

## SECTION 2

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### APPLICATION

### ELDERLY AND PERSONS WITH DISABILITIES TRANSPORTATION PROGRAM

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### FY 2005 APPLICATION FOR CAPITAL ASSISTANCE *(This section available separately on disc)*

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This section contains application information for eligible private not-for-profit (PNP) organizations, Indian Tribes and public agencies.

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**Important:** Prior to its submittal of an Application for Section 5310 Assistance, it is important that the applicant read thoroughly Section 3 (Appendix) of the “FY 2005 Program Guidelines & Application” document—of which this Section 2/Application is only a part. (If you are currently viewing a disc, Sections 1 and 3 are not viewable here). In Section 3 the applicant will find, among other support material, Appendix J (Sample Vehicle Contract) and Appendix N (Federal Certifications & Assurances for Subrecipients). Appendix J is a facsimile of the agreement each recipient must sign with ADOT regarding their stewardship of a vehicle or other awarded equipment over its useful life. Appendix N describes federal requirements of the program. Sections IX and XIII within Appendix N are particularly noteworthy. Section IX describes a certification for “Equivalent Service” that prior to 2000 was a separate form in this state application, but now resides within the overall federal certification listing. This section should be of particular interest to agencies applying for non-accessible (non-lift) vehicles. Section XIII describes the “core” federal certifications and assurances for the Section 5310 Program. The above-referenced Appendix N is important in that it contains the detailed requirements *with which the recipient will be concurring with its signing of Certification A* in this Section 2 (Application for Capital Assistance).

**I. FOREWORD TO FY 2005 APPLICATION FOR CAPITAL ASSISTANCE LOCAL ENTITY PREPARATION OF APPLICATION**

1. Application Transmittal and Processing

- a. The application for capital assistance or other Federal assistance under 49 U.S.C. § 5310, along with attachments, should be transmitted to the appropriate regional Council of Government with a letter stating that the agency is forwarding the material as its application for an EPD Program grant. This action typically occurs in late January or early February of each calendar year. Contact ADOT or your local COG or MPO representative regarding any changes to this schedule.
- b. At least one copy of the application package must be sent to the appropriate COG or MPO for review. COG or MPO officials may request of applicants additional copies. These regional offices' addresses and phone numbers are listed toward the front of this document.
- c. Applications will be reviewed by the COGs and MPOs and prioritized. This activity typically occurs in late February or early March of each calendar year. Regional recommendations will then be transmitted to ADOT for its review. Although incomplete applications typically will not be accepted and the Department does not encourage or invite frivolous or poorly prepared applications, it is important for applicants to know that "when in doubt, it must send "something" in to be given any consideration for inclusion in either recommended award ("A") or alternate lists.

Should an applicant have difficulty in obtaining important information or certifications "on time," it should contact the appropriate COG/MPO representative, verbally and in writing, and arrangements may be made for an exception--depending on the nature of the problem and contingent upon sufficient explanation and notification provided by the applicant. In most instances, it is left to the COG/MPO representative to make such judgments where specific direction has not otherwise been previously given by ADOT, or the COG/MPO may ask for additional guidance from the State. The Department will work with all COGs/MPOs through the application process and provide input on regional recommendations.

- d. ADOT will evaluate all applications and the regional recommendations from the COGs/MPOs, develop the statewide request for funding and transmit that request to FTA for review and approval. This action typically occurs on or before May 1.
  - e. When notification is received from FTA that Arizona's request has been approved and funding has been authorized, ADOT will begin vehicle/equipment procurement procedures.
2. Elderly and Persons with Disabilities Program (ED) grant applicants are advised that the time required to complete the grant cycle will encompass approximately twelve months. An agency applying for a vehicle in February would receive notification of its inclusion in a DOT application to FTA in April and would then expect to receive a vehicle approximately 7-12 months later. However, applicants are also advised that staff resources, new Federal bus testing, other regulations and varying manufacturing schedules may cause for further delays.

1. Important Additional Information: To insure integrity of the application in mailing and handling, **at least the original application must be bound** in a manner which permits it to be easily disassembled for copy-making (basic “report cover” is adequate. No paper-clipped or “just stapled” applications will be accepted. **The application must also be accompanied by a cover letter** to the COG or MPO briefly explaining the basics of the application (equipment applied for and what, if any, extenuating circumstances impact the application, including special requests for “alternate list” consideration only due to funding uncertainty or other issues). Your local COG or MPO representative may also have additional requirements beyond those stated here.

All applicable elements of this application document must be completed and returned to your COG or MPO representative. The submittal should be as close to *original application order* as possible. Additional materials, approvals, etc., should be provided in an “Appendix” section. For additional guidance, see the previous section of the “2005 Program Guidelines and Application” document of which this Application is a part (disc copies excepted). Consult with your regional COG or MPO representative, noted in the Guidelines portion of the “Section 5310 2005 Program Guidelines & Application” document regarding deadlines, other important information.

NOTE: Some forms, assurances and certifications pertain only to some applicants and not others, and are noted as such in this Section. Appendices to the Program Guidelines document contain additional materials used in evaluating your application, including but not limited to Appendix A , Application Evaluation Criteria Outline and Evaluation Criteria Summary for reviewers. This section is useful to applicants’ understanding of the review criteria used and additional questions which reviewers may ask.

2. *Additional questions regarding your local application process should be first addressed to your local COG or MPO representative.* The second point of contact should be Loretta Crimi of the ADOT Public Transportation Staff, at 602-712-7106 or Gregg Kiely, Section 5310 Program Manager at 602-712-6736.

**APPLICANT & REVIEWER CHECKLIST**  
(Two pages)

An application for capital assistance consideration should be completed and include all attachments (*See Page 12 of the Guidelines, and the checklist below*). Specific items which must accompany the application are itemized below. Please indicate with a check mark in the appropriate space that all required documents identified below have been attached to your application. **Please use the following to double-check your application, and include this completed checklist with your original application:**

COG/MPO Reviewer [x]	Applicant [x]	Required Submittals
_____	1. [ ]	<b>Cover letter</b> from private non-profit (PNP) agency requesting vehicle(s) and transmitting application.
_____	2. [ ]	<b>Articles of Incorporation.</b> The copy must be certified. A copy of an IRS 501 (c)(3) letter of exemption as nonprofit organization may be submitted in lieu of the incorporation articles.
_____	3. [ ]	<b>Certification A, FTA Certifications &amp; Assurances.</b>
_____	4. [ ]	<b>Form B, Estimated Project Budget</b>
_____	5. [ ]	<b>Sample C, Copy of Public Notice<sup>1</sup></b>
_____	6. [ ]	<b>Sample D, Notification to Other Providers.</b>
_____	7. [ ]	<b>Verification E, Verification of Signing Party,</b> which provides self-certification Board or Agency Director to make application and verify all portions true.
_____	8. [ ]	<b>Certificate F, Certification of Compliance With Manufacturer's Maintenance Schedule</b>
_____	9. [ ]	<b>Assurance G, Standard Project Assurances</b>
_____	10. [ ]	<b>Form H, FTA Vehicle Usage Worksheet</b>
_____	11. [ ]	<b>Certificate I, Drug Free Workplace Certification</b>
_____	12. [ ]	<b>Sample J, Sample Statement of Financial Information</b>
_____	13. [ ]	<b>Sample K, Sample Board Resolution</b>

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<sup>1</sup> Will be handled by MAG/PAG for the Phoenix and Tucson Region.

