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Request for  
Annual  
Transportation Plans  
For  
Fiscal Year 2019



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# REQUEST FOR ANNUAL TRANSPORTATION PLANS FOR FISCAL YEAR 2019

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Application for State and Federal Funding under the

## PUBLIC TRANSPORTATION PROGRAMS (PTP)

- Sections 5303/5304 Planning Assistance
- Large Urban Capital and Operating Assistance
- Section 5307 Capital and Operating Assistance
- Section 5311 Capital and Operating Assistance  
and

AMERICANS WITH DISABILITIES ACT (ADA) FUNDING PROGRAM

and

STATEWIDE SPECIAL TRANSPORTATION ASSISTANCE PROGRAM  
(SSTAP)

Issued September 2017

Annual Transportation Plans for Sections 5307, 5311, Large Urban, and ADA; Sections 5339, 5311 and SSTAP Capital Assistance and Sections 5303/5304 Planning Assistance must be submitted by **Part I-January 26, 2018 and Part II-March 23, 2018.** If applications are not received by this deadline, the MDOT MTA may not be able to apply for Federal funds on your behalf. This will jeopardize approval of funds.

**MARYLAND DEPARTMENT OF TRANSPORTATION  
MARYLAND TRANSIT ADMINISTRATION (MDOT MTA)**

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# **GENERAL INFORMATION**

# GENERAL INFORMATION

## I. INTRODUCTION

The Maryland Department of Transportation Maryland Transit Administration (MDOT MTA) administers funds for public transportation projects in small urbanized and rural areas, as well as for specialized transportation projects statewide. Many of the recipient jurisdictions and operators of these projects are the same. For this reason, the Annual Transportation Plan (ATP) package for Maryland's Public Transportation Programs (PTP), American with Disabilities Act (ADA) Program and Statewide Special Transportation Assistance Program (SSTAP) has been consolidated into one document. This will facilitate the submittal and review process and promote coordination between these closely related programs.

## II. AUTHORITY FOR THE PROGRAMS

Sections 5307 and 5311 of the Federal Transit Act (USC 49) authorize the US Secretary of Transportation to apportion funds to each state for public transportation projects in the small urban and rural areas. Sections 5303/5304 of this same legislation authorize the apportionment of funds to each state to conduct special transit-related studies. Statewide legislation enacted by the 1985 Maryland General Assembly, Section 2-103.3 of the Transportation Articles of the Maryland Annotated Code was amended to provide for a transportation program for the elderly and persons with disabilities of Maryland under the Statewide Specialized Transportation Assistance Program (SSTAP). The legislation calls for the program to be administered by the Secretary of the MDOT in consultation with the Maryland Department of Aging (MDOA) and the Maryland Department of Disabilities (MDOD) Office. State legislation provides ADA funds for systems that operate fixed routes to provide complementary paratransit service for qualified persons with disabilities. The administration and oversight of transit services resulting from the use of these funds is the responsibility of the MDOT MTA, more specifically, the Office of Local Transit Support (OLTS).

## III. PROGRAM GOALS

### Public Transportation Programs (PTP)

Maryland's PTP funding is embodied through both Federal and State authorized programs. Specifically, the PTP includes Section 5307, Section 5311, Section 5303, Section 5304, and Large Urban funding opportunities. The goals of the PTP are to:

- Enhance the access of people in small urban and rural areas by assisting in the maintenance, development, improvement and use of public transportation systems, and
- Encourage and facilitate the most efficient use of funds expended to provide passenger transportation in small urban and rural areas through the coordination of programs and services.

Public transportation is transportation that is open to the general public (not including charter, sightseeing or exclusive school bus). Transportation service can be either publicly or privately owned; however, service must be provided on a regular and continuous basis.

### **Americans with Disabilities Act (ADA) Funding Program**

The State of Maryland provides funds that are annually apportioned to transit systems that operate fixed routes to provide complementary paratransit service to persons with disabilities as required under the Federal ADA. The primary goal of the ADA funding program is to provide general-purpose transportation for persons with disabilities who are unable to use traditional fixed-route public transit due to the nature of their disability. This service must meet specific federally established vehicle and operations requirements, and provide an equivalent level of service as the fixed-route service it is intended to complement. More information about ADA paratransit requirements can be found in Section 12 of the *Locally Operated Transit System (LOTS) Program Manual* and through the Federal Transit Administration.

### **Statewide Special Transportation Assistance Program (SSTAP)**

The goals of the SSTAP are:

- To provide general-purpose transportation for both elderly persons and persons with disabilities.
- To encourage and facilitate the efficient use of funds expended to provide transportation to the elderly and persons with disabilities through the coordination of programs and services.

General-purpose transportation must serve all trip purposes; thus it is transportation to any place a person needs to travel (i.e., grocery store, post office, employment, social center, friend's home, church). SSTAP service cannot be restricted to a particular program or activity, and trip purposes may not be prioritized. SSTAP service may be available to the general public; however, the intent of the program must be to serve the elderly and persons with disabilities. It must be assured that the transportation needs of this target population will be met. Since the program must serve both the elderly and persons with disabilities, an appropriate number of vehicles actively assigned to the program must be lift-equipped.

## IV. RELATIONSHIP BETWEEN SSTAP AND PTP AND WITH OTHER FEDERAL AND STATE PROGRAMS

A common goal of both the PTP and SSTAP funds is to encourage and facilitate the efficient use of funds expended to provide passenger transportation through the coordination of programs and services. While the overall objectives of the PTP and SSTAP differ - that is, the former provides transportation to the general public in the urbanized and rural areas and the latter serves the elderly and persons with disabilities in both urbanized and rural areas - there are parallels which make it desirable and efficient to administer them in a coordinated manner.

The procedures for the use of both PTP and SSTAP funds allow as much flexibility as possible to facilitate coordination of transportation services. SSTAP funds must complement and supplement existing transportation services. Since many of the existing services are funded through Federal and State programs, a high degree of coordination is feasible. For example, the PTP and SSTAP funds may be used in a consolidated transportation program that is administered and operated from a central office or they may be used in a cooperative arrangement where portions of a transportation program are available for PTP and/or SSTAP funded trips.

SSTAP funds, however, cannot be used in place of funds that currently support elderly and disabled transportation services. Neither PTP nor SSTAP funds may be used as a match for capital acquisitions that are funded through other sources. In addition, State and/or Federal funds used as local match must comply with all regulations governing the use of those funds.

### The Relationship Between ADA Paratransit and SSTAP Services

ADA paratransit is quite different from SSTAP in that ADA service parameters are highly prescribed by Federal regulation. ADA paratransit is required only for a narrow population of individuals who are unable to use fixed-route service because of their disability, while SSTAP serves any individual with a disability as well as elderly persons. ADA paratransit also requires a much higher level of service than is required by SSTAP, in terms of response time, days and hours of service, and capacity. While both services may be operated using the same vehicles and drivers, operating policies and customer information should clearly differentiate between the two programs.

## V. ELIGIBLE APPLICANTS

### Public Transportation Programs (PTP)

Eligible applicants for the PTP and Sections 5303/5304 funds include counties, municipalities, and public agencies, as well as non-profits, public corporations, boards, and commissions established under State law. The ATP of any municipality, public agency or public corporation, board, or commission established under State law, applying for PTP funds for the first time, must be submitted by the county in which the public entity is located. Eligible applicants for these funds will continue to be public entities as described above. Only one

application per county will be accepted. All ATPs for PTP funds must be submitted by the Chief Executive, County Commissioners, or an authorized official appointed by the Chief Executive or County Commissioners. PTP funded programs must provide transportation for the general public.

### **Americans with Disabilities Act (ADA) Funding Program**

Public transit systems that operate fixed routes are eligible to apply for State ADA funding, as these are the only systems required by law to provide complementary paratransit service to persons with disabilities. It is important to recognize that revisions to fixed-route service affect complementary paratransit requirements, and may affect a local system's eligibility to receive State ADA funding.

### **Statewide Special Transportation Assistance Program (SSTAP)**

Each County and the City of Baltimore is eligible to apply for the SSTAP funds. Only one ATP from each County or the City of Baltimore will be accepted for SSTAP (as opposed to PTP funds, for which towns/cities can apply) and must be submitted by the Chief Executive, County Commissioners, or an authorized official appointed by the Chief Executive, County Executive, or County Commissioners. The counties must take into account the needs of the municipalities within their jurisdictions. [A Municipality Notification Certification and Area Agency on Aging Certifications are included in the Assurances for State Programs.] In the event that a municipality believes it has not been afforded a reasonable share of the funds available to the County, the municipality may appeal the County's decision to the MDOT MTA. SSTAP funded programs must provide general-purpose transportation for elderly persons and persons with disabilities.

### **Contractual Arrangements**

Each eligible applicant for either PTP or SSTAP funds may plan with one or more public or private transportation provider(s) to operate transportation services. All arrangements made by the applicant for the provision of transportation services using these grant programs must be in written form, and must comply with appropriate state and federal program requirements.

## VI. ELIGIBLE EXPENSES AND MATCH LEVELS

Both the PTP and SSTAP provide funds for capital and/or operating expenses. ADA provides funds for operating assistance only.

### Operating Assistance

The financing of operating assistance for grant programs is as follows:

FEDERAL PROGRAM	Federal Share	State Share	Local Share
Section 5307 Section 5311	Up to 50% of the net operating deficit	Typically 25% of the net operating deficit	Typically 25% of the net operating deficit
STATE PROGRAM		State Share	Local Share
ADA		Up to 90%	10% minimum
Large Urban		Pending Annual Allocation	Typically 25%
SSTAP		Maximum 75% of the net operating deficit	Minimum 25% of the net operating deficit

### Capital Assistance

Capital assistance is available for financing capital equipment or facilities projects. Typical capital projects may include, but are not limited to:

- buses, maintenance, service, or paratransit vehicles (including ADA vehicles),
- radios or other communications equipment,
- bus stop signs, benches, or shelters,
- wheelchair lifts and related vehicle modifications,
- vehicle rehabilitation where candidate vehicles meet the extended useful life and rehabilitation cost limits established by the MDOT MTA,
- construction or rehabilitation of transit facilities including design, engineering, and land acquisition,
- operational support such as computer hardware and software to be used for the transportation program,
- spare parts, maintenance, and other miscellaneous equipment with a unit cost over \$1,000 and a useful life of more than one year, and/or,
- vehicle preventive maintenance programs.

The financing of capital assistance for grant programs is:

Federal/State Program	Federal Share	Typical State Share	Minimum Local Share
Section 5307	80%	10%	10%
Section 5311	80%	10%	10%
Large Urban		90%	10%
SSTAP		95%	5%

#### **Transportation Development Plan (TDP) and Technical Assistance Funds**

Federal Sections 5303/5304 and State funds are available for public transportation technical studies that provide the necessary planning support in the development and maintenance of public transit projects, including TDPs. These funds may also be used for projects that support the development and administration of activities to promote the coordination of local transportation services. Technical assistance funds are available to jurisdictions currently operating or anticipating initiating public transportation service.

The financing of technical assistance is:

Federal Program	Federal Share	State Share	Local Share
Section 5303/5304	80% of the project cost	10%	10% of the project cost

## **VII. LOCAL MATCH REQUIREMENTS**

Local matching funds are required for all types of assistance and must comply with all regulations governing the use of these funds.

Local matching funds required for capital purchases and technical studies must be provided in cash. The source of these funds may be local funds, state grants (other than those received from MDOT MTA), eligible federal funds or private sources.

Local matching funds required for operating assistance must be provided in cash. Operating funds from human service agency contracts to transport individuals, which are paid directly to the transit provider (and not included as farebox revenue), may be used as contract revenue to offset the net operating deficit, but are not considered local match in the year in which the revenues were earned.

## **VIII. PROJECT COMMENCEMENT**

Operating costs can be incurred at the beginning of the fiscal year (July 1st). Once a grant agreement with the MDOT MTA has been executed, the applicant may request reimbursement of these operating costs.

Technical studies or capital projects CANNOT begin until a grant agreement with the MDOT MTA has been executed. Additional information on procedures for conducting procurements can be found in Part II of the Grant Agreement and in the *LOTS Program Manual*.

## **IX. ALLOCATION OF FUNDS**

### **Public Transportation Program (PTP) Funds**

#### **Operating Assistance**

Funding requests for operating assistance should consist of the following:

- baseline transit operation not to exceed the levels shown on Tables I, II, III and IV,
- ADA related incremental operating costs, and
- additional forecasted costs to expand and/or maintain service.

#### **Capital Assistance**

Capital assistance for vehicles, equipment with a unit cost of over \$1,000, and facilities is provided on the basis of need and the availability of State and Federal funds. Applicants must justify all capital needs. Capital funds will be allocated by MDOT MTA in the following order:

- 1) replacement vehicles
- 2) vehicles for ADA compliance (including expansion)
- 3) preventive maintenance
- 4) parts, radios, miscellaneous maintenance equipment
- 5) expansion vehicles
- 6) facilities

In the past, we have asked you to “be reasonable” and only include those “must have” items that you considered a priority. We are still asking that for the project year. However, once you have completed prioritizing those items, continue to include the lower priority items. This is also true for the Five-Year Plan. MDOT MTA is completing a 25 Year Statewide Capital Needs Inventory, and this information will be helpful to us throughout the planning process.

### **Large Urban Program Funds – All State Funds**

Table I lists the jurisdictions that are eligible for Large Urban Program funds. Large Urban funding is discretionary and not formula based. Applicants should build their budgets based on their projected costs to provide planned services, and apply for the funds they need to cover these costs.

### **Section 5307 Funds**

Table II lists the jurisdictions that are eligible for Section 5307 funds. Federal funds for this program are annually apportioned and published in the *Federal Register*. Applicants should build their budgets based on their projected costs to provide planned services, and apply for the funds they need to cover these costs, rather than waiting for the allocation and basing their budget on this amount. There are a few applicants that receive their ADA funding in combination with their 5307 funds.

### **Section 5311 Funds – Federal and State Funds**

Table III lists the jurisdictions that are eligible for Section 5311 funds. Federal funds for this program are annually apportioned and published in the *Federal Register*. Applicants should build their budgets based on their projected costs to provide planned services, and apply for the funds they need to cover these costs, rather than waiting for the allocation and basing their budget on this amount. Section 5311 funds can be used for either capital or operating projects.

### **Americans with Disabilities Act (ADA) Funds – State Funds**

ADA funding is discretionary and not formula based. Therefore, allocation of funds is not assigned each year. Projected budgets for operating costs should be provided by each system on an annual basis.

### **Statewide Special Transportation Assistance Program (SSTAP) Funds – State Funds**

The funds available to the SSTAP are annually apportioned in the following manner:

- 60% equally among the counties (including Baltimore City);
- 40% among the counties (including Baltimore City) in proportion to their respective percentages of the State's combined elderly and disabled population utilizing the 2010 Census data.

The allocation of funds for FY 19 is listed in Table IV.

SSTAP funds may be used for either capital or operating projects.

**Transportation Development Plan (TDP) and Technical Assistance Funds**

Each system is requested to complete this type of study on a five-year basis. TDP funds are allocated according to the last time a jurisdiction completes an update

See Table V for a list of jurisdictions and the funds available for the studies.

**Table I**  
**LARGE URBAN PUBLIC TRANSPORTATION PROGRAM**  
**ALLOCATION OF FUNDS**

The following jurisdictions are eligible to apply for State Large Urban funding:

Jurisdiction	State Assistance	+	Local Match
Anne Arundel	\$593,822		\$351,274
Cecil	\$240,575		\$161,574
City of Annapolis	\$1,040,243		\$1,592,134
Howard	\$1,623,423		\$4,785,395
Montgomery	\$582,948		\$250,000
Prince George	\$112,050		\$48,750
Queen Anne's	\$34,380		\$198,730

**Table II**  
**SMALL URBAN PUBLIC TRANSPORTATION PROGRAM**  
**SECTION 5307 - ALLOCATION OF FUNDS**

**The following jurisdictions are eligible to apply for Federal/State Section 5307 funding:**

Jurisdiction	Federal + State Assistance	+	Local Match
Allegany County (Cumberland)	\$1,428,898		\$352,396
Calvert County	\$105,900		\$69,840
Carroll County (Westminster)	\$731,972		\$189,716
Charles County (St. Charles)	\$3,548,513		\$2,248,547
Frederick County (City of Frederick)	\$5,875.129		\$1,316,379
St. Mary's County	\$535,565		\$426,523
Washington County (Hagerstown)	\$2,105,368		\$713,944
Tri-County Council Lower Eastern Shore	\$3,633,969		\$1,256,192
Queen Anne's County	-		-

**Applicants should build their budgets based on their projected costs to provide planned services, and apply for the funds they need to cover these costs.**

The Federal Transit Administration no longer has a cap on Section 5307 operating funds. These funds can be used for both operating and capital needs. Operators applying for these funds should request funding based on projected operational and capital costs for services eligible for this program. If you are unsure which of your services are eligible, please work with your Regional Planner (RP) to define them. Please note the Federal portion of the operating assistance cannot exceed 50% of the net operating deficit. Capital awards are considered at an 80% Federal, 10% State, and 10% Local cost share. Preventive maintenance costs may be funded as a capital project under either Section 5307 Program or the 5311 Program.

**Table III**  
**RURAL PUBLIC TRANSPORTATION PROGRAM**  
**SECTION 5311**  
**Base Line Program**  
**FISCAL YEAR 2019**

The following jurisdictions are eligible to apply for Section 5311 funding:

<b>Jurisdiction</b>	<b>Federal + State Assistance</b>	<b>Local Match</b>
Allegany	\$3,190	\$3,190
Anne Arundel County	-	-
Baltimore County	\$163,616	\$112,186
Calvert County	\$398,386	\$262,732
Caroline/Kent/ <i>Talbot</i> Counties	\$547,433	\$218,783
Carroll County	\$150,021	\$50,217
Cecil County	\$437,315	\$218,657
Charles County	\$96,247	\$60,599
Dorchester County	\$809,713	\$43,046
Frederick County	\$369,792	\$109,264
Garrett County	\$912,217	\$480,301
Harford County	-	-
Howard County	-	-
Montgomery County	\$309,958	\$31,125
Ocean City	\$6,255,782	1,963,532
Prince George's County	\$156,506	\$94,256
Queen Anne's County	\$217,870	\$45,630
St. Mary's County	\$372,173	\$296,397
Washington County	-	-
Tri-County Council of Lower Eastern Shore (Worcester, Wicomico, Somerset)	\$339,615	\$113,205

Fiscal Year allocation is subject to budget approval by the General Assembly and the Federal FY 2019 allocation.

**Table IV**  
**STATEWIDE SPECIAL TRANSPORTATION ASSISTANCE PROGRAM**  
**Baseline Program**  
**FISCAL YEAR 2019**  
**TOTAL ALLOCATION**

Jurisdiction	State Assistance*
Allegany County	\$144,831
Anne Arundel County	\$251,677
Baltimore City	\$388,145
Baltimore County	\$405,029
Calvert County	\$129,953
Talbot County	\$-
Kent County	\$-
Caroline County	\$-
<b>Three County Total</b>	<b>\$369,028</b>
Carroll County	\$154,536
Cecil County	\$137,187
Charles County	\$140,805
Dorchester County	\$125,574
Frederick County	\$162,855
Garrett County	\$122,443
Harford County	\$174,328
Howard County	\$166,294
Montgomery County	\$387,911
Prince George's County	\$340,548
Queen Anne's County	\$124,899
St. Mary's County	\$134,098
Somerset County	\$120,175
Washington County	\$150,329
Wicomico	\$-
Worcester County	\$-
<b>Tri-County Council of Lower Eastern Shore</b>	<b>\$275,263</b>
<b>Total</b>	<b>\$4,405,908</b>

\*Fiscal Year 2019 allocation is subject to budget approval by the General Assembly.

**Table V**  
**TRANSPORTATION DEVELOPMENT PLAN PROGRAM**  
**ALLOCATION OF FUNDS**  
**FISCAL YEAR 2019**  
**TOTAL ALLOCATION**

<b>Jurisdiction</b>	<b>Federal/State Assistance* (90%)</b>
Allegany County	\$95,000
DCT/DCS (Talbot, Caroline, Kent)	\$95,000
Town of Ocean City	\$95,000

Fiscal Year allocation is subject to budget approval by the General Assembly and the Federal FY 2019 Federal allocation. **Funds may be subject to change.** Grantees will be notified when funds become available.

## **X. PROGRAM REQUIREMENTS**

Recipients of funding applied for through the ATP must comply with Federal and State requirements pertaining to each program. For comprehensive guidance on Federal and State requirements for recipients of PTP, ADA, and SSTAP funding, please refer to the *LOTS Program Manual*.

## **XI. RELATIONSHIP OF THE ATP TO OTHER ANNUAL PLANNING AND APPLICATION REQUIREMENTS**

### **Inclusion in the Transportation Improvement Program (TIP)**

Where local projects exist or are being proposed within the current planning/study area boundaries of a Metropolitan Planning Organization (MPO) (which may include areas that are currently non-urbanized, but are expected to become urbanized within the next 20 years), the local projects must be included in the MPO's TIP. Local transit systems need to be involved in the annual development of the TIP and need to plan for several years in advance, as the TIP has a six-year planning horizon, and because amending the TIP involves a formal process. The MDOT MTA takes care of submitting a Program of Projects (POP) for all the TIPs, incorporating local projects that are applied for in the local ATPs. It is critical that local ATP's are submitted to MDOT MTA by the deadline indicated.

### **Inclusion in the Statewide Transportation Improvement Program (STIP)**

In addition to its annual POP, the State must also submit a three-year STIP for Federal transportation funds. Local systems can assist the MDOT MTA in planning for adequate funding for local transit by realistically projecting capital replacement needs for the next five years in each ATP, as well as updating the local TDP every five years with a feasible and well-developed capital and operations plan.

# **INSTRUCTIONS FOR PREPARING THE ANNUAL TRANSPORTATION PLAN**

# INSTRUCTIONS FOR COMPLETING THE FY 2019 ANNUAL TRANSPORTATION PLAN

## I. SUBMISSION DEADLINES

### PTP Operating, Capital, and Planning Assistance

ATP's for PTP Large Urban and Sections 5307 and 5311 operating or capital assistance; ADA operating assistance and Sections 5303/5304 planning assistance must be submitted into each Local Operating Transit System's (LOTS) folder in ProjectWise by Part 1-January 26, 2018 and Part II-March 23, 2018. If complete applications are not received by the deadline, the MDOT MTA will not be able to apply for Federal funds on grantees' behalf in the application MDOT MTA submits to the Federal Transit Administration. This will jeopardize approval of funds.

## II. RECOMMENDED TIMELINE FOR REQUIRED TASKS

Because several the tasks involved in developing your ATP require lengthy preparation times, the following timeline is provided to assist applicants in completing these tasks in time to submit a complete ATP by the application deadline. Detailed instructions for the public hearing and private enterprise involvement requirements are provided in a later section in these instructions.

October 20, 2017

**Form 6, 6a, and 6b due in Project Wise. These forms will be processed using TERM Lite with State of Good Repair (SGR) results returned to LOTS by December 11**

January/February

**"Due to MDOT MTA" means a final document will be available in ProjectWise, in each LOTS' "ATP Working Folder", for MDOT MTA to review/comment and/or print.**

- Schedule the presentation of your ATP to local elected officials for approval (application must be approved prior to submission to MDOT MTA by the deadline).

**At least 30 days before submitting your ATP to local elected officials for approval, you must:**

- Notify private operators.
- Submit the SSTAP portion of your ATP to your local Area Agency on Aging for approval.
- Notify the municipalities in your county of the availability of SSTAP funds (recommended to be completed earlier to allow for their needs to be

addressed in the proposed plan). Include a copy of this notification as part of your ATP in **Part II-D-#A**.

- Publish notice of an opportunity for a public hearing with at least a three-week window in which to request a hearing. The tentative hearing opportunity should be scheduled so that you have time to address significant issues before presenting the ATP to the elected officials for approval.

**▪ PART I of your application will be “Due to MDOT MTA” by COB Friday, January 26, 2018.**

- If requested, hold the public hearing, providing accessible information or sign language interpretation upon request.
- Submit your ATP to local elected officials and your attorney for approval.

**March**

**▪ PART II of ATP is “Due to MDOT MTA” by COB Friday, March 23, 2018.**

**MDOT MTA Review Schedule:**

**February**

- MDOT MTA will begin to review PART I of the LOTS' ATPs.
- LOTS should check their folder “ATP OLTS Comments” in ProjectWise for review comments from the MDOT MTA.
- If additional information is requested, these documents will be provided through ProjectWise, to MDOT MTA no later than early March.

**March**

- MDOT MTA will begin review of PART II; please be prepared to answer questions about material submitted.
- MDOT MTA staff will review your application for accuracy and completeness.
- LOTS should check their folder “ATP OLTS Comments” in ProjectWise for review comments from the MDOT MTA.
- The RPs will notify their LOTS' of any revised/additional information that may be required.

**1<sup>st</sup> Week in April**

- If additional information is requested, these documents will be provided to MDOT MTA through ProjectWise, no later than early April.

- The Review Team will meet within the last two weeks of April to continue the review and reach a consensus.

### III. OVERVIEW OF APPLICATION FORMAT

The application forms are provided to each LOTS' in their "ATP Working Folder" located in ProjectWise. Re-save all documents with their original document name. Please follow naming protocol illustrated on the Application Checklist for any supporting documentation you will be providing. **Please delete the original blank application forms used to create your FY 19 ATP. This will limit the number of files in the folder and make it easier to find your completed documents.**

#### TERM Lite Documents

##### Form 6: Current Revenue Vehicle Inventory (as of October 2017)

*For your convenience and to ensure the consistency of information gathered, this form has been modified to include drop down menus.*

**YOU MUST CHOOSE FROM THE DROP-DOWN LIST!**

**FORMULAS WILL NOT WORK IF YOU TYPE IN A BOX THAT HAS A  
DROPDOWN LIST.**

All Revenue Vehicles currently in your fleet should be listed. Route Type - A drop down list will allow you to choose whether the vehicle is used for FR (Fixed Route) or DR (Demand Response). If a vehicle is used for both types of service select the service type where the vehicle operates the most.

Vehicle Type - A drop down list will allow you to choose the type of vehicle. These are your only choices. If you are not sure what category to use please contact your RP.

Vehicle Length - A drop down list is provided to choose length of your vehicle. If you have a question about a vehicle, please call your RP.

Current Physical Condition - Please review the "revised" Vehicle Condition numbering guidelines on your Vehicle Replacement Worksheet.  
List all vehicles for your *entire vehicle inventory*:

Vehicles currently *on order* that were funded in previous years. Be sure to indicate the date the vehicle was ordered or the date you anticipate placing the order. Also indicate the grant year in which the vehicle was funded, **the purchase price** and the vehicle number the new vehicle will replace, if applicable. The vehicle **TO BE** replaced should be listed in the active fleet inventory.

**If a vehicle was purchased with funds other than MDOT MTA, please complete the MDOT MTA Grant Number column by indicating source of funding, i.e., local, special, etc.**

Vehicles *requested* this year as either:

- replacements for existing vehicles, or
- expansions to your fleet.

Each replacement vehicle requested for FY 19 must correspond to a currently owned vehicle in Form 6. In Form 6, "Fiscal Year Budgeted for Replacement" all current vehicles must correspond to replacement information provided in Capital Plan Forms C-4 and C-5.

Replacement requests must indicate the vehicle number to be replaced, and a vehicle replacement worksheet must be submitted for each vehicle requested. Replacements are awarded on an individual basis; therefore, substitutions after the award **will not** be permitted.

### **Form 6a: Fixed Asset Inventory**

*For your convenience and to ensure the consistency of information gathered, this form has been modified to include drop down menus.*

**YOU MUST CHOOSE FROM THE DROP-DOWN LIST!**

**FORMULAS WILL NOT WORK IF YOU TYPE IN A BOX THAT HAS A  
DROPDOWN LIST.**

List all property (shop equipment, facility, etc.) assigned to, in use by or available to the program, regardless of ownership or funding source.

- **Inventory Control Number:** The number assigned, if any, by your organization to each asset purchased.
- **Department:** The department within your organization that manages/ uses the asset. For example, the asset may be a printer, and it is located in "Admin".
- **Asset Category:** You will choose from a drop-down list. If you are not sure which category an item should be classified as, please contact your RP.
- **Asset Type:** You will choose from a drop-down list. If you are unsure what category your asset should be classified as, please contact your RP.
- **Description of Use:** Provide a description of the daily use and condition of the asset.
- **Delivered Price:** Total cost of purchase (include delivery, additions, etc.)
- **Grant Number:** If there was more than one grant used, use the grant that provided the largest source of funding. We are asking for Grant #'s from 2008 forward.
- **In-Service Date:** Date the equipment was put in to revenue generating use.
  - **Part I – A** is a Word document that requests qualitative program information with supporting documentation to be provided according to the naming protocol illustrated on the Application Checklist. In this

section, you will describe the services provided by your organization. This document will only permit information to be entered in designated locations, and can be moved through by using the TAB key.

- **Part I – B** is an Excel document that requests narrative program information with supporting documentation to be provided according to the naming protocol illustrated on the Application Checklist. This form will only permit data to be entered in designated locations, and can be moved through by using the TAB key.
- **Part I – C** consists of project compliance documents that are required to process your ATP Application. Supporting documentation should be saved according to the naming protocol illustrated on the Application Checklist.
- **Part II – A** contains Operating Budget Forms B-1 through B-5 and Operating Project Justification Forms for PTP and ADA services.
- **Part II – B** contains Capital Budget Forms C-1 through C-9, Capital Project Justification Forms for Vehicles, Equipment and Facilities, and Vehicle Replacement Worksheets.
- **Part II – C** contains all certifications and assurances that are required annually to receive Federal and/or State grant funds.
- **Part II – D** consists of project compliance documents that are required to process your ATP Application. Supporting documentation should be saved according to the naming protocol illustrated on the Application Checklist.
- **Part II – E** contains the ITS Architecture Questionnaire.
- The **Application Checklist** lists all forms, narrative responses, and supporting documentation that must be submitted with the FY 19 ATP. It is organized in the same order that forms should be compiled in your completed application in your “ATP Working Folder” in ProjectWise. Please follow the naming protocol illustrated on this list.

#### Form 6b: Current Non-Vehicle Inventory

All Non-Revenue Vehicles currently in your fleet should be listed. 5310 Vehicles should be listed under Non-Revenue Vehicles and clearly labeled as 5310 funded. See Form 6 section for further instruction.

#### **IV. Part I-A - PROGRAM DESCRIPTION**

This document is formatted to be ‘tabbed’ through. All responses should be placed in the yellow boxes as indicated. Copy and paste where necessary **inside** the yellow boxes. The boxes will adjust with your entries. Please enter ALL information on this document. **All required supporting documentation should be uploaded according to the naming protocol illustrated on the Application Checklist.**

**The yellow box is not format friendly.** Our suggestion is to type your responses in a separate word document with “minimal formatting” and then cut and paste it into the yellow box. MDOT MTA is aware that adding/editing information in this section can be very challenging. We are looking at other options, but currently, this is the format that works best for LOTS at this time.

### **A. Contact Information**

Enter the Jurisdiction/Program Name and Legal Name in the designated location on this page. The application contact should be the person to whom any application questions will be directed.

**ZIP CODE** – When providing address, please include the nine-digit zip code. This is a new FTA requirement.

**Attention** - The Name and Title identified in the “Application Submitted By:” section of this page should match the Name and Title of the person authorized to file the application as identified in the Authorizing Resolution. If not, explain the relationship/authority of the person executing the documents.

**The System for Award Management (SAM)** – A business or LOTS must register with SAM using their DUNS#. Once registered, SAM will then issue a Cage Code. The registration confirmation may take a few days so please allow time to receive your Cage Code. You must be registered with SAM to receive payment from the Federal government as a Federal contractor. Registering can be accomplished yourself, or for a fee you may elect to hire an outside party to register for you.

