

APPLICATION FORMS
For Capital Projects
(Vehicles or Equipment)

(Note – Instructions contained in separate document)

Missouri Department of Transportation for
Federal Transit Administration
49 U.S.C.

SECTION 5310
Enhanced Mobility of Seniors and Individuals with Disabilities Program
CFDA 20.513

SUBMISSION DEADLINE – POST MARKED BY **JANUARY 20, 2017**

Faxed application will not be accepted
Original Applications must be mailed in

Multimodal Operations Division - Transit
Missouri Department of Transportation (MoDOT)
Revised November 2016

Americans with Disabilities Act (ADA) and Limited English Proficiency (LEP) Information
Materials can be provided in alternative formats and other languages by calling the MoDOT Customer Service Center at 1-888-ASK-MoDOT (275-6636) or TDD (telecommunication devices for the deaf) 1-800-735-2966.

Rights Under Title VI of the Civil Rights Act of 1964

The Missouri Department of Transportation (MoDOT) operates its programs and services without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act. Any person who believes he or she has been aggrieved by any unlawful, discriminatory practice under Title VI may file a complaint with MoDOT's External Civil Rights Division – Title VI Coordinator. For more information on the MoDOT civil rights program, and the procedures to file a complaint, contact (573) 526-2978 / TDD (800) 735-2966. You may also contact us by mail at P.O. Box 270, Jefferson City, MO 65102 or visit the External Civil Rights Division office at 1617 Missouri Blvd., Jefferson City, MO 65109. You may also visit our web site at <http://www.modot.org> For information in another language contact (888) 275-6636.

APPLICATION CHECKLIST

THE FOLLOWING MUST BE SIGNED AND INCLUDED WITH THIS APPLICATION AND LABELED IN THIS ORDER

_____	Applicant ID	Applicant Identification Page
_____	Appendix A	Capital Project Request Form
_____	Appendix B	List and description of all vehicles operated by your agency
_____	Appendix C	(Insert) Publishers Affidavit for Public Notice
_____	Appendix D	Certification for Local Match and Operating Expenses Fund Sources
_____	Appendix E	(Insert) Certification: Regional Planning Commission Project Coordination
_____	Appendix F	Certification: Vehicle Insurance
_____	Appendix G	Certification: Transit & Paratransit Operators Contacted
_____	Appendix H	Certification: Authorizing Resolution for Non-Profit Corporations
_____	Appendix I	Certification: Local Governmental Authority
_____	Appendix J	Certification: Missouri Department of Transportation Standard Assurances
_____	Appendix K	Certification: Civil Rights
_____	Appendix L	Certification and Assurances: Federal Transit Administration
_____	Appendix M	(Insert) Current certificate of good standing from the Secretary of States office
_____	Appendix N	Worker Eligibility Verification Affidavit / E-Verify MOU

**Missouri Department of Transportation – Multimodal Operations Division
APPLICATION**

**Federal Transit Administration
49 U.S.C.**

**SECTION 5310 - Enhanced Mobility of Seniors and Individuals with Disabilities Program
Applicant Identification Page**

Legal Name of Organization	
	(As shown on the incorporation or charter documents)

List all other DBA names	

Street Address	
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Mailing Address	
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City		State		Zip + 4		County	
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Congressional District		RPC/MPO Plan	
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Executive Director		Phone	
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Grant Contact Person		Phone	
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Email		Fax	
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Federal Employer Identification Number (FEIN)	
DUNS Number	
Nonprofit Corporation Number (issued by the MO Secretary of State)	
Title VI Civil Rights Non-Discrimination Plan Approved (mm/dd/yy)	

Signature of President or Chairperson

APPENDIX A

A separate form (copy) must be completed for each vehicle / equipment requested

PROJECT REQUEST TYPE			
Vehicle - Replacement**		Equipment – Replacement	
Vehicle – Expand Existing Services		Equipment – Expand Existing Services	
Vehicle – Start New Services		Equipment – Start New Services	

** To replace an existing MoDOT funded vehicle, please include the following information			
VIN #		Year	Make
Current odometer reading		Vehicle Condition	

NOTE: If a vehicle has been replaced in a previous grant cycle, and you attempt to replace it again, your complete application will not be considered.

