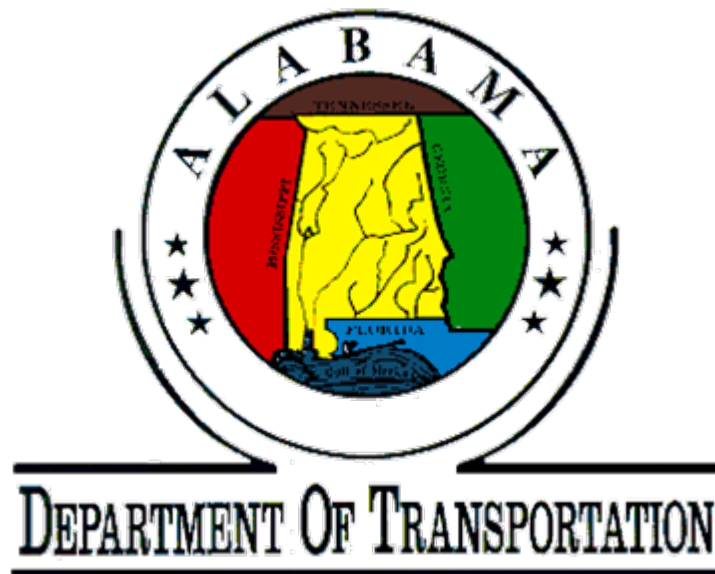


**ALABAMA DEPARTMENT OF TRANSPORTATION  
LOCAL TRANSPORTATION BUREAU  
Public Transit Section**

**FEDERAL TRANSIT ADMINISTRATION  
FEDERAL FISCAL YEAR 2024**

**SECTION 5307/5339 APPLICATION**



**Dissemination Date: March 10, 2022**

**Due Date: June 1, 2023**

**Application must be submitted in the order listed on checklist and all pages are to be in sequence and consecutively numbered in whole numbers including support documents.**

## Fiscal Year 2024 Application Checklist

**Application Deadline: June 1, 2023**

**Applicant Name:**

List Name

Exhibits	Required Application Package	Page No.
<b>1</b>	<b>Applicant Information Sheet</b>	
<b>2</b>	<b>Designated Transit Provider Letter</b>	
<b>3</b>	<p><b>Current System and Project Description Form</b></p> <ol style="list-style-type: none"> <li>1. General description of service area including delineated boundaries               <ol style="list-style-type: none"> <li>(a) Service area population</li> <li>(b) Service area square miles</li> <li>(c) System start-up date</li> <li>(d) Brief history of system</li> <li>(e) Mission statement</li> <li>(f) Current year goals and objectives</li> </ol> </li> <li>2. General description of applicant and subcontractors               <ol style="list-style-type: none"> <li>(a) Organization chart(s)</li> </ol> </li> <li>3. General Description of proposed transportation service               <ol style="list-style-type: none"> <li>(a) Eligible users of service</li> <li>(b) Service changes from previous year</li> <li>(c) Planned system changes for next year</li> <li>(d) General description of proposed services to be provided outside of service area                   <ol style="list-style-type: none"> <li>(i) Support documentation/Concurrence Letter, if applicable</li> <li>(ii) Documentation certifying compliance with crossing state lines, if applicable</li> </ol> </li> <li>(e) Specific route information and highlighted map (8½" x 11") of service area(s)</li> </ol> </li> <li>4. Current fare structure               <ol style="list-style-type: none"> <li>(a) Description of fare eligibility process                   <ol style="list-style-type: none"> <li>(i) Copy of fare application form, if applicable</li> </ol> </li> <li>(b) Date of last fare increase</li> <li>(c) Planned fare increases</li> </ol> </li> <li>5. Copy of system brochure</li> <li>6. Describe efforts to market or promote system               <ol style="list-style-type: none"> <li>(a) Projected marketing budget</li> </ol> </li> <li>7. Describe your method of implementing and announcing service changes and fare Increases</li> <li>8. Describe coordination efforts               <ol style="list-style-type: none"> <li>(a) Provide directory of local Transportation Steering Committee</li> <li>(b) Provide schedule of Transportation Steering Committee meetings for FY-2024</li> </ol> </li> <li>9. System Safety, Security and Emergency Preparedness Plan (SSEPP) updates as applicable</li> <li>10. Americans with Disabilities Act Compliance Documentation               <ol style="list-style-type: none"> <li>(a) Copy of current ADA Complementary Paratransit Plan, if applicable</li> </ol> </li> </ol>	

	(b) Annual ADA Update and Certification Form	
4	<b>Capital Equipment</b> <ol style="list-style-type: none"> <li>1. Vehicle Inventory Form</li> <li>2. Vehicle Profile Sheet</li> <li>3. Transit Program Fleet Replacement Form</li> <li>4. Fleet Classification Form</li> </ol>	
5	<b>Public Participation Process</b> <ol style="list-style-type: none"> <li>1. Copy of the <b>Public Hearing Notice</b> as it appeared in the newspaper</li> <li>2. Notarized statement verifying publication (publisher’s affidavit)</li> <li>3. Summary or transcript of the Public Hearing signed by an official of the transit system</li> <li>4. Public Hearing documentation from the most recent TIP process</li> <li>5. Copy of TIP pages showing projects</li> </ol>	
6	<b>Complaint and Bid Protest Procedures</b> <ol style="list-style-type: none"> <li>1. Copy of written procedures addressing complaints (excluding Title VI)</li> <li>2. Copy of Bid Protest Procedures</li> </ol>	
7	<b>Title VI General Reporting Requirements (Civil Rights)</b>	
<b>5307/5339 Regular Grant</b>		
8	<b>5307/5339 Regular Grant Funding Summary</b>	
9	<b>5307/5339 Regular Grant Application Letter</b>	
10	<b>5307/5339 Regular Grant Project Budget Worksheets, if applying</b> <ol style="list-style-type: none"> <li>1. Line-Item Budget Sheet <ol style="list-style-type: none"> <li>(a) Rolling Stock Capital Budget</li> </ol> </li> <li>2. Source of Budget Funds Sheet <ol style="list-style-type: none"> <li>(a) Rolling Stock Capital Source Budget Sheet (80%/20% Funding )</li> </ol> </li> <li>3. Section 5307/5339 Vehicle Request Budget Form- If ordering vehicles</li> <li>4. Program of Projects</li> <li>5. Local Match Commitment Letter <ol style="list-style-type: none"> <li>(a) Local Match Documentation Certification</li> </ol> </li> </ol>	
11	<b>5307/5339 Regular Grant Local Matching Funds Resolution</b>	
12	<b>5307/5339 Regular Vehicle Depreciation Schedule</b> <ol style="list-style-type: none"> <li>1. Vehicle Depreciation Schedule</li> </ol>	
13	<b>5307/5339 Regular Grant Authorizing Resolution</b>	
14	<b>Completed Application*</b> <ol style="list-style-type: none"> <li>1. Final Document developed should have: <ol style="list-style-type: none"> <li>(a) Grant Coversheet attached</li> <li>(b) Application Checklist correctly completed and attached</li> <li>(c) All Application Checklist questions answered</li> </ol> </li> </ol>	

(d) All Application Checklist items requested are attached and in sequence with question.

(Attachments must be inserted directly after question.)

(e) Final document pages are consecutively numbered in whole numbers and in sequence of checklist including support documents.

(f) Follow Grant Application submission process as indicated in instructions.