***Please provide a copy of your SAM documentation - (FTA Requirement).***

### **B. Operator/Service Description**

The answers to these questions provide a qualitative description of your transportation services. Use additional space as needed. Please list supporting documentation provided in response to each question, and number each to correspond to the question it answers. Distinguish where necessary between PTP and SSTAP funded services.

### **C. Project Coordination**

PTP and SSTAP funds must be used in transportation projects that encourage the use of funds through the coordination of programs and services. In addition, SSTAP funded transportation services must increase and supplement, but not replace, existing transportation services. PTP and/or SSTAP funds should be used in the following ways:

- in a consolidated transportation services program that is administered and operated from a central facility, and/or
- in a cooperative arrangement, and/or

- to pay for eligible PTP/SSTAP passengers on a vehicle while another funding source pays for other passengers, and/or
- to pay for eligible PTP/SSTAP miles or hours of a passenger trip while another funding source pays for the remaining miles or hours.

Coordination efforts should focus on sharing vehicles, supplies, staff, purchases of service, individual trips, hours, miles, fuel, and any other arrangements to provide as many trips as possible with the available funds and resources. Consider all possible arrangements for sharing resources that are feasible in your area. These arrangements may include components funded by other sources in your total transportation program, as well as other providers. Other transportation providers include public transportation services, private-for-profit providers, non-profit organizations, local government transportation providers or other providers as may exist in the area. Emphasis should be placed on coordination between and among the SSTAP, FTA Sections 5307, 5311, and 5310 funds.

**It cannot be over-emphasized that creative, cost-effective, fully utilized transportation services are to be supported by PTP and/or SSTAP funding.**

## V. Part I – B - CURRENT SERVICES

This section provides a quantitative snapshot of services provided.

### **Form 1: Transportation Program Summary**

This summary is designed to provide the reviewer with quick information about your transportation services. Fill out each field accurately.

In the vehicle summary, Vehicles Used in Peak Service plus Spare/Backup Vehicles calculates the Total Vehicles in the Service automatically. The Spare Ratio is also an automatic calculation. Please include in-service revenue vehicles only in this section.

***NEW: It is required by the National Transit Database (NTD) to distinguish between the number of Fixed Route and Demand Response vehicles. For those systems using the same vehicle to operate both types of service, count the vehicle in the service type that vehicle operates the most.***

### **Form 2: Current Service Characteristics**

This form provides a brief description of the different components and service modes of your transportation program. Insert additional rows as needed.

For "Level of Service," indicate approximate percentage of each service type operated within each grant program. For example, for Section 5311, an operator might operate approximately 50% as fixed-route service and 50% as route deviation service.

Provide a copy of your fare policy or schedule if the complexity of your fare policy makes completion of the "Fares" portion of this form unfeasible.

## Form 2a: FY 2018 Service Performance Summary

Indicate the following for each type of service or route provided in ***FY 2018***.

***New: Please use the Form 2a assigned to your system (Small Urban, Urban, or Rural). If you are unsure which Form 2a to use, contact your Regional Planner.***

- **total passenger trips** - each passenger boarding, including transfer boardings, is counted as one passenger trip,
- **total service miles** - calculated as miles from driver pull-out to driver pull-in, including deadhead mileage—data should be available from driver trip sheets and/or maintenance records,
- **total service hours** - calculated as the time from driver pull-out to driver pull-in, including deadhead time—data should be available from driver trip sheets,
- **total operating costs** - including administrative and maintenance costs,
- **total farebox receipts** - includes all cash and electronic fares, all proceeds from sale of paper or electronic fare media, discounts, tokens,
- **other local operating revenue** - including contract revenues, fare subsidies from local organizations, and local government support or contributions,
- **advertising revenue** - any revenue earned from displaying advertising on your buses or in/on your shelters.

For Large Urban and Sections 5307 and 5311 services, report all information based on the service type (fixed-route, deviated fixed-route, or demand-response). Provide a name for each route and indicate whether the route is fixed-route, deviated fixed-route, or demand response. ADA passengers should be reported as a sum total. Count each trip, mile, hour, and dollar in only one program/route within the categories indicated. Performance measures will be calculated automatically. MDOT MTA performance standards are attached in Appendix D. If you have any questions, contact your Regional Planner.

SSTAP ridership (passenger trips) must also be broken out into four different groups of customers:

- Disabled (non-elderly) ambulatory (able to walk)
- Disabled (non-elderly) non-ambulatory (use wheelchair or scooter)
- Elderly ambulatory (able to walk)
- Elderly non-ambulatory (use wheelchair or scooter)

## **Safety Information**

***Systems must report the number of accidents and incidents that have occurred in the fiscal year by type. For this reporting, use the NTD approved definition, rather than simply relying on the number of post-accident drug tests performed, as not all are or should be conducted under DOT regulations. Further information is contained on Form 2a. The NTD definitions are included in Appendix G.***

## Form 7: Vehicle Utilization Plan

The information on this form is a crucial part of the ATP. It provides a description of the service area and route assignment for each vehicle during a typical week. An example is provided to illustrate how this form should be completed. If a vehicle is used for more than one route or service, use a separate line for each route or service. If a vehicle's schedule varies according to the day of the week, use a separate line for each day. Insert additional lines and pages as needed. Complete for all currently owned **active** vehicles listed in Form 6. **Do not include spares.** Active vehicles must equal or exceed Vehicles Used in Peak Service on Form 1.

## VI. Part I - C – PROGRAM COMPLIANCE, Part I

### A: Civil Rights

Enter the required information in order to determine your agency's status with respect to these plans. If you have a service contractor, supply this information for them as well.

Be sure to attach a copy of the required plans/policies or contact your RP if your organization does not currently maintain these plans/policies or if you have updated/revised the plan in the past year.

### B: Civil Rights Contacts - Applicant

Provide all the requested contact information for those persons responsible for these programs within your jurisdiction.

### C: Civil Rights Contacts - Contractor

If you have a service contractor, supply this information for them as well.

### D: Safety and Security

This section requires documentation of expenditures related to Safety & Security.

### E: Maintenance Program

This section requires documentation of your vehicle maintenance program and your facility maintenance plan. Please provide a copy of each.

### F: Training Programs

This section requires documentation of your training expenses and programs, to include new driver training and retraining, maintenance, and other training.

Please note that training is available for systems in non-urbanized areas through the Rural Transit Assistance Program (RTAP). Training sessions are implemented to assist in the design and implementation of training and technical assistance projects and other support services tailored to meet the specific needs of rural transportation providers. An annual allocation is provided to the State, and is administered in conjunction with the Section 5311 program.

Scholarships to attend training are available through a separate application process. For more information on RTAP training and scholarships, contact your Regional Planner.

#### G: Purchased Transportation

If the applicant purchases transportation service from a private operator, the operator contact should be identified on Form 2. A brief description of the contract arrangement should be included here, including the operator(s), the contract term and any options, and the scope of services to be provided. ***Please provide copies of ALL current contracts following the naming protocol illustrated on the Application Checklist.***

#### H: Drug and Alcohol Policy Compliance

Recipients of FTA funds are required to comply with FTA regulations, ``Prevention of Alcohol Misuse and Prohibited Drug Use in Transit Operations," at 49 CFR part 665, subpart I and with 49 CFR part 40 as are all contractors. Provide the dates of your original policy and of its most recent update. If you have a service provider, provide this information for them as well.

#### I: Cell Phone Policy

For safety purposes MDOT MTA requires that grantees have in place a policy limiting the use of cell phones and other portable electronic communication devices for its employees and subcontractors. Copies of these policies must be submitted with your application.

### **VII. Part II – A – OPERATING BUDGET REQUEST**

To minimize the information local applicants must manually type, many of the worksheets have cells that draw information from (or link to) cells in other worksheets in the file. **Capital Forms C-4, C-5, C-7, and C-9 are linked to Form B-1 in the workbook.** Many subtotals and totals are designed to calculate automatically using formulas that have been entered in these cells. ***Cells that require input are highlighted yellow. Automated cells are indicated on each form by gray shading.*** To maximize the benefits of these automated links and calculations, be sure to read the instructions for each form closely, avoid manually entering information into automated cells, and avoid editing the format of the form (other than where instructed to insert additional rows as needed). ***Do not insert columns or change column headings.*** Inserting columns or changing column headings may invalidate the information in automated summary cells.

Applicants should not rely on the linked or calculated information to be correct without cross-checking. Even minor changes made to one form may alter the validity of a related cell in another form. Please keep in mind it is possible that there may be errors in formulas. For this reason, please double check your totals before submitting and **let your Regional Planner know if you discover any problems with the worksheets.** **DO NOT MAKE MODIFICATIONS TO THE FORMULAS OR CELL REFERENCES WITHOUT HAVING CONTACTED MDOT MTA FIRST.**

### **Form B-1: FY 19 Grant Budget Summary**

This form is designed to be automatically completed by linking to information on other forms as they are completed, and provides a comprehensive overview of all public operating, capital, and technical assistance requested from MDOT MTA in FY 19 (Ridesharing, Senior Ride, and other Human Service programs reported on Form B-2 will not appear on Form B-1). **You should not need to enter information into this form if other forms were completed correctly; however, once you have completed all the other FY 19 budget forms in the workbook, it is important to cross-check the totals shown on Form B-1 with Forms B-2, B-4, C-4, C-5, C-7, and C-9, and ensure the accuracy of the data.**

### **Form B-2: Operating Budget Summary**

The Operating Budget Summary contains columns for Total Program, SSTAP, Large Urban, Section 5311, ADA, and/or Section 5307, Senior Ride, and Other.

**Do not insert or delete columns or rows, or change column headings on this form.**

Aggregated information on this form automatically populates the cells on Form B-1, and changing columns will invalidate this automated information resulting in the need to manually complete Form B-1 (this cannot be done without contacting your Regional Planner as the form is password protected). Instructions for each column are provided below; each column must be completed if applicable to your transit system. Please note that this ATP does not serve as an application for Ridesharing, Senior Ride, and other Human Service programs funding; however, estimated budgets must be provided for these programs to provide MDOT MTA with a complete picture of your system's transit budget and cost allocation.

An operating budget worksheet must be completed even if an applicant is applying for capital assistance only. **If a cost category listed on the Operating Budget Worksheet is not applicable to your program, enter "0" (zero) on the line for that cost category.** Attach footnotes as needed to provide additional explanation where expenses may not be self-explanatory.

List eligible operating expenses according to line item. All operating expenses must be incurred on an accrual basis. *Ineligible* expenses are expenses relating to the transportation program that are not directly related to the daily operations of the program. Examples of ineligible expenses include expenses of a city council in considering transit matters; charitable contributions and donations; entertainment expenses; fines and penalties; interest expenses on loans; and depreciation accrued on facilities or equipment purchased with Federal and/or State grants. Appendix B defines the terms used in this form.

Indicate all sources of local match funding, including "soft match." See Appendix A for guidelines on "soft match" as local match.

Instructions for each column are as follows:

- ◆ **Total Program** - The combined expenses and revenues for all transportation services, including SSTAP, Large Urban, Section 5311, ADA, and/or Section 5307, and Other. **This column will update automatically as information is**

entered in other columns.

- ◆ **SSTAP Program** - See Table III for the FY 19 funding levels. This column reflects the portion of the total program that provides general purpose trips for the elderly and persons with disabilities. The SSTAP operating costs are paid for with SSTAP operating assistance and/or use SSTAP funded equipment. Both the State and local shares of SSTAP operating assistance must be identified.
- ◆ **Large Urban Baseline FY 19** – See Tables I & II for the current baseline levels. This column reflects service that is funded by PTP operating assistance and/or uses PTP funded equipment in urbanized areas. Both the Federal/State share and local share of the PTP operating assistance must be identified. The Large Urban Program is 100% State funds.
- ◆ **Section 5311 Baseline FY 19** – See Table IV for the current baseline levels. This column reflects service that is funded by the PTP operating assistance and/or uses PTP funded equipment in non-urbanized areas. Both the Federal/State share and local share of the PTP operating assistance must be identified.
- ◆ **Section 5307 Service** – ADA and Section 5307 have been combined for funding purposes. ADA funding has been extended without an increase in funds.
- ◆ **ADA Service** - For those systems implementing a complementary paratransit service to comply with ADA, identify the FY 19 operating costs associated with ADA compliance. **Do not enter information in this column, this column will populate automatically as information is entered in Form B-4.**
- ◆ **Senior Ride** – This column indicates estimated FY 19 budget under the Senior Ride program.
- ◆ **Other** – The “Other” column should include Medical Assistance, other transportation contracts, and other services that are not funded through MDOT MTA.

**Operating Project Justification Form** - must be submitted for all new services and for all proposed service expansions. The form is in Part II-A behind Form B-2. Describe and justify each project, using additional sheets as necessary. It is particularly important to indicate what capital funding will be used to operate each project, as well as to estimate anticipated ridership, total vehicle miles and hours, fare revenue, and operating costs for the project in FY 19. If the proposed change is programmed in your most recently completed TDP, include a copy of the recommendation from the final document in your justification

#### **Form B-3: Contractor's Budget Summary**

If there is a purchase of service arrangement with a private for-profit or non-profit operator, Form B-3 is required for **each** operator from which you purchase service. **Preventative Maintenance is a capital expense.** The total expense from

this form will appear on Form B-2 in the Purchased Service line item. One copy of the contract and/or terms of the purchase of service agreement must also accompany this application and the agreement should be described in **Section 6 – Program Compliance**.

#### **Form B-4: ADA Operating Budget**

A budget estimating FY 19 operating expenses, as well as the previous year's award, is needed for ADA funding. Information entered in the FY 19 column of this form will automatically populate the appropriate column in Form B-2.

An **ADA Operating Project Justification Form** must be submitted for all projects requesting an increase in ADA funding in FY 19. This form is in Part II-A behind Form B-4. Describe and justify the need for additional funds should your proposed budget vary more than 10% from your 2018 budget. It is particularly important to indicate what funding will be used to operate additional services as well as to estimate anticipated ridership, total vehicle miles and hours, fare revenue, and operating costs for the project in FY 19.

#### **Form B-5: Technical Assistance Budget**

See Table V for current funding levels and eligible jurisdictions for preparation of Transportation Development Plans (TDPs). If you are eligible to apply for technical assistance funds in the current year, complete this form. MDOT MTA can procure planning services for this project on your behalf.

### **VIII. Part II - B - CAPITAL REQUESTS**

***All capital projects will require a copy of the Independent Cost Estimate (ICE). You may find an example of a typical ICE in the appendix of this application. The ICE should be the first document in the procurement file for a capital project. This document is required as part of the justification in the ATP Grant Application.***

The Capital Project Plan is a six-year plan of your projected capital needs and addresses replacement vehicles, expansion vehicles, vehicle refurbishments, equipment, and facilities. It is used to request capital projects for FY 19, to estimate funding needs for the upcoming budget years, to determine the affordability of your plan and to help the MDOT MTA budget and forecast future state and federal funds for your service.

The instructions in this section are organized into each of the following subsections:

- A. General Requirements
- B. Vehicle Funding Requests
- C. Equipment Funding Requests
- D. Facilities Funding Requests

#### **General Information**

##### **Overview of the Capital Project Plan Forms**

Form C-1: Summary of FY 19 Capital Requests in Priority Order

Form C-2a: Capital Project Plan Small Bus Cost Worksheet (Type 1A)  
Form C-2b: Capital Project Plan Small Bus Cost Worksheet (Type 2A)  
Form C-2c: Capital Project Plan Small Bus Cost Worksheet (Type 3A)  
Form C-2d: Capital Project Plan Small Bus Cost Worksheet (Type 4A)  
Form C-3: Capital Project Plan Medium Bus Cost Worksheet  
Form C-4: FY 19 Capital Project Plan FY 19 Vehicle Requests  
(Replacement **AND** Expansion)  
Vehicle Replacement Worksheet(s)  
Capital Justification Form (Vehicles) **ICE Form Needed**  
Form C-5: Capital Project Plan FY 19 Vehicle Refurbishment Requests  
Form C-6: Capital Project Plan Future Vehicle Requests  
Form C-7: Capital Project Plan FY 19 Equipment Requests  
Capital Justification Form (Equipment) **ICE Form Needed**  
Form C-8: Capital Project Plan Future Equipment Requests  
Form C-9: Capital Project Plan FY 19 Facilities Requests  
Capital Justification Form (Facilities) **ICE Form Needed**

Instructions for each of these Capital Project Plan forms will be provided in this section.

*For your convenience and to ensure the consistency of information gathered, many of these forms have been modified to include dropdown menus.*

### The Importance of Forecasting Future Capital Requirements

It is very important to identify your capital requirements for the next five years. Facility projects as well as vehicle and equipment needs should be identified in your plan. Your FY 19 requests should reflect critical projects. Forecasted projects identified between FY 2019 and FY 2023 (in Forms C-6 and C-8) are intended to provide the MDOT MTA with a forecast of your future financial needs so that MDOT MTA can accurately budget future Federal funding needs. When estimating funds needed for the out years use current (FY 2018) dollars. Do not inflate the numbers.

Any changes in this five-year plan during the year should be submitted to the MDOT MTA RP to keep the MDOT MTA informed and to enable us to keep our financial forecasts current.

### Procurement Requirements for Approved Capital Projects

All procurement activities are the responsibility of the applicant. The applicant should use the procurement procedures of the jurisdiction that executed the grant agreement, as long as they conform to the standards for the MDOT MTA and the Federal Transit Administration. The applicant is also responsible for settling all contractual and administrative issues arising out of procurements undertaken with project funds, although MDOT MTA staff is available to provide technical assistance. The MDOT MTA conducts a centralized procurement of vehicles on behalf of all grant recipients. Part II of the Grant Agreement provides the detailed requirements for third party contracts and procurement. Procurement requirements are also described in Section 4 of the *LOTS Manual*.

***PLEASE NOTE:***

- Each Vehicle Replacement Worksheet and Capital Project Justification Form must indicate who will procure the project, as well as the intended advertising date of the project, the projected award date, and the projected delivery date.
- Capital projects cannot be implemented until a concurrence letter has been executed between the MDOT MTA and the appropriate jurisdiction.
- All documents for third party contracts and procurements must be received and approved by the MDOT MTA in advance of bid solicitation.

**Vehicle Funding Requests**

Instructions for vehicle funding requests are organized as follows:

- Specifications and Estimated Costs for Vehicles (FY 19 only)
- Replacement or Expansion Vehicles (FY 19 only)
- Vehicle Refurbishments (FY 19 only)
- Special Note on Vehicle Accessibility Requirements
- Future Vehicle Requests (FY 2019-2023)

***Advertising Dates, Award Dates, and Receipt Dates should be realistic. Please indicate number of months from receipt of grant agreement.***

**Replacement & Expansion Vehicles**

To apply for **replacement or expansion** vehicles in FY 19, Forms C-1, C-2, C-3, and C-4 must be completed and a Vehicle Replacement Worksheet must be attached for each requested replacement. A Capital Project Justification form must be completed for each expansion request.

**Form C-1: Summary of FY 19 Capital Requests in Priority Order**

It is very important that you fill out the chart accurately, denoting overall local priority for funding for each vehicle, equipment, or facility funding project requested. Assign a project name or brief description for each project requested, and list in order of priority. Designate the type of project and requested funding sources by placing an "x" in the appropriate boxes. Replacement Vehicle Requests must identify the number of the vehicle to be replaced in the appropriate column. Priorities assigned on this form must match those used on other FY 19 Capital Plan forms (Forms C-4, C-5, C-7, and C-9). As requests for capital funds often exceed available resources, inconsistencies in labeling capital project priorities among the forms in your ATP may result in funding denial for high-priority requests.

**Forms C-2a, C-2b, C-2c, or C-2d**

To be used to order a gas engine, small bus. There are four different bus configurations. Each has its own worksheet and order form listing the

available options. Please use the correct order form to order the small bus that is needed for your service. ***The forms in this year's ATP are estimates (small and medium duty buses). The small bus worksheet is based on the current contract. The actual figures could fluctuate +/- 10%-20% when actual state contact is approved.***

### Form C-3

To be used to order a medium bus. ***The forms in this year's ATP are estimates (small and medium duty buses). The small bus worksheet is based on the current contract. The actual figures could fluctuate +/- 10%-20% when actual state contact is approved.***

Select the TYPE of vehicle by entering a "1" in the appropriate column. Enter the number of optional ITEMS needed for that ONE vehicle.

### Form C-4

Identifies whether requested vehicles are Replacement or Expansion. The "priority" column must correspond to the priority indicated for each replacement on Form C-1. Replacement numbers are linked from Form 6. Use the vehicle costs from Forms C-2 and C-3 in the Total Project Cost column.

***If you are requesting vehicles that will not be purchased from the state contract (i.e. heavy-duty transit buses, support vehicles, etc.) contact your RP for project cost information.***

**Vehicle Replacement Worksheet** - You must complete this form for each replacement vehicle requested for funding in FY 19. ***Please review the revised General Definition of Condition Codes.*** This form includes information on the age and mileage of the vehicle to establish its eligibility under the Vehicle Useful Life Standards in Appendix C. A written justification that is ***specific to each vehicle must be completed, as vehicles will not be eligible for replacement based solely on age and/or mileage.*** The justification portion of each vehicle replacement worksheet is critical to MDOT MTA's decision on whether or not to fund the replacement. PLEASE NOTE: DOWN TIME DOES NOT COUNT AS PART OF THE ESTIMATED USEFUL LIFE AND MUST BE "DEDUCTED" FROM THE AGE OF THE VEHICLE. i.e., if a vehicle is six years old, but has been out of service for six months because of its condition, according to FTA, it HAS NOT MET A SIX YEAR USEFUL LIFE. ***Vehicles for which extended warranties have been purchased are not eligible for replacement until the end of the warranty period. Attach your ICE Form.***

- **Capital Project Justification Form** - You must complete this form for each expansion vehicle requested for funding in FY 19. The form also includes a written justification that **must** be completed. ***Attach your ICE Form.***
- **Vehicle Useful Life Standards** - To ensure that vehicles are adequately maintained and remain in service for their minimum normal service life; the MDOT MTA has established minimum useful life criteria for State and Federally funded vehicles. These standards apply to all vehicles purchased

with Sections 5307, 5311, and SSTAP funds, as well as for vehicles which will be replaced with vehicles funded from these programs, regardless of the initial funding source. MDOT MTA's useful life policy is more stringent than FTA's.

Service life begins on the date the vehicle was placed in service and continues until it is removed from service. See Appendix C for the useful life standards. Significant capital maintenance performed throughout the vehicle's life may extend the asset's useful life (i.e., when you refurbish vehicles, you must ADD at least four years to the estimated useful life). As discussed previously, extended down time must be excluded from the calculation of a vehicle's age. ***Vehicles for which extended warranties have been purchased are not eligible for replacement until the end of the warranty period.***

- **Replacement Prior to Minimum Service Life** - The MDOT MTA is reluctant to replace vehicles prior to the end of their normal service life. Under certain circumstances, however, vehicles may need replacement prior to the end of their normal life. In these situations, the applicant will justify the need for the early replacement, including a detailed description of the condition of the vehicle. Contact your Regional Planner for additional details on replacing a vehicle prior to completion of its useful service life and for an explanation of local funding reimbursements due the State and Federal government in these instances. See Appendix C for more information on useful life criteria.

## **Vehicle Refurbishments**

To apply for vehicle refurbishments in FY 19, Form C-5 must be completed and a Capital Project Justification Form must be attached for each requested refurbishment.

### **Form C-5: FY 19 Vehicle Refurbishment Requests**

This form must include all vehicle refurbishments requested in FY 19. The "priority" column must correspond to the priority indicated for each refurbishment on Form C-1. The "Fleet Number" column must correspond to the fleet numbers on Form 6. Use current year cost estimates; contact your Regional Planner for more information of vehicle refurbishment costs. ***Refurbishing vehicles extends their useful life.***

- **Capital Project Justification Form** - You must complete this form for each vehicle refurbishment requested for funding in FY 19. The form also includes a written justification that must be completed. ***Attach your ICE Form.***

***Vehicle refurbishments and extended warranties require an extension of a vehicle's useful life.***

## **Special Note on Vehicle Accessibility Requirements**

The Federal ADA requires that:

- Fixed-Route Services—Public transit operators must purchase lift-equipped vehicles that meet ADA standards for fixed-route services (49 CFR 37.71), as well as for route deviation services.

Demand-Responsive Services—Public and private transportation operators must operate enough accessible vehicles to ensure the provision of equivalent service for persons with disabilities including individuals who use wheelchairs (49 CFR 37.77, 49 CFR 37.101, and 49 CFR 37.103). If an Applicant that operates demand-responsive service has determined that it operates a sufficient number of accessible vehicles to provide equivalent service for persons requiring the use of the wheelchair lift or ramp to board, and therefore is requesting a non-lift-equipped vehicle for use in demand-responsive service, a Certification of Equivalent Service must be completed. This Certification is provided in PART II-C #10.

## **Future Vehicle Requests**

### **Form C-6: Future Vehicle Requests**

Must be completed for all projected vehicle replacements, expansions, and refurbishments. This form is intended to provide the MDOT MTA with a forecast of your future financial needs so that MDOT MTA can accurately budget future Federal funding needs. When estimating funds needed for the out years, use current (FY 2018) dollars shown in Forms C-2 and C-3. Do not inflate the numbers.

### **Equipment Funding Requests**

Equipment, such as radios and communications equipment, fareboxes, wheelchair lifts and restraints, computer hardware and software, maintenance equipment, preventive maintenance, or spare parts and/or miscellaneous equipment with a project cost of at least \$1,000 and a useful life of more than one year, can be requested as a capital project.

Fareboxes and other “options” can be ordered with vehicles and therefore may not need to be a separate item. Instead, indicate on Forms C-2 and C-3, Specifications and Estimated Cost for Vehicles, that a farebox is needed. The following three forms are required for other equipment requests:

### **Form C-7: FY 18 Equipment Funding Requests**

This form must include all equipment requests that are not addressed in Forms C-2 and C-3. A Capital Project Justification Form (Equipment) must also be attached for each line item requested in Form C-7.

### **Capital Project Justification Form (Equipment)**

You must complete this form for all equipment requested for funding in FY 19. The form also includes a written justification that must be completed. If this is a joint project or is to be shared with another agency or department, please address this in your justification and include a discussion of cost sharing or allocation for the project. **Attach your ICE Form.**

### **Form C-8: Future Equipment Requests**

This form is intended to provide the MDOT MTA with a forecast of your future financial needs so that MDOT MTA can accurately budget future Federal funding needs. When estimating funds needed for the out years, use FY16 dollar amounts. Do not inflate the numbers.

### **Facilities Funding Requests**

Facilities projects can be new construction, expansions, or renovations that will be used to operate and/or maintain public transportation service. It is important to plan for any facilities projects as early as possible, and therefore, in addition to FY 19 requests, your facilities request forms should include anticipated requests for the next six years.

MDOT MTA will work closely with all counties anticipating a facilities-type project in the next six years to determine feasibility and availability of funds. Contact your RP if your FY 19 facility request is a new project. See Section 7 of the LOTS Manual for more information.

### **Form C-9: FY 2019 Facilities Funding Requests**

The project cost is separated into two parts: Design and Engineering (D&E) and Construction. Include the appropriate costs in each section. The design and engineering phase and the construction phase should not be programmed into the same fiscal year.

**Also indicate the intended advertising date of the project, the projected award date, the delivery date for the design and engineering phase, and for the construction phase.**

### **Capital Project Justification Form (Facilities)**

This must be completed for all facilities projects planned or programmed during the next six years. As on Form C-9, the D&E and Construction costs should be separated and not programmed in the same year. If this is a joint project or is to be shared with another agency or department, please address this in your justification and include a discussion of cost sharing or allocation for the project. **Attach your ICE Form.**

## **IX. Part II - C - CERTIFICATIONS AND ASSURANCES**

The certifications and assurances contained in the submittal packet must be executed and returned to the MDOT MTA. The Federal/State General Assurances have been grouped together. The specific funding programs for which your organization is

applying will determine which assurances should be returned. However, the following assurances are required annually:

- General Assurances
- Authorizing Resolution
- Opinion of Counsel
- Special section 5333(b) Warranty
- List of Labor Representatives
- Civil Rights Certification

The following section discusses the other assurances that may be required, based on the services you provide. If you are applying for:

**Section 5307 funds, you must submit:**

- Assurances for Section 5307, and
- Certifications and Assurances for the Urbanized Area Formula Program

**Section 5311 funds, you must submit:**

- Assurances for Section 5311, and
- Certifications and Assurances for the Non-Urbanized Area Formula Program

**SSTAP funds, you must submit:**

- Assurances for State Programs (SSTAP)

**A vehicle that is not lift-equipped, you must submit:**

- A Certification of Equivalent Service

Assurances are being provided to the local applicants in .pdf format. Because they are based on Federal and State requirements, assurances may NOT be altered in any way. They must be signed and dated by the local attorney and the applicant agency's authorized official. **The documents will be accepted as legal documents in .pdf format.**

For a description of what each assurance means, see Appendix A of the *LOTS Manual*.

## **X. Part II - D – PROGRAM COMPLIANCE, Part II**

### **A: Public Hearing**

Each jurisdiction that requests operating and capital assistance must hold a public hearing or provide an opportunity for a public hearing to be held upon request. A public hearing or opportunity for a public hearing is not required for technical planning assistance projects.

#### **Notice of Opportunity for a Public Hearing**

The recipient must afford an opportunity for a public hearing on the program of projects and budget, if one has not been held during development, to provide citizens a forum to present their views on the projects proposed.

The notice must be published in a newspaper of general circulation informing the public that a three-week period has been established during which they can request a public hearing on the program of projects. The process to request a hearing must be described in the notice (unless the hearing will be conducted whether or not a request is received).

The hearing should be proposed for 30 days from the date of notice with a three-week period to submit a written request for a hearing. The hearing should be held the following week.

The notice must include the following:

- Name of applicant
- Area to be served
- Program of Projects - description of service
- Budget and financing information. Notice must identify specific dollar amounts of state and/or federal funds for each project and clearly state that these funds are being applied for from the Maryland Transit Administration and the Federal Transit Administration.
- Time, date, and place for the public hearing.
- An itemized list of ALL current capital requests.
- Instructions to request a hearing if you are publishing an opportunity for a hearing upon request.

***A copy of the notice as it appears in the newspaper must be submitted as a part of this ATP in PART II-D -#A, Public Hearing.***

***All private operators in the service area must also be mailed a separate notification of the public hearing. (This can be included in PART II-D-#B, Private Operator Notification). Please provide one copy of the letter and a listing of the operators.***

### **Location and Record of Hearing**

The public hearing must be held at a place and time generally convenient for persons affected by the project. Meeting locations and materials must be accessible to persons with disabilities, including sight and hearing-impaired persons. Provisions must be made at the hearing for submission of written statements, exhibits, and oral statements. A list of attendees, minutes of the public hearing, and copies of written statements must be submitted with the ATP.

### **If No Requests for a Hearing are Received**

If no one requests a hearing, then the applicant must attach a letter stating that there were no requests for a public hearing and that the program of projects is finalized. A sample letter is provided as Appendix E.

### **Comments**

Whether or not a hearing is held, the applicant must attach copies of any written statements received and describe how public comments were addressed.

## **B: Private Enterprise Involvement**

Neither the PTP nor the SSTAP can fund projects that would duplicate service provided by existing private operators. It is necessary to contact existing operators to establish whether they could provide part or all the service in a cost-effective manner and at a sufficient level. In 1994, the FTA rescinded the Private Enterprise Participation Rule. In its place, the FTA now requires each applicant/recipient of FTA funds to:

- Make available to the public information concerning the amount of funds available and the program of projects the recipient intends to undertake,
- Develop the program of projects in consultation with interested parties,
- Publish the program of projects in sufficient detail to afford affected citizens, private transportation providers, and elected officials an opportunity to submit comments on the project, the budget, and the performance of the recipient, and
- Afford an opportunity for a public hearing (which may be accomplished through Section G above).

