

ADMINISTRATIVE INFORMATION

1. What experience does your agency have with passenger transportation services? Be specific.

2. List the staff persons who will be working with this grant (management, fiscal, maintenance, etc.). Include the type of experience **each** of these individuals have had over the past four years with grant management, and with the funding sources listed below. Please be specific and respond according to each staff person.

- Federal Transit Administration funds
- Other Federal funds
- State funds
- Other (explain)

Please upload a current copy of your Organizational Chart where required.

Application Authority

I certify, to the best of my knowledge, that the information in this application is true and accurate and that this organization has the necessary fiscal, data collection, and managerial capability to implement and manage the projects associated with this application.

Unsigned applications will not be accepted.

Applicant Agency _____

Project Title _____

Total Project Cost _____

Amount Grant Funding Requested from DOT&PF _____

Name and Title of Signatory _____

Authorized Signature

Date

NOTE: Your application must be signed by someone authorized to sign contracts on behalf of your organization, such as the Board Chairperson or Chief Executive Officer.

Public Transit Attachments Checklist

(Applications without required attachments will be considered incomplete.)

	Update/ Complete Organization Profile (Required)
	Update/ Complete Vehicle Inventory (Required)
	Service area map for both current and expansion areas (Required) .
	Route Schedules (Required) .
	Copy of last agency Financial Report or Audit Summary (paper, electronic, link) (Required on all projects.)
	Transit Plan (New systems only)
	Maintenance Records (New systems only)
	Maintenance Plan (Required) .
	3 Year Financial Plan & Budget (Required)
	Complementary Paratransit Plan and/or Paratransit Plan (New Systems only unless there has been a significant change)
	Letters committing matching funds, including in-kind match (Required on projects with financial partners) . In-kind real property must have a valuation appraisal by a certified real estate appraiser and must be approved by the Alaska Community Transit Office prior to submission .
	In-Kind Match Valuation Proposal (Required if in-kind match will be used) .
	Proof of Non-Profit Status, Certificate of Compliance OR Federally Recognized Tribal Status (Required) .
	Letters of Support (Optional, limit of three).

By signing below I verify that all required documents in the list above have been uploaded correctly to the FY2015 application in the Black Cat Grant System.

Authorized Signature

Date

Human Services Attachments Checklist

(Applications without required attachments will be considered incomplete.)

	Update/ Complete Organization Profile (Required)
	Update/ Complete Vehicle Inventory (Required)
	Service area map for both current and expansion areas (Required on all projects).
	Copy of last agency Financial Report or Audit Summary (paper, electronic, link) (Required on all projects.)
	Maintenance Plan (Required)
	Public Transit/Human Services Community Coordinated Transportation Plan & Resolution (Required for Lead Agency if this is a new plan or there have been changes requiring a new resolution)
	Prioritized Project List (Required for Lead Agency)
	Resolution Approving Prioritized Project List if this is a separate document (Required for Lead Agencies)
	3 Year Financial Plan & Budget (Required)
	Letters committing matching funds, including in-kind match (Required on projects with financial partners). In-kind real property must have a valuation appraisal by a certified real estate appraiser and must be approved by the Alaska Community Transit Office prior to submission.
	In-Kind Match Valuation Proposal (Required if in-kind match will be used).
	Proof of Non-Profit Status, Certificate of Compliance OR Federally Recognized Tribal Status (Required).
	Letters of Support (Optional, limit of three).

By signing below I verify that all required documents in the list above have been uploaded correctly to the FY2015 application in the Black Cat Grant System.

Authorized Signature

Date

APPENDIX E

FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA)

SUB-RECIPIENT INFORMATIONAL FORM

Sub-Recipient Information

SUB-RECIPIENT NAME AND ADDRESS

Name:

Address:

City:

State:

Zip:

Sub-Recipient DUNS Number:

Sub-Recipient MPIN Number:

Sub-Recipients Annual Gross Revenues Exceed 80% or more in Federal Awards

Yes

No

Sub-Recipients Annual Gross Revenues Equal or Exceed \$25,000,000 in Federal Awards

Yes

No

Sub-Recipient Highly Compensated Officer

Officer Name

Officer Compensation

Yes

No

Comment

PREPARED BY:

DATE:

Name:

Title:

Email:

Independent Cost Estimate

Product Required _____

Basis for determining the estimated cost (a, b or c)

a) Recent Past Purchases (Attach documentation)

Unit Price \$ _____ x Producer Price Index _____

x Number of Units _____ = Total Estimated Price \$ _____

b) Catalog/Advertised Price (Attach source documentation from catalogs, internet or media)

Unit Price \$ _____ x Number of Units _____

= Total Estimated Price \$ _____

c) Fax/Telephone Information (Attach documentation)

Unit Price \$ _____ x Number of Units _____

= Total Estimated Price \$ _____

Date of Independent Cost Estimate ___/___/_____

Signature of Person Preparing the Estimate _____

Price Analysis

Product required _____

Basis for price analysis (a or b)

a) Comparison to independent cost estimate and prices received

Independent cost estimate \$ _____

Low Bid Price \$ _____

Other Bid Price \$ _____ Other Bid Price \$ _____

Other Bid Price \$ _____ Other Bid Price \$ _____

b) Comparison to prices of recent purchases paid by others for similar vehicles

Agency: _____ Price \$ _____

Explanation of price differences: _____

Agency: _____ Price \$ _____

Explanation of price differences: _____

Agency: _____ Price \$ _____

Explanation of price differences: _____

Date of Price Analysis ____/____/____

Based on the above, the price of this procurement at _____ is determined to be fair and reasonable

Signature _____

Appendix D

ASSURANCE OF COMPLIANCE
WITH
SPECIAL SECTION 5333(b), FORMERLY SECTION 13(c), WARRANTY

The _____, HEREBY AGREES THAT as a condition to receiving federal financial assistance from the Department of Transportation, as authorized under Section 5311 of the Federal Transit Act, it will comply with the terms and conditions of the Special Section 5333(b) Warranty for Application to the Small Urban and Rural Program.

The _____, FURTHER AGREES THAT it will assume all legal and financial responsibility relative to compliance with the terms and conditions of the Warranty.

Name of Applicant: _____

Contact Person: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Date: _____

By: _____

(Chief Elected or Administrative Official)

List labor union information for each labor union that represents your public transit system. Be sure to include contact names, telephone numbers and email addresses.

List existing providers of surface public transportation operating in the service area for which financial assistance is being requested. Be sure to include contact names, telephone numbers and email addresses for both the Providers and Labor Unions.

Provider

Labor Union (if applicable)

CAPITAL PROJECT

CAPITAL REQUEST/BUDGET

1. Provide a narrative description of your proposed capital purchase, including the need and how you determined that this is the best option to meet that need. Explain the capital and preventive maintenance request (park and ride lots, garages, bus shelters/benches, ADA accessible lifts, ITS equipment, vehicles, preventive maintenance, etc) and what it would be used for. Where will the item(s) be housed?

2. How will the equipment/vehicle be used? Select each that applies

- Fixed Route
- Deviated Fixed Route
- Demand Response(Transporting your clients only)
- Demand Response (Transporting clients for coordinated group and others)
- Other (Explain Below)

From the table below, select if this is an application for a new, replacement or expansion vehicle/equipment per request and identify your capital request.

Vehicle Type	# of Seats w/o Wheelchairs	Vehicle Length	Fuel Type	ADA Accessible ?	# of ADA Seats	New, Replacement or Expansion?	If replacement, which vehicle (S/N) is it replacing?	Estimated Cost	Source of Local Match

Equipment Type	Estimated Cost	Source of Local Match

3. Did you perform an independent cost estimate for each item listed above?

YES NO

5. An Independent Cost Estimate or Price Analysis is required for each capital project. See Application Forms List for template titled Independent Cost Estimate or Price Analysis and upload completed and signed document to your application.

OBJECTIVES & STRATEGIES

Complete the table below for each capital request. Add additional lines as needed, but the milestones included in the table below must be included.

Milestone	Estimated Completion Date
Go out with RFP	
Select Vendor	
Order	
Estimated Arrival	
Put in Service	

Milestone	Estimated Completion Date
Go out with RFP	
Select Vendor	
Order	
Estimated Arrival	
Put in Service	

OBJECTIVES AND STRATEGIES

Provide a Work Plan with Tasks/Activities along with implementation and completion dates that will best meet the project strategies. Insert the appropriate Milestones in the table to accurately reflect your project. Add lines as needed.