***\*No instructions or other items not listed on the checklist should be submitted within final application document.***

## **EXHIBIT 1 – Applicant Information Sheet**

The current data sheet provides applicant contact and general project information. Complete instructions and the required form follows:

### **INSTRUCTIONS**

1. Fill in date of application.
2. Fill in grant applicant legal name and address.
3. Fill in transit provider name and address.
4. Fill in transit provider contact information.
5. Fill in SAMS.gov Unique Entity Identifier Number.
6. Indicate any providers or subcontractors, other than applicant, that will receive funds from this application.
7. List the area(s) and congressional district(s) to be served by the project.
8. List service area population and square miles (numbers only).
9. List hours and days of operation.
10. List Project Number.
11. List total number of project vehicles (number only). This number should match Vehicle Inventory Form.
12. List number of back-up vehicles within the number above (number only.)
13. Select all types of routes operated.

**5307/5339 Applicant Information Sheet**

**FISCAL YEAR: 2024**

<b>1. Date:</b>	
<b>2. Legal Name of Applicant:</b> Mailing Address: <i>(Please include Zip Code plus 4)</i> Physical Address: <i>(Please include Zip Code plus 4)</i>	List Name
<b>3. Designated Transit Provider Name:</b> Mailing Address: <i>(Please include Zip Code plus 4)</i> Physical Address: <i>(Please include Zip Code plus 4)</i>	List Transit Provider
<b>4. Transit Provider Contact Person:</b> Title: Telephone: Fax: Email Address:	
<b>5. SAMS.gov Unique Entity Identifier Number:</b>	
<b>6. Name of Subcontractors:</b>	
<b>7. Area(s) to be Served by Project:</b> Congressional District(s):	List County
<b>8. Service Area Population:</b> Service Area Square Miles:	
<b>9. Hours of Operation:</b> Days of Operation:	
<b>10. Project Number:</b>	UPT- List Number
<b>11. Total number of Project Vehicles</b> <i>(Number only):</i>	
<b>12. Number of back-up vehicles within the number above</b> <i>(Number Only):</i>	
<b>13. Types of Routes Operated:</b>	Demand Response Route(s)
	<input type="checkbox"/> Fixed Route(s)
	<input type="checkbox"/> Deviated/Flex Route(s)
	<input type="checkbox"/> Commuter Route(s)
	<input type="checkbox"/> Vanpool Route(s)
	<input type="checkbox"/> School Tripper Route(s)
	<input type="checkbox"/> Contract Route(s)

## **EXHIBIT 2 - Designated Transit Provider Letter**

### **SAMPLE Designated Transit Provider Letter**

**(Place on Applicant's Letterhead)**

Date

Mr. Bradley B. Lindsey, P. E.  
State Local Transportation Engineer  
Local Transportation Bureau  
Alabama Department of Transportation  
1409 Coliseum Boulevard  
Montgomery, Alabama 36110

Dear Mr. Lindsey:

Subject: **Letter of Designation**

The **(Applicant Name)** has carefully considered the selection of an implementing agency for its Section 5307/5339 project. We designate **(Designated Transit Provider Name)** as our local implementing transit provider. The principal contact person for this project is **(principal contact)**.

If you have any questions on this designation, please contact **(principal contact)** at **(telephone number)**.

Sincerely,

**Name of Designated Official**  
**Title**

### **EXHIBIT 3 - Current System and Project Description Form**

Complete the **Current System and Project Description Form**. Each section must reflect complete and accurate information for your transit system. The required **Current System and Project Description Form** follows.

#### **Current System and Project Description Form**

<b>3.1 General description of the service area, including the geographic location, and delineating the geographic boundaries:</b>
<b>(a) Service Area Population (numbers only):</b>
<b>(b) Service Area Square Miles (numbers only):</b>
<b>(c) System Start-up Date (date transit system began receiving FTA funds):</b>
<b>(d) Brief History of System:</b>
<b>(e) Mission Statement:</b>
<b>(f) Current Year Goals and Objectives (provide at least one <u>measurable</u> goal and at least one <u>measurable</u> objective):</b>
<b>3.2 General description of eligible applicant and any subcontractors:</b>
Insert general description of eligible applicant and list of subcontractors here. If no subcontractors, state such.
<b>(a) Organization Chart</b>
Insert Organization Chart from upper level downward on the following page.



<b>3.3 General description of proposed transportation service:</b>
Insert proposed transportation service here. Ex. Contract, Subscription, Commuter Express, Demand Response.
<b>(a) Eligible users of service:</b>
<b>(b) Service changes from previous year: <i>If not, indicate N/A here.</i></b>
<b>(c) Planned system changes for next year: <i>If not, indicate N/A here.</i></b>
<b>(d) General description of service(s) to be provided outside of service area, including frequency of such service(s).</b>
(i) Support Documentation/Concurrence Letter for services that are provided outside of your service area from each affected transit provider. <small>Insert Documentation following the Concurrence Letters if applicable. If not, indicate N/A here.</small>
(ii) Documentation certifying compliance with requirements of other States must be provided for services crossing state lines. <small>Insert Documentation following the Concurrence Letters if applicable. If not, indicate N/A here.</small>
<b>(e) Specific route information including 8½" x 11" map(s) of service area(s) highlighting area(s) served.</b>
Insert Maps on the following page.  Such maps may be accessed, downloaded, and printed in PDF format via the link included below: <a href="http://alabamamaps.ua.edu/contemporarymaps/alabama/counties/">http://alabamamaps.ua.edu/contemporarymaps/alabama/counties/</a>

**3.4 Current fare structure, including Elderly and Disabled (E&D) and/or Americans with Disabilities Act (ADA) fares, if applicable:** Insert current fare structure here.

**(a) Description of Fare Eligibility Process:** *Insert Fare Eligibility Process if applicable. If not, indicate N/A here.*

(i) Attach copy of fare application form for elderly and disabled and/or Americans with Disabilities Act (ADA) and identification card *Insert form on the following page if applicable. If not indicate N/A*

**(b) Date of last fare increase:**

**(c) Planned fare increases:**

**3.5 Attach a copy of your system's brochure.**

*Insert copy of brochure on the following page*

**3.6 Describe your efforts to market or promote the system (list type, number, cost of promotional items distributed; describe any newspaper and/or internet advertisements; and clearly describe the type and frequency of other efforts).**

**(a) Projected marketing budget amount for fiscal year:**

**3.7 Describe your method of implementing and announcing service changes and fare increases. (Must include number of days' notice to public.)**

**3.8 Describe your efforts to coordinate with and involve the area transportation providers and human service agencies in the urban transit service including any involvement in the regional human service coordinated transportation planning process.**

**(a) Provide Directory of Local Transportation Steering Committee**

**(b) Provide a schedule of Transportation Steering Committee meetings for FY2024.**

**3.9 Provide updates to your system's Safety, Security and Emergency Preparedness Plan (SSEPP) or Public Transportation Agency Safety Plan (PTASP) since the latest submission as applicable. If there are no updates to your SSEPP, a statement must be submitted stating such. Must include date of last review or frequency of review.**

*Insert updates on the following page. If no updates, provide statement here.*

**3.10 Americans with Disabilities Act Compliance Documentation:**

**Fixed Route Only:** The DOT ADA regulations require public entities operating fixed route transit to provide complementary paratransit to persons with disabilities who are unable to use the regular fixed route system. **Fixed route service providers must include a copy of the current ADA Complementary Paratransit Plan.**

**(a) Copy of Current ADA Complementary Paratransit Plan** Insert a copy of the current ADA Complementary Paratransit Plan if Applicable, if not indicate N/A

