Registration](#)
[Forgot Password?](#)

E-Grants Roles

- All organizations must assign an Agency Organization Administrator Role.
- The Agency Organization Administrator role can administer the members for their own agency.
- Role Names and definitions can be found on Page 3 of the E-Grants Subrecipient Training document.

Profile for New Users

Contact Information

	Prefix	First	Middle	Last	Suffix
Name	<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"/>		
County	<input type="text"/>	<input type="text"/>			
Phone #1	<input type="text"/>	Phone #2	<input type="text"/>		
Fax	<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

Enter preferred role in Notes. Agency Roles:

- Agency Attorney
- Agency Authorized Official
- Agency Financial Officer
- Agency Grant Writer

Agency Organization Administrator
Agency Viewer

Add ALL users

- For 2022 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"/>	

Verify/Update your organization DUNS#, E-mail and Type

[Organization Information](#) | [Organization Members](#) | [Organization Document Availability](#)

Organization Information

Name	<input type="text"/>		
DBA	<input type="text"/>		
Acronym	<input type="text"/>		
COG/MPO	<input type="text"/>		
TAX ID	<input type="text"/>		
Vendor #	<input type="text"/>		
DUNS #	<input type="text" value="12345678"/>		
Abbreviation	<input type="text"/>		
Address Code	<input type="text"/>		
Address	<input type="text" value="1611 W. Jackson, MD3108"/>		
City	<input type="text"/>	State	<input type="text" value="Arizona"/>
County	<input type="text"/>	ZIP Code	<input type="text"/>
Phone	<input type="text" value="(602) 712-8947"/>	Fax	<input type="text"/>
Email	<input type="text"/>		
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	

Create your 2022 5311 Grant Application

5311 Application for City of Maricopa

Offered By:

ADOT (Do Not Use)

5311 Application Availability Dates:

12/20/2021-02/23/2022

5311 Application Period:

12/20/2021-02/23/2022

5311 Application Due Date:

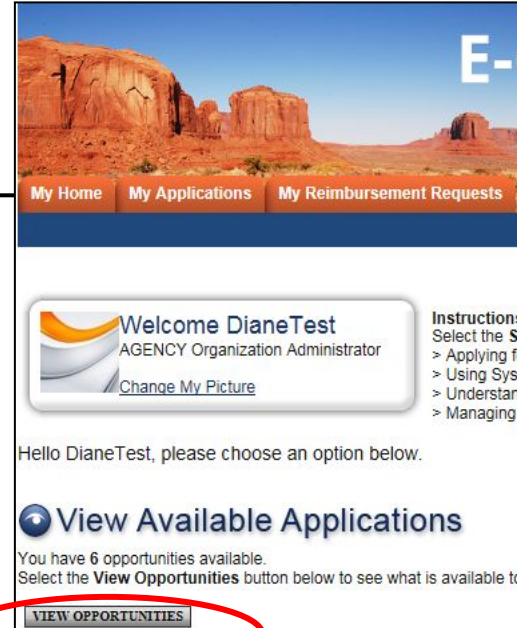
02/23/2022

Description:

2022 - 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 2020
- 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:














5311-2020-City of Kingman-00002 (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.

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
	Program Information
	Program Management
	System Characteristics
	Route Service Characteristics (2)
	Vehicles
	Other Capital Requests
	Planning
	Budget
	Local Match
	Transportation Providers and Union Classification
	Safety and Training Programs
	Substance Abuse
	CIVIL RIGHTS

The Union Reporting Page does not carry forward.



Application Tips

- You will not see a Print Version of a form until the Page is saved.
- You may experience some non-descript 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.

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 ▼

Application Name

Person

Status ▼

Organization

Year

Application Search Results

[Back](#)

My Applications

Use the search functionality below to find a specific Application.

