

KANSAS DEPARTMENT OF TRANSPORTATION
Office of Public Transportation (785-296-4907)
Application for Public Transportation Assistance Project

U.S.C 49-5311(f) INTERCITY BUS FUNDING

Operating Assistance- Current Level
 Increased Level

Capital Assistance-

Route

Continued Service **New Starts** **Route Expansion**

I GENERAL INFORMATION

TYPE OF AGENCY

- Non-Profit Corporation
- Private Corporation
- Local Unit of Government
- Other (Specify)

APPLICANT NAME:

ADDRESS:

CITY, STATE, ZIP:

CONTACT PERSON:

TELEPHONE NUMBER:

FAX NUMBER:

E-MAIL ADDRESS:

AGENCY WEBSITE:

FEDERAL IDENTIFICATION NUMBER:

DUNS NUMBER:

SAM REGISTRATION EXPIRATION:

Does your agency carry full coverage insurance?

Agency which carries your policy:

Name

Agent's Name

Full Address

Agent's Phone Number

II SERVICE DESCRIPTION

Description of Transportation Service – *Include a map* showing where your agency's transportation service operates and indicate any proposed new service. Describe the service area by counties and cities for which transportation is provided. This description **must** include: the routes, schedules, terminal locations, stops and ticketing locations (committed or proposed.) Describe any connections made to other ICB routes including the carrier, route and final destinations. **Attach additional pages as necessary.**

For EXPANSION funding, give a detailed description of the proposed expansion of service. Explain how the current service will benefit from the expanded transportation service.

For NEW STARTS funding, give a detailed description of the proposed transportation service and how it will benefit the general public, elderly, and disabled riders.

Other Services- Describe, in detail, what services are provided by your agency other than transportation? Include a description of the geographic area in which these other services are provided.

Utilization of Services-

A. Service Hours: What hours of the day and days of the week does the transportation system operate? If this will change with the award of operating funds please indicate how.

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

- B. Availability to the General Public- Describe your agency's procedures for making the transportation service available to the general public; describe how the general public is made aware of the availability of the transportation service.

- C. Include the percentage of service by stop within Kansas. It is recommended to distribute percentage of trips based on the stop the rider is picked up from. For example, if your agency only travels within a specific county or city, 100% of trips will be within that county.

Stop Location/City	County	% of Total Trips

- D. List annual cost indicators:

- Cost per mile
- Cost per one-way passenger trip
- Other sources of revenue (contributions, mill levy, advertising, ride contracts, or other grants)

- E. Identify proposed fare structure

Service Demand-

- A. Identification of Trip Generators- List the locations and types of activity centers that your agency has identified as destination or pick-up points for riders of your transportation service. Include an explanation of why these were chosen.

Identify any other indicators of demand for ICB service in the current or proposed service area. If known, please provide a description of the main trip purposes for your riders, i.e. interstate travel, regional trips for medical, shopping, or other major sources of demand for travel. If passengers are connecting from local

transit service, please indicate which communities and the transit service provider.

- B. Describe any activities that your agency has undertaken to plan for the future transportation needs of your service area. Does your agency plan to expand your services to other geographic areas or other population groups in the next 3-5 years? Does your agency have a 3-5 year long range plan? If not, please explain. If yes, please attach a copy of your long range plan.

III SERVICE CHARACTERISTICS- Please provide the following Service Characteristics of your agency's transportation service.

	Total	Kansas Portion
One-way Route Mileage		
Annual Vehicle Miles		
Annual Ridership		
Annual Vehicle Operating Hours		
Annual One-Way Trips		
Daily Round Trips		
Cost per One-Way Trip		
Cost per Mile		
Deficit per Mile		

IV COORDINATION EFFORTS

NOTE: Coordination of services locally and regionally is a very important component of the grant review process. This section requires your agency to provide information regarding your agency's efforts to coordinate transportation services with others operating in the area.

Local Coordination- Describe, in detail, the efforts that your agency has undertaken or plans to undertake to coordinate transportation services with other public or private transportation services or providers within the local service area of your stops. If your agency has entered into coordination agreements, you must include copies of those agreements as attachments to the back of this application.