**Note:** Public Agency applicants in all regions must also provide reasonable Public Notification—and accommodate local requests for Public Hearing—regarding their application(s).

COG/MPO Reviewer [x]		Applicant [x]	Required Submittal
_____	14.	[ ]	<b>Form L, Total Fleet Vehicle Inventory and Non-FTA Vehicle Condition</b>
_____	15.	[ ]	<b>Certificate M, “Certification of No Private Non-Profit Available”</b>
_____	16.	[ ]	<b>Letter(s) of Support</b> in effort of coordination from other agencies, public officials and others ( <u>typically not individual current or prospective customers</u> ).
_____	17.	[ ]	<b>Sign off letters</b> from public/private operators.
_____	18.	[ ]	<b>Map of Proposed Service Area</b> (Generally <u>optional</u> . However, may be requested by regional COG or MPO reviewers to clarify applicant’s proposal, or applicant may provide if it feels that it is beneficial to its submittal. <u>The applicant should inquire with its COG or MPO to find out what the specific requirement is for your region.</u> ).

**II. GENERAL INFORMATION**

COG/MPO Region \_\_\_\_\_

- Primary Service Area: \_\_\_\_\_ RURAL\* \_\_\_\_\_ URBAN \_\_\_\_\_ BOTH (explain)\*
- Is the application for a \_\_\_\_\_ REPLACEMENT or for \_\_\_\_\_ EXPANSION OF SERVICE? \*\*

*In the following Section, please be as brief as possible, but use additional pages if necessary.*

**A. Transit Provider Umbrella Agency Name (if any). (Please print full name)**

Contact: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ FAX \_\_\_\_\_ e-mail \_\_\_\_\_  
Is the person listed above the same preparing this application? \_\_\_\_\_ Y \_\_\_\_\_ N  
If not, who is preparing this application: \_\_\_\_\_

**B. Transit Provider Agency Name (if different from above).**  
(Enter the full name of the agency which provides the *actual* transit service)

**C. Transit Provider Contacts: (Please provide, even if B. is same as A.)**  
(Please provide information on the agency which provides the actual transit service)

Contact person's name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Alternate contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Transit provider address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone #: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_  
E-mail address (if any): \_\_\_\_\_  
Agency Web Site address (if any): \_\_\_\_\_  
If you do not currently have E-mail or Internet access, do you \_\_\_\_\_ anticipate such access  
in the near future? \_\_\_\_\_ YES \_\_\_\_\_ NO

**D. Transit Schedule, i.e., typical days, hours of operation.** (Provide details on Pg. A-10)

**E. Transit Fares (if any):**

**F. Route Maps: (note, although not a requirement, requested for general info.)**  
(Please attach, if any) \_\_\_\_\_ YES, attached \_\_\_\_\_ NO, not attached

**G. Eligible Client Description:** (*Briefly* describe the type of clients your agency serves. Example: whether they are elderly, disabled, and typically what disabilities).

**H. Transit Provider Agency Description** (basic mission, description of clientele, major funding sources, etc.) *Brief, but attach additional page(s) if needed.*

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\* If applicable, please describe extent of any utilization of requested vehicle in rural areas.

\*\* Please also provide—and elaborate on—this same information on Page A-12

II. General Information

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**I. Type of assistance requested:** (Choice selection is for all categories (i.e., if you would like both a minivan and radio, but your priority is the van, indicate #1 for minivan and #2 for radio). If you are requesting more than one vehicle, you should indicate this in both the cover letter *as well as indicate more than one 1<sup>st</sup> choice selections*. Also, asterisk or star (\*) the preferred choice should your agency be selected for one vehicle.

Type # <sup>2</sup>	Vehicle	Quantity	Choice # <sup>3</sup>
Type "1"	Lift-equipped "Maxivan" van:		
Type "2"	Lift-equipped "Cutaway"		
Type "3"	12-to-15 Passenger Maxivan (No lift)		
Type "4"	6-7 Passenger Minivan (No lift / no ramp)		
Other	Describe:		

Other Equipment:	Quantity	Choice #
Radio(s) or other communication (describe)		
Other (describe)		

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*Reminder:* Requests for more than one vehicle *intended for a significantly different service area(s) or program(s)* within the same agency should be accompanied by a separate application. Similarly, you should note in each application's program description specifically what the likely alternate service areas will be for a vehicle(s) awarded *beyond the "primary" service*, and provide pertinent client information (number/type, etc.) for these areas. See also I.I.L. below.

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**J. If an "early"<sup>4</sup> vehicle delivery is available**, the applicant should note whether it:  
 \_\_\_\_\_ YES, PREFERS SUCH A DELIVERY  
 \_\_\_\_\_ NO, DOES NOT " " " "  
 \_\_\_\_\_ OTHER (explain) \_\_\_\_\_

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<sup>2</sup> Vehicle types as depicted in Appendix D following this application section. *These do not relate to categories listed in Form L, Vehicle Inventory*. This application serves as the record of what the applicant is indicating is its preference(s). The applicant should keep in mind that only Types 1-4 and/or radio (communications) equipment will *likely* be ordered. Equipment requests falling outside of these descriptions will be considered only on a case-by-case basis.

<sup>3</sup> Selection of a #2 choice indicates acceptance of choice if necessary, unless accompanied by other explanation.

<sup>4</sup> Though not typical, occasionally a vehicle(s) becomes available as early as 2-6 months from time of an agency's application. Ordering and manufacture of some vehicle types take longer than others. A "YES" answer indicates that the applicant anticipates required matching and operating funds will be available within this period. Although rare, some vehicles may be delivered several months earlier than originally anticipated.

**K. Description of the service area** to be served by the vehicle/equipment being requested in this application, making specific note of what—if any—rural area service is provided. THE APPLICANT SHOULD NOTE ANY ADDITIONAL SERVICE AREAS WHICH AN AWARDED VEHICLE MAY SERVE. THIS IS PARTICULARLY TRUE OF UMBRELLA AGENCIES ADMINISTERING A NUMBER OF SATELLITE PROGRAMS. *If applying for more than one vehicle and they are intended for significantly\* different service areas, separate applications should be filed. For proposals which may require only one application, but for which there are distinctly different missions or clientele, the application should clarify this aspect. If more than one application, the applicant should also note* REQUESTED ORDER OF PRIORITY FOR AWARD CONSIDERATION. (\* As a general rule, less than 50% service area, routing or clientele overlap OR different specific project management. Contact your regional COG or MPO representative for further clarification if necessary.)

**Use additional pages if needed**

**III. PROJECT JUSTIFICATION (% indicates review criteria weighting)**

Applicants should be aware that they will be evaluated largely on their responses to the questions in this section. These questions are based on the Evaluation Criteria that precede this application.

