APPLICATION CHECKLIST

APPLICATION FORMS

For Mobility Management Projects or
Purchase of Service Projects or
Fixed Route Service Access Projects or Alternatives to Transit That Enhance Mobility

(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	Mobility Management or Purchase of Service or Fixed Route Access or Alternative to Public Transit Project Request Form (attach detailed budget)
_____	Appendix B	**(Insert)** Publishers Affidavit for Public Notice
_____	Appendix C	Certification for Local Match and Operating Expenses Fund Sources (only for Purchase of Service or Alternative to Public Transit Projects)
_____	Appendix D	**(Insert)** Certification: Regional Planning Commission Project Coordination
_____	Appendix E	Certification: Vehicle Insurance (only for Purchase of Service or Alternative to Public Transit Projects)
_____	Appendix F	Certification: Transit & Paratransit Operators Contacted
_____	Appendix G	Certification: Authorizing Resolution for Non-Profit Corporations
_____	Appendix H	Certification: Local Governmental Authority
_____	Appendix I	Certification: Missouri Department of Transportation Standard Assurances
_____	Appendix J	Certification: Civil Rights
_____	Appendix K	Certification and Assurances: Federal Transit Administration
_____	Appendix L	**(Insert)** Current certificate of good standing from the Secretary of States office
_____	Appendix M	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	

Mailing Address	

City		State		Zip + 4		County	

Congressional District		RPC/MPO Plan	

Executive Director		Phone	

Grant Contact Person		Phone	

Email		Fax	

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

SECTION 5310 - Mobility Management Project Request Form

(Refer to information packet for grant eligible activities)

Project Name:	

Project Beginning Date:	

Project End Date :	
(end date for amount of funds applied in this application)	

Project Description (use additional pages, if needed)

$	**Total Project Budget for time Period Stated**	
$	**Matching Funds Source #1 (name)**	
$	**Matching Funds Source #2 (name)**	
$	**Matching Funds Source #3 (name)**	
$	**Total Grant Matching Funds From All Sources**	

APPENDIX A

SECTION 5310 – Purchase of Service Project Request Form

(Refer to information packet for grant eligible activities)

<u>Special Note</u> – for existing contracted mobility services to be eligible for funding, those services must have been acquired in full compliance with FTA's procurement procedural requirements and the resultant contract must contain all applicable FTA required contract terms and conditions language.)

Project Name:	

Project Beginning Date:	

Project End Date :	
(end date for amount of funds applied in this application)	

Project Description that includes (use additional pages, if needed)**:** • **geographic mobility service area,** • **categories of persons served,** • **days of the week service is available,** • **times of each day operated that service is available,** • **trip purposes served** ***<u>Note</u> – if this project relies on services currently contracted, include a complete copy of the fully executed mobility service contract with the submitted application.***

$	**Total Project Budget for time Period Stated**	
$	**Matching Funds Source #1 (name)**	
$	**Matching Funds Source #2 (name)**	
$	**Matching Funds Source #3 (name)**	
$	**Total Grant Matching Funds From All Sources**	

APPENDIX A

SECTION 5310 – Fixed Route Service Access Project Request Form

(Refer to 5310 information packet for grant eligible activities)

Project Name:	

Project Beginning Date:	

Project End Date :	
(end date for amount of funds applied in this application)	

Project Description (use additional pages, if needed)**:**
(*Note – For accessibility improvements to stations and stops, describe the location(s) for these improvement as well as how these improvements will remove barriers to access for persons with disabilities).*
(Note – For Travel Training projects – describe in detail the methods used to conduct the training, the types of information communicated in the training and the target audiences for this travel training.