1. Work Plan:

--

2. Milestones

Milestone	Estimated Implementation	Estimated Completion

EXPANSION OPERATING BUDGETS

EXPENSES

In the far right column, indicate all sources of funding you will use for matching the grant request and the total funds requested for this project. Add lines as needed.

		July 1, 2014 through June 30, 2015 (12 months)
		Projected Expenses
Direct Operating		
Labor & Benefits		
Fuel & Lubricants		
Insurance		
Vehicle Maintenance		
Preventive Maintenance		
Depreciation (only on assets not paid for with state or federal grant funds)		
Other:		
Contracted Services		
Subtotal:		
Total Gross Operating Expenses:		
Less Passenger Fares and Donations:		

Total Net Operating Expenses:		
-------------------------------	--	--

Revenue

In the far right column, indicate all sources of funding you will use for matching the grant request and the total funds requested for this project. Add lines as needed.

Source	July 1, 2014 through June 30, 2015(12 months)	
	Local Match & Projected Revenues	
Local Funds (list):	*	
State Funds (list):	**	
Federal Funds (list):	**	
In-Kind (list):		

Other (list):		
Subtotal Operating Revenue:		
Requested Operating Grant:		
*** Total Operating Revenue:		

* Do not include passenger fares or donations in local funds.

** For Projected Revenue, do not include any state or federal funds that are requested in this application.

*** This amount must be equal to Total Net Operating Expenses on the previous page.

EXPANSION PROJECT ADMINISTRATION BUDGETS

In the far right column, identify the operating budget for this project over the next 12 months. Add lines as needed.

EXPENSES

		July 1, 2012 through June 30, 2013 (12 months)
		Projected Expenses
Administrative		
Labor & Benefits		
Rent & Utilities		
Insurance		
Office Supplies		
Contracted Services		
Marketing		
Other:		
Total:		

REVENUES

In the far right column, indicate all sources of funding you will use for matching the grant request and the total funds requested for this project. Add lines as needed.

Source	July 1, 2012 through June 30, 2013 (12 months)
	Local Match & Projected Revenues
Local Funds (list):	*
State Funds (list):	**
Federal Funds (list):	**
In-Kind (list):	
Other (list):	
Subtotal Administrative Revenue:	
Requested Administrative Grant:	
*** Total Administrative Revenue:	

PUBLIC TRANSIT APPLICATION BUDGET

ONGOING OPERATING BUDGET

Identify the actual expenses related to this project over the last two years in the first two columns. In the far right column, identify the operating budget for this project over the next 12 months. Add lines as needed.

EXPENSES

	July 1, 2012 through June 30, 2013 (12 months)	July 1, 2013 through June 30, 2014 (12 months)	July 1, 2014 through June 30, 2015 (12 months)
	Actual	Budgeted	Projected Expenses
Direct Operating			
Labor & Benefits			
Fuel & Lubricants			
Insurance			
Vehicle Maintenance			
Preventive Maintenance			
Depreciation (only on assets not paid for with state or federal grant funds)			
Other:			
Contracted Services			
Subtotal:			
Total Gross Operating			

Expenses:			
Less Passenger Fares and Donations:			
Total Net Operating Expenses:			

REVENUES

Identify the actual revenues used to operate this project over the last two years. In the far right column, indicate all sources of funding you will use for matching the grant request and the total funds requested for this project. Add lines as needed.

Source	July 1, 2012 through June 30, 2013 (12 months)	July 1, 2013 through June 30, 2014 (12 months)	July 1, 2014 through June 30, 2015 (12 months)
	Actual	Budgeted	Local Match & Projected Revenues
Local Funds (list):			*
State Funds (list):			**
Federal Funds (list):			**

In-Kind (list):			
Other (list):			
Subtotal Operating Revenue:			
Requested Operating Grant:	N/A	N/A	
*** Total Operating Revenue:			

** Do not include passenger fares or donations in local funds.*

*** For Projected Revenue, do not include any state or federal funds that are requested in this application.*

**** This amount must be equal to Total Net Operating Expenses on the previous page.*

ONGOING PROJECT ADMINISTRATION BUDGET

Identify the actual expenses related to this project over the last two years in the first two columns. In the far right column, identify the operating budget for this project over the next 12 months. Add lines as needed.