INFORMATION FOR REQUESTED VEHICLE – Indicate vehicle type and desired options

Vehicle type and options can be found at [MoDOT's 2017 Transit Vehicle Bid Awards](#)

MV1 – Lowered Floor Mobility Vehicle		Option(s)	
Medium Roof Long Conversion Van		Option(s)	
High Roof Long Conversion Van		Option(s)	

Lowered Floor Minivan - Accessible		Floor Plan		Option(s)	
Narrow Body Cutaway		Floor Plan		Option(s)	
Wide Body Cutaway		Floor Plan		Option(s)	

List primary city and/or county to be served by this vehicle		
	City	County

Daily hours actual transportation services will be performed with this vehicle. (If you transport passengers from 7 - 9 am and then again from 3 - 5 pm, <i>your transportation hours are 4 hours daily</i>).	
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INFORMATION FOR REQUESTED EQUIPMENT
- Include equipment description and estimated cost

APPENDIX A

Type of Agency (Senate Bill 40, Sheltered Workshop, Senior Center, etc.)

Major Funding Sources – Matching Funds for Section 5310 Grant

Description of Transportation Service Provided in Relationship to this capital project request (including days of hours of operation, geographic area of service and the type of clientele and how vehicle or equipment will be used to support the mobility service for seniors and / or individuals with disabilities).

Service Area (Cities and Counties)		

Estimated Trips: Below, estimate the number of annual one-way passenger trips to be provided from this grant project for seniors and / or individuals with disabilities.

Seniors		Persons with Disabilities	
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Type of Trips to be provided (% of use should equal 100)					
Medical		Education		Nutrition	
Recreation		Shopping		Employment	
Other* (describe below)					

APPENDIX D

Certification for Local Match and Operating Expenses Fund Sources

This is to confirm that _____ will provide the necessary
(Agency Name)

20% match when requested and that _____ will
(Agency Name)

provide the necessary and appropriate funding for continued operating expenses for this

Section 5310 vehicle.

President or Chairperson

APPENDIX F

VEHICLE INSURANCE CERTIFICATION

To protect the federal interest and the local agency interest in vehicle(s) funded by the Federal Transit Administration, agencies must also insure vehicle(s) for accidental liability and general collision. Failure to maintain adequate insurance coverage will result in additional cost by your agency to cover the federal interest of the vehicle(s) should an accident occur.

If agency is self-insured, please sign this document and provide a copy of the certificate of self-insurance issued by the Missouri Department of Revenue.

By signature of this certification you are verifying the following insurance requirements have or will be met:

- General collision insurance protection.
- Minimum coverage required by the State of Missouri:
 - Under Missouri law, vehicle owners must have auto insurance that provides, at a minimum, the following coverage's on any vehicle in operation in the state:
 - \$25,000 per person for bodily injuries suffered in an accident
 - \$50,000 per accident for bodily injuries, when more than one person is hurt, and
 - \$10,000 per accident for property damage.
 - Bodily injury coverage pays for injuries caused by an accident in which the driver of the covered vehicle was at fault, while property damage pays for any resulting damage to real or personal property. This kind of liability coverage does not pay for damage to the policy holder's own vehicle. You can purchase coverage for repair or replacement of your vehicle if it is damaged in an accident that you caused (this is called collision coverage), or if it is damaged by weather, an animal, or some other cause (this is called comprehensive coverage), but those are not required in Missouri.

Signature: _____ Date: _____
(President or chairperson)

Printed Name: _____ Title: _____

Attest: _____
(Secretary to the Board)

Printed Name: _____

APPENDIX G

TRANSIT AND PARATRANSIT OPERATORS CONTACTED CERTIFICATION

I certify that our organization has made a good faith effort to notify public and private transit and paratransit providers in our service area concerning the transportation service we propose to provide for seniors and/or persons with disabilities.

Signature: _____
(President or chairperson)

Printed Name: _____

Title: _____

Date: _____

APPENDIX H

AUTHORIZING RESOLUTION FOR NONPROFIT CORPORATIONS

(For Non-Profit Corporations Only)

Whereas, the Missouri Department of Transportation is authorized to make grants for Enhanced Mobility of Seniors and Individuals with Disabilities transportation projects; and,

WHEREAS, the contract for capital financial assistance will impose certain obligations upon the applicant, including the provision by it of the local share of project costs; and,

WHEREAS, it is the goal of the applicant to provide the best transit project that can be provided with the funds available.

