**SECTION 5310**

Enhanced Mobility of Seniors and Individuals with Disabilities Program

CFDA 20.513

**APPLICATION FORMS**

***Capital Projects (Vehicle and Equipment) Mobility Management Project Purchase of Service Project***

***Fixed Route Service Access Projects Alternatives to***

***Transit That Enhance Mobility***

# (Note – Instructions contained in separate document)

Missouri Department of Transportation for Federal Transit Administration

49 U.S.C.

# SUBMISSION DEADLINE: MARCH 1, 2021

Completed applications may be emailed to

motransit@modot.mo.gov and in the subject line please indicate “5310 Capital Projects/Agency or Organization Name"

or fax to: 573-522-6460

For technical assistance or questions,

Please email motransit@modot.mo.gov with subject line

“5310 Application Question”

Revised December 2020

### APPLICATION CHECKLIST

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

|  |  |  |
| --- | --- | --- |
|  | \_\_\_\_\_\_\_\_\_ | Completed Application, including the fully executed Authorizing Resolution  |
|  | \_\_\_\_\_\_\_\_\_ | Application Form: Capital or Mobility Management or Purchase of Service or Fixed Route Access or Alternative to Public Transit Project Request Form (attach detailed budget) |
|  | \_\_\_\_\_\_\_\_\_\_ | \*\*List and description of all vehicles operated by your agency (only for Capital Applications) |
|  | \_\_\_\_\_\_\_\_\_ | **(Insert)** Publishers Affidavit for Public Notice |
|  | \_\_\_\_\_\_\_\_\_ | Certification for Local Match and Operating Expenses Fund Sources |
|  | \_\_\_\_\_\_\_\_\_ | **(Insert)** Certification: Regional Planning Commission Project Coordination |
|  | \_\_\_\_\_\_\_\_\_ | Certification: Vehicle Insurance (only for Purchase of Service or Alternative to Public Transit Projects) |
|  | \_\_\_\_\_\_\_\_\_ | Certification: Transit & Paratransit Operators Contacted |
|  | \_\_\_\_\_\_\_\_\_ | Certification: Authorizing Resolution for Non-Profit Corporations |
|  | \_\_\_\_\_\_\_\_\_ | Certification: Local Governmental Authority |
|  | \_\_\_\_\_\_\_\_\_ | Certification: Title VI & Nondiscrimination |
|  | \_\_\_\_\_\_\_\_\_ | Certification and Assurances: Federal Transit Administration |
|  | \_\_\_\_\_\_\_\_\_ | **(Insert)** Current certificate of good standing from the Secretary of States office |
|  | \_\_\_\_\_\_\_\_\_ | Worker Eligibility Verification Affidavit / E-Verify MOU (Appendix B) |

###  Application Appendix A

### Federal Transit Administration 49 U.S.C Section 5310

###  Enhanced Mobity of Seniors and Individuals with Disabilities

|  |  |
| --- | --- |
| **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) |  |
| **Does applicant agency have a Title VI / Non-Discrimination Plan?** |  |
| If yes, Title VI/Nondiscrimination Plan approval date (mm/dd/yy): |  |
| **Our governing body (board of director, city council, etc.) is made up predominantly of minority and/or low-income individuals.** | Ye**s** | No |
| **Potential riders/clients of our transportation service will be predominantly minority and/or low-income individuals.** | Ye**s** | No |

**SECTION 5310 - CAPITAL PROJECT REQUEST FORM**

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

|  |
| --- |
| **PROJECT REQUST 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

Please describe type of vehicle needed: See examples of options below.

|  |  |  |  |
| --- | --- | --- | --- |
| 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, *your transportation hours are* ***4*** *hours daily*).