EXPENSES

	July 1, 2010 through June 30, 2011 (12 months)	July 1, 2011 through June 30, 2012 (12 months)	July 1, 2012 through June 30, 2013 (12 months)
	Actual	Budgeted	Projected Expenses
Administrative			
Labor & Benefits			
Rent & Utilities			
Insurance			
Office Supplies			
Contracted Services			
Marketing			
Other:			
Total:			

REVENUES

Identify the actual revenues used to operate this project over the last two years. In the far right column, indicate all sources of funding you will use for matching the grant request and the total funds requested for this project. Add lines as needed.

Source	July 1, 2010 through June 30, 2011 (12 months)	July 1, 2011 through June 30, 2012 (12 months)	July 1, 2012 through June 30, 2013 (12 months)
	Actual	Budgeted	Local Match & Projected Revenues
Local Funds (list):			*

State Funds (list):			**
Federal Funds (list):			**
In-Kind (list):			
Other (list):			
Subtotal Administrative Revenue:			
Requested Administrative Grant:	N/A	N/A	
*** Total Administrative Revenue:			

Total Annual Transportation Operating Expenditures Summary

Total ANNUAL Transportation Operating Expenditures Summary	
Transportation-related Administrative Personnel Costs	
Administrative salary (List Staff below)	
Benefits	
Total Transportation-related Administrative Personnel Costs	\$ -
Other Transportation-related Administrative/Overhead Costs	
Contracted Professional Services (such as Mobility Manager, Accountant, Etc.)	
Marketing & Advertising	
Materials & Supplies	
Telephone	
Office Rental	
Office Equipment Rental	
Total Other Transportation-related Administrative/Overhead Costs	\$ -
Service Operating Costs	
Operating & Maintenance salary (List below; Include dispatch, driver, mechanic etc.)	
Benefits	
Total Operating Personnel Costs	\$ -
Other Operating Expenses	
Purchased Transportation Services	
Maintenance Supplies	
Contract Paratransit, Taxi Operators, or Maintenance	
Utilities and Facility Maintenance	
Insurance	
Vehicle license, registration, tax	
Fuel & Oil	
Tires	
Vehicle Insurance	
Vehicle Storage Facility Rental	
Other	
Total Other Operating Expenses	\$ -
Total Administrative & Operating Expenses	\$ -
Enter the total number of trips provided	\$ -
Average Cost per Trip (Total A&E Expense/#Trips)	#DIV/0!

COMMUNITY

1. How does this project meet the needs and strategies addressed in the locally developed Public Transit/Human Services Community Coordinated Transportation Plan? Describe how this project will address the gaps in service as related to your coordinated plan or Transit Development Plan. You may ignore this question if your community does not have a Public Transit/Human Services Community Coordinated Transportation Plan.

Identify the following:

- name of your community's public transit-human services coordination plan
- the page number(s) of the need(s) and strategy(ies) which the project is derived
- the strategy(ies)
- the project priority as assigned by the coordinated group

2. Explain how your project will carry out each strategy listed.

3. Describe how clients in target populations have been or will be involved in the process and indicate how that involvement influenced initiation and development of this project.

4. If this is a Capital request and you have a Capital Plan/Asset Management Plan, identify the page number that addresses this project. Provide the web address below or upload the document.

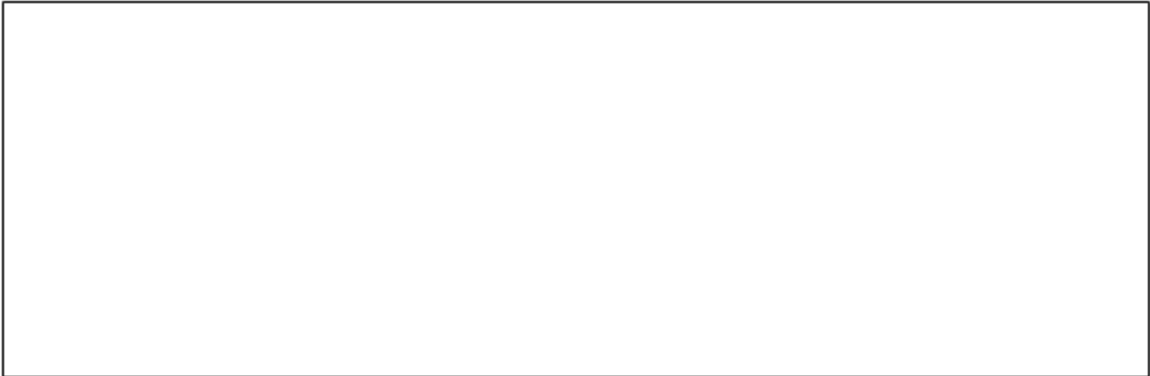
5. What communities will be directly served by this project and what is their population?