### **Private Operator Notification**

To ensure the participation of private providers in the provision of service, all private providers in the proposed service area of the SSTAP and PTP funded projects must be notified in writing of your ATP. A sample letter of notification is provided in Appendix F. This notice must inform them of the intended service and invite them to submit comments on the proposed program of projects and budget, as well as to submit comments on the performance of the applicant. **This notification must be postmarked, using regular mail, at least 30 days prior to the submission of the ATP to your local elected officials for their approval.** Documentation of this notification must be included in the ATP in PART II-D #A. (Private Operator notification must also be included in the Notice of Public Hearing detailed under PART II-D #B).

### **Private Sector Responses**

The applicant must attach copies of any comments received from the private sector as well as the applicant's response to the comments, and describe how comments received from private operators (either in writing or at the public hearing) were addressed and incorporated into your FY 18 program.

## XI. Part II - E – ITS ARCHITECTURE CONFORMITY PROCESS

All proposed ITS Projects must be evaluated to ensure compliance with the Maryland State-Wide ITS Architecture Conformity Process. If you are proposing an ITS project, please be sure to include all relevant project information on the ITS Project Questionnaire in PART II-E. **If you are proposing to buy equipment that received ITS approval in previous ATPs, you must re-submit your ITS form for the new equipment.**

## XII. APPLICATION SUBMISSION INFORMATION

*Applications are to be compiled according to the format on your Application Checklist. The files listed in your "ATP Working Folder" within ProjectWise are the documents you will use to prepare your ATP that MDOT MTA will review and comment on.*

*After final review and approval from MDOT MTA/OLTS a .pdf document should be saved in your "ATP Final Folder" in ProjectWise. This will become your official ATP Application.*

These items must be received by the deadline indicated on the front of the application package.

FY 2019

## Annual Transportation Plan (ATP) Application

**Legal Name:** 

**Submitted by:** 

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(Contact person for questions regarding this application)

  
**Name/Title**

  
**Phone**

  
**Fax**

  
**Email**

  
**Date**

## 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/ Complete	N/A	To be Submitted	Date
<b>TERM Lite - Inventory</b>				
Form 6: Vehicle Inventory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Form 6a: Fixed Asset Inventory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>PART I-A -Program Description</b>				
A. Contact Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
B. Operators/Service Description	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
C. Project Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(Attachments-Timetables, Marketing Materials, etc.) <b>(Part I-A-Timetables.pdf, Part I-A-Marketing.pdf)</b>				
<b>PART I-B - Current Services</b>				
Form 1: Transportation Program Summary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Form 2: Current Service Characteristics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Form 2a: FY 2018 Service Perf. Summary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Form 7: Vehicle Utilization Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>PART I-C – Program Compliance, Part I</b>				
A. EEO/DBE/TITLE VI Contacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
B. Civil Rights Compliance – Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
EEO Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>(Part I-C-EEA Plan.pdf)</b>				
DBE Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>(Part I-C-DBE Plan.pdf)</b>				
Title VI Policy Statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>(Part I-C-Title VI Plan.pdf)</b>				
C. Civil Rights Compliance – Contractor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
EEO Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>(Part I-C-Contractor EEO.pdf)</b>				
DBE Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>(Part I-C-Contractor DBE.pdf)</b>				
Title VI Policy Statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>(Part I-C-Contractor Title VI.pdf)</b>				
D. Safety & Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
E. Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
All relevant forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>(Part I-C-PM Forms.pdf)</b>				
Pre-Trip Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Written contract (s) & price schedules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sample of PM Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Copy of Facilities Maintenance Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>(Part I-C-PM Facility Plan.pdf)</b>				
F. Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

		Included/ Complete	N/A	To be Submitted	Date
G	Purchased Transportation Copies of current contracts <b>(Part I-C-Purchased Transportation.pdf)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
H.	Drug and Alcohol Testing Program <b>(Part I-C-Drug Alcohol.pdf)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
I.	Cell Phone Policy Copies of policy <b>(Part I-C-Phone.pdf)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

## PART II-A - FY Budget Request

Form B-1:	FY2019 Grant Budget Summary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Form B-2:	Operating Budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Operating Project Justification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Form B-3:	Contract Operator Budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Form B-4:	ADA Operating Budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	ADA Project Justification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Form B-5:	Technical Assistance Budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

## PART II-B – FY Capital Project Plan

Form C-1:	Summary of Capital Requests in Order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Form C-2a:	Small Bus Cost Worksheet-Type 1A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Form C-2b:	Small Bus Cost Worksheet-Type 2A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Form C-2c:	Small Bus Cost Worksheet-Type 3A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Form C-2d:	Small Bus Cost Worksheet-Type 4A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Form C-3:	Medium Bus Cost Worksheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Form C-4:	FY2019 Vehicle Requests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Vehicle Replacement Worksheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Capital Justification Form (Vehicles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<b>Independent Cost Estimate (ICE)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Form C-5:	FY2019 Vehicle Refurbishments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Capital Justification Form (Vehicles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<b>Independent Cost Estimate (ICE)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Form C-6:	FY2019 Future Vehicle Requests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Form C-7:	FY2019 Equipment Requests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Capital Justification Form (Equipment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<b>Independent Cost Estimate (ICE)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Form C-8:	FY2019 Future Equipment Requests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Form C-9:	FY2019 Facilities Requests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Capital Justification Form (Facilities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<b>Independent Cost Estimate (ICE)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

## PART II-C – Certifications and Assurances

### Public Transportation Programs (Federal Funding)

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

	Included/ Complete	N/A	To be Submitted	Date
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### 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

#### A. Public Hearing

([Part II-D-Public Hearing.pdf](#))

<input type="checkbox"/> Copy of Published Notice <input type="checkbox"/> Copies of any written comments <input type="checkbox"/> List of Attendees <input type="checkbox"/> Minutes from hearing <input type="checkbox"/> Letter stating no requests for hearing	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<hr/> <hr/> <hr/> <hr/> <hr/>
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#### B. Private Enterprise Involvement

([Part II-D-Private Enterprise.pdf](#))

<input type="checkbox"/> List of Private Operators <input type="checkbox"/> Sample of letter to Private Operators <input type="checkbox"/> Any comments from Private Operators	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<hr/> <hr/> <hr/>
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### PART II-E – ITS Architecture Conformity Process

Preliminary ITS Questionnaire

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

## APPENDICES

- Appendix A: Soft Match Guidelines
- Appendix B: Glossary of Terms Used on the Operating Budget Worksheets
- Appendix C: Vehicle Useful Life Criteria
- Appendix D: Performance Standards
- Appendix E: Example of a Letter to Submit in the Event That No Public Hearing was Conducted
- Appendix F: Example of a Letter to Send to Private Operators
- Appendix G: Definitions
- Appendix H: Example of Independent Cost Estimate (ICE) Form – (2)

## APPENDIX A: SOFT MATCH GUIDELINES

The following types of contributions may be provided as in-kind local match:

**Use of Space** - The value of contributed space should not exceed the fair rental value of comparable space as established by an independent appraisal of comparable space and facilities in a privately-owned building in the same locality.

**Value of other non-expendable personal property** - The value of non-expendable personal property should not exceed the fair value of property of the same age and condition at the time of donation.

**Value of other charges** - Other necessary charges incurred specifically for an indirect benefit to the grant program on behalf of the provider may be accepted as matching share provided that they are adequately supported and permissible under the law. Such charges must be reasonable and properly justifiable.

All contributions, both cash and soft match, shall be accepted as part of the grantee's matching share when such contributions meet all the following criteria:

- Are verifiable from the provider's records;
- Are not included as contributions for any other federally assisted program;
- Are necessary and reasonable for proper and efficient accomplishment of project objectives;
- Are types of charges that are allowable;
- Are not paid by the federal government under another assistance agreement unless authorized under the other agreement and the laws and regulations it is subject to; and,
- Are provided for in the approved budget when required by the funding agency.

The basis of determining charges for personal services, material, equipment, buildings, and land must be documented.

## APPENDIX B: Glossary of Terms Used on the Operating Budget Worksheets

### GENERAL DEFINITIONS AND EXPLANATIONS

**Eligible Operating Expenses:** Those expenses directly associated with the daily operation of a transportation program. For example:

- Salaries and fringe benefits of the transportation project director, secretary, bookkeeper, drivers, mechanics, dispatchers, or other personnel performing job duties of an administrative nature;
- License fees and taxes;
- Fuel and oil;
- Office supplies and items associated with office operations;
- Facilities and vehicle rental.

**Ineligible Expenses:** Expenses relating to the transportation program which are not directly related to the daily operations of the program. For example:

- Expenses of a city council in considering transit matters;
- Charitable contributions and donations;
- Entertainment expenses;
- Fines and penalties;
- Interest expenses on loans; and
- Depreciation accrued on facilities or equipment purchased with Federal and/or State grants.

### Definitions of Terms Used on Operating Budget Worksheet

#### Vehicle Operations

**Driver salaries** - Includes all wages paid to drivers for the operation of passenger vehicles or the value of time spent driving.

**Dispatcher salaries** - Includes all wages paid to individuals responsible for the dispatching of passenger vehicles or the value of time spent dispatching.

**Fringe benefits** - Includes the cost of fringe benefits for drivers and dispatchers.

**Fuel and oil** - Includes the cost of gasoline, diesel fuel, engine oil and other lubricants.

**Tubes and tires** - Includes maintenance, purchase, and rental of tubes and tires.

**Vehicle insurance** - Includes the cost of vehicle and transportation related types of insurance.

**Vehicle lease** - Includes the cost of leasing vehicles used to transport passengers.

**Vehicle license** - Includes the cost of licensing and/or registering vehicles used to transport passengers and vehicles used to support operations.

**Vehicle storage** - Includes the costs of renting a facility to store passenger vehicles or project related equipment.

**Training** - Includes training costs for operations employees.

**Other** - Includes the cost of expenses not categorized above that contribute to the operation of your program. All items must be specified.

**Purchased Service** - These items must include the cost of any portion of service purchased from another.

#### **Maintenance**

**Mechanic salaries** - Includes all wages paid to mechanics on staff or the value of their time.

**Fringe benefits** - Includes the cost of fringe benefits for mechanics on staff.

**Maintenance service** - Includes the cost of outside contracts for maintenance of passenger vehicles.

**Preventative Maintenance** - Includes monthly service and supplies to maintain the vehicle in state of good repair in order to reach the expected Useful Life of the vehicle.

**Materials & supplies** - Includes the cost of materials and supplies to maintain passenger vehicles and includes any materials and supplies not provided through a maintenance service contract.

**Maintenance facility** - Includes costs incurred by renting a facility in which vehicles are maintained by staff mechanics.

**Equipment rental** - Includes costs of renting maintenance equipment and includes any equipment rental costs not provided through a maintenance service contract.

**Utilities** - Includes all utility costs for maintenance facilities. If maintenance facilities are not metered separately, all utility costs should be included in the Administration utilities costs.

**Training** - Includes training costs for maintenance employees.

**Other** - Includes other maintenance costs not categorized above that contribute to the operation of your transportation program. All items must be specified.

#### **Administration**

**Administrator salary** - Includes all wages paid to the administrator of the agency for time allotted to the transportation programs or the value of their time spent on transportation-type administrative duties.

**Manager salary** - Includes all wages paid to the manager of the transportation program for time allotted to the transportation programs or the value of their time spent on transportation management duties.

**Secretary salary** - Includes all wages paid for secretarial/clerical support for the duties.

**Bookkeeper salary** - Includes all wages paid for bookkeeping support for the transportation programs or the value of time spent on bookkeeping duties.

**Other staff** - Includes all wages paid to other staff not categorized above supporting the transportation programs or the value of their time. Other staff must be itemized.

**Fringe benefits** - Includes the cost of fringe benefits for the staff included in the salary categories listed above.

**Materials & supplies** - Includes all the cost of office materials and supplies.

**Telephone** - Includes all telephone rental, purchase, and installation costs.

**Office rental** - Includes the cost of renting office space for the transportation program.

**Utilities** - Includes all utility costs for the administrative offices or for all facilities if they are not metered separately that are attributed to the space allocated to transportation.

**Office equipment** - Includes the cost of renting office equipment for the use of the transportation program or a proportionate amount.

**Training** - Includes training costs for administrative employees.

**Other** - Includes other administrative costs not categorized above that contribute to the operation of your transportation program. All items must be specified.

### **Revenue**

List all revenues received by the project which cannot be included as the local match.

**Passenger fares** - Revenue collected from those passengers that are required to pay an established fare for transportation services.

**Passenger donations** - Revenue collected from those passengers that make a suggested donation/contribution for transportation services.

**Charter Revenue** - Revenues earned from vehicles chartered for private use on individual trips (charter use is limited to incidental charter services which are private).

**Contracts** - Revenues earned from special services on a continuing contract basis. Revenues derived from purchase of transportation passenger service contracts may be treated as contract revenue to the system if payments are made directly to the transportation operator by a human service agency.

**Advertising** - Amounts earned from advertising on vehicles or facilities.

**Other** - Revenues earned from transportation of mail, newspapers, and other miscellaneous revenue attributable to operations. Non-passenger transportation is allowed only if passengers are not displaced to provide these services.

### **Net Project Cost**

This amount represents the difference between total operating expenses and revenues and is the amount of eligible expenses to be covered by local and Federal/State shares.

### **Local Share**

The local share includes all local funds contributed to meet the net project cost.

### **Funds Requested**

This is the amount of Federal/State funds requested and cannot exceed allowable percent of the net project cost.

## APPENDIX C: VEHICLE USEFUL LIFE CRITERIA

### Minimum Useful-Life Standards

To ensure that vehicles are adequately maintained and remain in service for their normal service life, the Maryland Transit Administration (MTA) has established minimum useful-life standards for vehicles funded with state or federal funds. These standards apply to all vehicles purchased with Sections 5307, 5309, 5310, 5311, 5316, 5317, American Disabilities Act (ADA), or Statewide Special Transportation Assistance Program (SSTAP) funds, and to all vehicles that will be replaced with vehicles funded from these programs, regardless of the initial funding source.

Service-life begins on the date the vehicle was placed in service and continues until it is removed from service.

Classification	Years	Miles
35'-40' Heavy Duty Large Size and Articulated Bus	12	500,000
30'-35' Heavy Duty Medium Size Bus	10	350,000
Under 30' Medium Duty Bus	8	250,000
25'-35' Light Duty Bus (body on truck chassis vehicles)	6	200,000
Small Specialized Vehicles (accessible minivans and accessible taxicabs)	4	150,000

\*\*\*To classify your vehicle, both the gross vehicle weight ratio (GVWR) and the length of the vehicle must be met. We will provide a matrix that shows the type of equipment that is eligible for the various programs.

### Vehicle Classifications

*If there is ever a question about what a certain vehicle's classification might be; the Altoona Test used for that vehicle is always the substantiating documentation as to its classification.*

- Small Specialized Vehicles (Accessible Minivans and Accessible Taxicabs) & Sedans: at least four (4) years of service and/or an accumulation of at least 150,000 miles.
- Support Vehicles (Pick-up trucks and utility vehicles): at least six (6) years of service and/or an accumulation of at least 180,000 miles.
- Light Duty Small Bus, body on chassis-type (cutaway): at least six (6) years of service and/or an accumulation of at least 200,000 miles.

- Medium Duty Transit Buses (under 30'): at least eight (8) years of service and/or an accumulation of at least 250,000 miles.
- Medium Size Heavy-Duty Transit Buses (under 35'): at least ten (10) years of service and/or an accumulation of at least 350,000 miles.
- Large Size Heavy-Duty Transit Buses (35' or greater): at least twelve (12) years of service and/or an accumulation of at least 500,000 miles.

Although a minimum standard for useful-life is adopted, additional information about the condition of the vehicle is necessary for all replacement requests. Vehicles will not be replaced based solely on age and accumulated mileage, therefore details such as repair records or estimated repair costs must be provided with the request.

Below is minimum information that is requested to submit for a replacement vehicle. Use forms provided in the applications.

- Fleet Vehicle Number,
- Present Mileage,
- Vehicle Identification Number and delivery date (if the vehicle to be replaced was purchased under a previous Section 5307, 5309, 5310, 5311, 5316, 5317, ADA, LU, or SSTAP grant),
- A description of the condition of the vehicle to be replaced, including the reasons for replacing the vehicle at this time, and
- An indication of how the vehicle will be disposed of (sell, salvage, or used as backup or other). **NOTE:** any insurance proceeds received for this vehicle will be deducted from MTA's state and federal portion of the eligible cost of a replacement vehicle.

#### **Replacement Prior to Meeting Minimum Useful-Life Criteria**

If a replacement vehicle is being requested for a vehicle which has not or will not meet the established Useful-Life criteria, the applicant must describe the circumstances necessitating the replacement of the vehicle. The applicant would need to complete the information above, in addition to providing the following information:

- A list of any repairs that will be required to keep the vehicle in service, and an estimated cost of each repair,
- A description and cost of repairs made to the vehicle to date (attach the repair and preventive maintenance records, if available).

FTA classifies this as early asset replacement.

## APPENDIX D: PERFORMANCE STANDARDS

Performance standards were established for the Locally Operated Transit Systems in the state as a tool for monitoring their services for effectiveness and efficiency. This rating structure is used as a basis for offering technical assistance. The program is set up such that services can be rated as "Successful" or "Problem" based on how they perform in each of the operating measures. In addition, these standards will be utilized in determining whether new services requested by the systems should be funded based on their potential for being successful.

The following standards apply:

Recommended Revised Performance Standards for MTA LOTS			Mar 28, 2016
			Using 2015 CPI change
<i>Cost-based Standards to be updated annually using prior year as base of CPI (see footnote*)</i>			

Urban Fixed-Route Bus	Revised LOTS Performance Standards		
	Successful	Acceptable	Needs Review
Operating Cost per Hour	< \$91.53	\$91.53 - \$111.87	> \$111.87
Operating Cost per Mile	< \$7.12	\$7.12 - \$8.14	> \$8.14
Operating Cost per Passenger Trip	< \$3.81	\$3.81 - \$4.58	> \$4.58
Local Operating Revenue Ratio	> 70%	60% - 70%	< 60%
Farebox Recovery Ratio	> 25%	20% - 25%	< 20%
Passenger Trips per Mile	> 2.25	1.75 - 2.00	< 1.75
Passenger Trips per Hour	> 30.0	20.0 - 30.0	< 20.0

\*Based on composite of 54 national peer agencies with comparably-sized operations

Urban Demand-Response Service	Revised LOTS Performance Standards		
	Successful	Acceptable	Needs Review
Operating Cost per Hour	< \$71.19	\$71.19 - \$91.53	> \$91.53
Operating Cost per Mile	< \$4.07	\$4.07 - \$8.14	> \$8.14
Operating Cost per Passenger Trip	< \$20.34	\$20.34 - \$30.51	> \$30.51
Local Operating Revenue Ratio	> 60%	40% - 60%	< 40%
Farebox Recovery Ratio	> 12%	6% - 12%	< 6%
Passenger Trips per Mile	> 0.25	0.15 - 0.25	< 0.15
Passenger Trips per Hour	> 3.0	1.5 - 3.0	< 1.5

\*Based on composite of 375 national peer agencies with comparably-sized operations

Suburban / Small Urban Fixed-Route Bus	Revised LOTS Performance Standards		
	Successful	Acceptable	Needs Review
Operating Cost per Hour	< \$66.11	\$66.11 - \$86.45	> \$86.45
Operating Cost per Mile	< \$4.07	\$4.07 - \$6.10	> \$6.10
Operating Cost per Passenger Trip	< \$4.07	\$4.07 - \$7.12	> \$7.12
Local Operating Revenue Ratio	> 55%	45% - 55%	< 45%
Farebox Recovery Ratio	> 20%	10% - 20%	< 10%
Passenger Trips per Mile	> 1.25	0.75 - 1.25	< 0.75
Passenger Trips per Hour	> 16.0	12.0 - 16.0	< 12.0

\*Based on composite of 136 national peer agencies with comparably-sized operations

Suburban/Small Urban Demand-Response Service	Revised LOTS Performance Standards		
	Successful	Acceptable	Needs Review
Operating Cost per Hour	< \$61.02	\$61.02 - \$81.36	> \$81.36
Operating Cost per Mile	< \$3.56	\$3.56 - \$7.12	> \$7.12
Operating Cost per Passenger Trip	< \$20.34	\$20.34 - \$40.68	> \$40.68
Local Operating Revenue Ratio	> 60%	40% - 60%	< 40%
Farebox Recovery Ratio	> 12%	6% - 12%	< 6%
Passenger Trips per Mile	> 0.20	0.10 - 0.20	< 0.10
Passenger Trips per Hour	> 3.0	1.5 - 3.0	< 1.5

\*Based on composite of 375 national peer agencies with comparably-sized operations

Rural Transit Service	Revised LOTS Performance Standards		
	Successful	Acceptable	Needs Review
Operating Cost per Hour	< \$40.68	\$40.68 - \$61.02	> \$61.02
Operating Cost per Mile	< \$2.03	\$2.03 - \$4.07	> \$4.07
Operating Cost per Passenger Trip	< \$7.12	\$7.12 - \$18.31	> \$18.31
Local Operating Revenue Ratio	> 50%	40% - 50%	< 40%
Farebox Recovery Ratio	> 15%	7% - 15%	< 7%
Passenger Trips per Mile	> 0.30	0.15 - 0.30	< 0.15
Passenger Trips per Hour	> 5.0	2.5 - 5.0	< 2.5

\*Based on composite of 334 national peer agencies with comparably-sized operations

\* Based on "Annual Avg. CPI" as produced by the Bureau of Labor Statistics in Table 24 of the CPI Detailed Reports available at <http://www.bls.gov/cpi/#tables>

## APPENDIX E: Example of a Letter to Submit in the Event that No Public Hearing was Conducted

Date

*(name of your regional planner)*  
Office of Planning  
Maryland Transit Administration  
6 St. Paul Street  
Baltimore, MD 21202-1614

Dear \_\_\_\_:

This letter serves to confirm that:

- \_\_\_\_\_ (*Name of Applicant*) \_\_\_\_\_ afforded an opportunity for a public hearing on the FY2019 Annual Transportation Plan program of projects (POP) and budget. This notice was published in \_\_\_\_\_ (*name of newspaper*) \_\_\_\_\_ on \_\_\_\_\_(date)\_\_\_\_\_, with the proposed public hearing to be held on \_\_\_\_\_(date)\_\_\_\_ if any requests were received by \_\_\_\_\_(date)\_\_\_\_ (see attached copy of ad).
- No requests to hold the public hearing were received by the due date.
- Written comments received during the 30-day public comment period are attached. These comments were addressed in the manner described as follows: \_\_\_\_\_(describe)\_\_\_\_\_. (*Delete this paragraph if no written comments were received.*)
- No written comments on the POP or budget were received from the public. (*Delete this sentence if written public comments were received*)

As a result, the program of projects in the FY2005 Annual Transportation Plan is finalized as submitted.

Sincerely,

*Signature of authorized official*

## APPENDIX F: Example of a Letter of Notification to be Sent to Private Operators

Date

Company Name  
Address

Subject: Annual Transportation Plan for FY 2019

Salutation:

\_\_\_\_\_ is submitting an application for grant funds from the Maryland Department of Transportation and the Federal Transit Administration. This letter is to notify you about \_\_\_\_\_'s application, our Annual Transportation Plan (ATP), and to solicit your comments on the proposed plan.

\_\_\_\_\_ is a public transit system that provides transportation services for \_\_ (service area) \_\_ residents, including elderly persons and persons with disabilities, as well as the general public. \_\_\_\_\_ is applying for grant funding to continue to operate these public and specialized transportation services.

The ATP contains requests for funding assistance from the following programs:  
*(include those that apply to your application)*

- the Statewide Special Transportation Assistance Program (SSTAP) which provides funds for transportation of elderly persons and persons with disabilities;
- the Section 5311 of the Federal Transit Act which provides funds for general public transit service in rural areas;
- the Section 5307 of the Federal Transit Act which provides funds for general public transit service in urbanized areas;
- the Maryland Comprehensive Transit Plan (MT) program which provides funds for public transit services;
- the State Americans with Disabilities Act (ADA) program which provides funds for federally-required paratransit services for persons with disabilities; and
- also included in our request, Federal and State capital funding assistance is being requested for the following items: *(list each item identified on form C1 of the application)*

The details of how these funds will be used are documented in the \_\_\_\_\_ Annual Transportation Plan for FY 2019, which will be available for review beginning \_\_(date)\_\_, at \_\_(location)\_\_ between the hours of \_\_\_\_ a.m. and \_\_\_\_ p.m. Monday through Friday. Written comments on this plan may be submitted through \_\_(date)\_\_ to \_\_ (name/mailing address) \_\_\_\_.

*(Depending on whether you have a public hearing or an opportunity for a public hearing, the closing paragraph should be one of the following two options.)*

*(if Public Hearing:)*

A public hearing on this plan will be conducted at \_\_(time)\_\_\_, on \_\_(date)\_\_\_, at \_\_(location)\_\_\_. Should anyone attending the meeting require special assistance, such as a sign language interpreter, notify \_\_\_\_\_ at \_\_\_\_\_ no later than \_\_(date)\_\_\_.

*(if Opportunity for Public Hearing:)*

A public hearing will be held only upon request. Any person desiring a public hearing must submit a written request to \_\_\_\_\_ at \_\_\_\_\_ no later than \_\_(time)\_\_\_, on \_\_(date)\_\_\_. Should a public hearing be requested, it will be held at \_\_(time)\_\_\_, on \_\_(date)\_\_\_, at \_\_(location)\_\_\_. Even if you do not request a public hearing, you are welcome to submit your written comments for consideration.

If you should need any additional information on our service proposal, please contact \_\_\_\_\_ at \_\_\_\_\_.

Sincerely,

*Signature of LOTS Director*

cc: *your MTA Regional Planner*

## APPENDIX G: Definitions

**Associated Transit Improvements (ATI)** – This type of improvement was previously referred to as “transit enhancements.” An ATI is a project “designed to enhance public transportation service or use and that is physically or functionally related to transit facilities.”

**Fatalities** – Anyone who dies associated with transit revenue operations

**Injuries** – Anyone who requires immediate medical transportation away from the scene associated with transit revenue operations

**Reportable Incident**

- Any event resulting in one or more fatalities
- Any event resulting in one or more injuries
- Any event resulting in total property damage of \$25,000 or more

## APPENDIX H: EXAMPLE OF INDEPENDENT COST ESTIMATE (ICE) FORM

**Project Name:** Maintenance Shop Refurbishment

**Date:** 6/25/13

**Project Description:**

The existing maintenance garage has a small ramp leading up to the garage doors and the individual bay entrances. Over the years of use there has been a degradation of the ramp creating sinkholes that cause occasional "bottoming out" of the buses as they enter the garage. Refurbishment of the garage entrance would create a smoother transition as buses enter and exit the garage. The project would involve the design build of the new ramp and new shop doors.

**Requestor:**

**Phone #:**

**Email:**

**Date of Estimate:** 6/25/13

**Estimate:** \$44,591

**Method of Obtaining Estimate (check appropriate section and attached any supporting data):**

- Obtained estimate from: online sources
- Published List Price:
- Past Pricing (date):
- Engineering or Technical Estimate
- Independent Third-Party Estimate
- Other (specify):

**Additional Comments:**

With short notice and without an RFP available we were unable to get any estimates from contractors for design/installation of a concrete apron for the maintenance facility. Estimates based on the current cost of concrete were generated based on the approximate square footage of the required apron. In addition, researched costs for garage doors were sourced.

Item	Quantity	Low	High
<b>Pad Cost</b> Non-discounted retail cost for common, mid-grade pad. Quantity includes typical installation waste, fabrication overage, material for future repairs and delivery within 25 miles	2563 square feet	\$3,426.72	\$3,818.88
<b>Pad Labor</b> Direct labor expenses to install concrete pad.	75.8 hours	\$3,996.00	\$4,185.23

<b>Pad Job Materials and Supplies</b>	2400	\$474.72	\$514.08
Cost of supplies that may be required to install concrete pad including: reinforcing materials, isolation materials, cleaning and chemical release agents .	square feet		
<b>Pad Equipment Allowance</b>		\$60.00	\$106.50
Job related costs of specialty equipment used for job quality and efficiency, including: 48" bull float, reinforcing bar cutters, 5+ cubic foot mortar mixing box with mortar hoe.			
<b>Totals - Cost to Install Concrete Pad</b>	2500	<b>\$7,957.44</b>	<b>\$8,624.69</b>
	square feet		
	Average	<b>\$3.32</b>	<b>\$3.59</b>
	cost		
	per sq ft		

**The cost estimate includes:**

- Costs for local material / equipment delivery to and service provider transportation to and from the job site.
- Costs to prepare the worksite for Concrete Pad Installation, including costs to protect existing structure(s), finishes, materials, and components.
- Costs for job cleanup and debris removal at project completion.
- Labor setup time, mobilization time and minimum hourly charges that are commonly included for small Concrete Pad Installation jobs.

**The cost estimate does not include:**

- General contractor fees for organizing and supervising the Concrete Pad Installation. Add 20% to the total cost above if a general contractor will supervise this project.  
= \$1750
- Sales tax on materials and supplies.  
= \$520
- Permit or inspection fees (or portion thereof) required by your local building department for your overall project.  
= no charge

- Preparation of existing ground
  - = Direct labor expenses to install concrete pad = \$4,000 (75 hours)
  - = Job related costs of specialty equipment = \$250
- Design of new driveway (engineering and architectural)
  - = \$5,000

Work Estimate	= \$20,144.69
Contingency (20%)	= \$4,030
Profit (10%)	= \$2,417
Total	= \$26,591

#### Garage Door Costs (From the US Dept of Energy)

While there is no code requirement to use rubber roll-up doors on maintenance facilities, we recommend this type of door, equipped with breakaway rails. Roll-up doors (like the door at the contractor pickup area at Home Depot) are typically more reliable and energy efficient than sectional doors (like a typical residential garage door). Since they open and close more quickly and reliably than conventional sectional doors, rubber roll-up doors will keep more heat in the building during periods of heavy bus entry/exit traffic. We recommend that these roll-up doors be equipped to automatically open (quickly) in the unlikely event of a gas leak, to assist in providing ventilation to the building--door openers would be equipped with a provision for remote opening and closing at some future date, and door motors and switches would be ordered as sealed units. High Speed roll-up doors are commonly used on maintenance garages—Marathon has reviewed this application with a high quality industrial door manufacturer and determined that the upgrade cost applicable to a Fuel Flexible facility (to make switches safe for a gas environment) would be approximately \$5000 per door. The door itself is the same regardless of fuel type so there is no cost difference in the door.

Estimate for H Speed	= \$15,000
Installation (20% of cost)	= \$3,000

## APPENDIX H: EXAMPLE OF INDEPENDENT COST ESTIMATE (ICE) FORM

CAPITAL ITEM PRIORITY NUMBER: \_\_\_\_\_

DATE OF ESTIMATE: \_\_\_\_\_

Description of Goods/Services: \_\_\_\_\_

Method of obtaining the estimate:

Published Price List:

Past Pricing:

Engineering or technical estimate:

Independent third party estimate:

Other:

Cost Estimate Details:

### COST OF STANDARD ITEM

PRODUCT	COST EACH	EXTENDED COST	DELIVERED	NO FREIGHT	NOTES/DATA SOURCE

### COST OF SERVICES/REPAIRS/OR NON-STANDARD ITEMS

ITEM/TASK

	DIRECT	OTHER	LABOR	LABOR	ALLOCATED			
MATERIALS	COSTS	COSTS	RATE/HOURS	CLASS	OVERHEAD	SG&A	PROFIT	TOTAL

Annual Transportation Plan for Fiscal Year 2019

Report Date 10/1/2016  
 Jurisdiction: ADD NAME  
 Organization: ADD NAME

**Form 6: REVENUE VEHICLE INVENTORY**

Indicate all vehicles currently owned by the applicant organization, as well as vehicles requested in FY19 and those funded in previous years that are currently on order. Insert additional rows and pages as needed.