**(b) All Applicants:** The Annual ADA Update and Certification Form must be completed, signed, and included.

## Annual Americans with Disabilities Act (ADA) Update and Certification Form

<b>Transit Provider:</b>	<i>Enter Transit Provider Name Here</i>	
<b>Six (6) Service Criteria</b>		<b>Y/N</b>
<b>1. Service Area</b>	Service to all origins and destinations within the defined area	
	Coordination with contiguous/overlapping service areas	
<b>2. Response Time</b>	Requests accepted during normal business hours on "next day" basis	
	Requests accepted on all days prior to days of service (e.g., weekends/holidays)	
	Requests accepted at least 14 days in advance	
	Trips scheduled within one hour of requested pickup time	
<b>3. Fares</b>	No more than twice the base fixed fare for eligible individuals	
	Compliance with companion fare requirement	
	Compliance with personal care attendant fare requirement	
<b>4. Days and Hours of Service</b>	Paratransit provided during all days and hours when fixed route service is in operation	
<b>5. Trip Purposes</b>	No restriction on types of trip purposes	
	No restriction by trip purpose in scheduling	
<b>6. Capacity Constraints</b>	No restrictions on the number of trips an individual will be provided	
	No waiting list for access to the service	
	No substantial numbers of significantly untimely pickups for initial or return trips	
	No substantial number of trip denials or missed trips	
	No substantial numbers of trips with excessive trip lengths	
	When capacity is unavailable, subscription trips are less than 50%	
<b>CERTIFICATION OF PARATRANSIT PLAN</b>		
<p>The <b>(transit provider name)</b> hereby certifies that it has completed the <b>2023 Paratransit Review</b> as required under 49 CFR 37.139(j) and finds it to be in conformance with the transportation plan developed under 49 CFR part 613 and 23 CFR part 450 (the FTA/FHWA joint planning regulation). This certification is valid for one year.</p>		
Signed by:		

## **EXHIBIT 4 - Capital Equipment**

This Exhibit requires the Applicant to provide information on federally funded capital equipment.

**\*\*\*This Exhibit will include all FTA funded vehicles that have been approved by ALDOT for the purpose of being used in the delivery of the general public services. \*\*\***

Complete the accompanying forms as indicated below:

- 1. Vehicle Inventory Form:** The completed Vehicle Inventory Form includes the vehicle description, vehicle identification number, grant number (5307, 5309, 5307/5339, 5311, etc.), cost, etc. Condition will be listed as new, excellent, good, fair, or poor. List recent vehicle disposals and vehicles planned for disposal along with estimated disposal dates. List the number and type of mobility device accessible vehicles, and whether or not such vehicles meet ADA accessibility requirements. Vehicle count throughout applications should correspond. Useful Life indicators are listed on Vehicle Depreciation Sheet.
- 2. Vehicle Profile Sheet:** The Vehicle Profile Sheet includes the vehicle identification number, vehicle type, mileage accumulation through a **date which is to be provided by applicant**, seating capacity, tag number, model year, accessibility information, service utilization information, and service description. Vehicle count throughout application should correspond.
- 3. Non-Expendable Equipment Inventory Form:** The Non-Expendable Equipment Inventory Form shall include a list of all items other than vehicles that are not readily exhaustible and meet the following definition: An inventory of an article of non-expendable tangible property having a useful life of more than one year and an acquisition cost of \$5,000 or more. Please note that source grant refers to the FTA Section the equipment was purchased with (5307, 5309, 5307/5339, 5311, etc.). Condition will be listed as new, excellent, good, fair, or poor.
- 4. Transit Program Fleet Replacement Form:** The Transit Program Fleet Replacement Form shall include a list of all federally funded vehicles which meet disposal requirements and will be disposed of in this grant period. The estimated month and year to be taken out of revenue service should indicate this fiscal year of this application. The total vehicles listed on this form should equal the replacement count of all vehicle budget request forms within this application.
- 5. Fleet Classification Form:** The Fleet Classification Form shall include a quantity breakdown of active and inactive federally funded vehicles before award and after award based on peak requirements, spares, contingency reserve, and pending disposals.

**Vehicle Inventory Form.**  
*List only FTA Funded Vehicles.*

**Applicant Name:** List Name

**Fiscal Year:** **2024**

	Year	Equipment Description (Make/Model)	Vin Number	Source Grant	Acquisition Date	Cost	% Federal Participation	Title Holder	Location (City)	Condition (New, Excellent, Good, Fair, or Poor)	Disposal Date	Useful Life	Disposal Price
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													

## ALDOT Transit Vehicle Profile Sheet

### INSTRUCTIONS

The following instructions are provided to assist in completing the Vehicle Profile Sheet. The required form is provided on the next page and is also attached in an Excel version.

VIN Number:	Ensure that this number is correct. The Vehicle Identification Number (VIN) is necessary to link your information to the ALDOT inventory. <b>Remember there is no letter "O" in a VIN number only zeros.</b>
Funding:	Section 5307/5339, 5311, Section 5307, ARRA, CARES Act, etc.
Vehicle Type:	M = Minivan. V = Standard Van, Commuter Van, High Roof Van (Transit Van), Modified Van. CCB = 25' to 35' Light and Medium Duty Cut-A-Way Chassis 17, 21, 25, 30 passenger Bus. B = 30' Heavy Duty Rail & Body on Chassis Bus.
Mileage as of (Insert date):	ALDOT will use this mileage as a baseline for future comparisons.
Seating Capacity:	Enter the actual number of ambulatory seats available (without mobility device).
Tag:	Vehicle's License Plate Number
Model Year:	Year of Chassis Manufacture
Lift:	Is the vehicle lift equipped? <b>Answer Yes or No only.</b>
Stations:	Enter the number of mobility device stations (0, 1, 2, etc.)
Start Time of the Service:	This is the first time of the day that this vehicle is available for revenue service. Use military time (the 24-hour clock). This will allow for calculations later. The clock starts at 0100, which is 1:00 O'clock in the morning. You will type 01 then a colon then 00. (01:00). It will appear in the cell as 1:00. Likewise, for 1:30 in the afternoon you will type 13 then a colon then 30 (13:30) and it will appear in the cell as 13:30.
End Time of the Service:	This is the last time of the day this vehicle is available for revenue service. The rest is the same as above.
Duration:	Hours vehicle is used per day. This field will be calculated in Excel; there is no need for an entry unless the Word version is used.
Usage:	C = Contract Service; DR = Demand Response; FR = Fixed Route or any combination; WR = Work Route; S = Subscription; O = Other (Specify).
Days of the Week:	Indicate the days of the week that the vehicle is available for revenue service.
Description:	Is this a dialysis route? Is it general public/demand response transportation? Is it a scheduled fixed route? Briefly describe the service being provided during the time period.

**ALDOT Transit Program Vehicle Profile Sheet**

*List only FTA Funded Vehicles.*

**Applicant Name:** List Name

**Fiscal Year:** 2024

	VIN Number	Funding	Vehicle Type	Mileage as of (Insert Date)	Seating Capacity	Tag	Model Year	Lift (Yes/No)	# Mobility Device Stations	Start Time	End Time	Duration	Usage	Sun	M	T	W	T	F	Sat	Description of Service	
1																						
2																						
3																						
4																						
5																						
6																						
7																						
8																						
9																						
10																						
11																						
12																						
13																						
14																						
15																						
16																						
17																						
18																						
19																						
20																						



## Transit Program Fleet Replacement Form

List all vehicles to be replaced with FTA Funding in this application. *List only FTA Funded Vehicles.*

Applicant Name: List Name

Fiscal Year: 2024

	Year	Make/Model	Year of Purchase	Vin Number	Mo/Year Placed in Revenue Service	Accumulated Mileage	Estimated Mo./Yr. to be taken Out of Revenue Service
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
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19							
20							



## **EXHIBIT 5 - Public Participation Process**

**GUIDANCE ON PROMOTING INCLUSIVE PUBLIC PARTICIPATION.** ALDOT subrecipients should seek out and consider the viewpoints of minority, low-income, and Limited English Proficiency (LEP) populations in the course of conducting public outreach and involvement activities in order to comply with the DOT Order on Environmental Justice and the DOT Limited English Proficiency (LEP) Guidance.