Regional Coordination- Describe what efforts your agency has undertaken or plans to undertake to provide regional transportation services with public transit agencies or other private transportation services? Indicate any barriers and how they were resolved.

V OPERATING BUDGET

**SECTION I. - OPERATING ASSISTANCE BUDGET
(July 01, 2021 to June 30, 2022)**

Paid full time or part time personnel Costs

Job Title	Number of Employees	Salary (Annual)	Fringe Benefits Paid (Annual)	Total Personnel Costs
Driver(s) FT				
Driver(s) PT				
Dispatcher(s) FT				
Dispatcher(s) PT				
Mechanic				

Total Personnel Costs

1. Vehicle Insurance
2. Advertising
3. Fuel
4. Maintenance, Repair, Lubrication, Parts, Labor
5. Storage (Paid)
6. Communications/Phone
7. License and Registration
8. KCC Registration Fee
9. DOT Driver's Physical
10. TOTAL OPERATING EXPENSES

11. List any general comments and explanation of any of the line item costs shown in the budget above. **Be sure to fully explain any new or increased expenses for significant increase in operating expenses.**

12. PROJECT INCOME
List sources of project income

13. NET OPERATING COST (Line 11 minus Line 13)

14. SECTION 5311(f) GRANT REQUEST

15. Itemize the sources and amounts of funds to be used as the **local matching share. Do not include KDOT grant or project income.** You must attach to the back of this application copy of letters of commitment from each source of match; these letters must include the amount of match and when the funds will be available.

FTA Circular 9040.1 G dated November 24, 2014 allows for 5311(f) grant recipients to utilize in-kind match for their match requirements. Application should include letters documenting the availability of In-Kind Match.

Source

Amount

Grand Total Local Matching Share

VI VEHICLES

Vehicle Inventory- Complete the following inventory sheet. Please fill in all the blanks for each vehicle as completely and accurately as possible. The list should include all vehicles that were purchased for your agency by KDOT. If more space is needed copy the form. You must use this inventory sheet; you may not use one your agency has created. If you provide transportation in agency-owned vehicles, you *may* include those on a separate sheet at the back of this application, *if you wish*.

VEHICLE I.D. NUMBER (Last 4 digits)	YEAR	MAKE AND MODEL- You must include the seating capacity	CURRENT MILEAGE	ACCESSIBLE Ramp (R) or Lift EQUIPPED (L)	CONDITION Excellent (E), Good (G), Fair (F), Poor (P)	AVERAGE MONTHLY	AVERAGE MONTHLY	Number of HOURS IN USE MONTHLY	OPERATING ASSIST Y/N	Requesting to replace in the current application ? Y/N
						RIDERSHIP	MILEAGE			
Example	Example	Example	Example	Example	Example	Example	Example	Example	Example	Example
1234	2000	Dodge	123,123	R/L	GOOD	400	500	40	Y	N
		12, 20 Passenger								

Vehicle Requests

- A. Description of Vehicle Request
- B. Describe vehicle maintenance procedures and schedules. Who is in charge of the maintenance on the vehicles? Indicate where the vehicle(s) are housed while not in operation. If this location is different than your agency location, provide an explanation as to why these vehicles are housed at these locations and attach to the back of this application any written agreements you have with these locations.
- C. Vehicle Budget
 - a. Certification of Local Match

VII ACCESSIBILITY, SAFETY & TRAINING

Operators serving the general public may acquire inaccessible vehicles only if the system, when viewed in its entirety, provides a level of service to individuals with disabilities, including wheelchair users, that is equivalent to the level of service provided to non-disabled individuals. “Equivalent service” means that when all aspects of the system are analyzed, equal opportunities for each individual with a disability to use the system must exist. Consistent with statute, the DOT Americans with Disabilities regulations specify certain service criteria to make this determination. Sub-recipients of KDOT public transportation funds seeking to acquire non-accessible vehicle must complete & sign the Certification for Equivalent Service Form with the Kansas Department of Transportation Office of Public Transportation. All KDOT grantees must submit the certification with their grant application as well as keeping a copy in their files and make it available for KDOT or FTA inspection.