**A. Need for Proposed Service (20%)** Applicants should explain why the service that they propose is needed.

1) Please identify the target population to be served by the vehicle/equipment that is being requested in this application.

2) Please indicate the number and type of individuals in the service area being served by your Agency that are:

a) Disabled persons (*who are not also elderly*) \_\_\_\_\_

b) Elderly persons (*who are not also disabled*) \_\_\_\_\_

c) Elderly disabled persons (*Non-duplicated, i.e. persons who meet both (a+b) criteria together*). \_\_\_\_\_

d) Other (explain below) \_\_\_\_\_

e) TOTAL (NON-DUPLICATED) PERSONS ( a. + b. + c. + d.) \_\_\_\_\_

- 3) Please briefly list/describe the existing vehicle fleet directly used by or regularly accessible to the specific agency or office applying for this vehicle, including each vehicle's origin (ADOT, DES, local, etc.), age/year, type, lift/ramp equipment, wheelchair and ambulatory capacity, mileage, general condition and lien status. (Example: ADOT, 1989 14 Passenger Dodge Van, 65,000 miles, no lift, good condition, off lien) **Note that you must also list related information in Form "L" near the back of this Application Section.**

- 4) Will the requested equipment replace existing equipment or be used to provide additional service? (*Also note this information in Section II., Page A-6 of this Application*)
- a) \_\_\_\_\_ YES, it will replace existing
- b) \_\_\_\_\_ NO, it will not replace existing
- c) \_\_\_\_\_ OTHER EXPLANATION? (note below)

### III. Project Justification

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- 5) If other transportation services operate within the proposed service area, the applicant must demonstrate *why* those services would not meet the transportation needs of the applicant's clients.
- a) Please discuss the availability of other transportation services operating within your service area. (*Identify other transportation resources which are available, regardless of whether you feel they are appropriate or sufficient (See 5b. below for additional explanation)*)
- b) If applicable, describe the sufficiency of other transportation services operating within your service area to meet the needs of the applicant's clients. (*Example: "Agency X does not have enough vehicles to serve my clients, and Agency Y just had severe staff cuts...", then elaborate.*)

III. Project Justification

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- 6) Do you anticipate an increase, decrease or no change in the level of service provided within the next 2-year period?
- \_\_\_\_\_ INCREASE  
\_\_\_\_\_ SAME, will not increase or decrease  
\_\_\_\_\_ DECREASE  
\_\_\_\_\_ OTHER

If INCREASE, DECREASE or OTHER, please explain:

- 7) Please briefly describe the current procedure for scheduling a trip. e.g., pick up and delivery trips.

**B) Appropriateness of Proposed Service (15%)** Applicants should demonstrate that the proposed service is appropriate to the transportation needs of the elderly and disabled that would be served with the requested equipment.

- 1) Please attach a copy of your proposed schedules for the service to be provided with the equipment requested in this application. \_\_\_\_\_ Attached? ( )

III. Project Justification

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- 2) Trip priority trip distribution (*Applicants should be apprised that there are no inherently “right” or “wrong” answers or numbers to the following categories, but that regional and state reviewers will be evaluating comparative needs within local and regional areas and statewide, as part of their assessment for prioritizing awards relative to available funds and vehicles.*)

<b>Medical</b>	_____ %
<b>Nutrition</b>	_____ %
<b>Adult Day Care</b>	_____ %
<b>Employment</b>	_____ %
<b>Education &amp; Training</b>	_____ %
<b>Service Appointments</b>	_____ %
<b>Social &amp; Recreational</b>	_____ %
<b>Other (Explain)*</b>	_____ %
	<b>100 %</b>

- C) Utilization of Equipment For the Proposed Service (20%)** -- Applicants should indicate how extensively the requested equipment will be utilized in the provision of the transportation services described in this application. Responses should be supported by documentation of current ridership. Please base this on your list of clients, survey results or other documented sources. (For some of these calculations use the attached FTA Vehicle Usage Worksheet in Form H.)

- 1) Please indicate the typical number of *unduplicated* elderly persons and persons with disabilities, that will actually use the requested equipment on a daily, weekly and annual basis.

	Daily	Weekly	Annual
<b>Elderly:</b> <i>(who are not also disabled)</i>			
<b>Disabled</b> <i>(of all ages)</i>			
<b>TOTAL:</b>			

NOTE: The chart above represents an accounting of individual riders, not the number of passenger trips. The annual numbers indicated above should not just be a multiplication of daily or weekly riders x 365 or 52, but the number of individual (discreet) riders anticipated. i.e., for a 52 week year, if the agency has 10 “regular” daily or weekly riders and an average of 3 “brand new” riders weekly without any appreciable “attrition” the annual number would be: 10 + (3x52) = 166 discreet riders annually. The weekly riders would be 13 (10 “regular” + 3 new riders per week).

### III. Project Justification

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- 2) Please indicate the NUMBER OF PASSENGER TRIPS on a \_\_\_\_\_ daily, \_\_\_\_\_ weekly and \_\_\_\_\_ annual basis.

Provide additional explanation, below, if necessary:

- 3) Please indicate the NUMBER OF HOURS of \_\_\_\_\_ daily and \_\_\_\_\_ weekly operation anticipated for this equipment request (*Note: This is not your "schedule," but should be an estimation of non-"deadhead" hours, i.e., hours of ACTUAL passenger service including only minor waiting periods (less than 1/2 hour each in duration).*)

- 4) Please indicate the NUMBER OF DAYS the equipment requested will operate \_\_\_\_\_ weekly, \_\_\_\_\_ monthly, and \_\_\_\_\_ annually.

- 5) Please indicate the requested vehicle's estimated passenger service mileage on an annual basis (*this will be less than total miles which would include major "deadhead" miles for vehicle maintenance service and other non-passenger trips*):

\_\_\_\_\_ Passenger-service miles/year.

6) Are there any limitations on services?

YES

NO

a) If YES, please explain:

b) Are all requests for transportation service accommodated for the population indicated as your intended clientele?

YES, all requests accommodated

NO, “ “ are not “

If no, how are trip priorities determined?

c) Do staff members use private vehicles to transport clients?

YES (explain below to what extent)

NO

7) Are there established policies or guidelines regarding the use of vehicles, loan of vehicles, sign out of vehicles, vehicle maintenance, accident reporting, etc.? (please include copy of policies and description of vehicle repair and maintenance procedures).



- 4) Please provide evidence of coordination or attempts to coordinate with transportation services funded through other FTA programs including Urban (5307, formerly Section 9) and Rural Public (5311, formerly Section 18) Transportation Programs.
  
- 5) Please identify specific agencies (by name) with which you would be interested and willing to coordinate services; explain what type of coordination.
  