An applicant's public participation strategy shall offer early and continuous opportunities for the public to be involved in the identification of social, economic, and environmental impacts of proposed transportation decisions.

**\* Effective Practices for Fulfilling the Inclusive Public Participation Requirement.** Subrecipients have wide latitude in determining how, when, and how often specific public involvement measures should take place, and what specific measures are most appropriate. Subrecipients should make these determinations based on the composition of the population affected by the recipient's action, the type of public involvement process planned by the recipient, and the resources available to the transit provider. Efforts to involve minority and low-income people in public involvement activities can include both comprehensive measures, such as placing public notices at all stations and in all vehicles, and measures targeted to overcome linguistic, institutional, cultural, economic, historical, or other barriers that may prevent minority and low-income people from effectively participating in a subrecipient's decision-making process. Effective practices include:

- Coordinating with individuals, institutions, or organizations and implementing community-based public involvement strategies to reach out to members in the affected minority and/or low-income communities;
- Providing opportunities for public participation through means other than written communication, such as personal interviews or the use of audio or video recording devices to capture oral comments;
- Using locations, facilities, and meeting times that are convenient and accessible to low-income and minority communities;
- Using different meeting sizes or formats, or varying the type and number of news media used to announce public participation opportunities, so that communications are tailored to the particular community or population;
- Implementing DOT's policy guidance concerning subrecipients' responsibilities to LEP persons to overcome barriers to public participation.

Further guidance in this regard may be accessed via the following link to **FTA Circular 4702.1 (series)**: [http://www.fta.dot.gov/legislation\\_law/12349\\_14792.html](http://www.fta.dot.gov/legislation_law/12349_14792.html).

Eligible applicants must ensure that the public is aware of the Urbanized Transit project and has adequate input into the project. Eligible applicants must, therefore, initiate a public participation process as part of their Urbanized Transit Program application requirements.

**Public Hearing Required:** The public participation process must comprise, at a minimum, conducting a public hearing. The public hearing must be advertised at least seven (7) days prior to the hearing. A public hearing must be held to allow all persons, including private transportation providers and new business entrants, equal opportunity to comment on the proposed transportation service. For operating applications, the service description must clearly indicate all service to be provided including open door contract service and any proposed service or fare changes. For capital applications, the capital items to be purchased and a short description of construction projects must be included.

**The hearing must be advertised by public notice once in the local newspaper of widest circulation at least seven (7) days prior to the hearing.**

**\*\*Please note: A copy of the Public Hearing Notice must be placed in the reception desk area, meeting rooms, transit facilities, and on the vehicles to allow all individuals including Limited English Proficiency (LEP) individuals an opportunity to participate in this hearing.**

Translation services must be provided free of charge to limited English speaking individuals.

*\*If provider meets the safe harbor threshold: At a minimum the statement: "If information is needed in another language, then contact [telephone number]"—should be stated in English and in any other language(s) spoken by LEP populations that meet the Safe Harbor threshold.*

A sample Public Hearing Notice is included in this section.

**Include the following as Exhibit 5:**

- 1. Copy of the Public Hearing Notice as it appeared in the newspaper**
- 2. Notarized statement verifying publication (publisher's affidavit)**
- 3. Summary or transcript of the public hearing signed by an official of the transit system**
- 4. Public hearing documentation from the most recent TIP Process**
- 5. Copy of TIP pages showing projects**

**The public hearing notice and the application preparations require immediate and simultaneous attention**

The Public Hearing Notice must be prepared so it can be published **at least 7 days** prior to the public hearing (see next page for a sample Public Hearing Notice).

*(Items in Blue will require individualized updates based on Applicant & Notice must be published in newspaper at least 7 days prior to the listed public hearing date.)*

SAMPLE Public Hearing Notice

The Applicant Name (Transit Provider Name) is applying to the Alabama Department of Transportation for Capital assistance award under 49 U.S.C. Section 5307/5339 of the Federal Transit Laws. This grant funding will provide financial assistance for public transportation service for the residents of XYZ County.

The service is provided for general public and currently operates Monday-Friday, 6 a.m. to 6 p.m. All residents including mobility device users, must schedule 24 hours in advance. Fares range from \$1.00 to \$100.00 per one-way trip. No Service or Fare Changes are planned for FY2024 or Planned service and Fare changes for FY2024 are...

Copies of detailed budgets, and service description may be obtained via website, email request and/or at Transit Provider Name and physical address.

This Capital funding will be used to purchase 4 transit vehicles with mobility device securements.

A public hearing will be held on date at time in the meeting room at the facility name and address for public comment. If there are questions or comments or if information is needed in another language or alternative format, contact:

John Doe  
Transit Director  
Transit Provider Name  
Telephone Number  
Email Address

Transit Provider Name does not discriminate against any individual on the basis of race, color, or national origin.

**SAMPLE Public Hearing Transcript**  
**Applicant Name (Transit Provider Name)**  
**Public Hearing Transcript**

Program: FY2024 Section 5307/5339 Grant Application

Date: [Enter Date](#)

Time: [Enter Time](#)

Location: [Enter Physical address.](#)

The hearing was designed to receive public comments concerning the goal of continuing to provide public transportation to our citizens. Transit staff was prepared and available to present grant application information and answer questions.

The following were in attendance:

- 1.
- 2.
- 3.
- 4.
- 5.

[No one from the public attended the hearing.](#)

---

[John Doe](#)

[Transit Director](#)

[Transit Provider Name](#)

---

[Date](#)

**5.4 Insert Public Hearing documentation from the most recent TIP Process**

**5.5 Insert copy of TIP pages showing projects**

## **Exhibit 6 – Complaint and Bid Protest Procedures**

Applicants must have written procedures describing the local mechanism for resolving private operator and passenger complaints as well as procedures addressing questions dealing with the fairness of local procurement procedures and decisions.

The Complaint Procedures must include all of the following:

- ◆ Provide a step-by-step time frame for responding to and resolving the complaint.
- ◆ Identify the responsible parties at the local level to ensure a fair and independent review of the complaint.
- ◆ Include a requirement for documenting in writing the complaint and its resolution.

Sample “Complaint Policy and Procedures” and “Bid Protest Procedures” follow.

**Note:** The final step of both procedures must include the following statement: ***All complaints unresolved at the local level will be submitted to ALDOT for final resolution, to the attention of:***

Mr. Bradley B. Lindsey, P. E.  
State Local Transportation Engineer  
Local Transportation Bureau  
Alabama Department of Transportation  
1409 Coliseum Boulevard  
Montgomery, Alabama 36110

### **Requirements of Exhibit 6 include:**

- 1. Complaint Policies and Procedures**
- 2. Bid Protest Procedures**



## SAMPLE

### **(TRANSIT PROVIDER NAME) COMPLAINT POLICY AND PROCEDURES**

It is the policy of the (Transit Provider Name) to operate the public transportation program in an open and fair manner for employees, passengers, other transit providers, and the general public. No employee, passenger, other transit provider, or the general public will be discriminated against or suffer any reprisals from making a complaint. Complaints must be in writing and specific. Vague or general charges of unfairness that are not substantiated by facts will not be processed. When an allegation is made that a specific violation, misinterpretation, or inappropriate act has occurred, the following steps should be taken to resolve the issue. (Transit Provider Name) will resolve the complaint within fifteen (15) business days of the date of receipt of the written complaint.

#### **1. Sample Employee Complaint Policy**

If an employee has issue with another employee, passenger, or other member of the general public, he or she should bring the matter to the attention of the Operations Coordinator (OC) or similar authority within 3 days of the occurrence. *Complaints must be specific and in writing.* If the complaint involves the Operations Coordinator or similar authority, the employee should address the issue with the (Transit Provider Name) Director. The OC or similar authority will listen to all parties involved in the situation, investigate with outside sources if necessary, and resolve the matter within fifteen (15) business days of the receipt of the written complaint. If the OC or similar authority cannot resolve the matter, it will be brought to the (Transit Provider Name) Director for resolution. If the matter is not satisfactorily resolved at this point, the Department Head or next higher authority will be consulted. If the employee does not feel the matter has been resolved at this point, the Personnel Director or similar authority should be consulted, and the matter brought before the Personnel Board or similar authority, if necessary.

#### **2. Sample Passenger Complaint Policy**

If a passenger has issue with a (Transit Provider Name) employee, another passenger, or other member of the general public, he or she should bring the matter to the attention of the Operations Coordinator (OC) or similar authority within 3 days of the occurrence. Complaints must be specific and in writing. If the complaint involves the Operations Coordinator or similar authority, the passenger should address the issue with the (Transit Provider Name) Director. The OC or similar authority will listen to all parties involved in the situation, investigate with outside sources, if necessary, and resolve the matter within fifteen (15) business days of the receipt of the written complaint. If the OC or similar authority cannot resolve the matter, it will be brought to the (Transit Provider Name) Director for resolution. If the matter is not satisfactorily resolved at this point, the Department Head or next higher authority will be consulted. If the passenger does not feel the matter has been resolved at this point, the (Transit Provider Name) Liaison or similar authority should be consulted, and the matter brought before the entire (Governing Authority), if necessary.

### 3. Sample Private Transit Operator Complaint Policy

If a private transit operator has issue with (Transit Provider Name), he or she should address the matter with the (Transit Provider Name) Director within 3 days of the occurrence. *Complaints must be specific and in writing.* The (Transit Provider Name) Director will investigate and resolve the matter within fifteen (15) business days of the receipt of the written complaint. If the matter is not satisfactorily resolved at this point, the (Next Higher Authority) will be consulted. If the private operator does not feel the matter has been resolved at this point, the (Transit Provider Name) Liaison should be consulted, and the matter brought before the entire (Governing Authority) if necessary.

### 4. Sample General Complaint Policy

If a member of the general public has a complaint with a (Transit Provider Name) employee, policy, or other issue, he or she should bring the matter to the attention of the Operations Coordinator (OC) or similar authority within 3 days of the occurrence. *Complaints must be specific and in writing.* If the complaint involves the Operations Coordinator or similar authority, the member of the general public should address the issue with the (Transit Provider Name) Director. The OC or similar authority will listen to all parties involved in the situation, investigate with outside sources, if necessary, and resolve the matter within fifteen (15) business days of the receipt of the written complaint. If the OC or similar authority cannot resolve the matter, it will be brought to the (Transit Provider Name) Director for resolution. If the matter is not satisfactorily resolved at this point, the Department Head will be consulted. If the member of the general public does not feel the matter has been resolved at this point, the (Transit Provider Name) Liaison or similar authority should be consulted, and the matter brought before the entire (Governing Authority), if necessary.

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**ALL complaints unresolved at the local level will be submitted to the Alabama Department of Transportation for final resolution, to the attention of:**

Mr. Bradley B. Lindsey, P. E.  
State Local Transportation Engineer  
Local Transportation Bureau  
Alabama Department of Transportation  
1409 Coliseum Boulevard  
Montgomery, Alabama 36110

## **SAMPLE Bid Protest Procedures for (Transit Provider Name)**

The following bid protest procedures have been written in compliance with the Federal Transit Administration (FTA) Third-Party Contracting Guidelines (FTA Circular 4220.1F). Parties that wish to file a bid protest should review these procedures in conjunction with FTA's Circular 4220.1F. These procedures also address complaints or appeals regarding the funding of unsolicited proposals and other protests unrelated to the solicitation process and contract award decisions. (Transit Provider Name's) protest procedures will be referenced in the bid documents in order that interested parties will know their rights under these protest procedures.

### **1. Protests Pertaining to the Contract Solicitation Process or Contract Award Decision**

The following procedures and time requirements shall be applied uniformly in processing all protests. Protests may be made by active or prospective bidders whose direct economic interest would be affected by a solicitation, proposed award, or award of a contract. Protests must be submitted in writing to:

Jane/John Doe, Director  
(Transit Provider Name)  
0000 Your Choice Parkway  
Anywhere, AL 00000

(Transit Provider Name) will consider all written protests made within the timelines stated in this document. Protest submissions should be concise, logically arranged, clearly state the grounds for the protest, and must include at least the following information:

1. Name, address, and telephone number of protestor
2. Solicitation or contract name and/or number
3. A detailed statement of the legal and factual grounds for the protest, including copies of all relevant documents or information
4. A statement of relief requested

Only written protests received within the timelines stated in these procedures will be considered. Upon receipt of a protest, (Transit Provider Name) will notify the protestor that the protest has been received by mail within five (5) working days. (Transit Provider Name) may request additional information from the protesting party, which must be submitted in writing to (Transit Provider Name) within five (5) working days from the date of (Transit Provider Name's) request.

Within twenty (20) working days of receipt of a written protest, (Transit Provider Name) shall either:

1. Issue a final written decision which responds in detail to each issue raised in the protest and includes a rationale for the decision rendered, or
2. Conduct, at (Transit Provider Name's) discretion, an informal hearing to allow the interested participating parties an opportunity to present their positions and supporting facts, documents,

justification, and technical information. (Transit Provider Name) will advise all interested parties of the final decision in writing no later than five (5) working days from the date of the informal hearing.

## **2. Protests before Proposal Solicitation**

Bid protests alleging restrictive specifications or improprieties, which are apparent prior to bid or proposal opening, must be submitted in writing to (Transit Provider Name) and must be received at least five (5) working days prior to bid/proposal opening. Bids will not be opened until five (5) working days after resolution of the protest unless (Transit Provider Name) determines that:

1. The items to be procured are urgently required;
2. Delivery or performance will be unduly delayed by failure to make award promptly; or
3. Failure to make award will otherwise cause undue harm to (Transit Provider Name).

If the written protest is not received by the time specified, bids or proposals may be received, opened, and awarded in the normal manner unless (Transit Provider Name) determines that it is in the best interest of all concerned to delay any step.

## **3. Protests after Opening of Proposal Solicitation and Prior to Award**

Protests against the making of an award may be made after bid opening and prior to award. Such protests must be submitted in writing to (Transit Provider Name) and must be received by (Transit Provider Name) within five (5) working days of the bid opening. If XYZ TRANSIT SYSTEM decides to withhold the award pending resolution of the protest, (Transit Provider Name) will notify all bidders whose bids or proposals might become eligible for award and offer them the option to extend or withdraw the bid or proposal beyond the 120-day validity period. Awards will not be made until at least five (5) working days after resolution of the protest unless (Transit Provider Name) determines that:

1. The items to be procured are urgently required;
2. Delivery or performance will be unduly delayed by failure to make award promptly; or
3. Failure to make award will otherwise cause undue harm to (Transit Provider Name) or the federal government.

## **4. Protests after Award**

Protests received after announcement of an award or after a contract has been executed will only be considered if (Transit Provider Name) determines that the matter is in the public interest, or the protest presents clear and convincing evidence of fraud, misrepresentation, other illegality, or gross impropriety in the selection of a bid/proposal. If a protest is under consideration, (Transit Provider Name) shall evaluate the bid/proposal a second time in its entirety and use the same evaluation criteria and rating factors applied in the initial review of the bid/proposal. The bid/proposal will be evaluated by a panel designated by the (Transit Provider Name).

If a protest involving an executed contract is under consideration, (Transit Provider Name) will notify the selected contractor of the protest and its basis and may, at its discretion, order the contractor to suspend all (Transit Provider Name) work activities. If the awarded contractor has not executed the contract as

of the date the protest is received by (Transit Provider Name), the contract will not be executed until five (5) working days after resolution of the protest unless (Transit Provider Name) determines that:

1. The items to be procured are urgently required;
2. Delivery or performance will be unduly delayed by failure to make award promptly; or
3. Failure to make award will otherwise cause undue harm to (Transit Provider Name).

#### **5. Protests Pertaining to the Funding of Unsolicited Proposals**

The submission of unsolicited proposals is inconsistent with (Transit Provider Name's) policy to promote a full and open competition among interested parties for FTA contract funds. The filing of unsolicited proposals, therefore, will be deemed inappropriate by (Transit Provider Name) and returned to the sender; complaints or appeals calling for reconsideration of such proposals will not be accepted.

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**ALL complaints unresolved at the local level will be submitted to the Alabama Department of Transportation for final resolution, to the attention of:**

Mr. Bradley B. Lindsey, P. E.  
State Local Transportation Engineer  
Local Transportation Bureau  
Alabama Department of Transportation  
1409 Coliseum Boulevard  
Montgomery, Alabama 36110

**Exhibit 7 - Title VI General Reporting Requirements (Civil Rights)**

All applicants must complete the following Title VI Annual Report.

**Annual Title VI Reporting Requirements for Urban Public Transit Providers**

**General Reporting Requirements:**

**Transit Provider Name:** \_\_\_\_\_

**Title VI Coordinator:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

1. Are new employees trained on Title VI before beginning service? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how (orientation, newsletter, brochures, posters, etc.)?

2. Are current copies of the Title VI of the Civil Rights Act of 1964 available and accessible to your unit? Yes \_\_\_\_\_ No \_\_\_\_\_

**Record Keeping:**

1. Are Title VI Posters displayed in areas where services are provided? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Are posters or program brochures available in languages other than English, as needed? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Is information about Title VI disseminated to contractors and/or subcontractors? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how? \_\_\_\_\_

4. Are Title VI rules and regulations included in your planning, scheduling, contracts, etc.? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Are your contracts monitored for non-discrimination? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how? \_\_\_\_\_

**Planning Boards or Commissions:**

1. Does your transit provider have an appointed or non-appointed board or commission? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Number of Minorities serving on your Commission or Advisory Board: \_\_\_\_\_

**Racial Demographics of Board Members and Gender (Number of):**

_____ African American Male	_____ African American Female
_____ Caucasian Male	_____ Caucasian Female
_____ Hispanic Male	_____ Hispanic Female
_____ Native American Male	_____ Native American Female
_____ Other Male (Specify):	_____ Other Female (Specify):

**Complaints and/or Lawsuits:**

1. List of all active lawsuits and/or complaints against recipient containing the date of filing, summary of allegation(s), and pending status.

*Indicate N/A if None.*

2. Description of pending applications for state assistance and assistance currently being provided from other state agencies.

*Indicate N/A if None.*

3. Summary of any civil rights reviews conducted within the last year including the purpose for the review, name of the agency or organization performing the review, findings and recommendations and status and/or disposition of findings and recommendations.

*Indicate N/A if None.*

**Assurances:**

Signed standard DOT Title VI Assurances, including those with **ALDOT, FHWA and FTA**. – **No action is required at this time. The Assurances will be requested later if approved for funding**

**Projects:**

If a construction project is presently proposed or to be completed within the last year, a fixed-facility analysis summarizing the effect on minority communities that includes:

- The potential impact on minority communities and businesses during and after construction
- The potential negative environmental impact
- Detailed list of minority-owned businesses and households to be affected
- Any significant changes or impacts on minority communities
- Description of measures adopted to mitigate any identified adverse social, economic, or environmental effects

*Indicate N/A if None.*

**Exhibit 8 – 5307/5339 Funding Summary**

**5307/5339 FUNDING SUMMARY**

(Amounts should correspond to Source Funding Sheets and Budget sheets for 5307/5339 Funding.) (A. Federal Funds + B. Local Funds = C. Total)

PROJECT COUNTY: List County  
FISCAL YEAR: 2024  
PROJECT NUMBER: UPT- List Number

APPLICANT NAME: List Name

Budget Category	A. Federal Funds	B. Local Funds	C. Total
1. Capital (Varies)	\$0.00	\$0.00	\$0.00
2. Total	\$0.00	\$0.00	\$0.00



## **EXHIBIT 9 – Section 5307/5339 Application Letter**

This letter must state that the grant applicant is applying for public transportation capital assistance in accordance with Federal Transit Laws (as codified, 49 USC Section 5307/5339, Financial Assistance for Urbanized areas). This Exhibit must be on **Applicant's Letterhead** and must include the following information:

- \* State amount of urban transit (Federal) funds requested.
- \* Include applicant's statement that, to the best of its knowledge, all the information contained within the application is true and correct.
- \* State name of principal contact person and telephone number.
- \* Include signature of the person designated by the applicant's governing body to be responsible for administration of the grant.

This letter (on applicant's letterhead) must be addressed to:

Mr. Bradley B. Lindsey, P. E.  
State Local Transportation Engineer  
Local Transportation Bureau  
Alabama Department of Transportation  
1409 Coliseum Boulevard  
Montgomery, Alabama 36110

A sample application letter follows.



## **EXHIBIT 10 - Section 5307/5339 Project Budget Worksheet**

**Budget Details:** All applicants must submit project budget data showing detailed capital expenses and revenue. This information demonstrates the availability of adequate funding to operate and maintain project equipment or vehicles. Please follow the format of the samples provided.

**Public Participation Process:** Each award subrecipient is required to develop a Program of Projects (POP) and Budget that have undergone a public participation process. The award recipient must inform the public of the amount of funds available under the Section 5307/5339 program and the capital projects proposed to be undertaken. The public announcement that summarizes the Program of Projects (POP) will indicate where citizens can examine the proposed Program of Projects and budget in detail and how to submit comments on the proposed program and on the performance of the recipient. This notice is published in the general circulation newspaper in the service area of the recipient. If the community has a large minority of non-English speaking persons, the notice also should be published in a non-English publication. The subrecipient is required to consider comments from the public in preparing the final POP. In addition to the proposed POP, the subrecipient must make the final POP available to the public. A separate advertisement is required for both the proposed POP and the final POP unless the initial advertisement includes a statement indicating that the proposed POP shall become final unless amended as a result of the public participation process.