- A. In compliance with ADA criteria, does your agency have accessible vehicles?
If no, describe your agency’s efforts to meet the criteria of one accessible vehicle for every five vehicles in your fleet and attach any agreement you have that meets this criteria.
- B. How many vehicles are in your fleet?
- C. How many are ADA accessible?
- D. List all training activities your agency’s drivers and other personnel are involved in. What training sessions does your agency require of drivers and others involved in your transportation program?

- E. How many drivers does your agency have?
- F. Are all of your agency's drivers (paid & volunteer) current on their DOT physical?

VIII FINANCIAL MANAGEMENT/GRANT MANAGEMENT CAPABILITY

- A. The federal or state funds requested **MUST NOT** be used to replace local funds. Describe your financial support from local government and local match in excess of minimum requirements. You must submit letters of support from each source of local match, the letters must include the amount of financial support as well as when the funds will be available.
- B. Attach a copy of your agency's transportation budget for the previous year. A copy of your KDOT budget will not be accepted.
- C. Describe the experience your agency has in managing grants and/or other governmental grant programs.
- D. Does your agency have an annual audit performed by a CPA firm?
 Yes No

If yes, a copy of the audit and a summary of any findings and corrective actions that relate to your KDOT grant program must be immediately submitted to KDOT.

IX LOCAL COMMITMENT TO TRANSIT

- A. Describe what efforts have been undertaken to coordinate with local governmental officials in identifying public transportation needs and whether these are currently being met. Include at the back of this application any written agreements you have with any other organization.

X TITLE VI and ADA COMPLIANCE

- A. Has your agency had any discrimination complaints based on Title VI – Nondiscrimination in the Provision of Service in the last year?
 Yes No
 - a. If yes, you must attach a response page with a concise description of any active lawsuit or complaint alleging discrimination in service delivery, as well as the status or the outcome of any lawsuit or complaint.
- B. Within the last year, has your agency refused service to anyone within the following populations: Black, Hispanic, Asian-Pacific American, or Native American?
 Yes No

a. If yes, please explain:

C. Your agency must not discriminate against its employees because of race, religion, color, sex, disability, national origin or ancestry, or age in the admission or access to, or treatment or employment in, its programs or activities. Has your agency received any discrimination complaints based on these EEO (equal employment opportunity) requirements within the last year?

a. If yes, you must attach a response page with a concise description of any active lawsuit or complaints alleging EEO discrimination, as well as the status or outcome of the lawsuits or complaints.

XI CERTIFICATIONS

Authorized officials must have a letter approving their ability to sign on behalf of their agency. The authorization letter must be signed by an agency CEO, president, or director and attached to the back of this application.

FISCAL AND MANAGERIAL CAPABILITIES CERTIFICATION

I certify that based on my experience with _____ and a review of the organization records that the organization has the requisite fiscal and managerial capability to carry out the project.

Agency CEO, President, Director or authorized official

Date

ASSURANCE OF COMPLIANCE WITH 49 CFR PART 40 PROCEDURES FOR TRANSPORTATION WORKPLACE DRUG TESTING PROGRAMS AND 49 CFR PART 655 PREVENTION OF ALCOHOL MISUSE AND PROHIBITED DRUG USE IN TRANSIT OPERATIONS CERTIFICATION:

_____ certifies that the agency will comply with all applicable federal DOT drug and alcohol testing regulations. All employees of 5311 funding recipients, subrecipients, operators, or contractors who perform safety-sensitive functions as defined in 49 CFR Part 655 will be included in the drug and alcohol program.