Search Applications

Application Types

Application Name

Person

Status

Organization

Year

Export Results to Sort by:

Number of Results 1

Document Type	Organization	Name	Current Status	Year
5311 Application	City of Bullhead City	5311-2022-City of Bullhead City-00002	Application In Progress	2022
1				

Activate Windows

[Back](#)

5311 Application Menu

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

[Details](#)

Info	Document Type	Organization	Role	Current Status	Period Date / Date Due
	5311 Application	City of Bullhead City	DOT Program Manager	Application In Progress	12/20/2021 - 02/23/2022 02/23/2022 3:00PM PST

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

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: [5311-2022-City of Kingman-00003](#)

 [Details](#)

Save first, and
then print

Management Tools

 [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 ORGANIZATIONS](#)

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

Check Add/ Edit People if
user is 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
	Program Information
	Program Management
	System Characteristics
	Route Service Characteristics (4)
	Vehicles
	Other Capital Requests
	Planning
	Budget
	Local Match
	Transportation Providers and Union Classification
	Safety and Training Programs
	Substance Abuse
	CIVIL RIGHTS

- 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

	Grant Agreement / Exhibits
	Grant Agreement
	Signature Page for Grant Agreement
	Attorney Determination

Program Information Form

- Organization and Transit Advisory Committee (TAC)

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?

Administrative Services *

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

Mark Vest, Vice President of Learning and Student Services, Northland Pioneer College
Ed Muder, City Manager, City of Show Low
Justin Johnson, Administrative Services Director, City of Show Low
Lisa Robertson, Grants & Transit Manager, City of Show Low
Tom Hakenewerth, General Manager, MV Transportation

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6a. Are you sending your TAC agendas or minutes to your ADOT program manager at least quarterly?

☐ Yes ☐ No *

6b. What is the date of your last transmittal?

6c. Please provide a copy of a recent TAC agenda.

 Browse...

Program Information Form

- Coordination, q. 7-8
- 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:

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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
- Dual control

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. Date of indirect cost rate approval or de minimis rate effective date:

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

Program Management Form

- 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.

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

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

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

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Program Management Form

- 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.

[34453-5311RiderSatisfactionSurveys.pdf](#)

9c. Provide a summary of responses you received.

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9d. How do you collect feedback from your riders on your system needs?

Program Management Form

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

11. Attach your Public meeting notices for notice of intent to apply for 5311 funds.

Choose File

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.

Choose File

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,

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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

Performance Data

4. Annual Passengers Trips Anticipated:

4a. Annual Passengers Trips Last Year:

5. Anticipated Year 1 Revenue:

NOTE: This will populate as fare on the Budget page.

5a. Anticipated Year 2 Revenue:

Do Not Complete Until Year 2.

5b. 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?

8. How much is your anticipated net advertising revenue?

Advertising can be
local match or
deducted with fare
box

Please explain any significant changes in anticipated ridership or funding from the previous year's performance.

The anticipated fare revenue for this application is based on a conservative increase ba

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' with three entries: 'Demand Response', 'Deviated / Flex Route', and 'Fixed Route with Complementary Paratransit'. A 'CLOSE' button is located at the bottom of the modal.

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

SHOW HELP

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)

Rural
Providers—Choose
Local/Regional or
intercity feeder route

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


Route Service Characteristics Form

- Match the route types with the types on the previous page.
 - Seasonal or Year-Round
 - Vanpool has been added to drop-down menu for service type
- Don't pick Intercity unless you're sure and then talk to ADOT




TOTAL ROUTES: 6


ROUTE SERVICE CHARACTERISTICS			
1.	Route Name:	Blue Line - Year 1	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:	Year-Round ▼	Seasonal ▼
4.	Service Type:	Fixed Route with Comp. Paratransit ▼	Deviated / Flex Route ▼
5.	# Daily Hours of Operation:	14	6
6.	Start Time:	6 ▼ : 00 ▼ AM ▼	6 ▼ : 15 ▼ AM ▼
7.	End Time:	8 ▼ : 00 ▼ PM ▼	7 ▼ : 15 ▼ 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 schedules
in GTFS? If not, they
should 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
------	---	--

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	<div>0 of 500</div>	<div>0 of 500</div>
18.	that each route operates in:		
18a.	County	<div></div>	<div></div>
18b.	City(ies) (If the route operates outside the city limits, please type unincorporated):	<div></div>	<div></div>

Ensure the Connections are close and riders can connect.

Route Service Characteristics

19. Upload a user guide for this Route Service Area. Upload a map showing your community and highlight the areas served by your transit system. If you only have one user guide, please upload it only once.

	Browse...	<input type="checkbox"/> DELETE
35154-RedBlueRouteSchedule10-17.pdf		
	Browse...	
	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 including seasonal and special event routes.

0 of 2000

Vehicles Form

Remember to
update your
mileage!

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

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	250,437	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.