6. Do these communities have a Transit Development Plan (TDP)? If the plan has been completed, please provide the web address below or upload the document.

7. If you receive this grant, how will these communities benefit? List organizations that would benefit and what outreach you would do to let them know how their users could benefit from the service/project that you would be implementing. (This may not be applicable to some planning projects.)

8. Describe how this project will be delivered and how you will track rides for the purposes of billing and reporting, if applicable.

9. Describe how clients will access the service provided by this project and how your agency will ensure that the least expensive transportation service among all providers in the community is used, if applicable.



COMMITMENT

1. Explain your agency's commitment to this project to continue beyond the planning stage or the availability of the requested grant resources. Be specific. For example, are you partnering with another agency to increase funds and services, or to reduce expenses? Are replacement and operating costs included in the agency budget?

2. Do or will board members actively participate in fund raising efforts or donate their time to this project? Has your board set up an emergency use fund? If so, how do they raise money for it?

3. Describe your efforts to leverage funds from other sources to support the continuation or implementation of this project. Be specific. For example, have you applied to foundations such as Rasmuson Foundation, for match funds? Does the city provide general funds?

4. Describe how this project relates to other services operated by your organization.

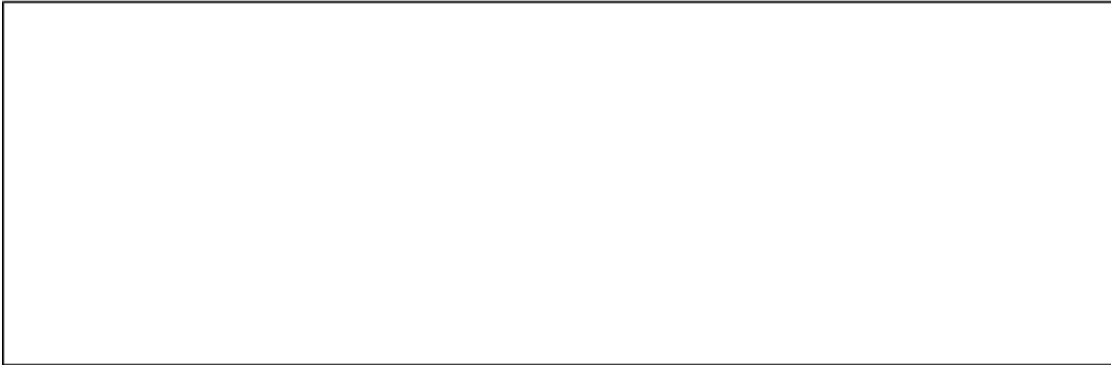
5. Is this project dependent on any other projects submitted by your agency or another organization(s) within your region? If so, please describe and identify the agency and project.

6. If this is an expansion project or a significant change to a current project, will it substantially affect a community, or the transportation service of a community? (Not required for Human Service and/or Capital requests)

If so, provide certification to the effect that you have done the following:

- a. Provided an adequate opportunity for public review and comment on the project
- b. Held a hearing if the project affects significant economic, social or environmental interest
- c. Considered the economic, social and environmental effects of the project
- d. Found that the project is consistent with official plans for developing the community

7. If this is a planning project,
 - a. How will you include the public in this planning project?
 - b. How will the plan consider the economic, social and environmental effects of the project?
 - c. Is the planning project consistent with official plans for developing the community?



SERVICE INFORMATION

1. Ongoing projects only

Complete the following information for ongoing projects. Expansion projects will complete the separate Service Information Table in 2 below.