Agency CEO, President, Director or authorized official

Date

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 CERTIFICATION:

Name of Agency/Organization:

HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by the U.S. Department of Transportation, to the end that, in accordance with Title VI of the Act, no person in the United States shall, on the grounds of race, color, sex or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Recipient receives Federal financial assistance from the Department under Federal Transit Administration Act programs; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the recipient by the Department under Federal Transit Administration programs, this assurance shall obligate the recipient, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided this assurance shall obligate the recipient for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the recipient for the period during which the Federal financial assistance is extended to it by the Department under Federal Transit Administration programs.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all federal grants, loans, contracts, property, discounts, or other Federal financial assistance extended after the date hereof to the recipient by the Department under Federal Transit Administration programs. The recipient recognizes and agrees that such Federal financial assistance will be extended in reliance on the representatives and agreements made in this assurance, and that the United States shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Recipient, its successors, transferees, and assignees. The person or persons whose signatures appear below are authorized to sign this assurance on behalf of the recipient.

_____ Date
Agency CEO, President, Director or authorized official

(To be completed and signed by each agency—no exceptions)

CERTIFICATIONS AND ASSURANCES FOR FTA ASSISTANCE

Name of Transportation Provider Agency (hereafter referred to as Applicant):

(Fill in agency name)

The Applicant assures compliance with the following regulations:

I. Certifications and Assurances Required of each Applicant

A. Standard Assurances: The Applicant assures that it will comply with all applicable Federal statutes, regulations, executive orders, Federal Transit Administration (FTA) circulars, and other Federal requirements in carrying out any project supported by an FTA grant or cooperative agreement.

B. Intergovernmental Review Assurance: The Applicant assures that its application for FTA assistance has been forwarded to the Kansas Dept. of Transportation.

C. Nondiscrimination Assurance: No person on the basis of race, color, religion, national origin or ancestry, sex, or age will be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination in any program or activity (particularly in the level and quality of transportation services and transportation-related benefits) for which the Applicant receives Federal assistance awarded by the FTA.

D. Assurance of Nondiscrimination on the Basis of Disability: No otherwise qualified person with a disability shall be, solely by reason of that disability, excluded from participation in, denied the benefits of, or otherwise subjected to discrimination in any program or activity receiving or benefiting from Federal assistance administered by the FTA.

E. Procurement Compliance: The Applicant certifies that its procurements and procurement system will comply with all applicable requirements imposed by Federal laws, executive orders, regulations, and the requirements of FTA Circular 4220.1E “Third Party Contracting Requirements”.

F. Certifications and Assurances Required by the U.S. OMB: The Applicant certifies that it has the legal authority to apply for Federal assistance and has the institutional, managerial, and financial capability (including the funds sufficient to pay the local share of project cost) to ensure proper planning, management, and completion of the project described in its grant application. The Applicant will give FTA, the Comptroller General of the United States, and the Kansas Dept. of Transportation, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the grant award.

G. Lobbying Certification

Each Applicant that submits an application for Federal assistance exceeding \$100,000, hereby certifies that no Federal appropriated funds have been or will be paid, by or on behalf of the Applicant, to any person to influence or to attempt to influence an officer or employee of any Federal agency a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress regarding the award of Federal assistance, or the extension, continuation, renewal, amendment, or modification of any Federal assistance agreement.

H. Public Hearing Certification for Major Projects with Substantial Impacts

An Applicant seeking Federal assistance for a capital project authorized by 49 U.S.C. Chapter 53 (except Urbanized Area Formula Program assistance), that will substantially affect a community or its transit service must provide an adequate opportunity for a public hearing with adequate prior notice of the proposed project published in a newspaper of general circulation in the geographic area to be served.

I. Certification for the Acquisition of Rolling Stock

The Applicant will conduct or cause to be conducted the requisite pre-award and post-delivery reviews, and will maintain on file the certifications required by 49 CFR Part 663, subparts B, C, and D.

J. Bus Testing Certification

The Applicant certifies that before expending any Federal assistance to acquire the first bus of any new bus model or any bus model with a new major change in configuration or components, or before authorizing final acceptance of that bus:

- a. The model of the bus will have been tested at a bus testing facility approved by FTA.
- b. It will have received a copy of the test report prepared on the bus model.