Route Type ?	Agency Fleet Number ?	Vehicle Identification Number (VIN) ?	Current Status ?	Model Year ?	Make ?	Vehicle Type ?	Length (ft) ?	Seating Capacity		Standing Capacity ?	Fuel Type ?	Delivered Price ?	MTA Grant Number or Other Source ?	Funding Ratio (Fed/St/Local) ?	In-Service Date ?	Current Physical Condition ?	Current Mileage ?	Minimum Useful Life		Estimated Useful Life Remaining		Earliest Possible Replacement CY ?	Owner ?	Supports Another Mode? ?	Date of MTA Approval to Dispose ?	Date of Disposal	If Replacement, indicate Vehicle being Replaced
								Ambulatory ?	Wheelchair ?									Miles ?	Years ?	Miles ?	Years ?						
<b>REVENUE VEHICLES:</b>																											
<b>VEHICLES AWARDED BUT NOT RECEIVED (FY 18 awards and awards in previous years)</b>																											
<b>REPLACEMENT VEHICLES REQUESTED IN FY 2019:</b>																											
<b>EXPANSION VEHICLES REQUESTED IN FY 2019:</b>																											

ALL VEHICLE REPLACEMENT REQUESTS REQUIRE PROPER JUSTIFICATION. VEHICLES COVERED BY EXTENDED WARRANTIES ARE NOT ELIGIBLE UNTIL THE WARRANTY EXPIRES  
 IF YOU REQUEST EXPANSION VEHICLES YOU MUST INDICATE AS PART OF YOUR JUSTIFICATION HOW YOU INTEND TO FUND EXPANDED OPERATIONS AND IDENTIFY SPECIFIC FUNDING SOURCES.

Report Date   
 Jurisdiction:   
 Organization:

### Annual Transportation Plan for Fiscal Year 2019

#### Form 6a: FACILITIES AND FACILITIES-RELATED EQUIPMENT

*List all property (equipment, facility, etc.) assigned to or available to the program, regardless of ownership or funding source, as well as property requested in FY15 (that has not yet been purchased). Insert additional rows and pages as needed.*

Inventory Control Number ?	Address and Building ID ?	Department (Ops, Admin., Maint., etc.) ?	Asset Category ?	Asset Type ?	Description of Use ?	Delivered Price ?	MTA Grant Number or Other Source ?	Funding Ratio (Fed/St /Local) ?	In-Service Date ?	Minimum Useful Life (Years) ?	Estimated Useful Life Remaining (Years) ?	Earliest Possible Replacement Year ?	Owner ?	Percent Used for Transit ?	Date of MTA Approval to Dispose ?	Date of Disposal	
FACILITIES:																	
EQUIPMENT & OTHER FIXED ASSETS:																	
NEW STATIONS & FACILITIES REQUESTED IN FY 2019:																	
NEW EQUIPMENT & OTHER FIXED ASSETS REQUESTED IN FY 2019:																	

## Report Date Jurisdiction Organization

10/1/2016  
**ADD NAME**  
**ADD NAME**

## Form 6b: EQUIPMENT (NON-REVENUE VEHICLES AND OTHER EQUIPMENT)

Indicate all vehicles currently owned by the applicant organization, as well as vehicles requested in **FY18** and those funded in previous years that are currently on order. Insert additional rows and pages as needed.

Start Here

# PART I

**ATP-18**  
**PROGRAM DESCRIPTION**  
**PART I-A**

# Annual Transportation Plan for Fiscal Year 2019

## SECTION 1 PROGRAM DESCRIPTION

This part of your application is critical in justifying requested funding as well as documenting that planning requirements have been completed. Refer to application instructions for more information on what is required under each section.

This document is formatted to be 'tabbed' through. All responses should be placed in the yellow boxes. Copy and Paste where necessary inside the yellow boxes. The boxes will expand with your entries. Please enter ALL information in this file. Be sure to include this file on the disc submitted with your application

Jurisdiction/Program:

### A. CONTACT INFORMATION

#### Applicant Organization

Legal Name:   
Mailing Address:   
Street Address:   
City:   
Federal Taxpayer ID:

DUNS #:   
CAGE CODE:   
(Part of the SAMS System)  
State:  Zip code:   
Website (URL):

#### Application Submitted By - Must be person named on Authorizing Resolution

Name:   
Title:   
Telephone:  Fax:   
Email:  TTY:

#### Application Contact -Person to whom questions should be directed

Name:   
Title:   
Telephone:  Fax:   
Email:  TTY:

#### Operator Contact--Public Transportation Programs

Name:   
Title:   
Organization/Company:   
Mailing Address:   
Street Address:   
City:  State:  Zip code:   
Telephone:  Fax:   
Email:  TTY:

**Operator Contact--SSTAP/ADA Programs**

Name: [REDACTED]  
Title: [REDACTED]

Organization/Company: [REDACTED]  
Mailing Address:  
Street Address:  
City: [REDACTED]

State: [REDACTED] Zip code: [REDACTED]

Telephone: [REDACTED]  
Email: [REDACTED]

Fax: [REDACTED]  
TTY: [REDACTED]

**B. OPERATOR/SERVICE DESCRIPTION**

**1. Service Description**

a. Provide a general description of all of the transportation services your organization provides or administers. *Submit one set of public timetables, schedules, brochures, and maps according to the naming protocol illustrated on the Application Checklist.*

b. As illustrated in Form 2a, did your services meet minimum performance standards?

YES       NO

If no, please *discuss* what circumstances may contribute to or cause services to operate below standards, the prospects for improvement, and any steps being considered or taken to improve performance.

## 2. Marketing/Advertising Program

**Describe** your public outreach and marketing program. *Submit one copy or sample of all brochures or advertisements according to the naming protocol illustrated on the Application Checklist.*

Do you use Social Media?  YES  NO

Twitter  Facebook  Other

## C. PROJECT COORDINATION

State and Federal funding streams encourage and require coordination of resources and effort in order to minimize duplication, recognize efficiencies, increase transportation options and opportunities, and to improve overall mobility. Please refer to the section on Project Coordination in the Application Instructions for more guidance when completing this section.

1. Coordination Within Your Organization. **Describe** how PTP and SSTAP are integrated with each other and with your total transportation program.

2. Coordination with Other Organizations

- a. **How do you currently coordinate services with other organizations?** **Describe** efforts to share vehicles, trips, seats, passengers, fuel, maintenance, and/or to purchase some or all your PTP and/or SSTAP service with other transportation operators in your service area.

- b. Provide a list of all transportation providers and/or organizations that have a program with a transportation element in your service area, and **describe** the relationship(s) between programs.

3. **Transportation Advisory Committee**. Do you have a local Transportation Advisory Committee?

YES

NO

*Describe the organizational structure, membership, meeting schedule, and Submit a copy of minutes from the most recent two meetings according to the naming protocol illustrated on the Application Checklist.*

**ATP-18**  
**CURRENT SERVICES**  
**PART I-B**

## Annual Transportation Plan for Fiscal Year 2019

Jurisdiction  
Legal Name

### Form 1: TRANSPORTATION PROGRAM SUMMARY

#### Summary of Total Transportation Services

*Identify all types of transportation services provided by your organization by checking the appropriate boxes and indicate their respective funding sources.*

Transportation Service	Funding Source(s)					
	5307	5311	ADA	SSTAP	Large Urban	Other
<input type="checkbox"/> Medical	<input type="checkbox"/>					
<input type="checkbox"/> Senior Center/Services	<input type="checkbox"/>					
<input type="checkbox"/> Medical	<input type="checkbox"/>					
<input type="checkbox"/> Nutrition	<input type="checkbox"/>					
<input type="checkbox"/> Adult Day Care	<input type="checkbox"/>					
<input type="checkbox"/> Contract	<input type="checkbox"/>					
<input type="checkbox"/> Other	<input type="checkbox"/>					

Specify Other

Other 1 - Funding Source

Other 2 - Funding Source

#### Vehicle Summary

<input type="checkbox"/>	Vehicles Used in Peak Service*	<input type="checkbox"/>	Lift/Ramp-Equipped Vehicles
<input type="checkbox"/>	Spare/Backup Vehicles	<input type="checkbox"/>	Wheelchair Placements in Fleet
<input type="checkbox"/>	= 0 Total in Service**	<input type="checkbox"/>	Vehicles On Order

#DIV/0! Spare Ratio

#### Employee Characteristics:

Drivers:	Non-CDL	CDL	Fixed Route	Paratransit	Total
Full-Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0
Part-Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0
Volunteer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0
Mechanics	Full-Time	Part-Time			0
Street Supervisor	<input type="checkbox"/>	<input type="checkbox"/>			0
Dispatchers	<input type="checkbox"/>	<input type="checkbox"/>			0
Administration	<input type="checkbox"/>	<input type="checkbox"/>			0
Management	<input type="checkbox"/>	<input type="checkbox"/>			0
<b>TOTAL</b>	<b>0</b>	<b>0</b>			0

\* Must match total number of peak vehicles on Form #7

\*\* Must match total active Vehicle Inventory on Form #6, exclusive of vehicles on order (not yet delivered)

## Annual Transportation Plan for Fiscal Year 2019

Jurisdiction  
Legal Name

### Form 2: CURRENT SERVICE CHARACTERISTICS

*Provide current service characteristics for all MTA-funded services.*

Funding Source	Type of Service	Level of Service (1)	Days & Hours of Operation	Fares(2):					
				General Public	Elderly	Disabled	Student	Donations	Other
Large Urban	Fixed-Route								
	Deviated Fixed-Route								
	Demand-Response								
Section 5311	Fixed-Route								
	Deviated Fixed-Route								
	Demand-Response								
SSTAP	Fixed-Route								
	Deviated Fixed-Route								
	Demand-Response								
	Taxi Voucher								
Section 5307	Deviated Fixed-Route								
	Demand-Response								
ADA	Deviated Fixed-Route								
	Demand-Response								

(1) Indicate approximate percentage of each service type operated within each grant program.

(2) Attach fare schedule if zones/mileage differences are used.

Jurisdiction Name: \_\_\_\_\_  
 Legal Name: \_\_\_\_\_  
 Funding Fiscal Year: FY 2019

Quarter (1st, 2nd, 3rd, 4th): 1st - 4th  
 Beginning Date: (MM/DD/YYYY) 7/1/2016  
 Ending Date: (MM/DD/YYYY) 6/30/2017

**Form 2a: SERVICE PERFORMANCE SUMMARY (Suburban/Small Urban)**  
**Remember to include ALL Service Types into Grand Total**

Distribution Date 09-26-17

Funding Program	Service Type F = Fixed Route DR = Demand Response	D = Deviated	Route Name/Number	Total Passenger Trips	Total Service Miles	Total Service Hours	Total Operating Costs	Total Farebox Receipts	Other Local Operating Revenue (rebates, warranty)	Advertising Revenue	Operating Cost per Hour	Operating Cost per Mile	Operating Cost per Passenger Trip	Local Operating Revenue Ratio	Farebox Recovery Ratio	Passenger Trips per Mile	Passenger Trips per Hour
<b>Public Transportation Programs:</b>																	
S. 5307										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
S. 5307										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
S. 5307										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
S. 5307										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
S. 5307										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
S. 5307										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
S. 5307										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
S. 5307										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
S. 5307										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
S. 5307										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Subtotal -- Large Urban or S. 5307:	0	0	0	\$0	\$0	\$0	\$0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
								Acceptable \$66.11 - \$86.45	\$4.07 - \$6.10	\$4.07 - \$7.12	45% - 55%	10% - 20%	.75 - 1.25	12.0 - 16.0			
S. 5311										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
S. 5311										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
S. 5311										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
S. 5311										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
S. 5311										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
S. 5311										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
S. 5311										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
S. 5311										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Subtotal -- S. 5311:	0	0	0	\$0	\$0	\$0	\$0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
								Acceptable \$66.11 - \$86.45	\$4.07 - \$6.10	\$4.07 - \$7.12	45% - 55%	10% - 20%	.75 - 1.25	12.0 - 16.0			
Overall Public Transportation Program	0	0	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Subtotal -- JARC / New Freedom:								#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
								Acceptable \$66.11 - \$86.45	\$4.07 - \$6.10	\$4.07 - \$7.12	45% - 55%	10% - 20%	.75 - 1.25	12.0 - 16.0			
Subtotal -- ADA Paratransit:								#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
								Acceptable \$61.02 - \$81.36	\$3.56 - \$7.12	\$20.34 - \$40.68	40% - 60%	6% - 12%	.10 - .20	1.5 - 3.0			
Subtotal -- SSTAP Program:								#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
								Acceptable \$61.02 - \$81.36	\$3.56 - \$7.12	\$20.34 - \$40.68	40% - 60%	6% - 12%	.10 - .20	1.5 - 3.0			
<b>Safety Information</b>								Disabled (non-elderly) ambulatory (able to walk)									
<b>Reportable Incidents</b>								Disabled (non-elderly) non-ambulatory (use wheelchair or scooter)									
<b>Fatalities</b>								Elderly non-ambulatory (use wheelchair or scooter)									
<b>Injuries</b>								Elderly ambulatory (able to walk)									
<b>GRAND TOTAL</b>	0	0	0	\$0	\$0	\$0	\$0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

For MTA office use only.

Do not change the numbers in this highlighted section.

Fixed Route: successful \$66.11 \$4.07 \$4.07 55% 20% 1.25 16.0

needs review \$86.45 \$6.10 \$7.12 45% 10% 0.75 12.0

Demand Response: successful \$61.02 \$3.56 \$20.34 60% 12% 0.20 3.0

needs review \$81.36 \$7.12 \$40.68 40% 6% 0.10 1.5

Revised 3/28/16

Jurisdiction Name: \_\_\_\_\_  
 Legal Name: \_\_\_\_\_  
 Funding Fiscal Year: FY 2019

Quarter (1st, 2nd, 3rd, 4th): 1st - 4th  
 Beginning Date: (MM/DD/YYYY) 7/1/2016  
 Ending Date: (MM/DD/YYYY) 6/30/2017

**Form 2a: SERVICE PERFORMANCE SUMMARY (Urban)**  
**Remember to include ALL Service Types into Grand Total**

Distribution Date 09-26-17

Funding Program	Service Type F = Fixed Route DR = Demand Response D = Deviated	Route Name/Number	Total Passenger Trips	Total Service Miles	Total Service Hours	Total Operating Costs	Total Farebox Receipts	Other Local Operating Revenue (rebates, warranty)	Advertising Revenue	Operating Cost per Hour	Operating Cost per Mile	Operating Cost per Passenger Trip	Local Operating Revenue Ratio	Farebox Recovery Ratio	Passenger Trips per Mile	Passenger Trips per Hour
<b>Public Transportation Programs:</b>																
S. 5307										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
S. 5307										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
S. 5307										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
S. 5307										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
S. 5307										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
S. 5307										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
S. 5307										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
S. 5307										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
S. 5307										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
S. 5307										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Subtotal -- Large Urban or S. 5307:			0	0	0	\$0	\$0	\$0	\$0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
										Acceptable \$91.53 - \$111.87	\$7.12 - \$8.14	\$3.81 - \$4.58	60% - 70%	20% - 25%	1.75 - 2.00	20.0 - 30.0
S. 5311										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
S. 5311										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
S. 5311										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
S. 5311										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
S. 5311										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
S. 5311										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
S. 5311										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
S. 5311										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Subtotal -- S. 5311:			0	0	0	\$0	\$0	\$0	\$0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
										Acceptable \$91.53 - \$111.87	\$7.12 - \$8.14	\$3.81 - \$4.58	60% - 70%	20% - 25%	1.75 - 2.00	20.0 - 30.0
Overall Public Transportation Program			0	0	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Subtotal -- JARC / New Freedom:										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Subtotal -- ADA Paratransit:										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Subtotal -- SSTAP Program:										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>Safety Information</b>										Disabled (non-elderly) ambulatory (able to walk)						
<b>Reportable Incidents</b>										Disabled (non-elderly) non-ambulatory (use wheelchair or scooter)						
<b>Fatalities</b>										Elderly non-ambulatory (use wheelchair or scooter)						
<b>Injuries</b>										Elderly ambulatory (able to walk)						
<b>GRAND TOTAL</b>			0	0	0	\$0	\$0	\$0	\$0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

For MTA office use only.

Do not change the numbers in this highlighted section.

Fixed Route: successful \$91.53 \$7.12 \$3.81 70% 25% 2.25 30.0  
 needs review \$111.87 \$8.14 \$4.58 60% 20% 1.75 20.0

Demand Response: successful \$71.19 \$4.07 \$20.34 60% 12% 0.25 3.0  
 needs review \$91.53 \$8.14 \$30.51 40% 6% 0.15 1.5

Revised 3/28/16

Jurisdiction Name: \_\_\_\_\_  
 Legal Name: \_\_\_\_\_  
 Funding Fiscal Year: FY 2019

Quarter (1st, 2nd, 3rd, 4th): 1st - 4th  
 Beginning Date: (MM/DD/YYYY) 7/1/2016  
 Ending Date: (MM/DD/YYYY) 6/30/2017

**Form 2a: SERVICE PERFORMANCE SUMMARY (Rural)**  
**Remember to include ALL Service Types into Grand Total**

Distribution Date 09-26-17

Funding Program	Service Type F=Fixed Route DR=Demand Response D=Deviated	Route Name/Number	Total Passenger Trips	Total Service Miles	Total Service Hours	Total Operating Costs	Total Farebox Receipts	Other Local Operating Revenue (rebates, warranty)	Advertising Revenue	Operating Cost per Hour	Operating Cost per Mile	Operating Cost per Passenger Trip	Local Operating Revenue Ratio	Farebox Recovery Ratio	Passenger Trips per Mile	Passenger Trips per Hour
<b>Public Transportation Programs:</b>																
S. 5307										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
S. 5307										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
S. 5307										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
S. 5307										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
S. 5307										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
S. 5307										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
S. 5307										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
S. 5307										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
S. 5307										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Subtotal -- Large Urban or S. 5307:			0	0	0	\$0	\$0	\$0	\$0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Acceptable \$40.68 - \$61.02 \$2.03 - \$4.07 \$7.12 - \$18.31 40% - 50% 7% - 15% .15 - .30 2.5 - 5.0																
S. 5311										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
S. 5311										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
S. 5311										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
S. 5311										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
S. 5311										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
S. 5311										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
S. 5311										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
S. 5311										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Subtotal -- S. 5311:			0	0	0	\$0	\$0	\$0	\$0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Acceptable \$40.68 - \$61.02 \$2.03 - \$4.07 \$7.12 - \$18.31 40% - 50% 7% - 15% .15 - .30 2.5 - 5.0																
<b>Overall Public Transportation Program</b>			0	0	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Acceptable \$40.68 - \$61.02 \$2.03 - \$4.07 \$7.12 - \$18.31 40% - 50% 7% - 15% .15 - .30 2.5 - 5.0																
Subtotal -- JARC / New Freedom:										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Acceptable \$40.68 - \$61.02 \$2.03 - \$4.07 \$7.12 - \$18.31 40% - 50% 7% - 15% .15 - .30 2.5 - 5.0																
Subtotal -- ADA Paratransit:										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Acceptable \$40.68 - \$61.02 \$2.03 - \$4.07 \$7.12 - \$18.31 40% - 50% 7% - 15% .15 - .30 2.5 - 5.0																
Subtotal -- SSTAP Program:										#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Acceptable \$40.68 - \$61.02 \$2.03 - \$4.07 \$7.12 - \$18.31 40% - 50% 7% - 15% .15 - .30 2.5 - 5.0																
<b>Safety Information</b>																
<b>Reportable Incidents</b>																
Disabled (non-elderly) ambulatory (able to walk)																
Disabled (non-elderly) non-ambulatory (use wheelchair or scooter)																
Elderly non-ambulatory (use wheelchair or scooter)																
Elderly ambulatory (able to walk)																
<b>GRAND TOTAL</b>			0	0	0	\$0	\$0	\$0	\$0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

For MTA office use only.

Do not change the numbers in this highlighted section.

Fixed Route: successful \$40.68 \$2.03 \$7.12 50% 15% 0.30 5.0

needs review \$61.02 \$4.07 \$18.31 40% 7% 0.15 2.5

Demand Response:

successful \$40.68 \$2.03 \$7.12 50% 15% 0.30 5.0

needs review \$61.02 \$4.07 \$18.31 40% 7% 0.15 2.5

Revised 3/28/16

## Annual Transportation Plan for Fiscal Year 2019

Jurisdiction  
Legal Name

### Form 7: VEHICLE UTILIZATION PLAN

Indicate how each vehicle listed in the Vehicle Inventory (Form 6) is used on a regular basis. If vehicles are used for multiple services, please use a separate line for each route or service. If schedules are different on different days of the week, please use a separate line for each day. Insert additional lines and pages as needed.

Usual Vehicle (Agency Fleet No.)	Route Name or Number	Origin of Route	Geographic Areas Served	Destination of Route	Trip Purpose	Passenger/Client Group	One-way Trip Length	Usual No. of Riders/Day	Days of the Week	Hours of Day Operated	
Example	<i>Yourtown Shuttle</i>	<i>101 Main St., Yourtown</i>	<i>Yourtown area</i>	<i>Yourtown Mall</i>	<i>general purpose</i>	<i>general public</i>	<i>12 miles</i>	<i>25</i>	<i>M-F</i>	<i>Start Time</i>	<i>End Time</i>
<i>Insert additional rows as needed.</i>											

**ATP-19**  
**PROGRAM COMPLIANCE, Part I**  
**PART I-C**

## PROGRAM COMPLIANCE, Part I

### A. CIVIL RIGHTS

Do you employ **50 or more** transit-related employees (including temporary, full-time, or part-time employees either directly and/or through contractors)?

YES

NO

How much State/Federal funding did you receive in FY 2017? [REDACTED]

Is the amount of State/Federal funds received in FY 2017 **more than \$1 million** in capital or operating assistance or **more than \$250,000** in planning assistance?

YES

NO

*If "Yes", to both questions, provide one copy of your current MTA approved EEO Plan according to the naming protocol illustrated on the Application Checklist.*

If your organization does not have an MTA approved EEO plan, please contact your Regional Planner.

The State and any subrecipients that receive funds from FTA for planning, capital, or operating assistance or any combination thereof in excess of \$250,000 to award in prime contracts, **NOT** including funds for transit vehicle purchases, in a given Federal Fiscal Year must prepare a DBE program.

Is the amount of State/Federal funds received in FY 2017 for planning, capital, operating assistance or any combination thereof more than \$250,000?

YES

NO

If "Yes", please provide a copy of your approved DBE program.

If your organization does not have an MTA approved DBE plan, please contact your regional planner.

*You must prepare and submit a DBE plan.*

If your project received **less than \$250,000**, do you have an MTA approved DBE plan?

YES

NO

If "No", when do you anticipate submitting a plan for MTA approval?

Do you have a purchase of service agreement with a private operator/contractor?

YES

NO

*If "Yes", please provide one copy of the contractor's EEO Plan AND their DBE Plan according to the naming protocol illustrated on the Application Checklist.*

Have you submitted a Title VI Plan to the MTA within the past three years? If so, when?

YES

NO

If "Yes", has your Title VI Plan been approved by MTA?

YES

NO

Are you in a census area with a population more than 200,000?

YES

NO

Date of Approval                   

*Please provide one copy of your most recent Title VI Policy Statement/Plan according to the naming protocol illustrated on the Application Checklist.*

MTA Use Only  
Office of Local Transit Support

Reviewed By: \_\_\_\_\_

Name

Date

**B. CIVIL RIGHTS CONTACTS – Applicant (Please provide current information)**

**EEO CONTACT - Applicant**

Name [REDACTED]  
Title [REDACTED]  
Department/Organization [REDACTED]  
Phone [REDACTED] E-Mail [REDACTED]  
Address [REDACTED]  
City, State ZIP [REDACTED]

**MBE/DBE CONTACT - Applicant**

Name [REDACTED]  
Title [REDACTED]  
Department/Organization [REDACTED]  
Phone [REDACTED] E-Mail [REDACTED]  
Address [REDACTED]  
City, State ZIP [REDACTED]

**Title VI CONTACT - Applicant**

Name [REDACTED]  
Title [REDACTED]  
Department/Organization [REDACTED]  
Phone [REDACTED] E-Mail [REDACTED]  
Address [REDACTED]  
City, State ZIP [REDACTED]

**C. CIVIL RIGHTS CONTACTS – Contractors (Please provide current information)**

**EEO CONTACT - Contractor**

Name   
Title   
Department/Organization   
Phone   
Address   
City, State ZIP

E-Mail

**MBE/DBE CONTACT - Contractor**

Name   
Title   
Department/Organization   
Phone   
Address   
City, State ZIP

E-Mail

**Title VI CONTACT - Contractor**

Name   
Title   
Department/Organization   
Phone   
Address   
City, State ZIP

E-Mail

## D. SAFETY AND SECURITY

1. Federal regulations require that *AT LEAST* 1% of Federal Funds be used for Safety and Security purposes.

In FY 2017, what was the total amount of Federal funding received for all programs? \$     
(Total)

Then, "Total" x .01 = \$    *Minimum* required expenses on Safety/Security in FY 2017.

Did your organization achieve the 1% goal for FY 2017? What were your total safety and security project expenses? \_\_\_\_\_

YES

NO

If Yes - complete table below

If No - Contact your Regional Planner

2. Documentation of Security Expenses		
SECURITY PROJECTS	\$ AMOUNT	DESCRIPTION
<i>Infrastructure/Capital Improvements</i>	<span style="background-color: yellow;">  </span>	<span style="background-color: yellow;">  </span>
Increased Lighting	<span style="background-color: yellow;">  </span>	<span style="background-color: yellow;">  </span>
Increased Surveillance	<span style="background-color: yellow;">  </span>	<span style="background-color: yellow;">  </span>
Emergency Communications	<span style="background-color: yellow;">  </span>	<span style="background-color: yellow;">  </span>
Other Projects	<span style="background-color: yellow;">  </span>	<span style="background-color: yellow;">  </span>
<span style="background-color: yellow;">  </span>	<span style="background-color: yellow;">  </span>	<span style="background-color: yellow;">  </span>
<i>Operating/Personnel Expenditures</i>	<span style="background-color: yellow;">  </span>	<span style="background-color: yellow;">  </span>
In-House Security Personnel	<span style="background-color: yellow;">  </span>	<span style="background-color: yellow;">  </span>
Contract Security Personnel	<span style="background-color: yellow;">  </span>	<span style="background-color: yellow;">  </span>
Security Training	<span style="background-color: yellow;">  </span>	<span style="background-color: yellow;">  </span>
Other Projects	<span style="background-color: yellow;">  </span>	<span style="background-color: yellow;">  </span>
<span style="background-color: yellow;">  </span>	<span style="background-color: yellow;">  </span>	<span style="background-color: yellow;">  </span>
<b>Total</b>	<span style="background-color: yellow;">  </span>	<span style="background-color: yellow;">  </span>

MTA Use Only  
Statewide Planning Division

Reviewed by: \_\_\_\_\_  
Signature \_\_\_\_\_

\_\_\_\_\_ Date

## E. MAINTENANCE PROGRAM

1. Describe your preventive vehicle maintenance program. Include cycles and major intervals for preventive work.

*Submit current copies of all maintenance forms used in the program. Submit a full copy of your PM Program if it changed in the past year. Please follow naming protocol illustrated on the Application Checklist.*



2. Who is responsible for the routine and preventive maintenance of the transportation program fleet?

- In-house (Transportation program employees)
- In-house (other city/county/municipal department)
- County/Municipal Garage
- Local Garage(s)
- Partner Agency
- Private Maintenance Vendor
- Included in Purchase of Service Agreement/Operating Contract

3. If routine and preventive maintenance are done in-house or by another city / county department, describe the following:

- a) the arrangements,
- b) the number of maintenance personnel assigned (or trained) to transportation, and
- c) how maintenance charges are assessed.

4. If routine and preventative maintenance (PM) are done in-house, do you incur labor charges over \$100,000 per year? If yes, please provide a Force Account Plan for PM.

5. If routine maintenance is performed by private vendor(s) describe the following:

- a) the vendor selection process and criteria used,
- b) how charges are assessed (attach a copy of the written contract or price schedule), and/or
- c) your informal verbal agreement.

6. Do you require a pre-trip vehicle inspection?  YES  NO

Submit a copy of the pre-trip checklist.

7. Who performs the inspection?

- Driver/Operator
- Dispatcher
- Operations/Supervisory Staff
- Maintenance Staff Person
- Other (\_\_\_\_\_)

8. Do you operate vehicles with a seating capacity of 16 passengers or more, including the driver or over 10,000 GVW?

YES  NO

If yes, you are subject to the Maryland Preventive Maintenance Program. *Submit a sample of the Maryland DOT-approved inspection form documenting the most recent inspection or certification that the vehicle is maintained under a PM plan and is carried on the vehicle at all times. Please follow appropriate naming protocol illustrated on the Application Checklist.*

9. Are any of your facilities funded or constructed with Federal or State funds?

YES  NO

Do you have a maintenance program/policy for these transit facility(ies)?

YES  NO

*If "Yes", submit a copy of the plan. Please follow appropriate naming protocol illustrated on the Application Checklist. If "No", contact your Regional Planner to develop a formal facility plan.*

## F. TRAINING PROGRAMS

1. Effective July 1, 2008, (FFY 2009) MTA requires that AT LEAST 1% of ALL grant funds be used for training purposes.

In FY 2017, what was the total amount of grant funding received for all programs? \$ [REDACTED]  
(Total)

Then, "Total" x .01 = \$ [REDACTED] **Minimum** required expenses on Training in FY 2017. What was your organization's total for training expenses in FY 2017? \_\_\_\_\_

- 2a. If you obtained training that was provided at no cost to you, please indicate:

Did you use a TransitSCORE Trainer?  YES  NO

Did you obtain training through NTI?  YES  NO

Please specify other training obtained at no cost: [REDACTED]

Please provide the following information:

Name of Training: [REDACTED]

Name[s] of the Trainer[s]: [REDACTED]

# of Persons Trained: [REDACTED]

Date[s] Training Conducted: [REDACTED]

Location of Training Site: [REDACTED]

**2b. Documentation of Training Expenses**

TRAINING CONDUCTED	\$ AMOUNT	DESCRIPTION
Other Projects		
<b>Total</b>		

Add more rows to the table if needed.

### 3. Training Program Description

Please ***describe*** your training programs. Be sure to include as much information as possible about new hire training, on-going and/or re-training, course curriculum, schedules, topics, resources, and materials. Provide information regarding who conducts the training, how the training is evaluated, and how it is determined to be successful.

a) Driver Training:



b) Maintenance Training:



c) Other Training:



## G. PURCHASED TRANSPORTATION

If you have a contract with a separate provider who is included on your Form B-2 as Purchased Transportation and you have submitted a Form B-3 on their behalf, ***submit one copy of their contract. Please follow appropriate naming protocol illustrated on the Application Checklist.***

A brief description of the contract arrangement should be included here, including the operator(s), contract term and any options, and the scope of services to be provided.



## H. DRUG AND ALCOHOL TESTING POLICY

Do you have an approved Drug Free Workplace Policy and an approved Drug and Alcohol Testing Policy as required by FTA regulations, "Prevention of Alcohol Misuse and Prohibited Drug Use in Transit Operations," at 49 CFR part 665, subpart I and in accordance with 49 CFR part 40?