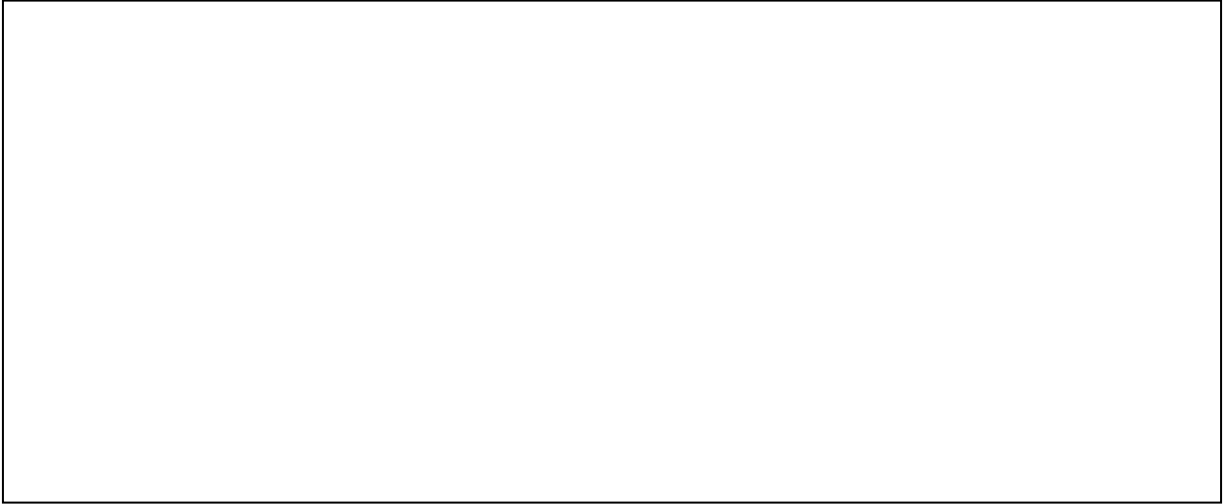
Agency Wide Information	July 1, 2012 through June 30, 2013	July 1, 2013 through June 30, 2014	July 1, 2014 through June 30, 2015
	(actual)	(budgeted)	(projected 12 months)
Revenue Vehicle Hours			
Revenue Vehicle Miles			
Total Passenger Trips			
Alaska Mental Health Trust Beneficiaries (Unduplicated Riders- Human Services Only)			
Alaska Mental Health Trust Beneficiaries Trips (One- Way)			

2. Expansion projects only

If this is an expansion project, provide the following information for this project only

Agency Wide Information	July 1, 2014 through June 30, 2015
	(projected 12 months)
Revenue Vehicle Hours	
Revenue Vehicle Miles	
Total Passenger Trips	
Alaska Mental Health Trust Beneficiaries	

3. Describe how this project relates to other services operated by your organization. Is this project dependent on any other project submitted by your organization or other organization? If so, describe the project and its relationship to the project for which you are requesting funding.

A large, empty rectangular box with a thin black border, intended for the user to provide a detailed response to the question above. The box is currently blank.

SERVING NEEDS

1. Describe the type of project by selecting one of the following options:

- Ongoing Service
- Expand Service
- Planning

2. Funding assistance for a specific project: Please select from the options below.

- Fixed Route
- Dial-a-ride service
- Deviated Fixed Route
- Vanpool
- Employment Options
- Purchase of Service
- Planning
- Other (Explain):

3. Provide a narrative description of your proposed project. At a minimum, your response must answer the following:

- Targeted population, elderly and people with disabilities, low-income work related, Alaska Mental Health Trust (AMHT) beneficiaries' (Alaskans who experience mental illness, developmental disabilities, chronic alcoholism, or Alzheimer's disease and related dementia), or general public
- Days and times of service (if applicable), number of vehicles, and/or routes, etc
- Explain how it benefits AMHT beneficiaries, elderly, people with disabilities and low-income work related clients (if applicable)
- Describe your trip purpose; shopping, medical, employment, community, etc (Human Service applicants only)

4. H

5. What is the need for this service, equipment, or project? What resources/tools did your agency use to identify the need? Be specific.

6. Explain in detail how the success of this project will be measured and how this project will improve efficiency and/or effectiveness of the service. Include information regarding the project's performance to date and list measuring tools (this may not be applicable to planning projects).

7. How does this transit project improve efficiency and/or effectiveness? Be specific.