**Consultative Process:** The subrecipient is required to develop the POP in consultation with interested parties, including private transportation providers. **The subrecipient may rely on the MPO to assist in this process.** A Transportation Advisory Committee of the MPO may be informed or used as a reviewer of the POP. Private providers should be involved throughout this process.

The requirement is that a consultative process be used to develop the proposed POP. Publication of the newspaper notice, and the public hearing process can be a secondary means for consulting with interested parties, including private providers. **However, relying only on the public hearing process, which occurs after a proposed POP has been developed, is not sufficient.**

**Coordination:** The subrecipient is required to ensure that the POP provides for coordination of federally assisted mass transportation services. This assurance is included in the Annual List of Certifications and Assurances. Coordination may occur at many levels, from simple information sharing to total consolidation of services.

**Transportation Plans:** Capital projects must be part of the current approved Transportation Improvement Program (TIP) and State Transportation Improvement Program (STIP). All urban area transit projects are included in the State Transportation Improvement Program. Please include a copy of the relevant pages from the most recent TIP.

**Capital Projects:** All rolling stock capital projects are funded at the 80% Federal/20% local match ratio.

**Clean Air Act (CAA) or Americans with Disabilities Act (ADA) Equipment and/or Facilities:** The federal share for vehicle-related equipment and/or facilities required by the Clean Air Act (CAA), or the ADA is 80%.

**Match and Other Requirements:** All applicants must provide documentation of local matching funds including written commitments from each local funding source (indicating amount of funds authorized and committed as local match for the project). Documentation should be in the form of letters, certifications, or resolutions signed by authorized officials. *(See also Exhibit Description below).*

**Exhibit Description:** This Exhibit comprises a Line-Item Budget Sheet, Source of Budget Funds Sheet, Section 5307/5339 Vehicle Request Budget Form, and Sources of Local Match documentation. Local Match is documented by a Local Match Commitment Letter and a Local Match Certification and the required "Resolution Authorizing Local Matching Funds".

**Requirements for Exhibit 10:**

- 1. Line-Item Budget Sheet**
- 2. Source of Budget Funds Sheet**
- 3. 5307/5339 Vehicle Request Budget Form (if ordering vehicles)**
- 4. Program of Projects**
- 5. Local Match Commitment Letter**
- 6. Local Match Documentation Certification**

**5307/5339 LINE-ITEM BUDGET SHEET**

PROJECT COUNTY: List County

FISCAL YEAR: 2024

ORIGINAL: X

PROJECT NUMBER: UPT- List Number

APPLICANT NAME: List Name

<b>Capital</b>
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Vehicle Capital	\$0.00
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<b>TOTAL</b>	<b>\$0.00</b>
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**5307/5339 SOURCE OF BUDGET FUNDS SHEET**  
(Total budget amounts should match budget sheets.)

PROJECT COUNTY: [List County]  
FISCAL YEAR: 2024

PROJECT NUMBER: UPT- [List Number]

ORIGINAL:   x  

APPLICANT NAME: [List Name]

<b>Capital</b>
----------------

Total Capital Budget: \$0.00

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TOTAL \$0.00

**Less Federal Funding Share (80%): \$0.00**

**Total Local Funding Share (20%): \$0.00**

**5307/5339 VEHICLE REQUEST BUDGET FORM (Form to be Completed if Requesting Vehicles)**

Applicant Name: List Name

Fiscal Year: 2024

<i>Vehicle Type Price ranges are estimates and subject to change. Prices include mobility device stations only. Other options are not included.</i>	<i>Designed Seating Capacity</i>	<i>Number of Mobility Device Stations Per Vehicle</i>	<i>Engine Type G-Gas or D-Diesel</i>	<i>Number of Each Type Vehicle Needed</i>	<i>Overall Total Cost</i>	<i>Intended Use R-Replacement N-New Service E-Expansion Service</i>
Mini Van - (Rear Ramp) <b>\$66,293</b>	7	1	Gas only	0	\$0.00	
Mini Van - (Side Ramp) <b>\$72,775</b>	7	1	Gas only	0	\$0.00	
Transit Van No Hap <b>\$88,274</b>	14	0	Gas only	0	\$0.00	
Transit Van (Rear or Side Load) HAP 1 <b>\$92,489</b>	9-10	1	Gas only	0	\$0.00	
Transit Van (Rear or Side Load) HAP 2 <b>\$92,577</b>	7	2	Gas only	0	\$0.00	
<b>TOTALS</b>				<b>0</b>	<b>\$0.00</b>	

**Note: All vehicle capital requests will be evaluated by ALDOT. The number and types of vehicles awarded are contingent upon available funding. Replacement – an applicant requesting to replace vehicles funded through ALDOT. Expansion – an applicant currently has vehicles funded by ALDOT and desires to purchase new vehicles to meet service needs. New Service – an applicant that has not purchased vehicles through ALDOT.**

**Prices are estimates only and are rounded to the nearest \$100. Use highest value on vehicle type when projecting cost for grant. Some vehicles are currently pending contract renewal.**

**5307/5339 Program of Projects**

**Project No.:** UPT- List Number  
**Applicant Name:** List Name  
**Urbanized Area:** Anytown, Alabama  
**Fiscal Year:** 2024  
**Project Information:** Rolling Stock Capital

	Quantity	FTA Amount	Local Match Amount	Total Eligible Costs
<u>SCOPE</u>				
<b>111-00 BUS ROLLINGSTOCK -</b>	<b>0</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<u>ACTIVITY</u>				
<b>11.12.04</b> BUY <u>REPLACEMENT</u> <30-FT BUS – 80%				
<b>11.12.15</b> BUY <u>REPLACEMENT</u> VAN – 80%				
<b>11.13.04</b> BUY <30-FT BUS FOR <u>SVC EXPANSION</u> – 80%				
<b>11.13.15</b> BUY VAN FOR <u>SVC EXPANSION</u> – 80%				
<b>Estimated Total Eligible Cost:</b>				<b>\$0.00</b>
<b>Federal Share:</b>				<b>\$0.00</b>
<b>Local Share:</b>				<b>\$0.00</b>



## **5307/5339 Local Match Commitment Letter**

**(Place on Applicant's Letterhead. Make sure amounts correspond with Funding Summary. (A. Federal Funds & B. Local Funds))**

Date

Mr. Bradley B. Lindsey, P. E.  
State Local Transportation Engineer  
Local Transportation Bureau  
Alabama Department of Transportation  
1409 Coliseum Boulevard  
Montgomery, Alabama 36110

Dear Mr. Lindsey:

Subject: FY2024 Section 5307/5339 Local Match Commitment

The **(Applicant Name)** is applying for a Section 5307/5339 capital grant to aid in the operation of the **(Transit Provider Name)**. The capital expenses requested in this project have been reviewed and approved by the **(Applicant Name)** of **(Applicant's County/Counties)**. We are requesting federal assistance in the amount of \$\_\_\_\_\_ for capital. Local assistance in the amount of \$\_\_\_\_\_ will be used as the non-federal match.

The **(Applicant Name)** hereby acknowledges the local matching requirements for the referenced project and affirms assistance in the amount set forth above.

If you have any questions on this request, please contact **(principal contact)** at **(phone number)**.