YES

NO

Date of Original Policy [REDACTED]

Contractor [REDACTED]

Date of Last Update [REDACTED]

Contractor [REDACTED]

### Drug and Alcohol Policy Administrator - Applicant

Name [REDACTED]

Title [REDACTED]

Department/Organization [REDACTED]

Phone [REDACTED]

Address [REDACTED]

City, State ZIP [REDACTED]

E-Mail [REDACTED]

### Drug and Alcohol Policy Administrator – Service Contractor

Name [REDACTED]

Title [REDACTED]

Department/Organization [REDACTED]

Phone [REDACTED]

Address [REDACTED]

City, State ZIP [REDACTED]

E-Mail [REDACTED]

### Drug and Alcohol Policy Administrator – Maintenance Provider

Name [REDACTED]

Title [REDACTED]

Department/Organization [REDACTED]

Phone [REDACTED]

Address [REDACTED]

City, State ZIP [REDACTED]

E-Mail [REDACTED]

***Submit one copy of your drug and alcohol policy. Please follow appropriate naming protocol illustrated on the Application Checklist.***

## I. CELL PHONE POLICY

Do you have a policy regarding the use of cell phones and other portable electronic devices for employees of your program?

YES

NO

If you have a contract with a service provider, *submit one copy of your local policy. Please follow appropriate naming protocol illustrated on the Application Checklist.*

# PART II

**ATP-19**  
**OPERATING BUDGET REQUEST**  
**PART II-A**

## Annual Transportation Plan for Fiscal Year 2019

Jurisdiction Name:

Legal Name:

### Form B-1: FY 2019 Grant Budget Summary

*Totals on this form must equal totals on Forms B-2, B-3, B-4, B-5, C-4, C-5, and C-7 and C-9. This form is designed to fill in automatically with information entered into these forms.*

*However, please review this information to ensure that the numbers for each grant program and type of assistance do match.*

Program Name	Share	Operating Assistance	Capital Assistance				Technical Assistance	Total		
			Vehicles		Equipment	Facilities				
			Replacement/Expansion	Refurbishment						
Section 5303/5304 Technical Assistance	Federal						\$ -	\$ -		
	State									
	F&S-Subtotal						\$ -	\$ -		
	Local						\$ -	\$ -		
	Subtotal						\$ -	\$ -		
Large Urban	State	\$ -						\$ -		
	Local	\$ -						\$ -		
	Subtotal	\$ -						\$ -		
Section 5311 Operating Assistance	Federal	\$ -						\$ -		
	State	\$ -						\$ -		
	F&S-Subtotal	\$ -						\$ -		
	Local	\$ -						\$ -		
	Subtotal	\$ -						\$ -		
PTP Capital Assistance	Federal		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
	State		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
	F&S-Subtotal		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
	Local		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
	Subtotal		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Section 5307	Federal	\$ -						\$ -		
	State	\$ -						\$ -		
	F&S-Subtotal	\$ -						\$ -		
	Local	\$ -						\$ -		
	Subtotal	\$ -						\$ -		
ADA	State	\$ -						\$ -		
	Local	\$ -						\$ -		
	Subtotal	\$ -						\$ -		
SSTAP	State	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
	Local	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
	Subtotal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
TOTAL MTA-FUNDED PROGRAMS	Federal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
	State	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
	F&S-Subtotal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
	Local	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
	TOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		

**Annual Transportation Plan for Fiscal Year 2019**

Jurisdiction Name:  
Legal Name:

**Form B-2: OPERATING BUDGET SUMMARY**

*(2) These programs will not appear in your budget for public transportation. This application is not intended to be used for these programs.*

	Total Program	SSTAP	Large Urban	Section 5311	Section 5307	ADA <i>(Form B-4 column H)</i>	Senior Ride	Other (3)
<b>VEHICLE OPERATIONS EXPENSES</b>								
Driver Salaries	\$ -					\$ -		
Dispatcher Salaries	\$ -					\$ -		
Fringe Benefits	\$ -					\$ -		
Fuel & Oil	\$ -					\$ -		
Vehicle Insurance	\$ -					\$ -		
Vehicle Depreciation (1)	\$ -					\$ -		
Vehicle Lease	\$ -					\$ -		
Vehicle License	\$ -					\$ -		
Vehicle Storage Facility	\$ -					\$ -		
Operations Training	\$ -					\$ -		
Other	\$ -					\$ -		
<b>Subtotal Operations</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>PURCHASED SERVICE</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>		

**Annual Transportation Plan for Fiscal Year 2019**

Jurisdiction Name:  
Legal Name:

**Form B-2: OPERATING BUDGET SUMMARY**

*(2) These programs will not appear in your budget for public transportation. This application is not intended to be used for these programs.*

	Total Program	SSTAP	Large Urban	Section 5311	Section 5307	ADA	Senior Ride	Other (3)
<b>MAINTENANCE EXPENSES</b>								
Mechanics Salaries	\$ -					\$ -		
Mechanics Aids Salaries	\$ -					\$ -		
PM-Capital Expense	\$ -					\$ -		
Tubes & Tires	\$ -					\$ -		
Fringe Benefits	\$ -					\$ -		
Maintenance Contract	\$ -					\$ -		
Materials & Supplies (parts)	\$ -					\$ -		
Maintenance Facility Rental	\$ -					\$ -		
Equipment Rental	\$ -					\$ -		
Utilities	\$ -					\$ -		
Maintenance Training	\$ -					\$ -		
Other	\$ -					\$ -		
<b>Subtotal Maintenance</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Annual Transportation Plan for Fiscal Year 2019**

Jurisdiction Name:  
Legal Name:

**Form B-2: OPERATING BUDGET SUMMARY**

**(2) These programs will not appear in your budget for public transportation. This application is not intended to be used for these programs.**

	Total Program	SSTAP	Large Urban	Section 5311	Section 5307	ADA	Senior Ride	Other (3)
<b>ADMINISTRATIVE EXPENSES</b>								
Administrator Salary	\$ -					\$ -		
Manager Salary	\$ -					\$ -		
Secretary Salary	\$ -					\$ -		
Bookkeeper Salary	\$ -					\$ -		
Other Salary	\$ -					\$ -		
Fringe Benefits	\$ -					\$ -		
Materials & Supplies	\$ -					\$ -		
Telephone	\$ -					\$ -		
Office Rental	\$ -					\$ -		
Utilities	\$ -					\$ -		
Office Equipment Rental	\$ -					\$ -		
Administrative Training	\$ -					\$ -		
Safety & Security	\$ -					\$ -		
Other	\$ -					\$ -		
<b>Subtotal Administration</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL EXPENSES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

(1) Depreciation is not an eligible expense for vehicles/equipment purchased with State or Federal funds.

(2) While these funds are not requested in this application, it is important to indicate your estimated budget.

**(3) Include Medical Assistance and other transportation contracts**

**Annual Transportation Plan for Fiscal Year 2019**

Jurisdiction Name:  
Legal Name:

**Form B-2: OPERATING BUDGET SUMMARY**

**(2) These programs will not appear in your budget for public transportation. This application is not intended to be used for these programs.**

	Total Program	SSTAP	Large Urban	Section 5311	Section 5307	ADA	Senior Ride	Other (3)
<b>FAREBOX AND OTHER REVENUE NOT INCLUDED AS LOCAL SHARE</b>								
Passenger Fares	\$ -					\$ -		
Passenger Donations	\$ -					\$ -		
Charter Revenue	\$ -					\$ -		
Advertising	\$ -					\$ -		
Contracts Revenue (itemize):								
	\$ -					\$ -		
	\$ -					\$ -		
	\$ -					\$ -		
	\$ -					\$ -		
	\$ -					\$ -		
<b>TOTAL REVENUE</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>NET PROJECT COST</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<i>(net expenses minus revenue for 5307; total expenses minus revenue for all others)</i>								
LOCAL FUNDS (itemize):								
	\$ -					\$ -		
	\$ -					\$ -		
	\$ -					\$ -		
	\$ -					\$ -		
	\$ -					\$ -		
<b>TOTAL LOCAL FUNDS</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>FEDERAL/STATE FUNDS REQUESTED</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

## Annual Transportation Plan for Fiscal Year 2019

Jurisdiction/Program Name:

Legal Name:

### OPERATING PROJECT JUSTIFICATION FORM

This form must be completed for ALL NEW FY19 Operating Funding Requests and for increased ADA, 5311, Large Urban and 5307 requests

Project name:

Type of funding requested:

Projected start date:

#### PROJECT DESCRIPTION:

Provide a complete and detailed description of new service or expansion of present service, including days and hours of service, geographic area served, and fares. Use as much space and attach additional sheets as needed.

#### CAPITAL REQUIREMENTS:

Will this project require the acquisition of new (expansion) capital?

- NO - this operating project will be provided using the following existing vehicle(s):
- YES\* - the following expansion capital will be needed: (check all that apply)

- vehicle(s)
- equipment
- facilities

If expansion capital is needed, describe below. Use as much space as needed. \*FY19 Capital funding must be included in FY19 Capital Plan; a Capital Project Justification Form is also required for all FY 2019 expansion vehicles, equipment, and facilities.

How will service be provided until the expansion capital is received? Indicate which vehicle(s) will be used, if applicable. Use as much space as needed.

**PROJECT PERFORMANCE:**

New services will be subject to the Performance Standards located in Appendix D. Indicate anticipated measures for each of the following during FY 2019:

Total passenger trips:	
Total service miles:	
Total service hours:	
Total operating costs:	\$ -
Total farebox receipts:	\$ -
Other local operating revenue:	\$ -

Will the anticipated project performance meet minimum State standards (Appendix D)?

**YES**

**NO** – if no, please use the project justification section to explain why this project should be funded without meeting minimum State standards and how the project will be marketed, monitored, and evaluated for success.

**PROJECT JUSTIFICATION:**

---

*Use as much space and attach additional sheets as needed to justify this project.*

---

### Annual Transportation Plan for Fiscal Year 2019

Jurisdiction/Program Name:  
Legal Name:

#### Form B-3: CONTRACT OPERATOR BUDGET SUMMARY

Name of Contractor:

	Total Program	Large Urban			ADA	Senior Ride	Other (3)
		SSTAP	Section 5311	Section 5307			
<b>VEHICLE OPERATIONS EXPENSES</b>							
Driver Salaries	\$ -						
Dispatcher Salaries	\$ -						
Fringe Benefits	\$ -						
Fuel & Oil	\$ -						
Vehicle Insurance	\$ -						
Vehicle Depreciation (1)	\$ -						
Vehicle Lease	\$ -						
Vehicle License	\$ -						
Vehicle Storage Facility	\$ -						
Operations Training	\$ -						
Other	\$ -						
<b>Subtotal Operations</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

*(2) These programs will not appear in your budget for public transportation. This application is not intended to be used for these programs.*

**Annual Transportation Plan for Fiscal Year 2019**

Jurisdiction/Program Name:  
Legal Name:

**Form B-3: CONTRACT OPERATOR BUDGET SUMMARY**

Name of Contractor:

	Total Program	Large Urban			ADA	Senior Ride	Other (3)
		SSTAP	Section 5311	Section 5307			
<b>MAINTENANCE EXPENSES</b>							
Mechanics Salaries	\$ -						
Mechanics Aids Salaries	\$ -						
Preventative Maintenance	\$ -						
Fringe Benefits	\$ -						
Maintenance Contract	\$ -						
Materials & Supplies (parts)	\$ -						
Tubes & Tires	\$ -						
Maintenance Facility Rental	\$ -						
Equipment Rental	\$ -						
Utilities	\$ -						
Maintenance Training	\$ -						
Other	\$ -						
<b>Subtotal Maintenance</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ - \$ -</b>

*(2) These programs will not appear in your budget for public transportation. This application is not intended to be used for these programs.*

**Annual Transportation Plan for Fiscal Year 2019**

Jurisdiction/Program Name:  
Legal Name:

**Form B-3: CONTRACT OPERATOR BUDGET SUMMARY**

Name of Contractor:

	Total Program	Large Urban			ADA	Senior Ride	Other (3)
		SSTAP	Section 5311	Section 5307			
<b>ADMINISTRATIVE EXPENSES</b>							
Administrator Salary	\$ -						
Manager Salary	\$ -						
Secretary Salary	\$ -						
Bookkeeper Salary	\$ -						
Other Salary	\$ -						
Fringe Benefits	\$ -						
Materials & Supplies	\$ -						
Telephone	\$ -						
Office Rental	\$ -						
Utilities	\$ -						
Office Equipment Rental	\$ -						
Administrative Training	\$ -						
Other	\$ -						
<b>Subtotal Administration</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ - \$ -
<b>TOTAL EXPENSES</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ - \$ -

(1) Depreciation is not an eligible expense for vehicles/equipment purchased with State or Federal funds.

(2) While these funds are not requested in this application, it is important to indicate your estimated FY19 budget.

(3) Include Medical Assistance and other transportation contracts.

*(2) These programs will not appear in your budget for public transportation. This application is not intended to be used for these programs.*

## Annual Transportation Plan for Fiscal Year 2019

Jurisdiction/Program:

Legal Name:

### Form B-4: ADA OPERATING BUDGET

*Note: This form is three pages long. Do not insert or delete columns or rows.  
An ADA Operating Project Justification Form must be attached for ADA funded projects.*

	ADA FY2018 Awarded	ADA FY 2019 Requested	% Change
<b>VEHICLE OPERATIONS EXPENSES</b>			
Driver Salaries			#DIV/0!
Dispatcher Salaries			#DIV/0!
Fringe Benefits			#DIV/0!
Fuel & Oil			#DIV/0!
Tubes & Tires			#DIV/0!
Vehicle Insurance			#DIV/0!
Vehicle Depreciation (1)			#DIV/0!
Vehicle Lease			#DIV/0!
Vehicle License			#DIV/0!
Vehicle Storage Facility			#DIV/0!
Operations Training			#DIV/0!
Other			#DIV/0!
<b>Subtotal Operations</b>	\$ -	\$ -	#DIV/0!
<b>PURCHASED SERVICE (2)</b>			#DIV/0!
<b>MAINTENANCE EXPENSES</b>			
Mechanics Salaries			#DIV/0!
Mechanics Aids Salaries			#DIV/0!
Presentative Maintenance			#DIV/0!
Tubes & Tires			
Fringe Benefits			#DIV/0!
Maintenance Contract			#DIV/0!
Materials & Supplies (parts)			#DIV/0!
Maintenance Facility Rental			#DIV/0!
Equipment Rental			#DIV/0!
Utilities			#DIV/0!
Maintenance Training			#DIV/0!
Other			#DIV/0!
<b>Subtotal Maintenance</b>	\$ -	\$ -	#DIV/0!

## Annual Transportation Plan for Fiscal Year 2019

**Jurisdiction/Program:**

**Legal Name:**

### Form B-4: ADA OPERATING BUDGET

*Note: This form is three pages long. Do not insert or delete columns or rows.  
An ADA Operating Project Justification Form must be attached for ADA funded projects.*

	ADA FY2018 Awarded	ADA FY 2019 Requested	% Change
<b>ADMINISTRATIVE EXPENSES</b>			
Administrator Salary			#DIV/0!
Manager Salary			#DIV/0!
Secretary Salary			#DIV/0!
Bookkeeper Salary			#DIV/0!
Other Salary			#DIV/0!
Fringe Benefits			#DIV/0!
Materials & Supplies			#DIV/0!
Telephone			#DIV/0!
Office Rental			#DIV/0!
Utilities			#DIV/0!
Office Equipment Rental			#DIV/0!
Administrative Training			#DIV/0!
Safety & Security			#DIV/0!
Other			#DIV/0!
<b>Subtotal Administration</b>	\$ -	\$ -	#DIV/0!
<b>TOTAL EXPENSES</b>	\$ -	\$ -	#DIV/0!

(1) Depreciation is not an eligible expense for vehicles/equipment purchased with State or Federal funds.

(2) A separate budget worksheet must be submitted for each operator from whom you purchase service.

## Annual Transportation Plan for Fiscal Year 2019

Jurisdiction/Program:

Legal Name:

### Form B-4: ADA OPERATING BUDGET

*Note: This form is three pages long. Do not insert or delete columns or rows.  
An ADA Operating Project Justification Form must be attached for ADA funded projects.*

	ADA FY2018 Awarded	ADA FY 2019 Requested	% Change
<b>FAREBOX AND OTHER REVENUE NOT INCLUDED AS LOCAL SHARE</b>			
Passenger Fares			#DIV/0!
Passenger Donations			#DIV/0!
Charter Revenue			#DIV/0!
Advertising			#DIV/0!
Contracts Revenue (itemize):			#DIV/0!
			#DIV/0!
<b>TOTAL REVENUE</b>	\$ -	\$ -	#DIV/0!
<b>NET PROJECT COST</b> <i>(total expenses minus revenue)</i>	\$ -	\$ -	#DIV/0!
<b>LOCAL FUNDS (identify by source)</b>			
			#DIV/0!
<b>TOTAL LOCAL FUNDS</b>	\$ -	\$ -	#DIV/0!
<i>minimum 10% of net project cost</i>			
	#DIV/0!	#DIV/0!	#DIV/0!
<b>STATE FUNDS REQUESTED</b>	\$ -	\$ -	#DIV/0!
<i>up to 90% of net project cost</i>			

## Annual Transportation Plan for Fiscal Year 2019

Jurisdiction/Program Name:

Legal Name:

### ADA OPERATING PROJECT JUSTIFICATION FORM

This form must be completed for ADA funding requests 10% or more higher than last year.

Project name:

Type of funding requested:

Projected start date:

#### PROJECT DESCRIPTION:

Provide a complete and detailed description of new service or expansion of present service, including days and hours of service, geographic area served, and fares. Use as much space and attach additional sheets as needed.

#### CAPITAL REQUIREMENTS:

Will this project require the acquisition of new (expansion) capital?

NO - this operating project will be provided using the following existing vehicle(s):

YES\* - the following expansion capital will be needed: (check all that apply)

- vehicle(s)
- equipment
- facilities

If expansion capital is needed, describe below. Use as much space as needed. \*FY19 Capital funding must be included in FY19 Capital Plan; a Capital Project Justification Form is also required for all FY19 expansion vehicles, equipment, and facilities.

How will service be provided until the expansion capital is received? Indicate which vehicle(s) will be used, if applicable. Use as much space as needed.

## PROJECT PERFORMANCE:

New services will be subject to the Performance Standards located in Appendix D. Indicate anticipated performance measures for each of the following during FY 2019:

Total passenger trips:	
Total service miles:	
Total service hours:	
Total operating costs:	\$ -
Total farebox receipts:	\$ -
Other local operating revenue:	\$ -

Will the anticipated project meet the minimum Performance Standards (Appendix D)?

- 
- 

**YES**

**NO** – if no, please use the project justification section to explain why this project should be funded without meeting minimum State standards and how the project will be marketed, monitored, and evaluated for success.

## PROJECT JUSTIFICATION:

*Use as much space and attach additional sheets as needed to justify this project.*

## Annual Transportation Plan for Fiscal Year 2019

Jurisdiction/Program:

Legal Name:

### Form B-5: TECHNICAL ASSISTANCE BUDGET

Type of Assistance	FY 2019 Technical Assistance Budget
Transportation Development Plan (1)	
Other (2) (describe:)	
<b>TOTAL EXPENSES</b>	
<b>FEDERAL/ STATE FUNDS REQUESTED (90%)</b>	\$ -
<b>LOCAL MATCH (10%)</b>	\$ -

(1) Applicant must be designated by MTA as eligible for TDP planning funds. Federal/State amount cannot exceed allocation shown in Table V.

(2) A Scope of Services must be submitted for planning studies other than TDPs.

**ATP-19**  
**CAPITAL PROJECT PLAN**  
**PART II-B**

## Annual Transportation Plan for Fiscal Year 2019

Jurisdiction/Program:

Legal Name:

### Form C-1: SUMMARY OF FY 2019 CAPITAL REQUESTS IN PRIORITY ORDER

*List all FY19 Capital requests in order of priority (highest priority first), and indicate project type and requested funding source. Indicate fleet number of vehicles to be replaced.*

Priority	Project Name or Brief Description	Project Type				Requested Funding Source (check one)	
		Vehicle			Equip- ment	Facility	PTP
		Repl.	Exp.	Refurb.			
	Veh #						
1		<input type="checkbox"/>	<input type="checkbox"/>				
2		<input type="checkbox"/>	<input type="checkbox"/>				
3		<input type="checkbox"/>	<input type="checkbox"/>				
4		<input type="checkbox"/>	<input type="checkbox"/>				
5		<input type="checkbox"/>	<input type="checkbox"/>				
6		<input type="checkbox"/>	<input type="checkbox"/>				
7		<input type="checkbox"/>	<input type="checkbox"/>				
8		<input type="checkbox"/>	<input type="checkbox"/>				
9		<input type="checkbox"/>	<input type="checkbox"/>				
10		<input type="checkbox"/>	<input type="checkbox"/>				
11		<input type="checkbox"/>	<input type="checkbox"/>				
12		<input type="checkbox"/>	<input type="checkbox"/>				
13		<input type="checkbox"/>	<input type="checkbox"/>				
14		<input type="checkbox"/>	<input type="checkbox"/>				
15		<input type="checkbox"/>	<input type="checkbox"/>				
16		<input type="checkbox"/>	<input type="checkbox"/>				
17		<input type="checkbox"/>	<input type="checkbox"/>				
18		<input type="checkbox"/>	<input type="checkbox"/>				
19		<input type="checkbox"/>	<input type="checkbox"/>				
20		<input type="checkbox"/>	<input type="checkbox"/>				

## Small Bus Worksheet

Jurisdiction/Program:

Legal Name:

### Form C-2: Capital Project Plan

#### Small BUS WORKSHEET

<b>A. UNIT BASE PRICE</b>				
<b>Item</b>	<b>Description</b>	<b>Quantity</b>	<b>Unit Base Price Per Vehicle</b>	<b>Total Costs</b>
1	<b>Type 1A - 138" Wheelbase, Single Rear Wheel (SRW) with 4/2 seating, Gas Engine</b>	1	\$55,755.00	\$55,755.00
<b>B. OPTION LIST</b>				
<b>Item</b>	<b>Description</b>	<b>Quantity</b>	<b>Unit Price</b>	<b>Total Costs</b>
1	Option 1 - Electronic Destination Signs	0	\$3,377.00	\$0.00
2	Option 2 - Fire Suppression System	0	\$2,777.00	\$0.00
3	Option 3 - Farebox Accommodation	0	\$1.00	\$0.00
4	Option 4 - Farebox	0	\$1,212.00	\$0.00
5	Option 5 - Full Camera System	0	\$6,931.00	\$0.00
6	Option 6 - Dual-Vision Camera System	0	\$795.00	\$0.00
7	Option 7 - Passenger Stop Request	0	\$334.00	\$0.00
8	Option 8 - Not Applicable			
9	Option 9 - Manually Operated Passenger Door	0	\$759.00	\$0.00
10	Option 10 - Bike Rack	0	\$1,585.00	\$0.00
11	Option 11 - Strobe Light	0	\$165.00	\$0.00
12	Option 12 - Public Address System			
	12.1 Public Address system	0	\$460.00	\$0.00
	12.2 Optional Hands Free Microphone	0	\$264.00	\$0.00
13	Option 13 - Radio Delete	0	\$300.00	\$0.00
14	Option 14 - Not Applicable			
15	Option 15 - Not Applicable			
16	Option 16 - Diagnostic Equipment			
	16.1 - Laptop Computers	0	\$1,800.00	\$0.00
	16.2 - Engine Diagnostic Readers/Scanners	0	\$80.00	\$0.00
17	Option 17 - Training	0	\$1.00	\$0.00
18	Option 18 - Back-up Camera System	0	\$271.00	\$0.00
19	Option 19 - XL3 Hybrid Electric Drive System	0	\$13,880.00	\$0.00
20	Option 20 - Driver's Storage Compartment	0	\$300.00	\$0.00
21	Option 21 - Passenger Counters			
	21.1 - Single Tally 4-Digit Passenger Counter	0	\$220.00	\$0.00
	21.2 - Four Tally 4-Digit Passenger Counter	0	\$788.00	\$0.00
22	Option 22 - MORryde RL Suspension System	0	\$895.00	\$0.00
	<b>SUB TOTAL - B (LINES 01 - 22)</b>		<b>\$35,077.00</b>	<b>\$0.00</b>

C. ADDITIONAL OPTIONS - Seating				
Item	Description		Unit Price	Total Costs
23	Single flip seat	0	\$248.00	\$0.00
24	Double flip seat	0	\$412.00	\$0.00
25	Double fold flip seat	0	\$508.00	\$0.00
26	Extra-long retractable seat belts (in lieu of standard)	0	\$23.00	\$0.00
27	Cloth fabric (Level 4) on passenger seats	0	\$1.00	\$0.00
	<b>SUB TOTAL - C (LINES 23 - 27)</b>		<b>\$1,192.00</b>	<b>\$0.00</b>

D. ADDITIONAL OPTIONS - Exterior Options				
Item	Description		Unit Price	Total Costs
28	Lettering on exterior of vehicle - basic (agency name on two sides)	0	\$350.00	\$0.00
29	Lettering on exterior of vehicle - advanced (agency name and logo on two sides)	0	\$650.00	\$0.00
30	Full Body Paint (Alternate Color)	0	\$3,500.00	\$0.00
31	Stripes – single color 6" stripe	0	\$325.00	\$0.00
	<b>SUB TOTAL - D (LINES 28 - 31)</b>		<b>\$4,825.00</b>	<b>\$0.00</b>

E. PARATRANSIT				
Item	Description		Unit Price	Total Costs
32	Folding Platform Lift (in lieu of standard lift)	0	<b>\$200.00</b>	\$0.00
33	Additional Q'straint QRT-360 Fully Automatic tie down system per position	0	\$789.00	\$0.00
	<b>SUB TOTAL - E (LINES 32 - 33)</b>		<b>\$589.00</b>	<b>\$0.00</b>
			<b>TOTAL</b>	<b>\$55,755.00</b>
			<b>Federal Share @ 80%</b>	\$44,604.00
			<b>State Share @ 10%</b>	\$5,575.50
			<b>Local Match @ 10%</b>	\$5,575.50
				<b>\$55,755.00</b>

<b>F. GRANT NUMBER -</b>
<b>Bus number being replaced:</b>

**Signature:** \_\_\_\_\_  
Revised 12-13-16

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

## Small Bus Worksheet

Jurisdiction/Program:

Legal Name:

### Form C-2: Capital Project Plan

#### Small BUS WORKSHEET

<b>A. UNIT BASE PRICE</b>				
<b>Item</b>	<b>Description</b>	<b>Quantity</b>	<b>Unit Base Price Per Vehicle</b>	<b>Total Costs</b>
1	<b>Type 2A - 138" Wheelbase, Dual Rear Wheel (DRW) with 8/2 seating, Gas Engine</b>	1	\$56,385.00	\$56,385.00
<b>B. OPTION LIST</b>				
<b>Item</b>	<b>Description</b>	<b>Quantity</b>	<b>Unit Price</b>	<b>Total Costs</b>
1	Option 1 - Electronic Destination Signs	0	\$3,677.00	\$0.00
2	Option 2 - Fire Suppression System	0	\$3,477.00	\$0.00
3	Option 3 - Farebox Accommodation	0	\$1.00	\$0.00
4	Option 4 - Farebox	0	\$1,212.00	\$0.00
5	Option 5 - Full Camera System	0	\$6,931.00	\$0.00
6	Option 6 - Dual-Vision Camera System	0	\$795.00	\$0.00
7	Option 7 - Passenger Stop Request	0	\$334.00	\$0.00
8	Option 8 - Flat Floor	0	\$429.00	\$0.00
9	Option 9 - Manually Operated Passenger Door	0	<b>\$759.00</b>	\$0.00
10	Option 10 - Bike Rack	0	\$1,585.00	\$0.00
11	Option 11 - Strobe Light	0	\$165.00	\$0.00
12	Option 12 - Public Address System			
	12.1 Public Address system	0	\$460.00	\$0.00
	12.2 Optional Hands Free Microphone	0	\$264.00	\$0.00
13	Option 13 - Radio Delete	0	<b>\$300.00</b>	\$0.00
14	Option - Not Applicable		\$0.00	
15	Option - Not Applicable		\$0.00	
16	Option 16 - Diagnostic Equipment		\$0.00	
	16.1 - Laptop Computers	0	\$1,800.00	\$0.00
	16.2 - Engine Diagnostic Readers/Scanners	0	\$80.00	\$0.00
17	Option 17 - Training	0	\$1.00	\$0.00
18	Option 18 - Back-up Camera System	0	\$505.00	\$0.00
19	Option 19 - XL3 Hybrid Electric Drive System	0	\$17,125.00	\$0.00
20	Option 20 - Driver's Storage Compartment	0	\$300.00	\$0.00
21	Option 21 – Passenger Counters			
	21.1 - Single Tally 4-Digit Passenger Counter	0	\$220.00	\$0.00
	21.2 - Four Tally 4-Digit Passenger Counter	0	\$788.00	\$0.00
22	Option 22 - MORryde RL Suspension System	0	\$895.00	\$0.00
	<b>SUB TOTAL - B (LINES 01 - 22)</b>		<b>\$39,985.00</b>	<b>\$0.00</b>

**C. ADDITIONAL OPTIONS - Seating**

Item	Description		Unit Price	Total Costs
23	Single flip seat	0	\$248.00	\$0.00
24	Double flip seat	0	\$412.00	\$0.00
25	Double fold flip seat	0	\$508.00	\$0.00
26	Extra-long retractable seat belts (in lieu of standard)	0	\$23.00	\$0.00
27	Cloth fabric (Level 4) on passenger seats	0	\$1.00	\$0.00
<b>SUB TOTAL - C (LINES 23 - 27)</b>			<b>\$1,192.00</b>	<b>\$0.00</b>

**D. ADDITIONAL OPTIONS - Exterior Options**

Item	Description		Unit Price	Total Costs
28	Lettering on exterior of vehicle - basic (agency name on two sides)	0	\$350.00	\$0.00
29	Lettering on exterior of vehicle - advanced (agency name and logo on two sides)	0	\$650.00	\$0.00
30	Full Body Paint (Alternate Color)	0	\$3,800.00	\$0.00
31	Stripes - single color 6" stripe	0	\$325.00	\$0.00
<b>SUB TOTAL - D (LINES 28 - 31)</b>			<b>\$5,125.00</b>	<b>\$0.00</b>

**E. PARATRANSIT**

Item	Description		Unit Price	Total Costs
32	Folding Platform Lift (in lieu of standard lift)	0	<b>\$200.00</b>	\$0.00
33	Additional Q'straint QRT-360 Fully Automatic tie down system per position	0	\$789.00	\$0.00
<b>SUB TOTAL - E (LINES 32 - 33)</b>			<b>\$589.00</b>	<b>\$0.00</b>
				<b>TOTAL</b> <b>\$56,385.00</b>
				<b>Federal Share @ 80%</b> <b>\$45,108.00</b>
				<b>State Share @ 10%</b> <b>\$5,638.50</b>
				<b>Local Match @ 10%</b> <b>\$5,638.50</b>
				<b>\$56,385.00</b>

**F. GRANT NUMBER -**

Bus number being replaced:

Signature: \_\_\_\_\_

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

Revised 12-13-16

## Small Bus Worksheet

Jurisdiction/Program:

Legal Name:

### Form C-2: CAPITAL PROJECT PLAN Small BUS WORKSHEET

A. UNIT BASE PRICE				
Item	Description	Quantity	Unit Base Price Per Vehicle	Total Costs
1	<b>Type 3A - 158" Wheelbase, Dual Rear Wheel (DRW) with 12 - 2 seating, Gas Engine</b>	1	\$60,139.00	\$60,139.00