- 6) Please identify any “welfare to work” programs such as “TANF”, “Access to Jobs”, or “Reverse Commute” available which represent opportunities for coordination of service and/or other resources. Is your agency utilizing or planning to utilize any of these program’s funding for such coordination? *Attach additional pages if necessary to describe these programs or activities.*

**E. Financial/Management Capability (15%).** -- Applicants should demonstrate their financial ability to provide the match for and operate an EPD Program vehicle for its "useful life" (four years or 100,000 miles).

- 1) Please discuss the availability of necessary matching funds for the capital purchase and identify the source of those funds, net amount.





9) Sources of Government Funding for Overall Program

a) Please list ALL Federal and State sources of funding or other assistance (e.g., FTA/ADOT, DHS, DES, DDD) your agency received last year, and from/for what program (e.g., Title 19, Welfare to Work, etc.), *regardless of end-use purpose* (transportation, day care facility operations, job training, general administration, etc.).

b) Did the total amount of assistance for all your agency's programs—*not just transportation*-- from ALL Federal sources in Federal Fiscal Year (FFY) 2005, including FTA (ADOT) Section 5310 vehicle funding (calculated by the total ADOT lien amount, i.e., 80% of total vehicle invoice), exceed \$300,000?

\_\_\_\_\_YES \_\_\_\_\_NO \_\_\_\_\_OTHER (explain and attach additional page(s) if necessary)

1. If YES to b., above, did your agency receive an A-133 Audit?

\_\_\_\_\_YES (*please attach*) \_\_\_\_\_NO \_\_\_\_\_OTHER (explain and attach additional page(s) if necessary)

2. Please indicate TOTAL amount of Federal funds received in 2002, 2005 and amount anticipated in 2005 for all programs, *not just transportation*.

FFY 2002: \$ \_\_\_\_\_

FFY 2005: \$ \_\_\_\_\_

FFY 2005: \$ \_\_\_\_\_ (current/anticipated obligation)



- 4) Please describe the nature of training programs available for staff members providing transportation services to the elderly and disabled (other than safety-specific programs identified in 3., above).
- a) Describe what, if any, ADOT training programs (workshops or courses) staff from your agency have attended in the past two years; other (non-ADOT) courses attended or provided for staff?
- b) If you have not attended any recent ADOT-sponsored training, or it otherwise has not been made specifically available to you (new applicant, etc.), do you plan on attending such training when offered within—or proximate to—your region?  
\_\_\_\_\_Yes. \_\_\_\_\_No. If no, please explain

**G. Civil Rights Requirements--Equal Access To Programs**

1) Regarding Title VI of the Civil Rights Act of 1964, as amended, and related aspects, in order to ensure that persons employed and served by the applicant-agency are treated in a manner which is without regard to ethnicity, race, color, creed, origin, (and by related statute) sex or age.

a) Please describe the ethnic “make-up” of your organization, by percentage, followed by the ethnic make-up of your service area, region or community.

(i) Employees

- (i) \_\_\_\_\_”African American”
- (ii) \_\_\_\_\_”Hispanic American”
- (iii) \_\_\_\_\_”Asian or Pacific-Islander American”
- (iv) \_\_\_\_\_”Asian-Indian American”
- (v) \_\_\_\_\_”American Indian or Alaskan Native American”
- (vi) \_\_\_\_\_”Caucasian”
- (vii) \_\_\_\_\_”Other” (describe below)

(ii) Customers/clientele (users of applicant’s service)

- (i) \_\_\_\_\_”African American”
- (ii) \_\_\_\_\_”Hispanic American”
- (iii) \_\_\_\_\_”Asian or Pacific-Islander American”
- (iv) \_\_\_\_\_”Asian-Indian American”
- (v) \_\_\_\_\_”American Indian or Alaskan Native American”
- (vi) \_\_\_\_\_”Caucasian”
- (vii) \_\_\_\_\_”Other” (describe below)

(iii) Applicant’s Service Area OR \_\_\_\_\_ Community/Region<sup>5</sup>

- (i) \_\_\_\_\_”African American”
- (ii) \_\_\_\_\_”Hispanic American”
- (iii) \_\_\_\_\_”Asian or Pacific-Islander American”
- (iv) \_\_\_\_\_”Asian-Indian American”
- (v) \_\_\_\_\_”American Indian or Alaskan Native American”
- (vi) \_\_\_\_\_”Caucasian”
- (vii) \_\_\_\_\_”Other” (describe below)

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<sup>5</sup> If by region, describe the area and what source was used to determine % of population (regional “Councils of Government” offices, local census bureaus, City or County offices, etc.)

- b) What are the types and frequency of communication used to ensure maximum feasible minority participation in your grant application process? (Use additional pages if necessary; provide example copies of announcements, etc., if applicable)
- (i) How are minority individuals and groups informed about the intended grant application for Section 5310 assistance (e.g., newspaper notices, bi-lingual (if applicable) newspapers, television and radio announcements, flyers, public notices, announcements at community meetings, etc.)?
  - (ii) How are minority individuals and groups informed about the services your organization offers (such as route schedules, route/schedule changes, emergency information, types of service offered, etc.)?
- c) Where applicable: if your organization serves a number of persons for whom English is a second language, does it employ persons-or have other means-for communicating effectively with these individuals regarding the above (a) communication needs? If applicable, what type(s) of individual(s) or other means do you employ for this purpose?



2) Equal Employment Opportunity

- a) Does your organization have an Equal Employment Opportunity policy? If so, where is this policy displayed? What other means are used to communicate this and Federal EEO Policy to employees (training, flyers, etc.)? Please attach a copy of your policy, if applicable.
  
- b) What means are used by your organization to ensure that hiring, termination, promotion, demotion, work assignments and conditions, other employment actions, and treatment in the workplace by superiors and other employees are accomplished or determined without regard to ethnicity, race, color, national origin, gender or age\* (\* other than EPD age restrictions for non-disabled)?
  
- c) What means are used to communicate job openings, jobs available and other information of potential interest to minorities seeking employment (such as jobs training, other jobs available within the area, etc.)?

- 3) Disadvantaged Business Enterprises, in order to ensure that maximum feasible opportunity is given to minority-owned and operated businesses (including women) to compete for and perform contracts.
  - a) If applicable, what actions are undertaken to identify all contracting opportunities, if any, associated with the FTA assistance? (e.g., subcontracted transportation services, vehicle maintenance, consulting work, etc.)
  - b) What attempts are made to analyze DBE availability (known and projected) to provide the products and services identified for contracting either at the prime or subcontract level.
  - c) Has the applicant established any DBE goals? Does the applicant regularly contact other organizations regarding DBE availability in order to assist it in reaching its own DBE goals, if any, or otherwise provide maximum opportunity for DBE participation (such as the SBA, U.S. Department of Commerce, Minority Business Development Agency, and ADOT's own Affirmative Action Office, regarding known or probable availability of DBEs within or proximate to the recipient's locale?)
  - d) "Good faith efforts" in which the applicant is engaged to ensure that maximum opportunity is given to DBEs to participate in its program.
    - (i) Use of DBE firms certified under 49 CFR Part 23 (Certified or verified by ADOT Affirmative Action Office). Please list DBEs used during the past three years, and for what contracted projects or tasks. (use additional pages if necessary)

- (ii) Does the applicant maintain records and reporting regarding the identification and hiring of DBEs which is sufficient for verification of steps taken and participation achieved? If so, what types of records?

