



TRANSPORTATION CABINET

Frankfort, Kentucky 40622
www.transportation.ky.gov/

Steven L. Beshear
Governor

Michael W. Hancock, P.E.
Acting Secretary

January 6, 2009

Dear Grantee:

SUBJECT: FY 2011 Section 5309, 5310, 5311, 5316, 5317 Assistance
Application Checklists and Required Certifications/Assurances

Enclosed are application checklists to guide you in the development of the subject application(s) for FY 2011 assistance. **We ask that you read these guidelines thoroughly.** These checklists can also be found on the KYTC/Office of Transportation Delivery (OTD) website at <http://transportationky.gov/transportationdelivery/default.asp> and the KPTA website at <http://www.kypublictransit.org/>. Attached is a list of Certifications/Assurances/Model Clauses/Required Forms that can also be found on our website. These checklists and assurances are the only versions of the forms that will be accepted with the application(s). Please review the checklist and forms carefully.

Please make all applicants aware that coordination of transportation services with other agencies is an important part of public and specialized transportation. The Human Service Transportation Delivery Program (HSTD), rising numbers of eligible programs and agencies, and limited funding have increased the pressure for funds. Public and specialized transportation funding and coordination of transportation services is essential to serve all groups. Failure to include documentation efforts to coordinate service will jeopardize future participation in public and specialized transportation programs.

Federal transit law, as amended by the new authorization, requires that projects selected for funding under the Elderly Individuals and Individuals with Disabilities (Section 5310), Job Access and Reverse Commute (Section 5316 JARC), and New Freedom (Section 5317) programs be "derived from a locally developed, coordinated public transit-human services transportation plan" and that the plan be "developed through a process that includes representatives of public, private, and non-profit transportation and human services providers and participation by members of the public." We encourage you to be knowledgeable of and active in the Coordinated Plan/update process. Please submit the attached Coordinated Plan Checklist with the updated Coordinated Plan. All 15 elements of the checklist must be addressed in the Plan, with particular emphasis on Element No. 1, the Four (4) Main Points of the Plan. Please clearly identify each element on the checklist in the Plan. Following the format of the checklist and organizing material and documentation accordingly will greatly assist our review process. Please be advised that the checklist is not complete unless it is signed.



An Equal Opportunity Employer M/F/D

If you are the Section 5310 Lead Agency for your area, you must notify all eligible organizations in each county of your area about the new Section 5310 application cycle. Each applicant must complete a Preliminary Assessment form (enclosed) for each vehicle requested. Under 5310, only replacement vehicles are considered for approval. Applicants must be in an area with a locally developed, public transit-human services transportation Coordinated Plan.

The goal of the JARC 5316 Program is to improve access to transportation services to employment and employment related activities for welfare recipients and eligible low-income individuals and to transport residents of urbanized areas and nonurbanized areas to suburban employment opportunities. Applicants must be in an area with a locally developed, public transit-human services transportation Coordinated Plan. States and urban areas must competitively select recipients. Capital (80/10/10), Operating (50/50) and Planning (80/20) activities are eligible.

The New Freedom 5317 formula grant program seeks to reduce barriers to transportation services and expand the transportation mobility options available to people with disabilities beyond the requirements of the ADA of 1990. Applicants must be in an area with a locally developed, public transit-human services transportation Coordinated Plan. States and urban areas must competitively select recipients. Capital (80/10/10) and Operating (50/50) activities are eligible.

RTAP Training/technical assistance needs and budget(s) for FY 2011 should be included with the 5310/5311 application. An RTAP application package is included. Please be advised that the RTAP contract period will be July 1, 2010 through December 31, 2010. (100% Federal)

Vehicle or equipment specifications for Section 5310 and 5309 grants should be included with the applications. All capital applications should include Milestones Reports (attached).

An opportunity for a public hearing must be provided regarding your Section 5310, 5309, 5316 and 5317 applications. A public hearing is only required for Section 5311 if capital equipment is to be requested, for a new service(s) or for a proposed change(s) in current service (service area, routes, fares, etc.). The Section 5310/5311/5311(f)/5309/5316/5317 hearings may be combined and advertised as such by denoting the programs and the times allotted for the respective programs. The hearing must be advertised 14 days before the hearing date and letters sent out to county and local officials. The hearing must be accessible for persons with disabilities. The public hearing/notices should also accommodate the needs of Limited English Proficient (LEP) individuals. If the hearing is poorly attended, a transcript is still required. In addition, a written analysis must be included in the application(s) regarding possible reasons for poor attendance at the hearing and proposed solutions for better attendance at future hearings.

The required Coordination Meeting for Section 5311 must be held thirty (30) days before the scheduled public hearing.

All Section 5311 applications must include evidence of local support from each county/city served.

Budgetary information may be obtained from your Project Manager (Paula, Eric, Kristi, Dee, Ann, John, Susan or Gail). Please contact your Project Manager if your agency has or may receive tentative approval for a FY 2010 Section 5309 Discretionary Grant.

There should be a separate line-item budget and detailed description, including maps, of Section 5311(f) intercity services, if applicable.

Please list all DBEs or potential DBEs in your service area and identify all eligible DBE line items in your line item budgets. The DBE goal is 9% of the Federal share.

Please make sure that the Drug and Alcohol Policy is up to date and has Board approval.

Under the Open Projects Status section of the 5311/5310 applications, please report the following as of April 1, 2010: Current open projects, remaining funding balances (State and Federal), equipment purchased, equipment to be purchased and proposed date of receipt/completion of all purchases. All open projects are to be closed by June 30, 2010.

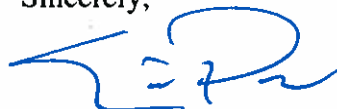
Program applications should be combined into one (1) document. This document **must** be in hard copy. Scanned signatures and certified receipts, etc. are allowed. An electronic version of the application can be submitted with the hard copy. The Coordinated Plan should be a separate document and must be submitted in hard copy as well. An electronic version of the Coordinated Plan can be submitted with the hard copy. Applications must be received in this office no later than April 1, 2010 and should be submitted to:

ATTN: Vickie S. Bourne, Executive Director
Kentucky Transportation Cabinet
Office of Transportation Delivery, 3rd Floor West
200 Mero St.
Frankfort, KY 40622

Following the format of the application checklists and organizing material and documentation according to the checklists will greatly assist our review process. Please be advised that each Checklist should be signed and every line and every section of each Application Checklist should be addressed. If not applicable, please state in writing why it does not apply. Not addressing each requirement on a Checklist or not signing the Checklist will delay grant approval and could risk full funding. The local match requirement, for any grant program, may be revised subject to the new Transportation Authorization.

If you have any questions or have trouble accessing the website, please contact your Project Manager at (502) 564-7433.

Sincerely,



Eric M. Perez
Executive Staff Advisor
Office of Transportation Delivery

EP:gm
Attachments

CERTIFICATIONS/ASSURANCES/CLAUSES/FORMS
FOR
FY 2011 FTA APPLICATIONS
5307/5309/5310/5311/5316/5317

CERTIFICATION/FORMS

APPLICABLE GRANT

Certification of Equivalent Service (Inaccessible Vehicle Purchase)	ALL
Annual Equipment Certification	5307/5311/5316/5317
Local Civil Rights Assurance	ALL
One-Time 504 Certification	ALL
Disabled Assurance	ALL
Charter Certification	ALL
School Bus Operations Certification	ALL
Opinion of Counsel Letter	5307/5311/5316/5317
Labor Letter	5307/5311
Authorizing Resolution	ALL
Local Share Resolution	5307/5311
Standard Local Assurances	5307/5311/5316/5317
Listed Regulatory Assurances	5307/5311/5316/5317
DBE/WBE Policy Statement	5307/5311/5309/5316/5317
Lobbying Certification	ALL
Incidental Services Certification	ALL
Federally Required Model Clauses	ALL
Legal Name Form	5307/5310/5311/5316/5317
Procurement Information Certification	ALL
5310 Standard Assurances	5310
5309 Standard Assurances	5309
Milestones Schedule	ALL
Project Financing and Commitment of Local Share	5309/5310/5316/5317
Use of Project Facilities/Equipment	5309/5310/5316/5317
Labor Letter (5309)	5309
Evaluation of Flood Plain	5307/5309/5311/5316/5317
Preliminary Assessment Form	5310
Intercity Bus Assurance	5311
Coordinated Plan Checklist	5310/5316/5317

**KENTUCKY TRANSPORTATION CABINET
OFFICE OF TRANSPORTATION DELIVERY
SECTION 5311/5307 APPLICATION GUIDELINES
FY 2011 APPLICATION (KY-18-X028)
CHECKLIST**

AGENCY NAME

Cabinet
Use
Only

PROJECT PERIOD

PART I PLANNING & PROGRAMMING

1. Project Description

- Updated Project Description/Maintenance _____
- Fixed route/supplemental ADA Paratransit _____
- Deviated or Flexible Fixed Route _____
- Demand-Response _____
- InterCity _____
- Incidental Services/Cost Recovery _____
- Updated Equipment/Rolling Stock/Real Property
Inventory Listing _____
- Maps of Service Area _____
- Operating Authority Certificate _____
- Articles of Incorporation (up-to-date) _____
- Legal Name form _____
- Updated Policy on Drugs/Alcohol Policy _____
- List of Safety Sensitive Employees _____
- HSTD Involvement/Participation _____
- Job Access/Reverse Commute Involvement _____
- New Freedom Initiative Involvement _____
- Low Income Population for Service Area _____
- Disabled Population for Service Area _____
- RTAP Needs _____
- Training Conducted during current and
two (2) past fiscal years _____
- Status of open 5311/5309 capital projects _____
- STIP/TIP _____

2. Project Justification

- Benefits/Changes/Impact _____
- Personnel _____
- Relationship to Community _____
- Local Support Letters _____
- Budget _____
- Inaccessible Vehicle Purchase _____

3. Goals and Objectives

- Administrative Only Projects _____

4. Project Budget(s)

- Separate Pages for Each Budget _____
- Detailed Backup (including In-Kind) _____
- Non-Emergency Medicaid Detail _____
- Workforce Investment Budget Detail _____
- Indirect line item _____
- DBE/WBE Goal (9%) _____
- RTAP Budget(s) _____

- 5. **Purchase Requirements**
 - Annual Equipment Certification _____
 - Agency Purchase Procedures (one-time only) _____
 - Vehicle/Equipment/Facility Specifications _____
- 6. **Planning**
 - Monitoring Agency(s) (Board, Commission,
State, ADD, etc.) _____
 - Studies _____
 - Two One-Year Budgets _____
 - Three-Year Capital Budget _____
 - Population of service area by county _____
 - Community Development Projects Description _____
 - Transportation Enhancement (TE) Projects _____

PART II COMPLIANCE

- 1. **Coordination Meeting**
 - Certified Mail/Returned Receipts _____
 - Providers Notified/Copy of Letter _____
 - Participants/Summary _____
- 2. **Public Hearing (Full Application)**
 - Copy of Advertisement/Proof of Publication _____
 - Participants/Certified Verbatim Transcript _____
 - LEP accommodations _____
- 3. **Private Sector Participation**
 - Dates/Early Notification/Consultation _____
 - Documentation
 - Description of Proposals Received _____
 - Rationale for Inclusion/Exclusion _____
 - Methods for Periodic Service Review _____
 - True Cost Comparison Methodology _____
 - Local Public/Private Service Criteria _____
 - Complaints/Resolutions _____
 - Written Local Complaint Process _____
- 4. **Intergovernmental Review**
 - First-Time Applications _____
- 5. **Civil Rights Assurances**
 - One Time Title VI Documentation _____
 - Annual Civil Rights Assurance _____
 - Affirmative Action Plan (50 or + employees) _____
 - LEP Access Plan _____
- 6. **Protection of Environment**
 - Statement _____
- 7. **Elderly and Persons with Disabilities**
 - Hearing (if service for disabled changed) _____
 - One Time 504 Certification _____
 - Status Report on Service for Disabled DUE _____
 - Disabled Assurance _____
 - ADA Equivalent Service Certification _____

- 8. **Charter/School Bus Operations**
 - Nonapplicable/Certification _____
 - Compliance Certification _____
- 9. **Opinion of Counsel**
 - Letter from Counsel _____
- 10. **Labor**
 - Letter to KYTC _____
- 11. **Authorizing Resolution**
 - Executed Resolution _____
- 12. **Local Share Resolution**
 - Executed Resolution _____
- 13. **Standard Local Assurances**
 - Executed Assurance _____
- 14. **Listed Regulatory Assurances**
 - Executed Assurance _____
- 15. **DBE/WBE Policy Statement**
 - Executed Statement _____
- 16. **Drug Free Workplace Act**
 - Executed Certification _____
- 17. **Lobbying Certification**
 - Executed Certification _____
- 18. **Incidental Services Certification**
 - Executed Certification _____
- 19. **Federally Required Model Clauses**
 - _____

Agency Signature

Title

State/OTD Project Manager Signature

Title

****All elements must be checked or marked N/A by the Project Manager for an application to receive State and Federal approval.**

**KENTUCKY TRANSPORTATION CABINET
OFFICE OF TRANSPORTATION DELIVERY
SECTION 5309 APPLICATION GUIDELINES
FY 2011 APPLICATION CHECKLIST**

Cabinet Use Only

- Project Description/Maintenance** _____
- Project Justification** _____
- Milestone Schedule** _____
- Proposed Budget(s) and DBE goal** _____
- Project Financing and Commitment of Local Share** _____
- Inclusion in MPO's Transportation Improvement Program (TIP) if part of Urban Area and/or Inclusion in STIP** _____
- Use of Project Facilities (see attachment)** _____
- Labor (see attachment)** _____
- Public Hearing: Transcripts and Proof of Publication** _____
- Statement that no persons, families, or businesses will be displaced by the proposed project, if applicable** _____
- Protection of the Environment statement that this project is a Class 2 action that has no significant impact on the environment, if applicable, or planned environmental reviews** _____
- Evaluation of flood plain (if applicable)** _____
- Executed enclosed documents** _____
 - Annual Civil Rights Assurances**
 - Disabled Assurance**
 - Board Resolution**
 - Standard Assurances**
- Federally Required Clauses** _____

Agency Signature

Title

State/OTD Project Manager Signature

Title

****All elements must be checked or marked N/A by the Project Manager for an application to receive State and Federal approval.**

**KENTUCKY TRANSPORTATION CABINET
OFFICE OF TRANSPORTATION DELIVERY
NEW FREEDOM PROGRAM APPLICATION GUIDELINES
FY 2011 APPLICATION CHECKLIST**

Cabinet Use Only

- Project Description/Maintenance** _____
- Description of Incidental Services/Cost Recovery** _____
- Project Justification** _____
- Proposed Budget(s)** _____
- Project Financing and Commitment of Local Share** _____
- Inclusion in MPO's Transportation Improvement Program (TIP) if part of Urban Area** _____
- Use of Project Facilities (see attachment)** _____
- Labor (see attachment)** _____
- Public Hearing** _____
- Statement that no persons, families, or businesses will be displaced by the proposed project** _____
- Protection of the Environment statement that his project is a Class 2 action that has no significant impact on the environment** _____
- Evaluation of flood plain (if applicable)** _____
- Executed enclosed documents** _____
- Federally Required Clauses** _____
- Coordinated Plan Attached** _____
- Coordinated Plan Checklist Attached (Fully Completed and Signed)** _____
- Certifications** _____

_____ Title

_____ Title

****All elements must be checked or marked N/A by the Project Manager for an application to receive State and Federal approval.**

**KENTUCKY TRANSPORTATION CABINET
OFFICE OF TRANSPORTATION DELIVERY
JARC APPLICATION GUIDELINES
FY 2011 APPLICATION CHECKLIST**

Cabinet Use Only

- Project Description/Maintenance** _____
- Description of Incidental Services/Cost Recovery** _____
- Project Justification** _____
- Proposed Budget(s)** _____
- Project Financing and Commitment of Local Share** _____
- Inclusion in MPO's Transportation Improvement Program (TIP) if part of Urban Area** _____
- Use of Project Facilities (see attachment)** _____
- Labor (see attachment)** _____
- Public Hearing** _____
- Statement that no persons, families, or businesses will be displaced by the proposed project** _____
- Protection of the Environment statement that his project is a Class 2 action that has no significant impact on the environment** _____
- Evaluation of flood plain (if applicable)** _____
- Executed enclosed documents** _____
- Federally Required Clauses** _____
- Coordinated Plan Attached** _____
- Coordinated Plan Checklist Attached (Fully Completed and Signed)** _____
- Certifications** _____

Agency Signature

Title

State/OTD Project Manager Signature

Title

****All elements must be checked or marked N/A by the Project Manager for an application to receive State and Federal approval.**

**KYTC/PUBLIC TRANSIT
SECTION 5310 APPLICATION CHECKLIST
FY 2011 GRANT KY-16-X005**

Cabinet Use Only

LEAD AGENCY:

	YES	NO
SUMMARY PAGE:		
All agencies contacted/dates listed	<input type="checkbox"/>	<input type="checkbox"/>
Needs ranked	<input type="checkbox"/>	<input type="checkbox"/>
Coordination meeting(s) listed, if applicable	<input type="checkbox"/>	<input type="checkbox"/>

NOTIFICATION:

Copy(s) of letter and/or list of agencies	<input type="checkbox"/>	<input type="checkbox"/>
Private Sector notified	<input type="checkbox"/>	<input type="checkbox"/>
Groups serving minorities notified	<input type="checkbox"/>	<input type="checkbox"/>
Copies of Certified Receipts	<input type="checkbox"/>	<input type="checkbox"/>
Coordination meeting(s) summarized, if applicable	<input type="checkbox"/>	<input type="checkbox"/>
Public Hearing Held/Documentation	<input type="checkbox"/>	<input type="checkbox"/>

REQUIREMENTS:

Fiscal/Managerial Capability of Lead Agency/Applicants	<input type="checkbox"/>	<input type="checkbox"/>
Title VI: Minorities served estimated by Category	<input type="checkbox"/>	<input type="checkbox"/>
Assurance that service is nondiscriminatory	<input type="checkbox"/>	<input type="checkbox"/>
Operating certificates for applicable applicants	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Maintenance Program and forms	<input type="checkbox"/>	<input type="checkbox"/>
Articles of Incorporation for all applicants	<input type="checkbox"/>	<input type="checkbox"/>
Legal Name Form	<input type="checkbox"/>	<input type="checkbox"/>
Operating Funds and Local Match:		
List/basis of operating costs of applicants	<input type="checkbox"/>	<input type="checkbox"/>
Letter(s) from agency(s) providing oper. funds	<input type="checkbox"/>	<input type="checkbox"/>
Letter(s) from agency(s) providing match	<input type="checkbox"/>	<input type="checkbox"/>
Non-Emergency Medicaid Detail	<input type="checkbox"/>	<input type="checkbox"/>
Incidental Services, such as Meal Delivery, and cost recovery	<input type="checkbox"/>	<input type="checkbox"/>
Status of open 5310 projects	<input type="checkbox"/>	<input type="checkbox"/>

Assurances:

- 504 Certification
- Procurement Information Certification
- Standard Assurances
- Local Civil Rights Assurance
- School Bus Operations Certification
- Federally Required Model Clauses
- Incidental Services Certification

ASSESSMENTS:

- Each county's needs addressed
- One complete form per vehicle

TRAINING:

- RTAP Needs/Budget (s)
- Training Conducted during current and two (2) past fiscal years

SPECIFICATIONS:

- Vehicle

COORDINATED PLAN:

- Coordinated Plan Attached
- Coordinated Plan Checklist Attached (Fully Completed and Signed)

Agency Signature

Title

State/OTD Project Manager Signature

Title

****All elements must be checked or marked N/A by the Project Manager for an application to receive State and Federal approval.**

PRELIMINARY ASSESSMENT/APPLICATION FOR CAPITAL ASSISTANCE
FOR AGENCIES SERVING THE ELDERLY AND PERSONS WITH DISABILITIES

SECTION 5310

GRANT KY-16 X005 FY 2011

LEAD AGENCY:

TRANSPORTATION PROJECT*

1. Identification of Applicant Agency or Organization:

a. Legal name of agency _____

b. Address _____

c. Telephone number: _____ Fax number: _____

d. Project Director or Supervisor _____

e. E-mail/Internet address: _____

2. Name of geographic area(s) to be served:

a. Cities and/or Counties served _____

3. Types of transportation service to be provided: (% of use)

a. Scheduled, fixed route _____

b. Scheduled, non-fixed route _____

c. Demand responsive (dial-a-ride) _____

d. Other (specify) _____

4. Vehicle or other equipment requested:

Vehicle Type	Regular	Center Aisle	Raised Roof	Cutaway	Local Match
10-16 Pas Van	_____	_____	_____	_____	_____
10-16 Pas/Lift	_____	_____	_____	_____	_____
17-24 Pas Bus	_____	_____	_____	_____	_____
17-24 Pas/Lift	_____	_____	_____	_____	_____
7 Pas Minivan	_____	_____	_____	_____	_____
Minivan/Ramp	_____	_____	_____	_____	_____
Vehicle Rehab	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____

5. Vehicle is intended to:
- a. Replace existing service _____
 - b. Expand existing service _____
 - c. Start new service _____

6. If new vehicle is intended to replace existing service, indicate the following on the vehicle to be replaced/rehabilitated:

Make	Model	Year	Lift	Mileage/Date	Capacity	Condition	VIN
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7. Estimated number of days per month the requested transportation service will be offered: (1 month = 30 days) _____. Estimated hours/day _____.

8. Estimate the number of one-way trips by county:

	County	County	County	County	Total
a. Elderly/month	_____	_____	_____	_____	
b. Disabled/month	_____	_____	_____	_____	
c. Minorities/month	_____	_____	_____	_____	
d. Other/month	_____	_____	_____	_____	
e. Total/month	_____	_____	_____	_____	

9. Identify the clientele category your agency will serve:

- a. Elderly
- b. Disabled: Physically _____ Mentally _____
- c. Minorities: Black _____ Hispanic _____
Asian _____ American Indian/Alaskan _____
- d. Low Income
- e. Other specific client groups (specify)

10. Equipment requested other than vehicle related (lower priority):
 - A. Describe the equipment being requested:
 - B. Describe the benefits for the service and its riders:

11. Project Description: (Use more sheets if necessary)
 - A. Describe current transportation services:
 - B. How will the proposed vehicle fit into these services:
 - C. Will the proposed vehicle be used for other services such as "Meals on Wheels"? If yes, please describe:
 - D. Describe agency fleet, giving number of Section 5310, 5311, 5309 and agency vehicles, as well as average age and mileage and accessibility of each:
 - E. Describe transportation services of other providers in the area you are proposing to serve:

F. Discuss how you plan to coordinate services with other agencies serving the elderly and persons with disabilities and with other programs such as Section 5311, Job Access, etc. Discuss efforts to coordinate with other providers, especially taxi companies:

G. Local Match Source(s):

Signature

Date

*Please complete a separate application for each vehicle requested.

A request from an applicant for a single vehicle serving more than one (1) county can be applied for on a single form. EVERY section of the form should be addressed or the requested vehicle's overall ranking could be compromised.