B. OPTION LIST				
Item	Description	Quantity	Unit Price	Total Costs
1	Option 1 - Electronic Destination Signs	0	\$3,677.00	\$0.00
2	Option 2 - Fire Suppression System	0	\$2,777.00	\$0.00
3	Option 3 - Farebox Accommodation	0	\$1.00	\$0.00
4	Option 4 - Farebox	0	\$1,212.00	\$0.00
5	Option 5 - Full Camera System	0	\$6,931.00	\$0.00
6	Option 6 - Dual-Vision Camera System	0	\$795.00	\$0.00
7	Option 7 - Passenger Stop Request	0	\$334.00	\$0.00
8	Option 8 - Flat Floor	0	\$429.00	\$0.00
9	Option 9 - Manually Operated Passenger Door	0	<b>\$759.00</b>	\$0.00
10	Option 10 - Bike Rack	0	\$1,585.00	\$0.00
11	Option 11 - Strobe Light	0	\$165.00	\$0.00
12	Option 12 - Public Address System			\$0.00
	12.1 Public Address system	0	\$460.00	\$0.00
	12.2 Optional Hands Free Microphone	0	\$264.00	\$0.00
13	Option 13 - Radio Delete	0	<b>\$300.00</b>	\$0.00
14	Option - Not Applicable			
15	Option - Not Applicable			
16	Option 16 - Diagnostic Equipment			
	16.1 - Laptop Computers	0	\$1,800.00	\$0.00
	16.2 - Engine Diagnostic Readers/Scanners	0	\$80.00	\$0.00
17	Option 17 - Training	0	\$1.00	\$0.00
18	Option 18 - Back-up Camera System	0	\$271.00	\$0.00
19	Option 19 - XL3 Hybrid Electric Drive System	0	\$16,880.00	\$0.00
20	Option 20 - Driver's Storage Compartment	0	\$300.00	\$0.00
21	Option 21 – Passenger Counters			
	21.1 - Single Tally 4-Digit Passenger Counter	0	\$220.00	\$0.00
	21.2 - Four Tally 4-Digit Passenger Counter	0	\$788.00	\$0.00
22	Option 22 - MORryde RL Suspension System	0	\$895.00	\$0.00
	<b>SUB TOTAL - B (LINES 01 - 22)</b>		<b>\$38,806.00</b>	<b>\$0.00</b>

**C. ADDITIONAL OPTIONS - Seating**

Item	Description		Unit Price	Unit Price
23	Single flip seat	0	\$248.00	\$0.00
24	Double flip seat	0	\$412.00	\$0.00
25	Double fold flip seat	0	\$508.00	\$0.00
26	Extra-long retractable seat belts (in lieu of standard)	0	\$23.00	\$0.00
27	Cloth fabric (Level 4) on passenger seats	0	\$1.00	\$0.00
<b>SUB TOTAL - C (LINES 23 - 27)</b>			<b>\$1,192.00</b>	<b>\$0.00</b>

**D. ADDITIONAL OPTIONS - Exterior Options**

Item	Description		Unit Price	Unit Price
28	Lettering on exterior of vehicle - basic (agency name on two sides)	0	\$350.00	\$0.00
29	Lettering on exterior of vehicle - advanced (agency name and logo on two sides)	0	\$650.00	\$0.00
30	Full Body Paint (Alternate Color)	0	\$3,500.00	\$0.00
31	Stripes - single color 6" stripe	0	\$325.00	\$0.00
<b>SUB TOTAL - D (LINES 28 - 31)</b>			<b>\$4,825.00</b>	<b>\$0.00</b>

**E. PARATRANSIT**

Item	Description		Unit Price	Unit Price
32	Folding Platform Lift (in lieu of standard lift)	0	<b>\$200.00</b>	\$0.00
33	Additional Q'straint QRT-360 Fully Automatic tie down system per position	0	\$789.00	\$0.00
<b>SUB TOTAL - E (LINES 32 - 33)</b>			<b>\$589.00</b>	<b>\$0.00</b>
				<b>Total</b> <b>\$60,139.00</b>
				<b>Federal Share @ 80%</b> <b>\$48,111.20</b>
				<b>State Share @ 10%</b> <b>\$6,013.90</b>
				<b>Local Match @ 10%</b> <b>\$6,013.90</b>
				<b>\$60,139.00</b>

**F. GRANT NUMBER -**

Bus number being replaced:

Signature: \_\_\_\_\_

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

Revised 12-13-16

## Small Bus Worksheet

Jurisdiction/Program:

Legal Name:

### Form C-2: CAPITAL PROJECT PLAN Small BUS WORKSHEET

<b>A. Unit Base Price</b>				
<b>Item</b>	<b>Description</b>	<b>Quantity</b>	<b>Unit Base Price Per Vehicle</b>	<b>Total Costs</b>
1	<i>Type 4A - 176" Wheelbase, Dual Rear Wheel (DRW) with 16/2 seating, Gas Engine</i>	1	\$62,974.00	\$62,974.00

<b>B. OPTION LIST</b>				
<b>Item</b>	<b>Description</b>	<b>Quantity</b>	<b>Unit Price</b>	<b>Unit Price</b>
1	Option 1 - Electronic Destination Signs	0	\$3,877.00	\$0.00
2	Option 2 - Fire Suppression System	0	\$3,277.00	\$0.00
3	Option 3 - Farebox Accommodation	0	\$1.00	\$0.00
4	Option 4 - Farebox	0	\$1,212.00	\$0.00
5	Option 5 - Full Camera System	0	\$6,931.00	\$0.00
6	Option 6 - Dual-Vision Camera System	0	\$795.00	\$0.00
7	Option 7 - Passenger Stop Request	0	\$334.00	\$0.00
8	Option 8 - Flat Floor	0	\$459.00	\$0.00
9	Option 9 - Manually Operated Passenger Door	0	<b>\$759.00</b>	\$0.00
10	Option 10 - Bike Rack	0	\$1,585.00	\$0.00
11	Option 11 - Strobe Light	0	\$165.00	\$0.00
12	Option 12 - Public Address System			
	12.1 Public Address system	0	\$460.00	\$0.00
	12.2 Optional Hands Free Microphone	0	\$264.00	\$0.00
13	Option 13 - Radio Delete	0	<b>\$300.00</b>	\$0.00
14	Option - Not Applicable			
15	Option - Not Applicable			
16	Option 16 - Diagnostic Equipment			
	16.1 - Laptop Computers	0	\$1,800.00	\$0.00
	16.2 - Engine Diagnostic Readers/Scanners	0	\$80.00	\$0.00
17	Option 17 - Training	0	\$1.00	\$0.00
18	Option 18 - Back-up Camera System	0	\$271.00	\$0.00
19	Option 19 - XL3 Hybrid Electric Drive System	0	\$16,880.00	\$0.00
20	Option 20 - Driver's Storage Compartment	0	\$300.00	\$0.00
21	Option 21 – Passenger Counters			
	21.1 - Single Tally 4-Digit Passenger Counter	0	\$220.00	\$0.00
	21.2 - Four Tally 4-Digit Passenger Counter	0	\$788.00	\$0.00
22	Option 22 - MORryde RL Suspension System	0	\$895.00	\$0.00
	<b>SUB TOTAL - B (LINES 01 - 22)</b>		<b>\$39,536.00</b>	<b>\$0.00</b>

**C. ADDITIONAL OPTIONS - Seating**

Item	Description		Unit Price	Unit Price
23	Single flip seat	0	\$248.00	\$0.00
24	Double flip seat	0	\$412.00	\$0.00
25	Double fold flip seat	0	\$508.00	\$0.00
26	Extra-long retractable seat belts (in lieu of standard)	0	\$23.00	\$0.00
27	Cloth fabric (Level 4) on passenger seats	0	\$1.00	\$0.00
<b>SUB TOTAL - C (LINES 23 - 27)</b>			<b>\$1,192.00</b>	<b>\$0.00</b>

**D. ADDITIONAL OPTIONS - Exterior Options**

Item	Description		Unit Price	Unit Price
28	Lettering on exterior of vehicle - basic (agency name on two sides)	0	\$350.00	\$0.00
29	Lettering on exterior of vehicle - advanced (agency name and logo on two sides)	0	\$650.00	\$0.00
30	Full Body Paint (Alternate Color)	0	\$3,500.00	\$0.00
31	Stripes - single color 6" stripe	0	\$325.00	\$0.00
<b>SUB TOTAL - D (LINES 28 - 31)</b>			<b>\$4,825.00</b>	<b>\$0.00</b>

**E. PARATRANSIT**

Item	Description		Unit Price	Unit Price
32	Folding Platform Lift (in lieu of standard lift)	0	<b>\$200.00</b>	\$0.00
33	Additional Q'straint QRT-360 Fully Automatic tiedown system per position	0	\$789.00	\$0.00
<b>SUB TOTAL - E (LINES 32 - 33)</b>			<b>\$589.00</b>	<b>\$0.00</b>
			<b>Total</b>	<b>\$62,974.00</b>
			<b>Federal Share @ 80%</b>	\$50,379.20
			<b>State Share @ 10%</b>	\$6,297.40
			<b>Local Match @ 10%</b>	\$6,297.40
				<b>\$62,974.00</b>

**F. GRANT NUMBER -**
**Bus number being replaced:**
**Signature:** \_\_\_\_\_

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

Revised 12-13-16

**Annual Transportation Plan for Fiscal Year 2019**

Jurisdiction/Program:

Legal Name:

**Form C-3: CAPITAL PROJECT PLAN  
MEDIUM BUS COST WORKSHEET**

**Prices may fluctuate +/- 10 to 20% when the actual contract is approved**

*This form must be completed by all applicants requesting funding for medium duty vehicles in FY18*

Vehicle Description/Type	Useful Life (Yrs/Miles)	FY18 Unit Cost(1)	Size (Use '1 to Select Type)	Total Estimated Cost
Type 1A - 30' Low-Floor Cab And Chassis Assembly with Diesel Engine	7/200,000	\$ 198,000		\$ -
Type 1B - 35' Low-Floor Cab And Chassis Assembly with Diesel Engine	7/200,000	\$ 210,000		\$ -
Type 2A - 30' High-Floor Cab And Chassis Assembly with Diesel Engine	7/200,000	\$ 175,000		\$ -
Type 2B - 35' High-Floor Cab And Chassis Assembly with Diesel Engine	7/200,000	\$ 182,500		\$ -
Type 3A - 30' High-Floor Cab And Chassis Assembly with Gas Engine	7/200,000	\$ 155,000		\$ -
Type 3B - 35' High-Floor Cab And Chassis Assembly with Gas Engine	7/200,000	\$ 163,000		\$ -
Type 4A - 30' Low-Floor Rear Engine Chassis with Diesel Engine	7/200,000	\$ 225,000		\$ -
Type 4B - 35' Low-Floor Rear Engine Chassis with Diesel Engine	7/200,000	\$ 240,000		\$ -
<i>Base Bus</i>			<i>0</i>	\$ -
<b>OPTIONS</b>				
A. Roof Mounted Condenser	\$ 500.00			\$ -
B. Bike Rack	\$ 1,750.00			\$ -
C. Rear Emergency Exit Window	\$ 300.00			\$ -
D. Fuel Fill Option - Right Side	\$ 475.00			\$ -
E. Air Brakes (As Applicable)	\$ 1,750.00			\$ -
F. Air Suspension (As Applicable)	\$ 1,900.00			\$ -
G. Air Operated Door (As Applicable)	\$ 775.00			\$ -
H. Fire Suppression System	\$ 3,950.00			\$ -
I. Paint - Optional Designs				
I.1 Belt Stripe	\$ 500.00			\$ -
I.2 Full Body Color (in lieu of White)	\$ 5,000.00			\$ -
J. Folding Platform Lift (Platform)	\$ 250.00			\$ -
K. Two-Way Radio Prep (Antenna/Power)	\$ 250.00			\$ -
L. Raised Floor (No Wheel Wells)	\$ 975.00			\$ -
M. Entrance Step well Heater	\$ 250.00			\$ -
N. Passenger Seat Belts	\$ 500.00			\$ -
O. Diagnostic Equipment				
O.1 - Data Transfer Systems (Destination Signs)	\$ 2,500.00			\$ -
O.2 - Engine Diagnostic Readers/Scanners	\$ 1,500.00			\$ -
O.3 - Electronic Vehicle Logic Systems and/or Equipment Multiplex Zone Controllers	\$ 3,500.00			\$ -
O.4 - Laptop Computers	\$ 1,500.00			\$ -
O.5 - Fire Suppression System Service Tools	\$ 1,250.00			\$ -
P. Special Tools	\$ 2,500.00			\$ -
Q. Training	\$ 2,000.00			\$ -
R. Driver's Seat Options				
R.1 - Recaro Metro	\$ 750.00			\$ -
R.2 - Bostrom Telladega 910	\$ 850.00			\$ -
S. Rear Route Number Sign	\$ 555.00			\$ -
<b>EXTRAS (Grantee Out-of-Pocket Expense)</b>				
Camera Installation Mounting Plates	\$ 185.00			\$ -
Mor/Ryde Suspension	\$ 1,350.00			\$ -
<i>Subtotal Options</i>			<i>\$</i>	<i>-</i>
<i>Subtotal (Grantee Out-of-Pocket Expense)</i>			<i>\$</i>	<i>-</i>
<i>Total BUS W/Options</i>			<i>0</i>	<i>\$</i>

## Annual Transportation Plan for Fiscal Year 2019

Jurisdiction/Program:

Legal Name:

### Form C-4: CAPITAL PROJECT PLAN FY 2019 VEHICLE REQUESTS

*List all FY19 vehicle requests. Use the vehicle cost calculated on Forms C-2a, C-2b, C-2c, C-2d and/or C-3. Attach a Vehicle Replacement Worksheet for each replacement requested. Insert additional rows and pages as needed.*

Priority (1)	Type of Request		Fleet No. of Vehicle Being Replaced (from Form 6)	In Service Date	Information on Requested Vehicle					Total FY19 Project Cost	FY19 Funding							
	Replacement	Expansion			Type	Accessibility	Seating Capacity				Communications Equipment	PTP		SSTAP				
							Ambulatory	Wheelchair	Total			Fed/State (90%)	Local (10%)	State (95%)	Local (5%)			
	<input type="checkbox"/>	<input type="checkbox"/>							0									
	<input type="checkbox"/>	<input type="checkbox"/>							0									
	<input type="checkbox"/>	<input type="checkbox"/>							0									
	<input type="checkbox"/>	<input type="checkbox"/>							0									
	<input type="checkbox"/>	<input type="checkbox"/>							0									
	<input type="checkbox"/>	<input type="checkbox"/>							0									
	<input type="checkbox"/>	<input type="checkbox"/>							0									
	<input type="checkbox"/>	<input type="checkbox"/>							0									
	<input type="checkbox"/>	<input type="checkbox"/>							0									
	<input type="checkbox"/>	<input type="checkbox"/>							0									
<i>Insert additional rows as needed above this row.</i>																		
<b>Total Requested Vehicle Costs:</b>										\$ -	\$ -	\$ -	\$ -	\$ -				

(1) Must be the same priority number as shown among all FY19 capital requests indicated in Form C-1.

## Annual Transportation Plan for Fiscal Year 2019

Jurisdiction/Program Name:

Legal Name:

### VEHICLE REPLACEMENT WORKSHEET

*This form must be completed FOR EACH FY19 replacement request*

*The following must correspond to the information indicated for this request on Form C-1*

Priority:  Cost:

**Requested Vehicle**

Type:	<input type="checkbox"/> Small/Cutaway	<input type="checkbox"/> Medium/High Floor < 30'	<input type="checkbox"/> Medium/Low Floor < 30'	<input type="checkbox"/> Sedan/Other
	<input type="checkbox"/> Trolley	<input type="checkbox"/> Heavy/Transit - 30'	<input type="checkbox"/> Heavy/Transit - 35'	<input type="checkbox"/> Heavy/Transit - 40'
	<input type="checkbox"/> Truck/Heavy Equipment			

*The following formula must be used to determine if the vehicle will meet the minimal service life criteria:*

Agency Fleet Number (from Form 6)	
In Service Date (from Form 6)	
Vehicle Identification Number (VIN)	
Type of Current Vehicle (use categories above)	
Seating (amb/wc)	
Date Vehicle was Placed in Service (month/year)	
Current Date (month/year)	
Total Months of Ownership (enter whole number, digits only)	
Current Vehicle Mileage (from Form 6)	
Average Miles per Month (current mileage divided by total months of ownership)	#VALUE!
Projected Annual Mileage (average miles per month x 12 months)	#VALUE!
TOTAL VEHICLE MILEAGE (current plus projected mileage)	#VALUE!
Projected Age of Vehicle in Months (total months of ownership plus 12 months)	#VALUE!
TOTAL AGE OF VEHICLE IN YEARS (projected age of vehicle in months divided by 12)	#VALUE!
EXPECTED USEFUL LIFE YEARS (From charts in Appendix C)	
EXPECTED USEFUL LIFE MILEAGE (From charts in Appendix C)	
YEARS OVER/UNDER USEFUL LIFE	#VALUE!
MILEAGE OVER/UNDER USEFUL LIFE	#VALUE!

ESTIMATED COST OF ANNUAL REPAIRS: \_\_\_\_\_

ESTIMATED NUMBER OF DAYS OUT OF SERVICE: \_\_\_\_\_

Has an extended warranty been purchased for this vehicle? If yes, to what mileage?

Yes       No

If you are awarded a replacement vehicle, how will you dispose of the vehicle to be replaced?

Sell vehicle       Use vehicle as backup - contingency fleet  
 Junk vehicle       Other: \_\_\_\_\_

Who will procure the new vehicle?

MTA Contract  
 Local Procurement

If local procurement, estimate number of days from award date:

Project Advertising: \_\_\_\_\_

Project Award: \_\_\_\_\_

Project Delivery: \_\_\_\_\_

#### JUSTIFICATION:

*Important: Vehicle replacements require justification beyond age and mileage. Select the appropriate condition description according to the following chart and enter in the space provided. Additional details can be provided here.*

Code #	Descriptor

#### VEHICLE CONDITION

Number according to the following guidelines:

Condition Code	Descriptor	General Definition of Condition Code
5	Excellent	Equipment or other assets, for which no operational problems exist, or older assets for which only routine preventative maintenance is needed to keep asset in reliable working condition.
4	Good	Equipment or other assets, for which operational problems may exist, but only occasional minor repairs beyond routine preventative maintenance may be needed to keep assets in reliable working condition.
3	Fair	Equipment or other assets, for which periodic operational problems may exist, and periodic repairs may be needed to keep asset in reliable working condition.
2	Poor	Equipment or other assets, for which significant operational problems may exist, and ongoing repairs may be needed to keep asset in reliable working condition. In this latter case these assets could be candidates for early replacement.
1	Bad	Equipment or other assets, for which substantial operational problems exist and substantial repairs are needed to keep asset in reliable working condition. These assets should receive top priority for replacement.

# Annual Transportation Plan for Fiscal Year 2019

**Jurisdiction/Program:**

**Legal Name:**

## Form C-5: CAPITAL PROJECT PLAN FY 2019 VEHICLE REFURBISHMENT REQUESTS

*List all FY19 vehicle refurbishment requests. Attach a Capital Project Justification Form for Vehicles for each refurbishment requested. Insert additional rows and pages as needed.*

(1) Must correspond to priority among all FY19 capital requests indicated in Form 4.

(2) Use estimated unit costs provided in Form C-2a, C-2b, C-2c, C-2d and C-3.

## Annual Transportation Plan for Fiscal Year 2019

### Jurisdiction/Program:

**Legal Name:**

## CAPITAL PROJECT JUSTIFICATION FORM (Vehicles)-Attach ICE Form

*The following must correspond to the information indicated for this request on forms C-4 and C-5.*

### Type of Request

- Expansion Vehicle to provide higher levels of EXISTING services\*
- Expansion Vehicle to provide NEW service\*
- Vehicle Refurbishment

Priority\*\*:

**\* Operating Project Justification required for ALL Expansion Vehicle Requests**

### Anticipated Cost

**\*\*Must match Priority indicated on Form C-1**

## **PROCUREMENT PLAN:**

Who will procure this project?

- Grantee/Local Procurement
- MTA

If local procurement, estimate number of days from award date:

## Project Advertisement

## Projected Award

### Projected Delivery/Completion

## **PROJECT DESCRIPTION**

Provide a description of the project and justify its necessity. If more space is required, use an additional sheet.

---

**Annual Transportation Plan for Fiscal Year 2019**

Jurisdiction/Program:

Legal Applicant:

**CAPITAL PROJECT JUSTIFICATION FORM (Vehicles)-Attach ICE Form**

***The following must correspond to the information indicated for this request on forms C-4 and C-5.***

Type of Request       Expansion Vehicle to provide higher levels of EXISTING services\*

Expansion Vehicle to provide NEW service\*

Vehicle Refurbishment

Priority\*\*:

\_\_\_\_\_  
\* Operating Project Justification required for ALL Expansion Vehicle Requests

Anticipated Cost      \$ \_\_\_\_\_

\*\*Must match Priority indicated on Form C-1

**PROCUREMENT PLAN:**

Who will procure this project?

Grantee/Local Procurement

MTA

**If local procurement, estimate number of days from award date:**

Project Advertisement

\_\_\_\_\_

Projected Award

\_\_\_\_\_

Projected Delivery/Completion

\_\_\_\_\_

**PROJECT DESCRIPTION**

Provide a description of the project and justify it's necessity. If more space is required, use an additional sheet.

--	--

---

**Annual Transportation Plan for Fiscal Year 2019**

Jurisdiction/Program:  
Legal Applicant:

**CAPITAL PROJECT JUSTIFICATION FORM (Vehicles)-Attach ICE Form**

**The following must correspond to the information indicated for this request on forms C-4 and C-5.**

Type of Request       Expansion Vehicle to provide higher levels of EXISTING services\*  
 Expansion Vehicle to provide NEW service\*  
 Vehicle Refurbishment

Priority\*\*:

\_\_\_\_\_  
\* Operating Project Justification required for ALL Expansion Vehicle Requests

Anticipated Cost      \$ -

\*\*Must match Priority indicated on Form C-1

**PROCUREMENT PLAN:**

Who will procure this project?

Grantee/Local Procurement  
 MTA

**If local procurement, estimate number of days from award date:**

Project Advertisement

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

Projected Award

Projected Delivery/Completion

**PROJECT DESCRIPTION**

Provide a description of the project and justify it's necessity. If more space is required, use an additional sheet.

---

**Annual Transportation Plan for Fiscal Year 2019**

Jurisdiction/Program:

Legal Applicant:

**CAPITAL PROJECT JUSTIFICATION FORM (Vehicles)-Attach ICE Form**

***The following must correspond to the information indicated for this request on forms C-4 and C-5.***

Type of Request	<input type="checkbox"/> Expansion Vehicle to provide higher levels of EXISTING services*
	<input type="checkbox"/> Expansion Vehicle to provide NEW service*
	<input type="checkbox"/> Vehicle Refurbishment

Priority\*\*:

**\* Operating Project Justification required for ALL Expansion Vehicle Requests**

Anticipated Cost

\$ -

**\*\*Must match Priority indicated on Form C-1**

**PROCUREMENT PLAN:**

Who will procure this project?

<input type="checkbox"/> Grantee/Local Procurement
<input type="checkbox"/> MTA

**If local procurement, estimate number of days from award date:**

Project Advertisement

   
   
 

Projected Award

Projected Delivery/Completion

**PROJECT DESCRIPTION**

Provide a description of the project and justify it's necessity. If more space is required, use an additional sheet.

--

## Annual Transportation Plan for Fiscal Year 2019

Jurisdiction/Program:

Legal Name:

### Form C-6: CAPITAL PROJECT PLAN FUTURE VEHICLE REQUESTS

*List all vehicles that you plan to replace or refurbish in the next five years, as well as all expansion vehicles you anticipate purchasing during this period.*

*Insert additional rows and pages as needed.*

Indicate Replacement, Expansion, or Refurbishment	If Replacement or Refurbishment, Agency Fleet No. of Current Vehicle (from Form 6)	Requested Vehicle Information(1)		Projected Funding Source (PTP, SSTAP, )	Project Years--Estimated Total Project Costs in FY17 Prices (2)				
		Type	Additional detail (estimated length, seats, w/c positions, etc.)		FY19	FY20	FY21	FY22	FY23
<i>Insert additional rows as needed above this row.</i>									
<b>Total Projected Vehicle Costs:</b>					\$ -	\$ -	\$ -	\$ -	\$ -

(1) Supply as much detail as possible on type, length, seating, etc.

(2) Use estimated unit costs provided in Form C-2a, C-2b, C-2c, C-2d and C-3. Do not inflate.

# Annual Transportation Plan for Fiscal Year 2019

**Jurisdiction/Program:**

Legal Name:

## Form C-7: CAPITAL PROJECT PLAN FY 2019 EQUIPMENT REQUESTS

*List all FY 2019 equipment requests, and attach a Capital Project Justification Form for Equipment for each request.*

*Insert additional rows and pages as needed.*

Priority Among All FY19 Capital Requests (1)	Equipment Description	Total FY19 Project Costs (2)	FY19 Funding			
			PTP		SSTAP	
			Fed/State (90%)	Local (10%)	State (95%)	Local (5%)
<i>Insert additional rows as needed above this row.</i>						
<b>Total Equipment Costs:</b>		\$ -	\$ -	\$ -	\$ -	\$ -

(1) Must correspond to priority indicated in Form C-1.

(2) Use current prices.

## Annual Transportation Plan for Fiscal Year 2019

Jurisdiction/Program:

Legal Name:

### CAPITAL PROJECT JUSTIFICATION FORM (Equipment)-Attach ICE Form

*The following must correspond to the information indicated for this request on C-7 (Equipment).*

Project Name:

Priority\*:

\*Must match Priority indicated on Form C-1

Anticipated Cost

\$ -

#### PROCUREMENT PLAN:

Who will procure this project?



Grantee/Local Procurement



MTA

#### If local procurement, estimate number of days from award date:

Project Advertisement

---

---

---

Projected Award

Projected Delivery/Completion

#### PROJECT DESCRIPTION

Provide a description of the project and justify it's necessity. If more space is required, use an additional sheet.

Is this a joint project?



YES



NO

If YES, identify project partners:

Partner 1:

Partner 2:

Partner 3:

Partner 4:

Will these partners share in the intial cost/purchase of the project?



YES



NO

If YES, identify cost distribution and funding source

Partner 1: % Source:

Partner 2: % Source:

Partner 3: % Source:

Partner 4: % Source:

---

**Annual Transportation Plan for Fiscal Year 2019**

Jurisdiction/Program:

Legal Applicant:

**CAPITAL PROJECT JUSTIFICATION FORM (Equipment)-Attach ICE Form**

*The following must correspond to the information indicated for this request on C-7 (Equipment).*

Project Name:

Priority\*:

\*Must match Priority indicated on Form 4

Anticipated Cost

\$ -

**PROCUREMENT PLAN:**

Who will procure this project?



Grantee/Local Procurement



MTA

**If local procurement, estimate number of days from award date:**

Project Advertisement

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

Projected Award

Projected Delivery/Completion

**PROJECT DESCRIPTION**

Provide a description of the project and justify it's necessity. If more space is required, use an additional sheet.

Is this a joint project?



YES



NO

If YES, identify project partners:

Partner 1:

Partner 2:

Partner 3:

Partner 4:

Will these partners share in the intial cost/purchase of the project?



YES



NO

If YES, identify cost distribution and

Partner 1: % Source:

Partner 2: % Source:

Partner 3: % Source:

Partner 4: % Source:

---

**Annual Transportation Plan for Fiscal Year 2019**

Jurisdiction/Program:

Legal Applicant:

**CAPITAL PROJECT JUSTIFICATION FORM (Equipment)-Attach ICE Form**

*The following must correspond to the information indicated for this request on C-7 (Equipment).*

Project Name:

Priority\*:

\*Must match Priority indicated on Form 4

Anticipated Cost

\$ -

**PROCUREMENT PLAN:**

Who will procure this project?

Grantee/Local Procurement

MTA

**If local procurement, estimate number of days from award date:**

Project Advertisement

\_\_\_\_\_

Projected Award

\_\_\_\_\_

Projected Delivery/Completion

\_\_\_\_\_

**PROJECT DESCRIPTION**

Provide a description of the project and justify it's neccessity. If more space is required, use an additional sheet.

Is this a joint project?

YES

NO

If YES, identify project partners:

Partner 1:

Partner 2:

Partner 3:

Partner 4:

Will these partners share in the intial cost/purchase of the project?

YES

NO

If YES, identify cost distribution and

Partner 1: % Source:

Partner 2: % Source:

Partner 3: % Source:

Partner 4: % Source:

---

**Annual Transportation Plan for Fiscal Year 2019**

Jurisdiction/Program:

Legal Applicant:

**CAPITAL PROJECT JUSTIFICATION FORM (Equipment)-Attach ICE Form**

*The following must correspond to the information indicated for this request on C-7 (Equipment).*

Project Name:

Priority\*:

\*Must match Priority indicated on Form 4

Anticipated Cost

\$ -

**PROCUREMENT PLAN:**

Who will procure this project?

Grantee/Local Procurement

MTA

**If local procurement, estimate number of days from award date:**

Project Advertisement

\_\_\_\_\_

Projected Award

\_\_\_\_\_

Projected Delivery/Completion

\_\_\_\_\_

**PROJECT DESCRIPTION**

Provide a description of the project and justify it's necessity. If more space is required, use an additional sheet.

Is this a joint project?

YES

NO

If YES, identify project partners:

Partner 1:

Partner 2:

Partner 3:

Partner 4:

Will these partners share in the intial cost/purchase of the project?

YES

NO

If YES, identify cost distribution and

Partner 1: % Source:

Partner 2: % Source:

Partner 3: % Source:

Partner 4: % Source:

## Annual Transportation Plan for Fiscal Year 2019

Jurisdiction/Program:

Legal Name:

### Form C-8: CAPITAL PROJECT PLAN FUTURE EQUIPMENT REQUESTS

*List all equipment valued over \$1000 that you plan to purchase in the next five years.  
Insert additional rows and pages as needed.*

Equipment Description	Projected Funding Source (PTP, SSTAP)	Project Years--Estimated Total Project Costs in FY17 Prices (1)				
		FY19	FY20	FY21	FY22	FY23
<i>Insert additional rows as needed above this row.</i>						
<b>Total Equipment Costs:</b>		\$ -	\$ -	\$ -	\$ -	\$ -

(1) Use current prices. Do no inflate.

## Annual Transportation Plan for Fiscal Year 2019

Jurisdiction/Program:

Legal Name:

### Form C-9: CAPITAL PROJECT PLAN, FY 2019 FACILITIES REQUESTS

*List all FY19 facilities funding requests as well as projected requests through FY24 and attach a Capital Project Justification Form for Facilities for each FY19 request. Insert additional rows as needed.*

Priority (1)	Project Name / Brief Description	FY 2019 Estimated Project Costs (2)	Future Estimated Project Costs (2)	
			Design & Engineering	Construction
			FY: 2019	FY: 2019
	Planning:			
	Right of Way:			
	Design & Engineering:			
	Construction:			
	<i>Insert additional rows as needed above this row.</i>			
Total Cost		\$ -	\$ -	\$ -
Federal/State Share (PTP 90%)		\$ -	\$ -	\$ -
Local Share (PTP 10%)		\$ -	\$ -	\$ -
Estimated Number of Days from Award Date:		Project Advertising:		
		Project Award:		
		Project Delivery:		

(1) Must correspond to priority indicated in Form C-1.

(2) Use current prices.

## Annual Transportation Plan for Fiscal Year 2019

Jurisdiction/Program:

Legal Name:

### CAPITAL PROJECT JUSTIFICATION FORM (Facilities)-Attach ICE Form

*The following must correspond to the information indicated for this request on C-1:*

Project Name:

Priority\*:

\*Must match Priority indicated on Form C-1

Anticipated Cost

\$ -

#### PROCUREMENT PLAN:

Who will procure this project?

Grantee/Local Procurement

MTA

#### If local procurement, estimate number of days from award date:

Project Advertisement

\_\_\_\_\_

Projected Award

\_\_\_\_\_

Projected Delivery/Completion

\_\_\_\_\_

#### PROJECT DESCRIPTION

Provide a description of the project and justify it's necessity. If more space is required, use an additional sheet.

Is this a joint project?

YES

NO

If YES, identify project partners:

Partner 1:

Partner 2:

Partner 3:

Partner 4:

Will these partners share in the intial cost/purchase of the project?