4. Americans With Disabilities Act (ADA), in order to ensure that no maximum feasible opportunity is provided to persons with disabilities to participate in all aspects of the applicant's program, without regard to disability, and that maximum feasible actions are undertaken to ensure equal (physical and communication) access to services rendered in this program.

1) Service Provisions: Please acknowledge (yes/no) and briefly describe your policies or actions regarding the following ADA provisions:

a) Maintenance of accessible features (details in c)

(i)  YES  NO

(ii) Describe:

b) Procedures to ensure lift vehicle availability

(i)  YES  NO

(ii) Describe:

c) Lift and securement use (local policies/procedures)

(i)  YES  NO

(ii) Describe:

d) Announcement on vehicles (where applicable)

(i)  YES  NO

(ii) Describe:

e) Vehicle emergency identification mechanisms (ADA)

(i)  YES  NO

f) Service animals (allowed? policies and procedures)

(i)  YES, allowed  NO, not allowed

(ii) Describe:

### III. Project Justification

---

- g) Public information/communications (regarding program)
  - (i) \_\_\_\_\_YES\_\_\_\_\_NO
  - (ii) Describe:
  
- h) Service to persons using respirators (provided?/policy?)
  - (i) \_\_\_\_\_YES\_\_\_\_\_NO
  - (ii) Describe:
  
- i) Adequate time for vehicle boarding and disembarking?
  - (i) \_\_\_\_\_YES\_\_\_\_\_NO
  - (ii) Describe:

#### 2) ADA-Compliant Facilities

- a) Have you constructed a new facility or undertaken a major renovation *of a transportation related facility* within the past three years?
  
- b) If the answer to 2a., above, is “yes,” what measures were undertaken to ensure maximum opportunity for access to the facility(s) by mobility, hearing, sight or other impaired individuals (access-ways such as sidewalks, doors, stairs, elevators, curbs, communication systems/devices, signage, etc.)?
  
- c) Was the new construction or renovation undertaken in accordance with ADA guidelines and regulations? If so, were “UFAS” or “ADDAG” standards used? Please describe.
  
- d) Was any other construction, renovation (major or small) or other facility modification undertaken which included voluntary measures to better ensure maximum access by persons with disabilities? If so, please describe.

3) Accessible Equipment Maintenance In Accordance With ADA

- a) What measures are taken to ensure that your accessible vehicles and related equipment (e.g., lifts, securement devices, elevators, signage and other communications) are maintained in an operative and safe condition at all times?
  
- b) What measures are taken to ensure that accessible equipment and other features are repaired promptly if they are damaged or out of order? Do repair facilities exist within your service area which are qualified to fix damaged accessible equipment? Please describe.
  
- c) *If it is a public entity* (city, county, etc.), pursuant to 49 CFR § 37.163, does the applicant have an organized system of *(PNPs, read footnote)*:
  - (i) Maintenance checks for lifts to ensure operating status? \_\_\_\_\_YES\_\_\_\_\_NO
  
  - (ii) Prompt operator reporting to operating entity regarding the failure of a lift to operate? \_\_\_\_\_YES\_\_\_\_\_NO
  
  - (iii) Taking a lift-damaged vehicle out of service before the beginning of the vehicle's next service day<sup>6</sup>, and to ensure that the lift is repaired before the vehicle is placed back into service? \_\_\_\_\_YES\_\_\_\_\_NO

---

<sup>6</sup> If there is no replacement vehicle and such removal results in reduction of transportation service, the vehicle may remain in replacement service for no more than 5 days, if entity serves area of 50,000 population or less, or 3 days if greater than 50,000 population in its service area.

## IV. FORMS AND ASSURANCES

The following section contains forms, assurances, certifications, verifications, and sample notices which need to be completed and submitted as shown. Where noted as a SAMPLE, a facsimile may be produced which utilizes sufficiently similar formatting and content to provide the same function. In addition, this Application requests that applicants provide documentation (Letters of Support from other entities, Article of Incorporation, etc.) are not contained in Part IV, but which may be referenced. See the Application Checklist on Pages A-4 and A-5 of this Application for a complete listing of required submittals.

The following section is divided into two parts:

- 1) Certification A, starting on Page A-30, comprising of the **FTA Certifications and Assurances**, which requires a separate sign-off, Page A-31. This summary check-list and sign-off page is followed by several pages which describe these certifications and assurances in detail, and
- 2) **Other Forms and Assurances**, starting on Page A-32 with Form B, “Estimated Project Budget,” and finishing with Form L, “Total Fleet Vehicle Inventory,” with each form, assurance or certification requiring a separate signature, where applicable (some pages do not require signatures).

**CERTIFICATION A  
FEDERAL FY 2000 SUBRECIPIENT CERTIFICATIONS AND ASSURANCES FOR FTA  
SECTION 5310 ASSISTANCE**

Additional explanation of these requirements can be found in the Appendix Section (Appendix N) of the “2005 Program Guidelines & Application (Elderly & Persons With Disabilities Transportation Program Section 5310)” document. N/A indicates that a particular category does not apply to the applicant.\* The applicant may also note “N/A” for items which are not applicable, such as those applicants which do not meet a certain \$ threshold for applicability of that item.

**Page 1 of 2**

**FEDERAL FISCAL YEAR 2005 CERTIFICATIONS AND ASSURANCES FOR FEDERAL  
TRANSIT ADMINISTRATION ASSISTANCE PROGRAMS**

*(Signature page alternative to providing Certifications and Assurances in TEAM-Web)*

**Name of Applicant:** \_\_\_\_\_

**The Applicant agrees to comply with applicable requirements of Categories 01 - 16.**

(The Applicant may make this selection in lieu of individual selections below.)

OR

**The Applicant agrees to comply with the applicable requirements of the following Categories it has selected:**

<u>Category</u>	<u>Description</u>	
01.	Required of Each Applicant	
02.	Lobbying	
03.	Private Mass Transportation Companies	N/A
04.	Public Hearing	
05.	Acquisition of Rolling Stock	N/A
06.	Bus Testing	N/A
07.	Charter Service Agreement	N/A
08.	School Transportation Agreement	
09.	Demand Responsive Service	
10.	Alcohol Misuse and Prohibited Drug Use	N/A
11.	Interest and Other Financing Costs	N/A
12.	Intelligent Transportation Systems	
13.	Urbanized Area, JARC, and Clean Fuels Programs	N/A
14.	Elderly and Persons with Disabilities Program	
15.	Nonurbanized Area Formula Program	N/A
16.	State Infrastructure Bank Program	N/A

*(Page Two of this Signature Page must be appropriately completed and signed as indicated.)*

**FEDERAL FISCAL YEAR 2005 FTA CERTIFICATIONS AND ASSURANCES SIGNATURE**  
**PAGE**

*(Required of all Applicants for FTA assistance and all FTA Grantees with an active capital or formula project)*

**AFFIRMATION OF APPLICANT**

Name of Applicant:

\_\_\_\_\_

Name and Relationship of Authorized Representative:

\_\_\_\_\_

BY SIGNING BELOW, on behalf of the Applicant, I declare that the Applicant has duly authorized me to make these certifications and assurances and bind the Applicant's compliance. Thus, the Applicant agrees to comply with all Federal statutes, regulations, executive orders, and Federal requirements applicable to each application it makes to the Federal Transit Administration (FTA) in Federal Fiscal Year 2005.

