**Application Checklist**

A complete Annual Transportation Plan will include each of the following items. They should be assembled in the sequence indicated.

Cover Page that includes “FY 2019 Annual Transportation Plan,” legal name, jurisdiction name, and date submitted to MDOT MTA.

**Included/ N/A To be Date**

**Complete Submitted**

**TERM Lite - Inventory**

Form 6: Vehicle Inventory

Form 6a: Fixed Asset Inventory

**PART I-A -Program Description**

A. Contact Information

B. Operators/Service Description

C. Project Coordination

(Attachments-Timetables, Marketing Materials, etc.) **(Part I-A-Timetables.pdf, Part I-A-Marketing.pdf)**

**PART I-B - Current Services**

Form 1: Transportation Program Summary

Form 2: Current Service Characteristics

Form 2a: FY 2018 Service Perf. Summary

Form 7: Vehicle Utilization Plan

**PART I-C – Program Compliance, Part I**

A. EEO/DBE/TITLE VI Contacts

B. Civil Rights Compliance – Applicant

EEO Plan

**(Part I-C-EEA Plan.pdf)**

DBE Plan

**(Part I-C-DBE Plan.pdf)**

Title VI Policy Statement

**(Part I-C-Title VI Plan.pdf)**

C. Civil Rights Compliance – Contractor

EEO Plan

**(Part I-C-Contractor EEO.pdf)**

DBE Plan

**(Part I-C-Contractor DBE.pdf)**

Title VI Policy Statement

**(Part I-C-Contractor Title VI.pdf)**

D. Safety & Security

E. Maintenance

All relevant forms

**(Part I-C-PM Forms.pdf)**

Pre-Trip Inspection

Written contract (s) &

price schedules

Sample of PM Certification

Copy of Facilities Maintenance Plan

**(Part I-C-PM Facility Plan.pdf)**

F. Training

**Included/ N/A To be Date**

**Complete Submitted**

G Purchased Transportation

Copies of current contracts

**(Part I-C-Purchased Transportation.pdf)**

H. Drug and Alcohol Testing Program

**(Part I-C-Drug Alcohol.pdf)**

I. Cell Phone Policy

Copies of policy

**(Part I-C-Phone.pdf)**

**PART II-A** - **FY Budget Request**

Form B-1: FY2019 Grant Budget Summary

Form B-2: Operating Budget

Operating Project Justification

Form B-3: Contract Operator Budget

Form B-4: ADA Operating Budget

ADA Project Justification

Form B-5: Technical Assistance Budget

**PART II-B – FY Capital Project Plan**

Form C-1: Summary of Capital Requests in Order

Form C-2a: Small Bus Cost Worksheet-Type 1A

Form C-2b: Small Bus Cost Worksheet-Type 2A

Form C-2c: Small Bus Cost Worksheet-Type 3A

Form C-2d: Small Bus Cost Worksheet-Type 4A

Form C-3: Medium Bus Cost Worksheet

Form C-4: FY2019 Vehicle Requests

Vehicle Replacement Worksheet

Capital Justification Form (Vehicles)

Independent Cost Estimate (ICE)

Form C-5: FY2019 Vehicle Refurbishments

Capital Justification Form (Vehicles)

Independent Cost Estimate (ICE)

Form C-6: FY2019 Future Vehicle Requests

Form C-7: FY2019 Equipment Requests

Capital Justification Form (Equipment)

Independent Cost Estimate (ICE)

Form C-8: FY2019 Future Equipment Requests

Form C-9: FY2019 Facilities Requests

Capital Justification Form (Facilities)

Independent Cost Estimate (ICE)

**PART II-C – Certifications and Assurances**

**Public Transportation Programs (Federal Funding)**

1. State Programs Assurances
2. Certification of Area Agency on Aging
3. Authorizing Resolution
4. Opinion of Counsel
5. List of Labor Representatives
6. Special Section 5333(b) Warranty
7. Civil Rights Certification
8. Certification of Equivalent Service
9. Federal Assurances

**Included/ N/A To be Date**

**Complete Submitted**

**APPLICATION for more than $100,000 in FTA Funds**

1. Certification on Restrictions on Lobbying

**IF APPLICATION for SSTAP ONLY**

1. Assurances for SSTAP
2. Assurances for State Programs
3. Certification of Area Agency on Aging

**PART II-D – Project Compliance, Part II**

1. Public Hearing

**(Part II-D-Public Hearing.pdf)**

Copy of Published Notice

Copies of any written comments

List of Attendees

Minutes from hearing

Letter stating no requests for hearing         

1. Private Enterprise Involvement

**(Part II-D-Private Enterprise.pdf)**

List of Private Operators

Sample of letter to Private Operators

Any comments from Private Operators

**PART II-E – ITS Architecture Conformity Process**

Preliminary ITSQuestionnaire

This section is to be completed by the person who validated the accuracy and completeness of this application.

Validated By: Date:

[Print Name] Add Signature/Title