YES

NO

If YES, identify cost distribution and funding source

Partner 1: % Source:

Partner 2: % Source:

Partner 3: % Source:

Partner 4: % Source:

---

**Annual Transportation Plan for Fiscal Year 2019**

Jurisdiction/Program:

Legal Applicant:

**CAPITAL PROJECT JUSTIFICATION FORM (Facilities)-Attach ICE Form**

***The following must correspond to the information indicated for this request on C-1:***

Project Name:

Priority\*:

\*Must match Priority indicated on Form C-1

Anticipated Cost

\$ -

**PROCUREMENT PLAN:**

Who will procure this project?

Grantee/Local Procurement  
 MTA

**If local procurement, estimate number of days from award date:**

Project Advertisement

\_\_\_\_\_

Projected Award

\_\_\_\_\_

Projected Delivery/Completion

\_\_\_\_\_

**PROJECT DESCRIPTION**

Provide a description of the project and justify it's necessity. If more space is required, use an additional sheet.

Is this a joint project?

YES

NO

If YES, identify project partners:

Partner 1:

Partner 2:

Partner 3:

Partner 4:

Will these partners share in the intial cost/purchase of the project?

YES

NO

If YES, identify cost distribution and

Partner 1: % Source:

Partner 2: % Source:

Partner 3: % Source:

Partner 4: % Source:

---

## Annual Transportation Plan for Fiscal Year 2019

Jurisdiction/Program:

Legal Applicant:

### **CAPITAL PROJECT JUSTIFICATION FORM (Facilities)-Attach ICE Form**

**The following must correspond to the information indicated for this request on C-1:**

Project Name:

Priority\*:

\*Must match Priority indicated on Form C-1

Anticipated Cost

\$ -

#### **PROCUREMENT PLAN:**

Who will procure this project?

Grantee/Local Procurement  
 MTA

**If local procurement, estimate number of days from award date:**

Project Advertisement

\_\_\_\_\_

Projected Award

\_\_\_\_\_

Projected Delivery/Completion

\_\_\_\_\_

**PROJECT DESCRIPTION**      Provide a description of the project and justify it's necessity. If more space is required, use an additional sheet.

Is this a joint project?       YES       NO

If YES, identify project partners:

Partner 1:  
Partner 2:  
Partner 3:  
Partner 4:

Will these partners share in the intial cost/purchase of the project?       YES       NO

If YES, identify cost distribution and

Partner 1:	%	Source:
Partner 2:	%	Source:
Partner 3:	%	Source:
Partner 4:	%	Source:

---

---

**Annual Transportation Plan for Fiscal Year 2019**

Jurisdiction/Program:

Legal Applicant:

**CAPITAL PROJECT JUSTIFICATION FORM (Facilities)-Attach ICE Form**

*The following must correspond to the information indicated for this request on C-1:*

Project Name:

Priority\*:

\*Must match Priority indicated on Form C-1

Anticipated Cost

\$ -

**PROCUREMENT PLAN:**

Who will procure this project?

Grantee/Local Procurement

MTA

**If local procurement, estimate number of days from award date:**

Project Advertisement

\_\_\_\_\_

Projected Award

\_\_\_\_\_

Projected Delivery/Completion

\_\_\_\_\_

**PROJECT DESCRIPTION**

Provide a description of the project and justify it's necessity. If more space is required, use an additional sheet.

Is this a joint project?

YES

NO

If YES, identify project partners:

Partner 1:

Partner 2:

Partner 3:

Partner 4:

Will these partners share in the intial cost/purchase of the project?

YES

NO

If YES, identify cost distribution and

Partner 1: % Source:

Partner 2: % Source:

Partner 3: % Source:

Partner 4: % Source:

## Annual Transportation Plan for Fiscal Year 2019

Jurisdiction/Program:

Legal Name:

### VEHICLE REPLACEMENT WORKSHEET

*This form must be completed FOR EACH FY19 vehicle replacement request*

*The following must correspond to the information indicated for this request on Form C-1*

Priority: \_\_\_\_\_ Cost: \_\_\_\_\_

#### Requested Vehicle

Type:	<input type="checkbox"/> Small/Cutaway	<input type="checkbox"/> Medium/High Floor < 30'	<input type="checkbox"/> Medium/Low Floor < 30'	<input type="checkbox"/> Sedan/Other
	<input type="checkbox"/> Trolley	<input type="checkbox"/> Heavy/Transit - 30'	<input type="checkbox"/> Heavy/Transit - 35'	<input type="checkbox"/> Heavy/Transit - 40'
	<input type="checkbox"/> Truck/Heavy Equipment			

*The following formula must be used to determine if the vehicle will meet the minimal service life criteria:*

Agency Fleet Number (from Form 6)	
In Service Date (from Form 6)	
Vehicle Identification Number (VIN)	
Type of Current Vehicle (use categories above)	
Seating (amb/wc)	
Date Vehicle was Placed in Service (month/year)	
Current Date (month/year)	
Total Months of Ownership (enter whole number, digits only)	
Current Vehicle Mileage (from Form 6)	
Average Miles per Month (current mileage divided by total months of ownership)	#VALUE!
Projected Annual Mileage (average miles per month x 12 months)	#VALUE!
TOTAL VEHICLE MILEAGE (current plus projected mileage)	#VALUE!
Projected Age of Vehicle in Months (total months of ownership plus 12 months)	#VALUE!
TOTAL AGE OF VEHICLE IN YEARS (projected age of vehicle in months divided by 12)	#VALUE!
EXPECTED USEFUL LIFE YEARS (From charts in Appendix C)	0
EXPECTED USEFUL LIFE MILEAGE (From charts in Appendix C)	0
YEARS OVER/UNDER USEFUL LIFE	#VALUE!
MILEAGE OVER/UNDER USEFUL LIFE	#VALUE!

ESTIMATED COST OF ANNUAL REPAIRS: \_\_\_\_\_

ESTIMATED NUMBER OF DAYS OUT OF SERVICE: \_\_\_\_\_

Has an extended warranty been purchased for this vehicle? If yes, to what mileage?

Yes       No \_\_\_\_\_

If you are awarded a replacement vehicle, how will you dispose of the vehicle to be replaced?

Sell vehicle       Use vehicle as backup - contingency fleet  
 Junk vehicle       Other: \_\_\_\_\_

Who will procure the new vehicle?

MTA Contract  
 Local Procurement

If local procurement, estimate number of days from award date:

Project Advertising: \_\_\_\_\_

Project Award: \_\_\_\_\_

Project Delivery: \_\_\_\_\_

#### JUSTIFICATION:

*Important: Vehicle replacements require justification beyond age and mileage. Select the appropriate condition description according to the following chart and enter in the space provided. Additional details can be provided here.*

Code # \_\_\_\_\_

Descriptor \_\_\_\_\_

#### VEHICLE CONDITION

Number according to the following guidelines:

Condition Code	Descriptor	General Definition of Condition Code
5	Excellent	Equipment or other assets, for which no operational problems exist, or older assets for which only routine preventative maintenance is needed to keep asset in reliable working condition.
4	Good	Equipment or other assets, for which operational problems may exist, but only occasional minor repairs beyond routine preventative maintenance may be needed to keep assets in reliable working condition.
3	Fair	Equipment or other assets, for which periodic operational problems may exist, and periodic repairs may be needed to keep asset in reliable working condition.
2	Poor	Equipment or other assets, for which significant operational problems may exist, and ongoing repairs may be needed to keep asset in reliable working condition. In this latter case these assets could be candidates for early replacement.
1	Bad	Equipment or other assets, for which substantial operational problems exist and substantial repairs are needed to keep asset in reliable working condition. These assets should receive top priority for replacement.

## Annual Transportation Plan for Fiscal Year 2019

Jurisdiction/Program:

Legal Name:

### VEHICLE REPLACEMENT WORKSHEET

*This form must be completed FOR EACH FY19 vehicle replacement request*

*The following must correspond to the information indicated for this request on Form C-1*

Priority: \_\_\_\_\_ Cost: \_\_\_\_\_

#### Requested Vehicle

Type:  Small/Cutaway  Medium/High Floor < 30'  Medium/Low Floor < 30'  Sedan/Other  
 Trolley  Heavy/Transit - 30'  Heavy/Transit - 35'  Heavy/Transit - 40'  
 Truck/Heavy Equipment

*The following formula must be used to determine if the vehicle will meet the minimal service life criteria:*

Agency Fleet Number (from Form 6)	
In Service Date (from Form 6)	
Vehicle Identification Number (VIN)	
Type of Current Vehicle (use categories above)	
Seating (amb/wc)	
Date Vehicle was Placed in Service (month/year)	
Current Date (month/year)	
Total Months of Ownership (enter whole number, digits only)	
Current Vehicle Mileage (from Form 6)	
Average Miles per Month (current mileage divided by total months of ownership)	#VALUE!
Projected Annual Mileage (average miles per month x 12 months)	#VALUE!
TOTAL VEHICLE MILEAGE (current plus projected mileage)	#VALUE!
Projected Age of Vehicle in Months (total months of ownership plus 12 months)	#VALUE!
TOTAL AGE OF VEHICLE IN YEARS (projected age of vehicle in months divided by 12)	#VALUE!
EXPECTED USEFUL LIFE YEARS (From charts in Appendix C)	0
EXPECTED USEFUL LIFE MILEAGE (From charts in Appendix C)	0
YEARS OVER/UNDER USEFUL LIFE	#VALUE!
MILEAGE OVER/UNDER USEFUL LIFE	#VALUE!

ESTIMATED COST OF ANNUAL REPAIRS: \_\_\_\_\_

ESTIMATED NUMBER OF DAYS OUT OF SERVICE: \_\_\_\_\_

Has an extended warranty been purchased for this vehicle? If yes, to what mileage?

Yes  No \_\_\_\_\_

If you are awarded a replacement vehicle, how will you dispose of the vehicle to be replaced?

Sell vehicle  Use vehicle as backup - contingency fleet  
 Junk vehicle  Other: \_\_\_\_\_

Who will procure the new vehicle?

MTA Contract  
 Local Procurement

If local procurement, estimate number of days from award date:

Project Advertising: \_\_\_\_\_

Project Award: \_\_\_\_\_

Project Delivery: \_\_\_\_\_

#### JUSTIFICATION:

*Important: Vehicle replacements require justification beyond age and mileage. Select the appropriate condition description according to the following chart and enter in the space provided. Additional details can be provided here.*

Code #	Descriptor

#### VEHICLE CONDITION

Number according to the following guidelines:

Condition Code	Descriptor	General Definition of Condition Code
5	Excellent	Equipment or other assets, for which no operational problems exist, or older assets for which only routine preventative maintenance is needed to keep asset in reliable working condition.
4	Good	Equipment or other assets, for which operational problems may exist, but only occasional minor repairs beyond routine preventative maintenance may be needed to keep assets in reliable working condition.
3	Fair	Equipment or other assets, for which periodic operational problems may exist, and periodic repairs may be needed to keep asset in reliable working condition.
2	Poor	Equipment or other assets, for which significant operational problems may exist, and ongoing repairs may be needed to keep asset in reliable working condition. In this latter case these assets could be candidates for early replacement.
1	Bad	Equipment or other assets, for which substantial operational problems exist and substantial repairs are needed to keep asset in reliable working condition. These assets should receive top priority for replacement.

**ATP-18**  
**CERTIFICATIONS AND ASSURANCES**  
**Part II-C**

<https://www.transit.dot.gov/sites/fta.dot.gov/files/FTA%20FY%202017%20Certifications%20and%20Assurances.pdf>

**STATEWIDE SPECIALIZED TRANSPORTATION  
ASSISTANCE PROGRAM  
LARGE URBAN TRANSPORTATION ASSISTANCE PROGRAM**

**I. PROGRAM ASSURANCES**

\_\_\_\_\_ (Applicant) County, Maryland hereby makes the following assurances to the Maryland Transit Administration of the Maryland Department of Transportation in conjunction with its application for state financial assistance for the Statewide Special Transportation Assistance Program (SSTAP) and/or for Large Urban funding.

1. The applicant has the requisite fiscal, managerial, and legal capability to carry out the SSTAP and/or Large Urban programs and to receive and disburse state funds.
2. Some combination of local or private funding sources has or will be committed to provide the required local share.
3. The applicant has or will have the time of delivery, sufficient funds to operate the vehicles and/or equipment purchased under this project, as applicable.
4. Private, for-profit transit and paratransit operators have been afforded a fair and timely opportunity by the applicant to participate to the maximum extent feasible in the planning and provision of the proposed transportation services.
5. The applicant has, to the maximum extent feasible, coordinated with other transportation providers and users, including agencies capable of purchasing service.
6. The applicant has complied with the applicable provisions of the regulations relative to charter bus and school bus operations.
7. The applicant has and will comply with the administrative requirements which relate to the applications made to and grants received from the Maryland Department of Transportation for the Statewide Specialized Transportation Assistance Program and/or the Large Urban program.

**II. EQUAL RIGHTS ASSURANCE**

\_\_\_\_\_ (Applicant) County, Maryland hereby makes the following assurance to the Mass Transit Administration of the Maryland Department of Transportation of the Maryland Department of Transportation in conjunction with its application for financial assistance for the Statewide Specialized Transportation Assistance Program and/or for the Large Urban Program.

- A. No person, on the grounds of race, color, creed, national origin, sex, age or handicap shall be excluded from participation in, or denied the benefits of, or be subject to discrimination under and project, program, or activity funded in whole or in part by FTA.
- A. The applicant shall not discriminate against any employee or applicant for employment because of race, color, sex, national origin, and shall take affirmative action to ensure that applicants are

employed, and that employees are treated during employment, without regard to their race, color, religion, sex or national origin.

### **III. MUNICIPALITY NOTIFICATION CERTIFICATION (SSTAP ONLY)**

Certification is given by the recipient named herein \_\_\_\_\_ (Name of Applicant) with respect to its application for assistance pursuant to the Statewide Specialized Transportation Assistance Program, filed with the Maryland Department of Transportation, as to the following:

- A. That the applicant has notified each municipality in the County, in writing, of the availability of funds through the Statewide Specialized Transportation Assistance Program.
- B. That the needs of such municipalities, with respect to the availability and use of Statewide Specialized Transportation Assistance Program funds in their respective municipalities, have been considered in the application.

---

Signature of Authorized Official

---

Name (printed)

---

Title

---

Date

**AREA AGENCY ON AGING  
CERTIFICATION**

Certification is given by the recipient named herein \_\_\_\_\_  
(name of Applicant) with respect to its application for assistance pursuant to the Statewide  
Specialized Transportation Assistance Program, filed with the Maryland Department of  
Transportation, as to the following:

- A. That the application has been reviewed by the local Area Agency on Aging, named herein  
\_\_\_\_\_ (name of local Area Agency on Aging).
- B. That the local Area Agency on Aging has approved the application for assistance.

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Signature of Authorized Official

---

Name (printed)

---

Title of Authorized Official

---

Date

---

Signature of Authorized Official  
Area Agency on Aging

---

Name (printed)

---

Title of Authorized Official  
Area Agency on Aging

---

Date

SAMPLE

**Authorizing Resolution #**

**CITY/COUNTY COUNCIL/COMMISSIONERS  
OF**

**, MARYLAND**

(Name of Authorizing Body)

A RESOLUTION authorizing \_\_\_\_\_  
(title/position of person authorized to file the application)

to file an application with the Maryland Transit Administration of the Maryland Department of Transportation for a Section 5303, 5304, 5307, 5309, 5310, 5311, 5316 and/or 5317 grant(s) under the Federal Transit Act.

WHEREAS, the Maryland Transit Administration is the designated recipient in Maryland for grants under the Federal Transit Act,

WHEREAS, the Administrator of the Maryland Transit Administration of the Maryland Department of Transportation is authorized to make grants to counties and to local governments for a mass transportation program of projects, and

WHEREAS, the contract for financial assistance will impose certain obligations upon the applicant, including the provision by it of the local share of the project costs in the program; and

WHEREAS, it is required by the United States Department of Transportation in accordance with the provisions of Title VI of the Civil Rights Act of 1964 that, in connection with the filing of an application for assistance under the Federal Transit Act, the applicant give an assurance that it will comply with Title VI of the Civil Rights Act of 1964 and the United States Department of Transportation requirements thereunder; and

WHEREAS, it is the goal of the applicant that minority business enterprise be utilized to the fullest extent possible in connection with this project, and that definite procedures shall be established and administered to ensure that minority business shall have the maximum construction contracts, supplies, equipment contracts, or consultant and other services.

NOW, THEREFORE, BE IT RESOLVED by \_\_\_\_\_  
Maryland,

(Name of Authorizing Body)

the filing of the aforesaid application be endorsed, and

BE IT FURTHER RESOLVED that the City/County Executive/Mayor is hereby requested to endorse this resolution, thereby indicating approval thereof; and

BE IT FURTHER RESOLVED that copies of this resolution be sent to the Maryland Transit Administration of the Maryland Department of Transportation.

ATTEST:

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Witness of Council/Commissioners

---

Council/Commissioners Leader

---

Witness of City/Council Executive/Mayor

---

City/County Executive/Mayor

ADOPTED:\_\_\_\_\_

Date

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Certificate

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This certifies that \_\_\_\_\_ did in fact before me this date, sign and execute this application and the foregoing Resolution.

Approved as to Form and Legal Sufficiency:

---

Signature of Recording Officer

---

Title of Recording Officer

---

Date

My Commission Expires\_\_\_\_\_

*SAMPLE*

**OPINION OF COUNSEL**

Name of Recipient

Address of Recipient

Dear (Responsible Official for Recipient):

This communication will serve as the requisite opinion of counsel to be filed with the Federal Transit Administration, United States Department of Transportation, in connection with all applications of (Recipient) for financial assistance pursuant to the provisions of the Federal Transit Act (the "Act") for planning, capital, training, demonstration, and/or operating assistance project(s). The legal authority for (Recipient's) ability to carry out planning, capital, training, demonstration, and/or operating assistance projects directly, by lease, contract, or otherwise is set forth below:

1. (Recipient) is authorized under (cite and quote from legal authority) to provide and assist public transportation by acquisition, construction and operation of existing or additional transit facilities. This assistance may be provided directly by (Recipient) or be lease arrangements with other parties.
2. The authority of (Recipient) to provide for its share of project funds is set forth in (cite source and provide a copy of, for example, local ordinance passed by City Council making local funds available.)
3. I have reviewed the pertinent Federal, State and local laws, and I am of the opinion that there is no legal impediment to your making applications for financial assistance pursuant to the Act. Furthermore, as a result of my examination, I find that there is no pending or threatened litigation for other any which might in any way adversely affect any proposed project(s), or the ability of (Recipient) to carry out such projects.

Sincerely,

Legal Counsel

**Special Section 5333 (b) Warranty  
for Application to the Small Urban  
and Rural Programs**

**A. General Application**

The \_\_\_\_\_, Maryland "(Public Body)" agrees that, in the absence of waiver by the Department of Labor, the terms and conditions of this warranty, as set forth below, shall apply for the protection of the transportation related employees of any employer providing transportation services assisted by the Project ("Recipient"), and the transportation related employees of any other surface public transportation providers in the transportation service area of the project.

The Public Body shall provide to the Department of Labor and maintain at all times during the Project an accurate, up-to-date listing of all existing transportation providers which are eligible Recipients of transportation assistance funded by the Project, in the transportation service area of the Project, and any labor organizations representing the employees of such providers.

Certification by the Public Body to the Department of Labor that the designated Recipients have indicated in writing acceptance of the terms and conditions of the warranty arrangement will be sufficient to permit the flow of Section 18 funding in the absence of a finding of non-compliance by the Department of Labor.

**B. Standard Terms and Conditions**

- (1) The Project shall be carried out in such a manner and upon such terms and conditions as will not adversely affect employees of the Recipient and of any other surface public transportation provider in the transportation service area of the Project. It shall be an obligation of the Recipient to assure that any and all transportation services assisted by the Project are contracted for and operated in such a manner that they do not impair the rights and interests of affected employees. The term "Project," as used herein, shall not be limited to the particular facility, service, or operation assisted by Federal funds, but shall include any changes, whether organizational, operational, technological, or otherwise, which are a result of the assistance provided. The phrase "as a result of the Project," shall, when used in this arrangement, include events related to the Project occurring in anticipation of, during, and subsequent to the Project and any program of efficiencies or economies related thereto; provided, however, that volume rises and falls of business, or changes in volume and character of employment brought about solely by causes other than the Project (including any economies or efficiencies unrelated to the Project) are not within the purview of this arrangement.

An employee covered by this arrangement, who is not dismissed, displaced or otherwise worsened in his/her position with regard to employment as a result of the Project, but who is dismissed, displaced or otherwise worsened solely because of the total or partial termination of the Project or exhaustion of Project funding shall not

be deemed eligible for a dismissal or displacement allowance within the meaning of paragraphs (6) and (7) of this arrangement.

- (2) Where employees of a Recipient are represented for collective bargaining purposes, all Project services provided by that Recipient shall be provided under and in accordance with any collective bargaining agreement applicable to such employees which is then in effect. This Arrangement does not create any collective bargaining relationship where one does not already exist or between any Recipient and the employees of another employer. Where the Recipient has no collective bargaining relationship with the Unions representing employees in the service area, the Recipient will not take any action which impairs or interferes with the rights, privileges, and benefits and/or the preservation or continuation of the collective bargaining rights of such employees.
- (3) All rights, privileges, and benefits (including pension rights and benefits) of employees covered by this arrangement (including employees having already retired) under existing collective bargaining agreements or otherwise, or under any revision or renewal thereof, shall be preserved and continued; provided, however, that such rights, privileges and benefits which are not foreclosed from further bargaining under applicable law or contract may be modified by collective bargaining and agreement by the Recipient and the Union involved to substitute other rights, privileges and benefits. Unless otherwise provided, nothing in this arrangement shall be deemed to restrict any rights the Recipient may otherwise have to direct the working forces and manage its business as it deemed best, in accordance with the applicable collective bargaining agreement.

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(4) The collective bargaining rights of employees covered by this arrangement, including the right to arbitrate labor disputes and to maintain union security and checkoff arrangements, as provided by applicable laws, policies and/or existing collective bargaining agreements, shall be preserved and continued. Provided, however, that this provision shall not be interpreted so as to require the Recipient to retain any such rights which exist by virtue of a collective bargaining agreement after such agreement is no longer in effect.

The Recipient agrees that it will bargain collectively with the Union or otherwise arrange for the continuation of collective bargaining, and that it will enter into agreements with the Union or arrange for such agreements to be entered into, relative to all subjects which are or may be proper subjects of collective bargaining. If, at any time, applicable law or contracts permit or grant to employees covered by this arrangement the right to utilize any economic measures, nothing in this arrangement shall be deemed to foreclose the exercise of such right.

(5)(a) The Recipient shall provide to all affected employees sixty (60) days' notice of intended actions which may result in displacements or dismissals or rearrangements of the working forces as a result of the Project. In the case of employees represented by a Union, such notice shall be provided by certified mail through their representatives. The notice shall contain a full and adequate statement of the proposed changes, and an estimate of the number of employees affected by the intended changes, and the number and classifications of any jobs within the jurisdiction and control of the Recipient, including those in the employment of any entity bound by this arrangement pursuant to paragraph (21), available to be filled by such affected employees.

(5)(b) The procedures of this subparagraph shall apply to cases where notices involve employees represented by a Union for collective bargaining purposes. At the request of either the Recipient or the representatives of such employees, negotiations for the purposes of reaching agreement with respect to the application of the terms and conditions of this arrangement shall commence immediately. These negotiations shall include determining the selection of forces from among the mass transportation employees who may be affected as a result of the Project, to establish which such employees shall be offered employment for which they are qualified or can be trained. If no agreement is reached within twenty (20) days from the commencement of negotiations, any party to the dispute may submit the matter to dispute settlement procedures in accordance with paragraph (15) of this arrangement. Unless the parties otherwise mutually agree in writing, no change in operations, services, facilities or equipment within the purview of this paragraph (5) shall occur until after either: 1) an agreement with respect to the application of the terms and conditions of this arrangement to the intended change(s) is reached; 2) the decision of the arbitrator has been rendered pursuant to this subparagraph (b); or 3) an arbitrator selected pursuant to Paragraph (15) of this arrangement determines that the intended change(s) may be instituted prior to the finalization of implementing arrangements.

(5)(c) In the event of a dispute as to whether an intended change within the purview of this paragraph (5) may be instituted at the end of the 60-day notice period and before an implementing agreement is reached or a final arbitration decision is rendered pursuant to subparagraph (b), any involved party may immediately submit that issue to arbitration under paragraph (15) of this arrangement. In any such arbitration, the arbitrator shall rely upon the standards and criteria utilized by the Surface Transportation Board (and its predecessor agency, the Interstate Commerce Commission) to address the “pre-consummation” issue in cases involving employee protections pursuant to 49 U.S.C. Section 11326 (or its predecessor, Section 5(2)(f) of the Interstate Commerce Act, as amended). If the Recipient demonstrates, as a threshold matter in any such arbitration, that the intended action is a trackage rights, lease proceeding or similar transaction, and not a merger, acquisition, consolidation, or other similar transaction, the burden shall then shift to the involved labor organization(s) to prove that under the standards and criteria referenced above, the intended action should not be permitted to be instituted prior to the effective date of a negotiated or arbitrated implementing agreement. If the Recipient fails to demonstrate that the intended action is a trackage rights, lease proceeding, or similar transaction, it shall be the burden of the Recipient to prove that under the standards and criteria referenced above, the intended action should be permitted to be instituted prior to the effective date of a negotiated or arbitrated implementing agreement. For purposes of any such arbitration, the time period within which the parties are to respond to the list of potential arbitrators submitted by the American Arbitration Association Service shall be five (5) days, the notice of hearing may be given orally or by facsimile, the hearing will be held promptly, the award of the arbitrator shall be rendered promptly and, unless otherwise agreed to by the parties, no later than fourteen (14) days from the date of closing the hearings, with five (5) additional days for mailing if post hearing briefs are requested by either party. The intended change shall not be instituted during the pendency of any arbitration proceedings under this subparagraph (c).

(5)(d) If an intended change within the purview of this paragraph (5) is instituted before an implementing agreement is reached or a final arbitration decision is rendered pursuant to subparagraph (b), all employees affected shall be kept financially whole, as if the noticed and implemented action has not taken place, from the time they are affected until the effective date of an implementing agreement or final arbitration decision. This protection shall be in addition to the protective period defined in paragraph (14) of this arrangement, which period shall begin on the effective date of the implementing agreement or final arbitration decision rendered pursuant to subparagraph (b).

An employee selecting, bidding on, or hired to fill any position established as a result of a noticed and implemented action prior to the consummation of an implementing agreement or final arbitration decision shall accumulate no benefits under this arrangement as a result thereof during that period prior to the consummation of an implementing agreement or final arbitration decision pursuant to subparagraph (b).

(6)(a) Whenever an employee, retained in service, recalled to service, or employed by the Recipient pursuant to paragraphs (5), (7)(e), or (18) hereof is placed in a worse position with respect to compensation as a result of the Project, the employee shall be considered a "displaced employee", and shall be paid a monthly "displacement allowance" to be determined in accordance with this paragraph. Said displacement allowance shall be paid each displaced employee during the protective period so long as the employee is unable, in the exercise of his/her seniority rights, to obtain a position producing compensation equal to or exceeding the compensation the employee received in the position from which the employee was displaced, adjusted to reflect subsequent general wage adjustments, including cost of living adjustments where provided for.

(6)(b) The displacement allowance shall be a monthly allowance determined by computing the total compensation received by the employee, including vacation allowances and monthly compensation guarantees, and his/her total time paid for during the last twelve (12) months in which the employee performed compensated service more than fifty per centum of each such months, based upon the employee's normal work schedule, immediately preceding the date of his/her displacement as a result of the Project, and by dividing separately the total compensation and the total time paid for by twelve, thereby producing the average monthly compensation and the average monthly time paid for. Such allowance shall be adjusted to reflect subsequent general wage adjustments, including cost of living adjustments where provided for. If the displaced employee's compensation in his/her current position is less in any month during his/her protective period than the aforesaid average compensation (adjusted to reflect subsequent general wage adjustments, including cost of living adjustments where provided for), the employee shall be paid the difference, less compensation for any time lost on account of voluntary absences to the extent that the employee is not available for service equivalent to his/her average monthly time, but the employee shall be compensated in addition thereto at the rate of the current position for any time worked in excess of the average monthly time paid for. If a displaced employee fails to exercise his/her seniority rights to secure another position to which the employee is entitled under the then existing collective bargaining agreement, and which carries a wage rate and compensation exceeding that of the position which the employee elects to retain, the employee shall thereafter be treated, for the purposes of this paragraph, as occupying the position the employee elects to decline.

(6)(c) The displacement allowance shall cease prior to the expiration of the protective period in the event of the displaced employee's resignation, death, retirement, or dismissal for cause in accordance with any labor agreement applicable to his/her employment.

(7)(a) Whenever any employee is laid off or otherwise deprived of employment as a result of the Project, in accordance with any collective bargaining agreement applicable to his/her employment, the employee shall be considered a "dismissed employee" and shall be paid a monthly dismissal allowance to be determined in accordance with this paragraph. Said dismissal allowance shall first be paid each

dismissed employee on the thirtieth (30th) day following the day on which the employee is "dismissed" and shall continue during the protective period, as follow:

Employee's length of service  
prior to adverse effect Period of protection  
1 day to 6 years equivalent period  
6 years or more 6 years

The monthly dismissal allowance shall be equivalent to one-twelfth (1/12th) of the total compensation received by the employee in the last twelve (12) months of his/her employment in which the employee performed compensation service more than fifty per centum of each such month based on the employee's normal work schedule to the date on which the employee was first deprived of employment as a result of the Project. Such allowance shall be adjusted to reflect subsequent general wage adjustments, including cost of living adjustments where provided for.

(7)(b) An employee shall be regarded as deprived of employment and entitled to a dismissal allowance when the position the employee holds is abolished as a result of the Project, or when the position the employee holds is not abolished but the employee loses that position as a result of the exercise of seniority rights by an employee whose position is abolished as a result of the Project or as a result of the exercise of seniority rights by other employees brought about as a result of the Project, and the employee is unable to obtain another position, either by the exercise of the employee's seniority rights, or through the Recipient, in accordance with subparagraph (e). In the absence of proper notice followed by an agreement or decision pursuant to paragraph (5) hereof, no employee who has been deprived of employment as a result of the Project shall be required to exercise his/her seniority rights to secure another position in order to qualify for a dismissal allowance hereunder.

(7)(c) Each employee receiving a dismissal allowance shall keep the Recipient informed as to his/her current address and the current name and address of any other person by whom the employee may be regularly employed, or if the employee is self-employed.

(7)(d) The dismissal allowance shall be paid to the regularly assigned incumbent of the position abolished. If the position of an employee is abolished when the employee is absent from service, the employee will be entitled to the dismissal allowance when the employee is available for service. The employee temporarily filling said position at the time it was abolished will be given a dismissal allowance on the basis of that position, until the regular employee is available for service, and thereafter shall revert to the employee's previous status and will be given the protections of the agreement in said position, if any are due him/her.

(7)(e) An employee receiving a dismissal allowance shall be subject to call to return to service by the employee's former employer; notification shall be in accordance with the terms of the then-existing collective bargaining agreement if the employee is represented by a union. Prior to such call to return to work by his/her employer, the

employee may be required by the Recipient to accept reasonably comparable employment for which the employee is physically and mentally qualified, or for which the employee can become qualified after a reasonable training or retraining period, provided it does not require a change in residence or infringe upon the employment rights of other employees under then-existing collective bargaining agreements.

(7)(f) When an employee who is receiving a dismissal allowance again commences employment in accordance with subparagraph (e) above, said allowance shall cease while the employee is so reemployed, and the period of time during which the employee is so reemployed shall be deducted from the total period for which the employee is entitled to receive a dismissal allowance. During the time of such reemployment, the employee shall be entitled to the protections of this arrangement to the extent they are applicable.