FTA intends that the certifications and assurances the Applicant selects on the other side of this document, as representative of the certifications and assurances in Appendix A, should apply, as required, to each project for which the Applicant seeks now, or may later, seek FTA assistance during Federal Fiscal Year 2005.

The Applicant affirms the truthfulness and accuracy of the certifications and assurances it has made in the statements submitted herein with this document and any other submission made to FTA, and acknowledges that the provisions of the Program Fraud Civil Remedies Act of 1986, 31 U.S.C. 3801 *et seq.*, as implemented by U.S. DOT regulations, "Program Fraud Civil Remedies," 49 CFR part 31 apply to any certification, assurance or submission made to FTA. The criminal fraud provisions of 18 U.S.C. 1001 apply to any certification, assurance, or submission made in connection with the Urbanized Area Formula Program, 49 U.S.C. 5307, and may apply to any other certification, assurance, or submission made in connection with any other program administered by FTA.

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 correct.

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 and local law 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 the Applicant.

I further affirm to the Applicant 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 the project.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Name \_\_\_\_\_

Attorney for Applicant

*Each Applicant for FTA financial assistance (except 49 U.S.C. 5312(b) assistance) and each FTA Grantee with an active capital or formula project must provide an Affirmation of Applicant's Attorney pertaining to the Applicant's legal capacity. The Applicant may enter its signature in lieu of the Attorney's signature, provided the Applicant has on file this Affirmation, signed by the attorney and dated this Federal fiscal year.*

**FORM B**

**ESTIMATED PROJECT BUDGET**

Applicants have a choice this year of two primary vehicle types: the traditional maxi-van with lift and raised roof, and a "single rear wheel (DRW) cutaway" transit vehicle. Vehicle purchase costs can range from approximately \$40,000 to more than \$48,000 for fully accessible maxi vans and dual rear wheel cutaways although recent prices have been lower. Non-Accessible minivans and maxivans can range from \$20,000-\$28,000 (See Appendix D for further description). The applicant is responsible for 22.5% of the total vehicle cost as a local match. Annual vehicle operating costs (including driver salaries, oil, gasoline, vehicle maintenance, insurance etc.) typically range from \$15,000 to \$30,000 for an EPD Program vehicle. Your agency is responsible for all vehicle operating and related support costs.

**Four year EPD Project Budget Estimate**

**EPD Program Vehicle**

	<b>LOCAL MATCH</b>	<b>OPERATING</b>	<b>TOTAL</b>
Year One	_____ <sup>7</sup>	_____	_____
Year Two		_____	_____
Year Three		_____	_____
Year Four		_____	_____
Total Project Cost		_____	_____

**Comments**

---

<sup>7</sup> Compute 22.5% of total capital cost and insert here. Also see Sample M in the back of this Application Section for typical components of the operating cost.

**SAMPLE C**  
**(SAMPLE--PROVIDE THIS FORMAT OR A FACSIMILE\*)**  
**SAMPLE OF PUBLIC NOTICE**

*\* The following is only a "sample" of a public notice to be published once in a newspaper of general circulation in the community in which the service is to be offered. However, your notice must include the ADA provision as stated, or use essentially similar language to that noted below. The notice must be published sufficiently in advance to allow at least a 15-day response period for affected transportation providers within the applicant's service area, prior to the applicant's submittal of its EPD vehicle application to the COG/MPO. **A copy of this notice is to be included with your application.** (In some areas the COG/MPO places the public notice for all interested agencies. Check with your COG before placing your notice and be sure to include a copy of the notice even if placed by the COG/MPO.)*

SAMPLE of Public Notice

**PUBLIC NOTICE**

This is to notify all interested parties that Community Service Organization, Inc., is applying for an accessible van-type vehicle under the Elderly and Persons with Disabilities Program (49 U.S.C. § 5310, formerly Section 16 of the Federal Transit Act, ISTEA- 1991). The vehicle will be used to transport those elderly and disabled persons in the area of Somewhere Arizona, on a fixed route or demand responsive basis, at least 5 days per week and up to 24 hours per day.

Pursuant to the Americans With Disabilities Act (ADA) of 1990, this notice additionally serves to inform interested parties that request may be made of the applicant for accommodation of "special needs" for a person(s) with a disability(s) to have maximum feasible opportunity for physical and information access to and regarding the above proposed project.

Anyone wishing to comment on this application should do so by \_\_\_\_\_, 20\_\_, to Community Service Organization, 123 Saguaro Blvd., Somewhere, Arizona 85000. Any public or private transit or paratransit operator wishing to provide an equivalent service to that proposed above should submit to the above named agency within 30 days, a written proposal detailing the service that operator would provide.

Published: ARIZONA LEDGER, \_\_\_\_\_, 20\_\_

**SAMPLE D**  
**SAMPLE NOTIFICATION TO OTHER PROVIDERS**

APPLIES TO RURAL APPLICANTS ONLY (CAAG, SEAGO, WACOG, NACOG REGIONS)

The following is a sample notification letter to be sent to every public and private transportation service agency/business in your service area. This letter supplements the public hearing notice and does not replace it. **Maricopa and Pima county applicants are exempt from sending this letter because of the large number of transportation agencies/businesses in their service area and the work load it would place on the applicants in those regions.**

It is recommended that a cover letter be sent with the letter explaining briefly what you are applying for, why you are applying, etc. The agency being asked for their signature must have enough information to be able to sign the letter in good faith. It is also recommended that you include a stamped self addressed envelope and send the information by return receipt requested mail. With this backup system, you can include the signed receipt in your application , instead of the signed letter if the agency/business does not return your letter. Give them, in your cover letter, a minimum of two weeks to reply.

SAMPLE LETTER

INDIVIDUAL SIGN-OFFS FROM PRIVATE AND PUBLIC TRANSIT AND PARATRANSIT OPERATORS INCLUDING TAXI CABS.

I certify that I have been afforded a fair and timely opportunity to participate to the minimum extent feasible in the development of the transportation program and in the provisions of the proposed special transportation services by:

\_\_\_\_\_  
Applicant's Name

I further certify that the services I am providing, or am prepared to provide, are not designed to meet the special needs of the elderly and disabled persons within the service area.

\_\_\_\_\_  
Applicant's Name

I also certify that I have no present or anticipated objections to this application which I know will be for the purpose of buying transit related equipment which will be used for the transportation of the elderly and disabled within my service area.