NOW THEREFORE, be it resolved by _____
(legal name of organization)

_____ as follows:

That the President or Chairperson is authorized to execute grant contract agreements with the Missouri Department of Transportation for aid in financing of a Section 5310 assistance project.

Signature: _____ Date: _____
(President or chairperson)

Printed Name: _____ Title: _____

Attest: _____
(Secretary to the Board)

Printed Name: _____

APPENDIX I

LOCAL GOVERNMENTAL AUTHORITY CERTIFICATION

(For Government Entities Only)

For governmental entities to be eligible for the "Traditional – Capital" 5310 funding, the state or local government authority needs to be approved by the State to coordinate services for seniors and individuals with disabilities or certify that there are no non-profit organizations readily available in the area to provide the service. See 49 U.S.C. 5310(b)(1) and (b)(2).

As the authorized representative of _____, I certify that:

- Our agency is approved by the State to coordinate services for seniors and individuals with disabilities.

OR

- There are no non-profit organizations readily available in the area to provide the service.

Name (print): _____

Signature: _____

Title: _____

Date: _____

APPENDIX J

MISSOURI DEPARTMENT OF TRANSPORTATION FTA 49 U.S.C. SECTION 5310 STANDARD ASSURANCES

Legal Name of Organization: _____

The applicant organization hereby agrees to the following Standard Assurances pursuant to the Section 5310 program:

1. It has legal authority to apply and receive a capital assistance grant.
2. It will comply with all applicable requirements of FTA Circular 4704.1, Equal Employment Opportunity Policy and Requirements for grant recipients.
3. It will comply with all requirements of Title VI, Civil Rights Act of 1964, with FTA Circular 4702.1B, Interim Guidelines for Title VI - Information Specific to FTA Programs, and with 49 CFR Part 21, Nondiscrimination in Federally Assisted Programs of the Department of Transportation - Effectuation of Title VI of the Civil Rights Act of 1964.
4. Its programs will be conducted or its facilities operated in compliance with all requirements imposed by or pursuant to 49 CFR Parts 27, 37 and 38, Transportation for Individuals with Disabilities: Final Rule.
5. It will comply with all applicable provisions with the Missouri Property Management Standards for Section 5310.
6. It will give FTA and the Comptroller General, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the grant.
7. It will operate and maintain any facility or equipment constructed or purchased as part of a Federal grant in accordance with the minimum standards as may be required or prescribed by the applicable Federal, State and Local agencies for the maintenance and operation of such facilities.
8. It recognizes FTA's and MoDOT's authority to conduct audits for the purpose of verifying compliance with the requirements and stipulations stated above.
9. Based on information submitted in the applicant organization's application, the service provided or offered to be provided by existing public or private transit operators are unavailable, insufficient or inappropriate to meet the special needs of elderly or disabled persons with the service area.

APPENDIX J

10. Private transit and paratransit operators have been offered a fair and timely opportunity to participate to the maximum extent feasible in the provisions of the proposed special transportation services for elderly and disabled.
11. Projects in urbanized areas are included in the Annual Element of the local Transportation Improvement Program.
12. The applicant organization possesses the necessary fiscal and managerial capabilities to implement and manage its proposed project.
13. The applicant organization has or will have the required non-federal cash match for the project or such match will be provided in whole or in part from other state, local or private sources.
14. The applicant organization is considered under state law as a private nonprofit organization or public entity and has the legal capacity to contract with the state to carry out the proposed project.
15. The applicant organization has or will have by the time of delivery sufficient funds to operate the vehicles and equipment to be purchased under this project.

Signature: _____ Date: _____
(President or chairperson)

Printed Name: _____ Title: _____

Attest: _____
(Secretary to the Board)

Printed Name: _____

APPENDIX K

CIVIL RIGHTS REQUIREMENTS

29 U.S.C. § 623, 42 U.S.C. § 2000 42 U.S.C. § 6102, 42 U.S.C. § 12112 42 U.S.C. § 12132, 49 U.S.C. § 5332 29 CFR Part 1630, 41 CFR Parts 60 et seq.