(7)(g) The dismissal allowance of any employee who is otherwise employed shall be reduced to the extent that the employee's combined monthly earnings from such other employment or self-employment, any benefits received from any unemployment insurance law, and his/her dismissal allowance exceed the amount upon which the employee's dismissal allowance is based. Such employee, or his/her union representative, and the Recipient shall agree upon a procedure by which the Recipient shall be kept currently informed of the earnings of such employee in employment other than with the employee's former employer, including self-employment, and the benefits received.

(7)(h) The dismissal allowance shall cease prior to the expiration of the protective period in the event of the failure of the employee without good cause to return to service in accordance with the applicable labor agreement, or to accept employment as provided under subparagraph (e) above, or in the event of the employee's resignation, death, retirement, or dismissal for cause in accordance with any labor agreement applicable to his/her employment.

(7)(i) A dismissed employee receiving a dismissal allowance shall actively seek and not refuse other reasonably comparable employment offered him/her for which the employee is physically and mentally qualified and does not require a change in the employee's place of residence. Failure of the dismissed employee to comply with this obligation shall be grounds for discontinuance of the employee's allowance; provided that said dismissal allowance shall not be discontinued until final determination is made either by agreement between the Recipient and the employee or his/her representative, or by final arbitration decision rendered in accordance with paragraph (15) of this arrangement that such employee did not comply with this obligation.

(8) In determining length of service of a displaced or dismissed employee for purposes of this arrangement, such employee shall be given full service credits in accordance with the records and labor agreements applicable to him/her and the employee shall be given additional service credits for each month in which the employee receives a dismissal or displacement allowance as if the employee were continuing to perform services in his/her former position.

- (9) No employee shall be entitled to either a displacement or dismissal allowance under paragraphs (6) or (7) hereof because of the abolishment of a position to which, at some future time, the employee could have bid, been transferred, or promoted.
- (10) No employee receiving a dismissal or displacement allowance shall be deprived, during the employee's protected period, of any rights, privileges, or benefits attaching to his/her employment, including, without limitation, group life insurance, hospitalization and medical care, free transportation for the employee and the employee's family, sick leave, continued status and participation under any disability or retirement program, and such other employee benefits as Railroad Retirement, Social Security, Workmen's Compensation, and unemployment compensation, as well as any other benefits to which the employee may be entitled under the same conditions and so long as such benefits continue to be accorded to other employees of the bargaining unit, in active service or furloughed as the case may be.
- (11)(a) Any employee covered by this arrangement who is retained in the service of his/her employer, or who is later restored to service after being entitled to receive a dismissal allowance, and who is required to change the point of his/her employment in order to retain or secure active employment with the Recipient in accordance with this arrangement, and who is required to move his/her place of residence, shall be reimbursed for all expenses of moving his/her household and other personal effects, for the traveling expenses for the employee and members of the employee's immediate family, including living expenses for the employee and the employee's immediate family, and for his/her own actual wage loss during the time necessary for such transfer and for a reasonable time thereafter, not to exceed five (5) working days. The exact extent of the responsibility of the Recipient under this paragraph, and the ways and means of transportation, shall be agreed upon in advance between the Recipient and the affected employee or the employee's representatives.
- (11)(b) If any such employee is laid off within three (3) years after changing his/her point of employment in accordance with paragraph (a) hereof, and elects to move his/her place of residence back to the original point of employment, the Recipient shall assume the expenses, losses and costs of moving to the same extent provided in subparagraph (a) of this paragraph (11) and paragraph (12)(a) hereof.
- (11)(c) No claim for reimbursement shall be paid under the provisions of this paragraph unless such claim is presented to the Recipient in writing within ninety (90) days after the date on which the expenses were incurred.
- (11)(d) Except as otherwise provided in subparagraph (b), changes in place of residence, subsequent to the initial changes as a result of the Project, which are not a result of the Project but grow out of the normal exercise of seniority rights, shall not be considered within the purview of this paragraph.
- (12)(a) The following conditions shall apply to the extent they are applicable in each instance to any employee who is retained in the service of the employer (or who is later restored to service after being entitled to receive a dismissal allowance), who is required

to change the point of his/her employment as a result of the Project, and is thereby required to move his/her place of residence.

If the employee owns his/her own home in the locality from which the employee is required to move, the employee shall, at the employee's option, be reimbursed by the Recipient for any loss suffered in the sale of the employee's home for less than its fair market value, plus conventional fees and closing costs, such loss to be paid within thirty (30) days of settlement or closing on the sale of the home. In each case, the fair market value of the home in question shall be determined, as of a date sufficiently prior to the date of the Project, so as to be unaffected thereby. The Recipient shall, in each instance, be afforded an opportunity to purchase the home at such fair market value before it is sold by the employee to any other person and to reimburse the seller for his/her conventional fees and closing costs.

If the employee is under a contract to purchase his/her home, the Recipient shall protect the employee against loss under such contract, and in addition, shall relieve the employee from any further obligation thereunder.

If the employee holds an unexpired lease of a dwelling occupied as the employee's home, the Recipient shall protect the employee from all loss and cost in securing the cancellation of said lease.

(12)(b) No claim for loss shall be paid under the provisions of this paragraph unless such claim is presented to the Recipient in writing within one year after the effective date of the change in residence.

(12)(c) Should a controversy arise in respect to the value of the home, the loss sustained in its sale, the loss under a contract for purchase, loss and cost in securing termination of a lease, or any other question in connection with these matters, it shall be decided through a joint conference between the employee, or his/her union, and the Recipient. In the event they are unable to agree, the dispute or controversy may be referred by the Recipient or the union to a board of competent real estate appraisers selected in the following manner: one (1) to be selected by the representatives of the employee, and one (1) by the Recipient, and these two, if unable to agree within thirty (30) days upon the valuation, shall endeavor by agreement with ten (10) days thereafter to select a third appraiser or to agree to a method by which a third appraiser shall be selected, and failing such agreement, either party may request the State and local Board of Real Estate Commissioners to designate within ten (10) days a third appraiser, whose designation will be binding upon the parties and whose jurisdiction shall be limited to determination of the issues raised in this paragraph only. A decision of a majority of the appraisers shall be required and said decision shall be final, binding, and conclusive. The compensation and expenses of the neutral appraiser including expenses of the appraisal board, shall be borne equally by the parties to the proceedings. All other expenses shall be paid by the party incurring them, including the compensation of the appraiser selected by such party.

(12)(d) Except as otherwise provided in paragraph (11)(b) hereof, changes in place of residence, subsequent to the initial changes as a result of the Project, which are not a

result of the Project but grow out of the normal exercise of seniority rights, shall not be considered within the purview of this paragraph.

(12)(e) "Change in residence" means transfer to a work location which is either (A) outside a radius of twenty (20) miles of the employee's former work location and farther from the employee's residence than was his/her former work location, or (B) is more than thirty (30) normal highway route miles from the employee's residence and also farther from his/her residence than was the employee's former work location.

(13)(a) A dismissed employee entitled to protection under this arrangement may, at the employee's option within twenty-one (21) days of his/her dismissal, resign and (in lieu of all other benefits and protections provided in this arrangement) accept a lump sum payment computed in accordance with section (9) of the Washington Job Protection Agreement of May 1936:

Length of Service Separation Allowance

1 year and less than 2 years	3 months' pay
2 " " " 3 " 6 "	
3 " " " 5 " 9 "	
5 " " " 10 " 12 "	
10 " " " 15 " 12 "	
15 " " over 12 "	

In the case of an employee with less than one year's service, five days' pay, computed by multiplying by 5 the normal daily earnings (including regularly scheduled overtime, but excluding other overtime payments) received by the employee in the position last occupied, for each month in which the employee performed service, will be paid as the lump sum.

Length of service shall be computed as provided in Section 7(b) of the Washington Job Protection Agreement, as follows:

For the purposes of this arrangement, the length of service of the employee shall be determined from the date the employee last acquired an employment status with the employing carrier and the employee shall be given credit for one month's service for each month in which the employee performed any service (in any capacity whatsoever) and twelve (12) such months shall be credited as one year's service. The employment status of an employee shall not be interrupted by furlough in instances where the employee has a right to and does return to service when called. In determining length of service of an employee acting as an officer or other official representative of an employee organization, the employee will be given credit for performing service while so engaged on leave of absence from the service of a carrier.

(13)(b) One month's pay shall be computed by multiplying by 30 the normal daily earnings (including regularly scheduled overtime, but excluding other overtime payments) received by the employee in the position last occupied prior to time of the employee's dismissal as a result of the Project.

(14) Whenever used herein, unless the context requires otherwise, the term "protective period" means that period of time during which a displaced or dismissed employee is to be provided protection hereunder and extends from the date on which an employee is displaced or dismissed to the expiration of six (6) years therefrom, provided, however, that the protective period for any particular employee during which the employee is entitled to receive the benefits of these provisions shall not continue for a longer period following the date the employee was displaced or dismissed than the employee's length of service, as shown by the records and labor agreements applicable to his/her employment prior to the date of the employee's displacement or dismissal.

(15)(a) In the event that employee(s) are represented by a Union, any dispute, claim, or grievance arising from or relating to the interpretation, application or enforcement of the provisions of this arrangement, not otherwise governed by paragraph 12(c), the Labor-Management Relations Act, as amended, the Railway Labor Act, as amended, or by impasse resolution provisions in a collective bargaining or protective arrangement involving the Recipient and the Union, which cannot be settled by the parties thereto within thirty (30) days after the dispute or controversy arises, may be referred by any such party to any final and binding disputes settlement procedure acceptable to the parties. In the event they cannot agree upon such procedure, the dispute, claim, or grievance may be submitted at the written request of the Recipient or the Union to final and binding arbitration. Should the parties be unable to agree upon the selection of a neutral arbitrator within ten (10) days, any party may request the American Arbitration Association to furnish, from among arbitrators who are then available to serve, five (5) arbitrators from which a neutral arbitrator shall be selected. The parties shall, within five (5) days after the receipt of such list, determine by lot the order of elimination and thereafter each shall, in that order, alternately eliminate one name until only one name remains. The remaining person on the list shall be the neutral arbitrator. Unless otherwise provided, in the case of arbitration proceedings, under paragraph (5) of this arrangement, the arbitration shall commence within fifteen (15) days after selection or appointment of the neutral arbitrator, and the decision shall be rendered within forty-five (45) days after the hearing of the dispute has been concluded and the record closed. The decision shall be final and binding. All the conditions of the arrangement shall continue to be effective during the arbitration proceedings.

(15)(b) The compensation and expenses of the neutral arbitrator, and any other jointly incurred expenses, shall be borne equally by the Union(s) and Recipient, and all other expenses shall be paid by the party incurring them.

(15)(c) In the event that employee(s) are not represented by a Union, any dispute, claim, or grievance arising from or relating to the interpretation, application or enforcement of the provisions of this arrangement which cannot be settled by the Recipient and the employee(s) within thirty (30) days after the dispute or controversy arises, may be referred by any such party to any final and binding dispute settlement procedure acceptable to the parties, or in the event the parties cannot agree upon such a procedure, the dispute or controversy may be referred to the Secretary of Labor for a final and binding determination.

(15)(d) In the event of any dispute as to whether or not a particular employee was affected by the Project, it shall be the obligation of the employee or the representative of the employee to identify the Project and specify the pertinent facts of the Project relied upon. It shall then be the burden of the Recipient to prove that factors other than the Project affected the employee. The claiming employee shall prevail if it is established that the Project had an effect upon the employee even if other factors may also have affected the employee. (See Hodgson's Affidavit in Civil Action No. 825-71).

(16) The Recipient will be financially responsible for the application of these conditions and will make the necessary arrangements so that any employee covered by this arrangement may file a written claim of its violation, through the Union, or directly if the employee is outside the bargaining unit, with the Recipient within sixty (60) days of the date the employee is terminated or laid off as a result of the Project, or within eighteen (18) months of the date the employee's position with respect to his/her employment is otherwise worsened as a result of the Project. In the latter case, if the events giving rise to the claim have occurred over an extended period, the 18-month limitation shall be measured from the last such event. No benefits shall be payable for any period prior to six (6) months from the date of the filing of any claim. Unless such claims are filed with the Recipient within said time limitations, the Recipient shall thereafter be relieved of all liabilities and obligations related to the claim.

The Recipient will fully honor the claim, making appropriate payments, or will give notice to the claimant or his/her representative of the basis for denying or modifying such claim, giving reasons therefore. If the Recipient fails to honor such claim, the Union or non-bargaining unit employee may invoke the following procedures for further joint investigation of the claim by giving notice in writing. Within ten (10) days from the receipt of such notice, the parties shall exchange such factual material as may be requested of them relevant to the disposition of the claim and shall jointly take such steps as may be necessary or desirable to obtain from any third party such additional factual materials as may be relevant. In the event the Recipient rejects the claim, the claim may be processed to arbitration as hereinabove provided by paragraph (15).

(17) Nothing in this arrangement shall be construed as depriving any employee of any rights or benefits which such employee may have under existing employment or collective bargaining agreements or otherwise; provided that there shall be no duplication of benefits to any employee, and, provided further, that any benefit under this arrangement shall be construed to include the conditions, responsibilities, and obligations accompanying such benefit. This arrangement shall not be deemed a waiver of any rights of any Union or of any represented employee derived from any other agreement or provision of federal, state or local law.

(18) During the employee's protective period, a dismissed employee shall, if the employee so requests, in writing, be granted priority of employment or reemployment to fill any vacant position within the jurisdiction and control of the Recipient reasonably comparable to that which the employee held when dismissed, including those in the employment of any entity bound by this arrangement pursuant to paragraph (21) herein, for which the employee is, or by training or retraining can become, qualified; not, however, in contravention of collective bargaining agreements related thereto. In the

event such employee requests such training or re-training to fill such vacant position, the Recipient shall provide for such training or re-training at no cost to the employee. The employee shall be paid the salary or hourly rate provided for in the applicable collective bargaining agreement or otherwise established in personnel policies or practices for such position, plus any displacement allowance to which the employee may be otherwise entitled. If such dismissed employee who has made such request fails, without good cause, within ten (10) days to accept an offer of a position comparable to that which the employee held when dismissed for which the employee is qualified, or for which the employee has satisfactorily completed such training, the employee shall, effective at the expiration of such ten-day period, forfeit all rights and benefits under this arrangement.

As between employees who request employment pursuant to this paragraph, the following order where applicable shall prevail in hiring such employees:

- (a) Employees in the craft or class of the vacancy shall be given priority over employees without seniority in such craft or class;
- (b) As between employees having seniority in the craft or class of the vacancy, the senior employees, based upon their service in that craft or class, as shown on the appropriate seniority roster, shall prevail over junior employees;
- (c) As between employees not having seniority in the craft or class of the vacancy, the senior employees, based upon their service in the crafts or classes in which they do have seniority as shown on the appropriate seniority rosters, shall prevail over junior employees.

(19) The Recipient will post, in a prominent and accessible place, a notice stating that the Recipient has received federal assistance under the Federal Transit statute and has agreed to comply with the provisions of 49 U.S.C., Section 5333(b). This notice shall also specify the terms and conditions set forth herein for the protection of employees. The Recipient shall maintain and keep on file all relevant books and records in sufficient detail as to provide the basic information necessary to the proper application, administration, and enforcement of this arrangement and to the proper determination of any claims arising thereunder.

(20) In the event the Project is approved for assistance under the statute, the foregoing terms and conditions shall be made part of the contract of assistance between the federal government and the applicant for federal funds and between the applicant and any recipient of federal funds; provided, however, that this arrangement shall not merge into the contract of assistance, but shall be independently binding and enforceable by and upon the parties thereto, and by any covered employee or his/her representative, in accordance with its terms, nor shall any other employee protective agreement merge into this arrangement, but each shall be independently binding and enforceable by and upon the parties thereto, in accordance with its terms.

(21) This arrangement shall be binding upon the successors and assigns of the parties hereto, and no provisions, terms, or obligations herein contained shall be affected, modified, altered, or changed in any respect whatsoever by reason of the arrangements made by or for the Recipient to manage and operate the system.

Any person, enterprise, body, or agency, whether publicly - or privately-owned, which shall undertake the management, provision and/or operation of the Project services or the Recipient's transit system, or any part or portion thereof, under contractual arrangements of any form with the Recipient, its successors or assigns, shall agree to be bound by the terms of this arrangement and accept the responsibility with the Recipient for full performance of these conditions. As a condition precedent to any such contractual arrangements, the Recipient shall require such person, enterprise, body or agency to so agree.

(22) In the event of the acquisition, assisted with Federal funds, of any transportation system or services, or any part or portion thereof, the employees of the acquired entity shall be assured employment, in comparable positions, within the jurisdiction and control of the acquiring entity, including positions in the employment of any entity bound by this arrangement pursuant to paragraph (21). All persons employed under the provisions of this paragraph shall be appointed to such comparable positions without examination, other than that required by applicable federal, state or federal law or collective bargaining agreement, and shall be credited with their years of service for purposes of seniority, vacations, and pensions in accordance with the records of their former employer and/or any applicable collective bargaining agreements.

(23) The employees covered by this arrangement shall continue to receive any applicable coverage under Social Security, Railroad Retirement, Workmen's Compensation, unemployment compensation, and the like. In no event shall these benefits be worsened as a result of the Project.

(24) In the event any provision of this arrangement is held to be invalid, or otherwise unenforceable under the federal, state, or local law, in the context of a particular Project, the remaining provisions of this arrangement shall not be affected and the invalid or unenforceable provision shall be renegotiated by the Recipient and the interested Union representatives, if any, of the employees involved for purpose of adequate replacement under Section 5333(b). If such negotiation shall not result in mutually satisfactory agreement any party may invoke the jurisdiction of the Secretary of Labor to determine substitute fair and equitable employee protective arrangements for application only to the particular Project, which shall be incorporated in this arrangement only as applied to that Project, and any other appropriate action, remedy, or relief.

(25) If any employer of the employees covered by this arrangement shall have rearranged or adjusted its forces in anticipation of the Project, with the effect of depriving an employee of benefits to which the employee should be entitled under this arrangement, the

provisions of this arrangement shall apply to such employee as of the date when the employee was so affected.

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Signature of Attorney

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Signature of Authorized Official

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Name (printed)

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Name (printed)

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Title

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Date

## **Instructions for Completing the "Listing of Recipients, Eligible Surface Public Transportation Providers and Labor Representatives"**

Each county must complete the enclosed "Listing of Recipients, Eligible Surface Public Transportation Providers and Labor Representatives" chart.

The following information is excepted from the Rural Transportation Employee Protection Guidebook issued by the U.S. Department of Labor.

The Warranty provides that the Public Body agrees, that, absent a waiver, the terms and conditions of the Warranty shall apply for the protection of the transportation related employees of any Recipient and the transportation related employees of any other surface public transportation providers in the transportation service area of the Project.

The section also states that the Public Body will provide to DOL and keep up to date during the Project a complete listing of all existing transportation providers which are eligible Recipients of Section 18 assistance in the transportation service area of the Project and any labor organizations representing the employees of the eligible Recipients. The term "eligible Recipient" includes those providers designated to receive Section 18 assistance as well as other surface public transportation providers who are also qualified for grants.

For these purposes:

The term "surface public transportation provider" means a mass transportation operation engaged in the provision of surface transportation services to the public. The term "surface public transportation provider" is meant to include "mass transportation" services as defined by the Urban Mass Transportation Act.

The term "public transportation" means "any transportation by bus or rail or other conveyance, either publicly or privately owned, which provides to the public general or special service on a regular and continuing basis." Public transportation does not include the following: (1) school bus, charter or sightseeing service; (2) exclusive ride taxi service; (3) and service to individuals or groups which excludes use by the general public.

The term "transportation service area of the Project" is intended to include the geographic area over which the Project is operated and the area whose population is served by the Project, including adjacent areas affected by the Project. If a Project in one county draws passengers away from a system in an adjacent county, and employees of that adjacent county system are affected because of such reduction, that would be considered as included within the scope of the transportation service area of the Project. Also, if a carrier operates service which passes through the service area of a particular Project and the employees of the carrier which passes through the Project area affected by the Project-assisted services, that would be considered as included within the transportation service area of the Project.

**Example****Listing of Recipients, Eligible Surface Public Transportation Providers and Labor Representation**

(1) Project	(2) Recipients	(3) Other Surface Public Transportation Providers In Area	(4) Union Representation of Employees, if any
Cite Project by Name, Description  Application for Public Transportation funds under Section 18 Formula Grant Program for "Elton Dial-A- Ride" service into Elton business district and return. Contract purchase of service for carrying elderly to nutrition center. Service Area extends throughout Pearson County.	Identify Recipients of Transportation Assistance  Pearson County Transportation Coalition, Inc.	Identify Other Eligible Surface Public Transportation Providers  A) Western Trailways, Intercity Services.	Key to Employees of Providers in Columns 1 & 2 (name, address, phone, fax, representatives name, & type of employees)  A) Elton Dial-A-Ride no union. 123 Key Street Baltimore, MD 21202 410-555-5555 (Phone) 410-555-5551 (Fax) Mr. Charles Donnelley Drivers & blue collar employees

***Please do not include this example page in your ATP Application***

**List of Recipients, Eligible Surface Public Transportation Providers, and Labor Representation**

(1) Project	(2) Recipients	(3) Other Surface Public Transportation Providers	(4) Union Representation of Employees, if any
Cite Project by Name, Description	Identify Recipients of Transportation Assistance	Identify Other Eligible Surface Public Transportation Providers In Area	Key to Employees of Providers in Columns 1 and 2 <b>(name, address, phone, fax, representatives name, &amp; type of employees)</b> <i>SEE EXAMPLE</i>

*Attach more sheets of this page if necessary*

## CIVIL RIGHTS INFORMATION

As a condition of receipt of funding from Section 5307 and 5311 of the Federal Transit Act, information is needed from you on the implementation of Title VI, Civil Rights. You must submit the following as part of your application.

### 1. Lawsuits or Complaints

Attach to this certification a list of any active lawsuits or complaints naming your agency which allege discrimination on the basis of race, color, or national origin with respect to service or other transit benefits. The list should include; the date the lawsuit or complaint was filed, a summary of the allegation, the status of the lawsuit or complaint, including whether the parties to a lawsuit have entered into a consent decree.

\_\_\_\_\_ Check here if no such lawsuits or complaints have occurred within the past year, a statement to this effect must be submitted.

### 2. Federal Financial Assistance

Attach a description of all pending applications for financial assistance, and all financial assistance currently provided by other Federal agencies.

### 3. Civil Rights Compliance Reviews

Attach a summary of all civil rights compliance review activities conducted in the last three years. The summary should include; the purpose or reason for the review, the name of the agency or organization that performed the review, a summary of the findings and recommendations of the review, a report on the status and/or disposition of such findings and recommendations.

\_\_\_\_\_ Check here if a summary of all civil rights compliance review activities is not needed.

This review would be included as part of your A-128 or A-133 Single Audit or Triennial Review or conducted by the U.S. Office of Civil Rights, Federal Transit Administration.

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(Signature of authorized official & date)

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(Print authorized official's name)

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(applicant's title)

## CERTIFICATION OF EQUIVALENT SERVICE

### ***For Requests for Demand-Responsive Vehicles That are Not Accessible to Persons Using Wheelchairs***

The Americans with Disabilities Act requires that:

- Fixed-Route Services—Public transit operators must purchase lift-equipped vehicles that meet ADA standards for fixed-route services (49 CFR 37.71), as well as for route deviation services.
- Demand-Responsive Services—Public and private transportation operators must operate enough accessible vehicles to ensure the provision of equivalent service for persons with disabilities including individuals who use wheelchairs (49 CFR 37.77, 49 CFR 37.101, and 49 CFR 37.103).

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(Applicant) hereby makes the following certification to the Maryland Transit Administration of the Maryland Department of Transportation in conjunction with its application for capital assistance to purchase vehicles under the Section 5307, 5309, 5310, or 5311 funding programs.

The applicant's demand-responsive service, when viewed in its entirety, provides an equivalent level of service for persons using wheelchairs as for ambulatory persons. In the application for capital assistance, the applicant is requesting a vehicle that is not accessible to persons using wheelchairs. If awarded, incorporation of the inaccessible vehicle will not result in a reduced level of accessible service; an equivalent level of service will continue to be provided to persons using wheelchairs as for ambulatory persons.

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Signature of Authorized Official & Date

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Name (print)

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Title

## CERTIFICATION OF RESTRICTIONS ON LOBBYING

I, \_\_\_\_\_ (Authorized Person) hereby certify to the Maryland Transit Administration of the Maryland Department of Transportation, on behalf of \_\_\_\_\_ (Applicant-Grantee) that to the best of my knowledge and belief:

1. No Federal appropriated funds have been or will be paid by or on behalf of the Applicant to any person to influence or attempt to influence an officer or employee of any Federal agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress regarding the award of Federal assistance, or the extension, continuation, renewal, amendment, or modification of any Federal assistance agreement; and
  - a. If any funds other than Federal appropriated funds have been or will be paid to any person to influence or attempt to influence an officer or employee of any Federal agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with any application for Federal assistance, the Applicant assures that it will complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," including information required by the instructions accompanying the form, which form may be amended to omit such information as authorized by 31 U.S.C. 1352.
  - b. The language of this certification shall be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, subagreements, contracts under grants, loans, and cooperative agreements).
2. The Applicant understands that this certification is a material representation of fact upon which reliance is placed by the Federal Government and that submission of this certification is a prerequisite for providing Federal assistance for a transaction covered by 31 U.S.C. 1352. The Applicant also understands that any person who fails to file a required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

By:

\_\_\_\_\_  
Signature of Authorized Official & Date

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Title

**ATP-18**  
**PROGRAM COMPLIANCE, Part II**  
**PART II-D**

## PROGRAM COMPLIANCE, Part II

### A. PUBLIC HEARING

Applicants are required to provide an opportunity for public comment based on the contents and funding requests included in this Annual Transportation Plan application. See application instructions for further information regarding public involvement.

#### 1. Notice of Opportunity for a Public Hearing

Submit a copy received from the newspaper of the notice.

Date of publication of the notice: [REDACTED]

This notice announced: (check one)

- a scheduled hearing (no request needed)
- an opportunity for a hearing upon request.

If the notice announced an opportunity upon request, was a public hearing requested?

- YES
- NO - Submit a letter from the Applicant stating that there were no requests for a Public Hearing. (See Appendix F)

#### 2. Location and Record

Where was the public hearing conducted? [REDACTED]

Submit each of the following:

- a list of attendees, and
- minutes of the public hearing.

### 3. Comments

Were any written comments received?

**YES** - Submit copies       **NO**

***Explain*** how public comments received at the hearing or in writing have been addressed and incorporated into your FY15 program.

## B. PRIVATE ENTERPRISE INVOLVEMENT

Applicants are required to notify private transportation providers of the opportunity to comment based on the contents and funding requests included in the ATP. See application instructions for further information regarding private enterprise involvement.

### 1. Documentation of Private Operator Notification

Date of mailing of the notification:

Submit each of the following:

- a list of all private operators contacted, and
- a copy of the notification letter (sample format provided in Appendix G)

### 2. Private Sector Responses

Were any comments received from private operators?

**YES**       **NO**

If **yes**, Submit all of the following:

- copies of any comments received, and
- copies of any responses sent by the Applicant to the person commenting on your program.

***Explain*** how private sector comments received at the public hearing or in writing have been addressed and incorporated into your FY18 program.

### **3. Description of Private Sector Involvement in the Planning Process**

***Describe*** the private sector's involvement in the project development process prior to the public hearing. Discuss your local Transportation Advisory Committee membership and inclusion of private sector representatives.

**ATP-18**  
**ITS ARCHITECTURE**  
**CONFORMITY PROCESS**  
**PART II-E**

## Intelligent Transportation Systems

Do you have a proposed ITS project to submit for evaluation to ensure compliance with the Maryland State-wide ITS Architecture Conformity Process?

YES

NO

If yes, please complete the attached ITS Questionnaire. If no, move to the next section.

## Intelligent Transportation Systems

The project for which you are applying may involve Intelligent Transportation Systems (ITS) which means that it is an ITS Project. A Preliminary ITS Questionnaire must be completed for all ITS Projects to ensure that your project is developed in compliance with the Maryland Statewide ITS Architecture. If the examples shown below describe your project, then it is an ITS Project.

An **ITS Project** is any project that in whole or in part funds the acquisition of technologies or systems that provide/enhance transit operations and quality of service by sharing data between stakeholders.

*-Adapted from the FTA National ITS Architecture Consistency Policy Guidance*

### ITS Projects

*The following systems/components, purchased singly or included with a rolling stock purchase, constitute an "ITS Project":*

Automatic Passenger Counters (APC)

Communications Systems/Equipment

- On-board Radio or Wireless
- Mobile Data Computers/Terminals

Crash Avoidance Systems

Data Archiving

- Device output data management
- Data storage

Electronic Fare Collection (EFC)

- Electronic Fare Cards (SmarTrip, etc.)
- Electronic Farebox

Emerging Vehicle Technology

Emergency Management Systems

Scheduler/Dispatch Systems

- Schedule/Dispatch Software

- Carpool/Ride-Matching Software

Tracking/Monitoring

- Automatic Vehicle Location (AVL)
- GPS Location Tracking
- Electronic Security or Surveillance (On-board, Station/Stop, or Transit Yard)
- Equipment Maintenance Status
- Electronic Vehicle Diagnostics
- Route Monitoring (weather, traffic)
- Transit Centers/Systems

Transit Signal Priority (TSP)

Traveler Information Systems

- "511" Service
- NextBus
- Variable Message Signs
- Enunciators
- Web-based Transit Information
- Cell-phone based transit info/apps
- Route/Itinerary Planning Tools
- Parking Availability Information

*NOTE: This is not a comprehensive list. If you are unsure if a specific project may be considered an ITS project, please contact your regional planner for assistance.*



## Maryland ITS Architecture Conformity Form

### Submission Date

1. Submission date:

### Organizational Information

2. Legal name of submitting agency:

### Point of Contact Information

3. Point of contact submitting form:

4. Phone:   5. Fax:  

6. E-mail:

7. Mailing address:

### General Project Information

8. ITS project name/title:

9. Project type:

- New
- Replacement
- Expansion

10. Project scope (select all that apply):

- Software installation/upgrade
- Hardware installation/upgrade
- Operations/Maintenance
- Systems Integration
- Planning
- Other (provide more detail below)

11. Summarize the project (including how this project relates to existing ITS projects/systems):

12. Describe the needs this project will satisfy:

13. List the users of the project when complete:

14. Describe how the users will benefit from the project:

15. Describe the geographic areas to be served:

## Architecture-Specific Information

16. Summarize the current status of the project (including where it stands in terms of the Systems Engineering process diagram shown in the accompanying Conformity Guide):

17. List stakeholder agencies and their roles/responsibilities for this project:

18. Identify the functional requirements for this project:

19. Show how your project aligns with the Interconnect and Information Flow Diagrams in the MD ITS Architecture: See Below

20. Describe the configuration & technology options considered for this project and indicate which were selected:

21. Describe the procurement options considered for this project and indicate which were selected:

22. Identify applicable ITS standards to be used in support of this project:  
Transit Agency to Transit Vehicles

23. Describe your plan for ensuring adequate operations and maintenance of this project after implementation:

## Other Information

24. Please provide any other relevant information:

## Project Schedule

25. Estimated start date: \_\_\_\_\_ 26. Estimated completion date: \_\_\_\_\_

## Estimated Capital Budget

## 27. Total capital budget:

## 28. Percent federal funding & sources:

## 29. Percent state funding & sources:

### 30. Percent local funding & sources:

### 31. Percent other funding & sources:

## Estimated Annual Operations & Maintenance Budget

### 32. Total annual O&M budget:

### 33. Percent federal funding & sources:

### 34. Percent state funding & sources:

### 35. Percent local funding & sources:

### 36. Percent other funding & sources:

