**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