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											Request Year	Request Amount
Expansion or replacement?	Vehicle Length	Vehicle Type	Seating Capacity	Wheel chair Positions	Chassis	Fuel Type	VIN of vehicle being replaced or Rehabilitated (last 4)	Vehicle Priority #	Replaced vehicle disposal?	Used for Intercity Route?		
Replacement ▾	29	Bus < 30 FT ▾	22	2	Medium Duty ▾	Gas ▾	1908	1 ▾	Sell ▾	No ▾	<input type="radio"/> Year 1 <input type="radio"/> Year 2	\$126,451
Replacement ▾	29	Bus < 30 FT ▾	22	2	Medium Duty ▾	Gas ▾	1791	1 ▾	Sell ▾	No ▾	<input type="radio"/> Year 1 <input type="radio"/> Year 2	\$126,451
Replacement ▾	29	Bus < 30 FT ▾	22	2	Medium Duty ▾	Gas ▾	9233	2 ▾	Sell ▾	No ▾	<input type="radio"/> Year 1 <input type="radio"/> Year 2	\$126,451
Replacement ▾	29	Bus < 30 FT ▾	22	2	Medium Duty ▾	Gas ▾	1685	2 ▾	Sell ▾	No ▾	<input type="radio"/> Year 1 <input type="radio"/> Year 2	\$126,451

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

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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Year 1 <input type="radio"/> Year 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0	\$0	\$0
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Year 1 <input type="radio"/> Year 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0	\$0	\$0
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Year 1 <input type="radio"/> Year 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0	\$0	\$0
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Year 1 <input type="radio"/> Year 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0	\$0	\$0
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Year 1 <input type="radio"/> Year 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0	\$0	\$0
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Year 1 <input type="radio"/> Year 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$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. ←

- Justify ALL capital projects

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.
- If applying for an ITS project, please identify how your project fits into the AZ Statewide ITS Architecture\Project Management Plan or please upload your local/regional ITS Plan.

A large, empty rectangular text box with a thin black border, intended for the user to provide details for larger projects.

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Newly Added
ITS upload field

ITS Plan:

Choose File No file chosen



2c. If undertaking a capital design or construction project you must provide a map and back up documents identifying the specific location of your project, whether or not land or right of way will need to be acquired, location of project in relationship to other passenger amenities and information regarding environmental issues in the project area. Failure to provide the details identified above will limit the availability of funding.



Choose File No file chosen

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

Planning (optional)

PLANNING

NOTE: REQUESTS WITHOUT MILESTONE DATES WILL NOT BE AWARDED.

- Please use this page to explain your planning needs, background, purpose, and goals.
- Please thoroughly answer each question.
- ADOT reserves the right to fund your request through alternate planning funds, if awarded.

1. Please describe your planning needs?

0 of 1500

1a. Please attach a Scope of Work.

Choose File No file chosen

Scope of
Work **required**

2. Which of the following categories best describe your project?

3. What type of study are you requesting? (see Help menu for descriptions)

4. Please attach a map of the study area.

Choose File No file chosen

Planning (optional)

Milestones required if planning funds are requested.

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

PLANNING REQUEST			
Planning Title	Request Year	Total Request	Federal
<input type="text"/>	<input type="radio"/> Year 1 <input type="radio"/> Year 2	<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"/>	<input type="radio"/> Year 1 <input type="radio"/> Year 2	<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"/>	<input type="radio"/> Year 1 <input type="radio"/> Year 2	<input type="text"/>	<input type="text"/>

Best practice is to have a current short-range transit plan in place.

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"/>

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



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 Request	Local Match	QTY
Preventive Maintenance : Preventative Maintenance Year 1		Year 1				1
Total Capital Costs						

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

Budget – Tribal Entities

- ❑ Tribal Entities must answer whether you will be transferring their ADOT 5311 award to FTA.
- ❑ If you are doing this, you must upload your current budget and proof 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.

Choose File No file chosen

Budget Page

- List everyone who charge 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

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 comply with above form requirements.

Choose File No file chosen

[LOBBYING CERTIFICATION](#)

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

Union Reporting

These are the other 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-rights/title-vi-nondiscrimination-program/fta-funded-programs>

[Title VI Implementation Plan Template](#)

Grant Agreement Section

Agreement	
	Grant Agreement / Exhibits
	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
	Exhibit F DBE
	Exhibit G Insurance
	Exhibit H NonTribal

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
- **Grant agreement must be signed.** *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 23, 2022, 3:00 pm MST**

No extensions!

Questions?



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