SIGNED:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of Agency

\_\_\_\_\_  
Date

**VERIFICATION E**

**VERIFICATION of SIGNING PARTY**

I am an officer of the corporation herein and am authorized to make this verification on its behalf. The statements in the foregoing document are true of my own knowledge.

I declare that the foregoing is true and correct.

Executed on

\_\_\_\_\_ Date

\_\_\_\_\_ City of State

\_\_\_\_\_  
Signature of Board Chairman or Agency Director

\_\_\_\_\_  
Title

**CERTIFICATE F**

**CERTIFICATE OF COMPLIANCE WITH  
MANUFACTURER'S MAINTENANCE SCHEDULE**

THIS IS TO CERTIFY THAT \_\_\_\_\_

(Agency Name)

the recipient of a grant under provisions of the Elderly and Persons with Disabilities Program (49 U.S.C. § 5310, formerly Section 16 of the Federal Transit Act), agrees to abide by the vehicle manufacturer's schedule of maintenance, as a minimum, during the period this vehicle is operated in conjunction with the Arizona Department of Transportation, or its successor agency.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AGENCY

NAME: \_\_\_\_\_

Signature of Authorized Official

## ASSURANCE G

### GENERAL ASSURANCES

To the best of my knowledge, having read the program guidelines (FTA Circular 9040.1B, July 1, 1988) and referenced assurances, and as an authorized representative, I certify that the APPLICANT has the legal authority and is willing to make as part of the contract between the State of Arizona and the APPLICANT for Rural Public Transportation financial assistance, the following assurances and warranties:

- A. The APPLICANT has the requisite fiscal, managerial, and legal capability to carry out the Rural Public Transportation Program and to receive and disburse federal funds.
- B. Some combination of state, local, and private funding sources has or will be committed to provide the required local share.
- C. The APPLICANT has or will have by the time of delivery, sufficient funds to operate the vehicles and/or equipment purchased under this project, as applicable.
- D. The APPLICANT assures affirmative compliance with Title VI of the Civil Rights Act of 1964 and related statutes.
- E. Private transit and paratransit operators have been afforded a fair and timely opportunity to participate to the maximum extent feasible in the provision of the proposed transportation services by the APPLICANT.
- F. The APPLICANT assures that it will provide a drug - free workplace.
- G. The APPLICANT assures affirmative compliance with 49 CFR Part 653, 49 CFR Part 40, and 49 CFR Part 29, or successor statutes, the U.S. DOT anti-drug programs.
- H. The needs of the elderly and disabled persons have been addressed by the APPLICANT, pursuant to the requirements of Section 504 of the Rehabilitation Act of 1973 (29 USC 794).
- I. The APPLICANT has demonstrated acceptable efforts to achieve coordination with other transportation providers and users, including social service agencies capable of purchasing service.
- J. The APPLICANT has complied, as applicable, with the labor protection provisions of Section 13(c) of the Urban Mass Transportation Act of 1964, as amended.
- K. The APPLICANT assures that it will comply with applicable provisions of the Americans with Disabilities Act (ADA), otherwise known as Public Law No. 101-336 and applicable provisions of 49 CFR Parts 27, 37 and 38: Transportation for Individuals with Disabilities; Final Rule.
- L. The APPLICANT has worked to ensure the continuation of existing transportation revenues to complement Rural Public Transportation funds.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

TITLE OF AUTHORIZED OFFICIAL: \_\_\_\_\_

**FORM H**  
**VEHICLE USAGE WORKSHEET**

Use the following formulas to calculate passenger or trip numbers for Application Section III.C. Utilization of Proposed Equipment. Note: 1 passenger “trip” is a one-way boarding and debarking of a vehicle, discounting *incidental* stops such as a one minute letter drop off of a letter as part of a “larger” (primary purpose) trip. Two options are provided for some of the calculations.

Trip Examples:

- 4 people board a van at a local senior center and then get off (deboard) at the local grocery store. This routing counts as 4 passenger trips. The van is idle until it picks up the same (grocery) people later and returns them to the senior center. This return route counts as an additional 4 trips. *This van has made 8 trips that day with these 4 individuals.*
- 1 person boards a van and is taken to the doctor. This counts as 1 trip. While “waiting” for this person’s one-hour appointment, the driver picks up 3 additional people at the adjacent clinic and takes them to the senior center. Add 3 trips. The driver returns to pick up the person visiting the doctor and returns her to the senior center. Add 1 trip. *This vehicle has made 5 trips with these 4 individuals that day since only 1 person made 2 one-way trips.*
- 10 people are picked up at the agency’s rehabilitation center in the morning and taken on a driving field trip where the only stop is a brief restroom break. The van returns these 10 individuals to the center later in the day. *10 passenger trips were made by the van this day.*

**A. Daily and weekly trips: Compute calculation 1) or 2) below:**

1) \_\_\_\_\_ X \_\_\_\_\_ X 5\* = \_\_\_\_\_  
 Average number of persons who will ride each day.      Average number of one way trips each person makes per day      Weekly Total Trips (days/week) (\* or other appropriate #)

**OR**

2) \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_  
 Average number of persons who will ride each week.      Average number of one-way trips each person will make each week.      Total Weekly Trips

**B. Annual Trips: Compute the following:**

\_\_\_\_\_ X 50 = \_\_\_\_\_  
 Weekly total of one-way annual One-way passenger trips computed in A.1 or A.2 above).      Total number of passenger trips

**C. Annual mileage: Compute calculation 1) or 2) below:**

1) \_\_\_\_\_ X 5\* = \_\_\_\_\_ X 50 = \_\_\_\_\_  
 Average number of miles vehicle will travel per day (with clients on board).      Weekly average passenger mileage (\*or other appropriate #)      Total Annual Passenger Mileage

**OR**

2) \_\_\_\_\_ X 50 = \_\_\_\_\_  
 Average number of miles the vehicle will travel per week      Total Annual Annual Mileage with clients on board

**CERTIFICATE I**  
**Drug-Free Workplace Act Certification for a Public or Private Entity**

1. \_\_\_\_\_ certifies that it will provide a drug-free workplace by:

- a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- b) Establishing an ongoing drug-free awareness program to inform employees about:
  - (1) The dangers of drug abuse in the workplace;
  - (2) The applicant's policy of maintaining a drug-free workplace;
  - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and,
  - (4) The penalties that may be imposed upon employees for drug abuse violations in the workplace;
- c) Making it a requirement that each employee to be engaged in the performance of the grant or cooperative agreement be given a copy of the statement required by paragraph (a);
- d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant or cooperative agreement, the employee will:
  - (1) Abide by the terms of the statement; and
  - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later that five calendar days after such conviction;
- e) Notifying the Federal agency in writing, within ten calendar days after receiving notice under subparagraph (d) (2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every project officer or other designee on whose project activity the convicted employee as working, unless the Federal agency has designated a cartel point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant or cooperative agreement.
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who was convicted:
  - (1) Taking appropriate personnel action against such a employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency.
- g) The Applicant's headquarters is located at the following address. The addresses of all workplaces maintained by the Applicant are provided on an accompanying list.