$	**Total Project Budget for time Period Stated**	
$	**Matching Funds Source #1 (name)**	
$	**Matching Funds Source #2 (name)**	
$	**Matching Funds Source #3 (name)**	
$	**Total Grant Matching Funds From All Sources**	

APPENDIX A

SECTION 5310 – Alternatives to Public Transit to Enhance Mobility for Seniors and Individuals with Disabilities Project Request Form

(Refer to information packet for grant eligible activities)

Project Name:	

Project Beginning Date:	

Project End Date :	
(end date for amount of funds applied in this application)	

Project Description that includes (use additional pages, if needed)**:**

- **geographic mobility service area,**
- **categories of persons served,**
- **days of the week service is available,**
- **times of each day operated that service is available,**
- **trip purposes served**

Note – if this project relies on services currently contracted, include a complete copy of the fully executed mobility service contract with the submitted application.

$	**Total Project Budget for time Period Stated**	
$	**Matching Funds Source #1 (name)**	
$	**Matching Funds Source #2 (name)**	
$	**Matching Funds Source #3 (name)**	
$	**Total Grant Matching Funds From All Sources**	

APPENDIX C

Certification for Local Match and Operating Expenses Fund Sources

(only for Purchase of Service or Alternative to Public Transit Projects)

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

grant matching funds and that _____ will
(Agency Name)

provide the necessary and appropriate funding for expenses resulting from this

Section 5310 vehicle.

_____
President or Chairperson

APPENDIX E

VEHICLE INSURANCE CERTIFICATION

(only for Purchase of Service or Alternative to Public Transit Projects)

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 F

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 G

AUTHORIZING RESOLUTION FOR NONPROFIT CORPORATIONS

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 H

LOCAL GOVERNMETNAL 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 I

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.

10. Private transit and paratransit operators have been offered a fair and timely

APPENDIX I

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 J

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 J

(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 K

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 K

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.

APPENDIX M

WORKER ELIGIBILITY VERIFICATION AFFIDAVIT

STATE OF _____)
) ss
COUNTY OF _____)

On this _____ day of _____, 20_____, before me appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be a person whose name is subscribed to this affidavit, who being by me duly sworn, deposed as follows:

My name is _____, and I am of sound mind, capable of making this affidavit, and personally certify the facts herein stated, as required by Section 285.530, RSMo, to enter into any contract agreement with the state to perform any job, task, employment, labor, personal services, or any other activity for which compensation is provided, expected, or due, including but not limited to all activities conducted by business entities:

I am the _____ of _____, and I am duly authorized, directed, and/or
title business name
empowered to act officially and properly on behalf of this business entity.

I hereby affirm and warrant that the aforementioned business entity is enrolled in a federal work authorization program operated by the United States Department of Homeland Security, and the aforementioned business entity shall participate in said program to verify information (employment eligibility) of newly hired employees working in connection to work under the within state contract agreement with the Missouri Highways and Transportation Commission (MHTC). I have attached documentation to this affidavit to evidence enrollment/participation by the aforementioned business entity in a federal work authorization program, as required by Section 285.530, RSMo.

In addition, I hereby affirm and warrant that the aforementioned business entity does not and shall not knowingly employ, in connection to work under the within state contract agreement with MHTC, any alien who does not have the legal right or authorization under federal law to work in the United States, as defined in 8 U.S.C. § 1324a(h)(3).

I am aware and recognize that, unless certain contract and affidavit conditions are satisfied pursuant to Section 285.530, RSMo, the aforementioned business entity may be held liable under Sections 285.525 through 285.550, RSMo, for subcontractors that knowingly employ or continue to employ any unauthorized alien to work within the state of Missouri.

I acknowledge that I am signing this affidavit as a free act and deed of the aforementioned business entity and not under duress.

_____
Affiant Signature

Subscribed and sworn to before me this _____ day of _____, 20_____.

_____
Notary Public

My commission expires:

[Documentation of enrollment/participation in a federal work authorization program is attached. Acceptable enrollment and participation documentation consists of the following two pages of the E-Verify Memorandum of Understanding: (1) A valid, completed copy of the first page identifying the business entity; and (2) A valid copy of the signature page completed and signed by the business entity, the Social Security Administration, and the Department of Homeland Security – Verification Division.]