K. Charter Service Agreement

The Applicant agrees that it and its recipients will provide charter service that uses equipment or facilities acquired with Federal assistance authorized for 49 U.S.C. 5307, 5309, or 5311 or Title 23 U.S.C., only to the extent that there are no private charter service operators willing and able to provide the charter service that it or its recipients desire to provide.

L. School Transportation Agreement

The Applicant agrees that it and all of its recipients will engage in school transportation operations in competition with private school transportation operators only to the extent permitted by an exception provided by 49 U.S.C. 5323(f).

M. Substance Abuse Certification

The Applicant certifies that it has established and implemented an alcohol misuse prevention program, an anti-drug program and has conducted employee training complying with the requirements of 49 CFR part 655, when required.

N. Interest or Other Financing Costs

The Applicant certifies that it will not seek reimbursement for interest and other financing costs unless its records demonstrate it has used reasonable diligence in seeking the most favorable financing terms underlying those costs, to the extent FTA may require.

O. Debarment, Suspension, Ineligible or Voluntary Exclusion

In order to ensure that federal transit funds are not awarded to transit providers that have been debarred, suspended, ineligible, or voluntarily excluded from participation in federal aid, special debarment and suspension certification is required of all sub-recipients and contractors receiving funds in excess of \$100,000, which is included in the application packet. KDOT will review the applications for certificates of assurance and offer technical assistance for agencies concerned about debarment and suspension. KDOT will keep debarment and suspension certificates of assurance on file for all 5310, 5311, 5316, and 5317 sub-recipients. KDOT also requires an annual certification from sub-recipients. KDOT will continually check for sub-recipient compliance. KDOT requires that lower-tier sub-recipients (recipients receiving less than \$100,000) also comply with debarment and suspension terms, requiring signed certification from contractors in contractual agreements. KDOT will check the Excluded Parties Listing System (<http://www.epls.gov>) to make sure that none of the vendors are on the excluded listing. They will print screen a copy of each search and keep it in the file for documentation.

Date:

Authorized Representative of Applicant

CERTIFICATION FOR EQUIVALENT SERVICE FORM

(name of agency) certifies

that its service offered to individuals with disabilities, including individuals who use wheelchairs, is equivalent to the level and quality of service offered in individuals without disabilities. Such service, when viewed in its entirety, is provided in the most integrated setting feasible and is equivalent with respect to the following service characteristics:

(Must answer the following questions).

- 1. Does your agency have policies that allow persons with disabilities equivalent access to the transportation services?**
- 2. Are all service requests documented?**
- 3. Are all the reasons for trip denials documented?**
- 4. Are denials incidental and rare?**
- 5. Does the agency’s policies and procedures ensure that the following equivalency standards are being met:**
 - Fares are the same?**
 - Availability of information is the same?**
 - Reservations capability is the same?**
 - Constraints on capacity or service availability are the same?**
 - No restrictions or priorities are given based on trip purpose?**

In accordance with 49 CFR37.777, public funded entities operating systems which receive financial assistance under Sections 5311 of the Federal Transit Act must file this certification with the Office of Public Transportation of – Kansas Department of Transportation. Such public entities receiving FTA funds under any other section of the Federal Transit Act must file the certification with the appropriate FTA regional office. This certification is valid for no longer than one year from its date of filing.

Name of Authorized Official (print or type)

Signature: _____

Title:

Date:

SECTION L. - APPLICATION VERIFICATION

Authorized officials must have a letter approving their ability to sign on behalf of their agency. The authorization letter must be signed by an agency CEO, president, or director and attached to the back of this application.

_____ Declares that the statements in the
(Legal Name of Applicant)
foregoing application is true and correct.

I certify I have read and agree to meet all grant program compliance guidelines as required in the KDOT Office of Public Transportation policies.

Signed by: _____

(Authorized Representative)

(Title)

If you have any questions about the application or application process please contact Jon Moore, Public Transportation Manager, Kansas Department of Transportation by email: Jon.Moore@ks.gov or by phone: 785-296-4907