Civil Rights - The following requirements apply to the underlying contract:

- (1) Nondiscrimination - In accordance with Title VI of the Civil Rights Act, as amended, 42 U.S.C. § 2000d, section 303 of the Age Discrimination Act of 1975, as amended, 42 U.S.C. § 6102, section 202 of the Americans with Disabilities Act of 1990, 42 U.S.C. § 12132, and Federal transit law at 49 U.S.C. § 5332, the Applicant agrees that it will not discriminate against any employee or applicant for employment because of race, color, creed, national origin, sex, age, or disability. In addition, the Applicant agrees to comply with applicable Federal implementing regulations and other implementing requirements FTA may issue.
- (2) Equal Employment Opportunity - The following equal employment opportunity requirements apply to the underlying contract:
 - (a) Race, Color, Creed, National Origin, Sex - In accordance with Title VII of the Civil Rights Act, as amended, 42 U.S.C. § 2000e, and Federal transit laws at 49 U.S.C. § 5332, the Applicant agrees to comply with all applicable equal employment opportunity requirements of U.S. Department of Labor (U.S. DOL) regulations, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor," 41 C.F.R. Parts 60 et seq., (which implement Executive Order No. 11246, "Equal Employment Opportunity," as amended by Executive Order No. 11375, "Amending Executive Order 11246 Relating to Equal Employment Opportunity," 42 U.S.C. § 2000e note), and with any applicable Federal statutes, executive orders, regulations, and Federal policies that may in the future affect construction activities undertaken in the course of the Project. The Applicant agrees to take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, color, creed, national origin, sex, or age. Such action shall include, but not be limited to, the following: employment, upgrading, demotion or transfer, recruitment or recruitment advertising, layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. In addition, the Applicant agrees to comply with any implementing requirements FTA may issue.
 - (b) Age - In accordance with section 4 of the Age Discrimination in Employment Act of 1967, as amended, 29 U.S.C. § § 623 and Federal transit law at 49 U.S.C. § 5332, the Applicant agrees to refrain from discrimination against present and prospective employees for reason of age. In addition, the Applicant agrees to comply with any implementing requirements FTA may issue.

APPENDIX K

(c) Disabilities - In accordance with section 102 of the Americans with Disabilities Act, as amended, 42 U.S.C. § 12112, the Applicant agrees that it will comply with the requirements of U.S. Equal Employment Opportunity Commission, "Regulations to Implement the Equal Employment Provisions of the Americans with Disabilities Act," 29 C.F.R. Part 1630, pertaining to employment of persons with disabilities. In addition, the Applicant agrees to comply with any implementing requirements FTA may issue.

(3) The Applicant also agrees to include these requirements in each subcontract financed in whole or in part with Federal assistance provided by FTA, modified only if necessary to identify the affected parties.

(4) The following information is required by the Federal Transit Administration. The economic/racial/ethnic composition of your governing body or riders will not be considered as a factor in awarding grants.

Our governing body (board of director, city council, etc.) is made up predominantly of minority and/or low-income individuals.

yes **no**

Potential riders/clients of our transportation service will be predominantly minority and/or low-income individuals.

yes **no**

Signature: _____ Date: _____
(President or chairperson)

Printed Name: _____ Title: _____

Attest: _____
(Secretary to the Board)

Printed Name: _____

APPENDIX L

FEDERAL FISCAL YEAR 2016 CERTIFICATIONS AND ASSURANCES FOR FEDERAL TRANSIT ADMINISTRATION ASSISTANCE PROGRAMS

Name of Applicant: _____

The Applicant agrees to have **read and comply** with the applicable provisions of Categories 01-23 located in the following link:

https://www.transit.dot.gov/sites/fta.dot.gov/files/docs/2016_Certs_and_Assurances_FINAL.pdf