**INFORMATION FOR REQUESTED VEHICLE/ EQUIPMENT –** Include description and/or estimated cost

**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 and 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) |
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|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Estimated Trips:** Below, estimate the number of annual one-way passenger trips to be provided fromthis grant project for seniors and / or individuals with disabilities. |
|  |
| Seniors |  | Persons with Disabilities |  |
|  |
| **Type of Trips to be provided (% of use should equal 100)** |
| Medical |  | Education |  | Nutrition |  |
| Recreation |  | Shopping |  | Employment |  |
| Other\* (describe below) |  |
|  |

**VEHICLE INVENTORY**

**Mark the vehicle(s) those requested above would replace with an asterisk (\*)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Year/ Model** | **Vehicle Type** | **Vehicle Serial****Number** | **Lift/ Ramp****Equipped** | **Seating Capacity** | **Capital Funding Sources****federal & local** | **Current Odometer** | **Condition of Vehicle****(see below)** |
| **\*08/Example** | **LFMV** | **3BOYB1117H517K923** | **YES** | **10** | **Section 5310/United Way** | **149,799** | **Fair** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
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(***Note*** *-* For vehicle fleets larger than 10 vehicles, copy form and continue)

**Vehicle Type Abbreviations**

Sedan Mini-van

Low Floor Mini-van Full Size Standard Van Narrow Body Cutaway Wide Body Cutaway Medium Duty Bus

CAR MVAN LFMV FSVAN NBC WBC MDB

**Please use the following scale to indicated Condition of Vehicle:**

GOOD - Requires standard maintenance

FAIR - Requires frequent maintenance for minor problems POOR - Requires frequent maintenance for major problems BAD - use presents continued major mechanical problems

### 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** |

**SECTION 5310 – Purchase of Service Project Request Form**

*(Refer to information packet for grant eligible activities)*

*Special Note – 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**

***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** |

**SECTION 5310 – Fixed Route Service Access Project Request Form**

*(Refer to 5310 information packets 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** |

**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** |

**Certification for Local Match and Operating Expenses Fund Sources**

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 project.

Authorized Representative of Applicant

### 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 coverages 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:

Authorized Representative of Applicant

Printed Name: Title:

# 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:

Authorized Representative of Applicant

Printed Name:

Title:

Date:

**AUTHORIZING RESOLUTION**

 WHEREAS, the Missouri Department of Transportation is authorized to make grants for elderly and handicapped transportation projects; and,

 NOW, THEREFORE, be it resolved by the ,

 (Name of Organization)

 That the is authorized to execute (Title of Authorized Individual)

The Agreement(s) on behalf of the : with the Missouri (Name of Organization)

Highways and Transportation Commission for financial assistance through the Missouri Elderly and Handicapped Transportation Assistance Program.

 Adopted this \_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Typed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Board President/Chair/CEO

ATTEST

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Title

This resolution allows the Board President/CEO/Chair or designated person (Program Director, etc.) to sign the agreement without further action by the Board.

# 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:

# TITLE VI & NONDISCRIMINATION CERTIFICATION

Title VI

A recipient of any federal funds from the U.S. Department of Transportation (“DOT”) must comply with federal statutes, regulations, executive orders, and other pertinent directives that govern nondiscrimination in federally assisted programs. Below is a list of the statutes and regulations that may apply to a recipient's program; however, other federal requirements regarding nondiscrimination may be imposed by DOT.

1. Title VI of the Civil Rights Act of 1964, 78 Stat. 252, 42 U.S.C. §§ 2000d *et seq*.
2. All requirements imposed by or pursuant to the Code of Federal Regulations, Title 49: Transportation, Subtitle A: Office of the Secretary of Transportation, Part 21: *Nondiscrimination in Federally-Assisted Programs of the Department of Transportation --Effectuation of Title VI of the Civil Rights Act of 1964*.

As part of federal requirements, a recipient of funds from DOT must ensure that it has written policies and procedures in place to ensure nondiscrimination in its programs, up to and including, developing a Title VI Plan.

Nondiscrimination

A recipient of any federal funds from DOT must also comply with federal statutes, regulations, executive orders, and other pertinent directives that govern nondiscrimination in federally assisted programs, including those related to equal employment opportunity and disadvantaged business enterprise participation in federally projects. Below is a list of the statutes and regulations that may apply to a recipient's program; however, other federal requirements regarding nondiscrimination may be imposed by DOT.

1. Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C. § 2000d, and implementing regulations at 49 CFR Part 21 - *Nondiscrimination in Federally Assisted Programs of the Department of Transportation --Effectuation of Title VI of the Civil Rights Act.*

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1. The equal employment opportunity provisions of 49 U.S.C. § 5332 and Title VII of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000e *et seq*., and implementing regulations, including:
	1. 41 CFR Part 60 - *Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor*.
2. Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. §§ 1681 *et seq*., and implementing regulations at 49 CFR Part 25 - *Nondiscrimination on the Basis of Sex in Education Programs or Activities Receiving Federal Financial Assistance*.
3. Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. § 794, and the Americans with Disabilities Act of 1990, as amended, 42 U.S.C. §§ 12101 *et seq*., and implementing regulations, including:
	1. 49 CFR Part 37 -- T*ransportation Services for Individuals with Disabilities (ADA).*
	2. 49 CFR Part 27 -- *Nondiscrimination on the Basis of Handicap in Programs and Activities Receiving or Benefiting from Federal Financial Assistance.*
	3. 36 CFR Part 1192 and 49 CFR Part 38 -- *Americans with Disabilities (ADA) Accessibility Specifications for Transportation Vehicles.*
	4. 28 CFR Part 35 -- *Nondiscrimination on the Basis of Disability in State and Local Government Services.*
	5. 28 CFR Part 36 -- *Nondiscrimination on the Basis of Disability by Public Accommodations and in Commercial Facilities.*
	6. 41 CFR Subpart 101 - 119 -- *Accommodations for the Physically Handicapped.*
	7. 29 CFR Part 1630 -- *Regulations to Implement the Equal Employment Provisions of the Americans with Disabilities Act*.
	8. CFR Part 64, Subpart F -- *Telecommunications Relay Services and Related Customer Premises Equipment for the Hearing and Speech Disabled.*
	9. 36 CFR Part 1194 -- *Electronic and Information Technology Accessibility Standards*.
	10. Federal civil rights and nondiscrimination directives implementing those federal laws and regulations, unless the federal government determines otherwise in writing.
4. The Age Discrimination Act of 1975, as amended, 42 U.S.C. §§ 6101 *et seq*., and implementing regulations at 49 CFR Part 90 - *Nondiscrimination on the Basis of Age in Programs or Activities Receiving Federal Financial Assistance*.
5. The Age Discrimination in Employment Act, 29 U.S.C. §§ 621 through 634, and implement regulations of the U.S. Equal Employment Opportunity Commission 29 CFR Part 1625 -- *Age Discrimination in Employment Act*.
6. The Drug Abuse Office and Treatment Act of 1972, as amended, 21 U.S.C. §§ 1101 *et seq*., the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970, as amended, 42 U.S.C. §§ 4541 *et seq*., and the Public Health Service Act of 1912, as amended, 42 U.S.C. §§ 290dd through 290dd- 2.
7. Executive Order 12898 --Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations, 42 U.S.C. § 4321 note, and DOT Order 5620.3 at Federal Register Vol. 62 No. 18377 -- *Department of Transportation Actions to Address Environmental Justice in Minority Populations and Low-Income Populations*.
8. Executive Order 13166 - Improving Access to Services for Persons with Limited English Proficiency, 42 U.S.C. § 2000d – 1 note, and implementing policy guidance at Federal Register Vo. 70 No. 74087 -- *DOT Policy Guidance Concerning Recipients' Responsibilities to Limited English Proficiency (LEP) Persons.*

By submitting its application for 5310 Program funds and signing below, the applicant certifies that it has reviewed the federal requirements regarding nondiscrimination in federally assisted programs and believes that it complies with the required policies and procedures. Also, the applicant acknowledges its understanding that if the applicant does not have the required policies and procedures in place prior to federal funds being obligated, then the applicant's project may become ineligible for federal funding.

Name (print):

Signature:

Title:

Date:

**FEDERAL FISCAL YEAR 2021 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 01-21 located in the following link:

[**https://www.transit.dot.gov/funding/grantee-resources/certifications-and-assurances/certifications-assurances**](https://www.transit.dot.gov/funding/grantee-resources/certifications-and-assurances/certifications-assurances)

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

**FTA FISCAL YEAR 2021 CERTIFICATIONS AND ASSURANCES**

**FEDERAL FISCAL YEAR 2021 FTA CERTIFICATIONS AND ASSURANCES SIGNATURE PAGE**

(Required of all Applicants for federal assistance to be awarded by FTA in FY 2021)

**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 2021, 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 2021.

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: Name: \_

Attorney for ApplicantDate: \_\_\_\_\_\_\_\_\_

*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 B

#### 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.]***