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Signature of Authorized Official \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**SAMPLE J**

**SAMPLE STATEMENT OF FINANCIAL INFORMATION**

**(match money for purchase of vehicle equipment)**

On behalf of the Board of Directors of \_\_\_\_\_  
Agency

I hereby affirm that \_\_\_\_\_ has the available  
Agency

funds to meet the 22.5 percent match money requirements for purchasing the vehicle/equipment requested in the ADOT EPD Program Application, and further has the necessary funds for operating and managing the vehicle applied for.

**SOURCE(s) OF MATCH MONEY**

1) Are LTAF II Funds Used for all or part of the matching funds? \_\_\_\_\_YES\_\_\_\_\_NO

2) If the Answer to 1) above was "yes," from what source(s) (jurisdiction(s) were the funds were obtained, and what amounts? \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

3) List Other Sources Here:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

**Annual Operating Cost For Vehicle**

Items to be considered when determining operating cost.

Driver(s), hours per week	\$
Other Staff, hours per week	\$
F.I.C.A.	\$
State Tax	\$
Vehicle Insurance	\$
Gas and oil, miles per year	\$
Repair and Maintenance	\$
Vehicle License	\$
Indirect Administrative Costs	\$
Other	\$ _____

TOTAL: \$ \_\_\_\_\_

**SAMPLE K**

**SAMPLE BOARD RESOLUTION**

At a duly held and conducted meeting of the Board of Directors of \_\_\_\_\_,  
(Agency)

the members approved and authorized the Director of \_\_\_\_\_,  
(Agency)

to submit an application for the FTA Elderly and Persons With Disabilities Program (formerly Section 16.) The proposal includes a request for:

\_\_\_\_\_  
(type of vehicle or equipment)

as funded by the FTA Program. The Board of Directors agrees in the terms and conditions of the grant as set forth in the application document.

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notarized

\_\_\_\_\_  
Date

**FORM L**

**FY 2005 TOTAL FLEET PASSENGER VEHICLE INVENTORY & CONDITION**  
 (Includes : ADOT (FTA) AND NON - ADOT Vehicles. Does Not include NON-Passenger Service Vehicles)

APPLICANT: (Sec. 5310 PROVIDER NAME) \_\_\_\_\_

VEHICLE ID NUMBER	VEHICLE CAPACITY CODE	IS THIS VEHICLE CURRENTLY A) <u>IN-SERVICE</u> , B) <u>BACK-UP</u> OR C) <u>OUT OF SERVICE</u> ?	VEH. YEAR	VEH. MAKE	ODOMETER READING	LIFT EQUIPPED? (Check One)		ORIGINALLY SEC.5310 FUNDED? (Check One)		CURRENT ADOT LIEN? (Check One)		VEHICLE CONDITION CODE	IS THIS VEHICLE OPERATIONAL ? (Check One)	
						YES	NO	YES	NO	YES	NO		Enter 1 thru 5	YES
(List entire Veh. ID Number)	CODE (1 THRU 5)	ENTER A, or B, or C.	Enter Year (4 digits)	Enter Make	Enter Odometer Reading	YES	NO	YES	NO	YES	NO	Enter 1 thru 5	YES	NO
<b>EXAMPLE:</b> G2WB1F82292	4	A	1997	FORD	80,000							3		

NOTE: SEE PREVIOUS PAGE FOR CONDITION CODES AND VEHICLE CLASSIFICATION CODES. USE ADDITIONAL SHEETS IF NECESSARY. **SHOW ONLY VEHICLES FOR PROVIDER/SERVICE AREA APPLIED FOR, e.g., Brownsville Senior Center, *not all* Senior Centers under Brownsville's umbrella agency.**  
 Please check your title to determine if ADOT is -- or is not-- a lien holder (i.e., is your vehicle within 4 years or 100,000 miles of issue)

(INSTRUCTIONS FOR FORM L)

**VEHICLE CLASSIFICATION**

**AND**

**VEHICLE CONDITION CODE TABLES**

(Use the following codes for completing the table on the PREVIOUS page--FORM L).

NOTE: STARTING WITH THIS (2002) YEAR'S PROGRAM, VEHICLE CLASSIFICATION-TYPE CODES HAVE CHANGED TO REFLECT PASSENGER COUNT VS. PREVIOUS YEARS' VEHICLE LENGTH DESCRIPTION. ALL "SECTION 5310-TYPE" VEHICLES WILL FALL INTO THE "4" OR "5" CODE CATEGORY UNDER "VEHICLE CLASSIFICATION TYPE."

<b>VEHICLE CLASSIFICATION TYPE</b>	<b>CODE</b>
<b>GREATER THAN 36 PASSENGERS</b>	<b>1</b>
<b>BETWEEN 26 AND 35 PASSENGERS</b>	<b>2</b>
<b>BETWEEN 16 AND 25 PASSENGERS</b>	<b>3</b>
<b>BETWEEN 11 AND 15 PASSENGERS</b> (e.g., lift vans, cutaways, and rear-wheel-drive maxi-vans)	<b>4</b>
<b>BETWEEN 0 AND 10 PASSENGERS</b> (e.g., mini-vans, station-wagons)	<b>5</b>

<b>VEHICLE CONDITION DEFINITIONS</b>	<b>CODE</b>
<b>EXCELLENT:</b> Brand new or less than one year old, no major problems exist, or only routine preventative maintenance is required.	<b>5</b>
<b>GOOD:</b> Elements are in good working order, requiring only nominal or infrequent minor repairs.	<b>4</b>
<b>ADEQUATE:</b> Requires frequent minor repairs or infrequent major repairs. Elements are in adequate working order and the asset's usage can continue.	<b>3</b>
<b>POOR:</b> Requires frequent major repairs, elements are in poor working order, or asset is technologically dated and requires major retrofit. Future usage requires significant investment which may or may not be cost-effective.	<b>2</b>
<b>FAILURE:</b> In sufficiently poor condition that continued use is impossible or non-cost-effective.	<b>1</b>

**CERTIFICATE M**

**PUBLIC-BODY CERTIFICATION OF  
“NO PRIVATE-NON-PROFIT AVAILABLE FOR SERVICE”  
(for Public Agencies Only)**

\_\_\_\_\_ CERTIFIES to the State of Arizona

Agency Name

that, to the best of its knowledge, no non-profit corporations or associations are readily available in—or sufficiently proximate to—the area described as this applicant’s intended service area, to provide the service proposed in the above agency’s application for Section 5310 Elderly and Persons With Disabilities (EPD) Program assistance. “Available” in this context shall be construed to mean physically present and viable as a private non-profit (PNP) entity which is qualified, capable, willing and appropriate (as to intended clientele and scope of service) to provide the same—or essentially similar—service as that proposed in the subject application.

Further certification is given that any and all such nonprofit corporations which exist within—or proximate to—the described service area have been afforded a reasonable opportunity to respond to this agency’s application for Section 5310 Assistance, under rules of notification prescribed by the State of Arizona Department of Transportation (ADOT), and that no unresolved protests have been registered with the applicant-agency regarding the proposed service.

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title