Category	Description	5310	(initial)
01.	Required Certifications and Assurances For Each Applicant	X	
02.	Lobbying	X	
03.	Procurement and Procurement System	X	
04.	Private Sector Protections (only if non-profit agency)	X	
05.	Rolling Stock Reviews and Bus Testing	X	
06.	Demand Responsive Service	X	
07.	Intelligent Transportation Systems	X	
08.	Interest and Financing Costs and Acquisition of Capital Assets by Lease	n/a	
09.	Transit Asset Management Plan and Public Transportation Agency Safety Plan	n/a	
10.	Alcohol and Controlled Substances Testing	X	
11.	Fixed Guideway Capital Investment Grants Program (New Starts, Small Starts, and Core Improvement)	n/a	
12.	State of Good Repair Program	n/a	
13.	Grants for Buses and Bus Facilities and Low or No Emission Vehicle Deployment Grant Programs	n/a	
14.	Urbanized Area Formula Grants Programs and Passenger Ferry Grant Program	n/a	
15.	Seniors and Individuals with Disabilities Programs	X	
16.	Rural Areas and Appalachian Development Programs	n/a	
17.	Tribal Transit Programs (Public Transportation on Indian Reservations Programs)	n/a	
18.	State Safety Oversight Grant Program	n/a	
19.	Public Transportation Emergency Relief Program	n/a	
20.	Expedited Project Delivery Pilot Program	n/a	
21.	Infrastructure Finance Programs	n/a	
22.	Paul S. Sarbanes Transit in Parks Program	n/a	
23.	Hiring Preferences	n/a	

APPENDIX L

FTA FISCAL YEAR 2016 CERTIFICATIONS AND ASSURANCES

FEDERAL FISCAL YEAR 2016 FTA CERTIFICATIONS AND ASSURANCES SIGNATURE PAGE

(Required of all Applicants for federal assistance to be awarded by FTA and all FTA Grantees with an active Capital or Formula Award)

AFFIRMATION OF APPLICANT

Name of the Applicant: _____

Name and Relationship of the Authorized Representative: _____

BY SIGNING BELOW, on behalf of the Applicant, I declare that it has duly authorized me to make these Certifications and Assurances and bind its compliance. Thus, it agrees to comply with all federal laws, regulations, and requirements, follow applicable federal guidance, and comply with the Certifications and Assurances as indicated on the foregoing page applicable to each application its Authorized Representative makes to the Federal Transit Administration (FTA) in federal fiscal year 2016, irrespective of whether the individual that acted on his or her **Applicant's behalf continues to represent it.**

FTA intends that the Certifications and Assurances the Applicant selects on the other side of this document should apply to each Award for which it now seeks, or may later seek federal assistance to be awarded by FTA during federal fiscal year 2016.

The Applicant affirms the truthfulness and accuracy of the Certifications and Assurances it has selected in the statements submitted with this document and any other submission made to FTA, and acknowledges that the Program Fraud Civil Remedies Act of 1986, 31 U.S.C. § 3801 *et seq.*, and implementing **U.S. DOT regulations, "Program Fraud Civil Remedies," 49 CFR part 31**, apply to any certification, assurance or submission made to FTA. The criminal provisions of 18 U.S.C. § 1001 apply to any certification, assurance, or submission made in connection with a federal public transportation program authorized by 49 U.S.C. chapter 53 or any other statute.

In signing this document, I declare under penalties of perjury that the foregoing Certifications and Assurances, and any other statements made by me on behalf of the Applicant are true and accurate.

Signature: _____ Date: _____

Name: _____

Authorized Representative of Applicant

AFFIRMATION OF APPLICANT'S ATTORNEY

For (Name of Applicant): _____

As the undersigned Attorney for the above named Applicant, I hereby affirm to the Applicant that it has authority under state, local, or tribal government law, as applicable, to make and comply with the Certifications and Assurances as indicated on the foregoing pages. I further affirm that, in my opinion, the Certifications and Assurances have been legally made and constitute legal and binding obligations on it.

I further affirm that, to the best of my knowledge, there is no legislation or litigation pending or imminent that might adversely affect the validity of these Certifications and Assurances, or of the performance of its FTA assisted Award.

Signature: _____ Date: _____

Name: _____

Attorney for Applicant

Each Applicant for federal assistance to be awarded by FTA and each FTA Recipient with an active Capital or Formula Project or Award must provide an Affirmation of Applicant's Attorney pertaining to the Applicant's legal capacity. The Applicant may enter its electronic signature in lieu of the Attorney's signature within FTA's electronic award and management system, provided the Applicant has on file and uploaded to FTA's electronic award and management system this hard-copy Affirmation, signed by the attorney and dated this federal fiscal year.