Sincerely,

**Name of Designated Official**  
**Title**

**5307/5339 Local Match Certification**  
*(Amounts should correspond with Funding Summary.)*

**5307/5339 Local Match Certification**

We, the undersigned representing, **(Applicant Name)** do hereby certify to the Alabama Department of Transportation that the required local funds for the **(Provider Name)** Program are available from the following source(s):

General Fund:           \$ \_\_\_\_\_

Other:                    \$ \_\_\_\_\_

Total:                    \$ \_\_\_\_\_

These funds will be available as of **(Enter Date)**.

Name of Applicant: \_\_\_\_\_

Name of Authorized Official: \_\_\_\_\_ Date: \_\_\_\_\_

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

Title: \_\_\_\_\_

**EXHIBIT 11 – 5307/5339 Resolution Authorizing Local Matching Funds**

(Amount should equal total Local Funds on 5307/5339 Funding Summary)

RESOLUTION NO. \_\_\_\_\_

**"SECTION 5307/5339 URBAN AREA PUBLIC TRANSPORTATION"**

WHEREAS, the **(Applicant Name)** recognizes the need for a public transportation program; and

WHEREAS, the **(Applicant Name)** is recognized as a member of the **(Transit Provider Name)** Transportation Steering Committee; and

WHEREAS, the **(Applicant Name)** recognizes that the requirements to obtain Section 5307/5339 funds from the Alabama Department of Transportation include a local match of 20% for capital expenses; and

WHEREAS, the **(Applicant Name)** recognizes that the local match will be a shared cost with other participating municipalities being responsible for providing an appropriate allocation of local non-federal funds to secure the operating of the Section 5307/5339 Urbanized Area Public Transportation Program.

NOW, THEREFORE, BE IT RESOLVED, that the **(Applicant Name)** hereby commits the amount of \$\_\_\_\_\_ as local non-federal match for capital expenditures under the Section 5307/5339 Urbanized Area Public Transportation Program during Fiscal Year 2024.

Passed and adopted this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Elected Official: \_\_\_\_\_

Attest: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

## **EXHIBIT 12 - Vehicle Depreciation Schedule**

Vehicle depreciation is attributable to vehicle operations and must be included in full cost recovery calculations. Vehicle depreciation may be derived through straight-line depreciation methodology (i.e., Total Cost of Vehicle Divided by Service Life of Vehicle = Rate Per Year) satisfying requirements of the Federal Transit Administration.

***Vehicle depreciation costs must be included in the computation of third-party transportation service rates and incidental charter service rates. Service contracts and incidental charter services must accomplish full cost recovery.***

Samples of the following items follow:

1. Sample Vehicle Depreciation Schedule

**Use the Excel worksheets provided with the Application to develop the following items:**

1. Vehicle Depreciation Schedule

## FY2024 VEHICLE DEPRECIATION SCHEDULE

*Depreciation amounts should equal on Chart of Accounts, Cost Allocation Matrix, and Vehicle Depreciation Schedule. All vehicles on inventory form should be shown on this form, some will have zero value if they have depreciated completely.*

**Applicant Name:** [List Name]

**Fiscal Year:** 2024

Count	Vehicle Year	Vehicle Vin #	Aggregate Cost of Vehicle	Mileage	Seating Capacity	Useful Life Years	Single Year Value	Age of Vehicle	Depreciation Value
1									\$ -
2									\$ -
3									\$ -
4									\$ -
5									\$ -
6									\$ -
7									\$ -
8									\$ -
9									\$ -
10									\$ -
11									\$ -
12									\$ -
			<b>\$0.00</b>	<b>Grand Total Depreciation</b>					<b>\$0.00</b>

ALDOT has designated the following useful life standards for rolling stock purchases:

Type	Vehicle	FTA Defined Useful Life	Exhausted Useful Life Year/ Zero Deprecation Value
Bus	30' Heavy duty transit bus (includes Body on Chassis)	10 Years or 350,000 Miles	2013 or Older
Cutaway	25' - 35' Light duty (Cutaway Chassis)	5 Years or 150,000 Miles	2018 or Older
	30' - 35' Medium duty (Cutaway Chassis)	7 Years or 200,000 Miles	2016 or Older
Van	Modified Van, High Roof Van (Transit Van)	5 Years or 100,000 Miles	2018 or Older
Minivan	Minivans	5 Years or 100,000 Miles	2018 or Older

## **Exhibit 13 – Section 5307/5339 Authorizing Resolution**

Resolution No. \_\_\_\_\_

Resolution authorizing the filing of an application with Department of Transportation, United States of America, and the Alabama Department of Transportation for a grant under the Federal Transit Act.

**WHEREAS**, the Secretary of U.S. Department of Transportation and Director of the Alabama Department of Transportation are authorized to make grants for a public transportation program;

**WHEREAS**, the contract for financial assistance will impose certain obligations upon the Applicant, including the provision of its local share of the project costs in the program;

**WHEREAS**, it is required by the U.S. Department of Transportation in accord 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 49 USC Section 5307/5339 the applicant gives an assurance that it will comply with Title VI of the Civil Rights Act of 1964 and other pertinent directives and the U.S. Department of Transportation requirements thereunder; and

**WHEREAS**, it is the goal of the Applicant that disadvantaged business enterprises (minority business enterprises and woman business enterprises) be utilized to the fullest extent possible in connection with this/these project(s), and that definite procedures shall be established and administered to ensure that disadvantaged business enterprises (DBEs) shall have the maximum feasible opportunity to compete for contracts and purchase orders when procuring construction contracts, supplies, equipment contracts, or consultant and other services.

**NOW**, THEREFORE, BE IT RESOLVED BY (Governing Body of Applicant)

1. That (Title of Designated Official) is authorized to execute and file (an) application(s) on behalf of (Legal Name of Applicant) with the Alabama Department of Transportation to aid in the financing of capital projects pursuant to 49 USC Section 5307/5339, the Alabama Public Transportation Grant Program, and the Alabama Elderly and Disabled Transit Fare Assistance Program.
2. That (Title of Designated Official) is authorized to execute and file with such applications an assurance, or any other document required by the U.S. Department of Transportation and the Alabama Department of Transportation effectuating the purpose of Title VI of the Civil Rights Act of 1964.
3. That (Title of Designated Official) is authorized to furnish such additional information as the U.S. Department of Transportation and the Alabama Department of Transportation may require in connection with the application for the Program of Projects submitted to FTA.
4. That (Title of Designated Official) is authorized to set forth and execute affirmative disadvantaged business enterprise policies in connection with any procurements made as part of the project.
5. That (Title of Designated Official) is authorized to execute grant agreements on behalf of (Legal Name of Applicant) with the Alabama Department of Transportation for aid in the financing of the capital projects.

**CERTIFICATION**

The undersigned duly qualified and acting (Title of Designated Official) of the (Legal Name of Applicant) certifies that the foregoing is a true and correct copy of a resolution, adopted at a legally convened meeting of the (Governing Body of Applicant) held on \_\_\_\_\_, 20\_\_\_\_\_.

If applicant has an official seal, impress here.

\_\_\_\_\_  
Signature of Recording Officer

\_\_\_\_\_  
Title of Recording Officer

\_\_\_\_\_  
Date

## **Exhibit 14 – COMPLETED APPLICATION**

**Ensure all steps for Grant have been completed.**

**Final Document Developed should have:**

1. Grant Coversheet Attached
2. Application Checklist Correctly Completed and Attached
3. All Application Checklist Questions Answered
4. All Application Checklist Items Requested are Attached and In Sequence with Question.  
(Attachments/Supporting documents must be inserted directly after question.)
5. Final Document Pages are Consecutively Numbered in Whole Numbers and in Sequence of Checklist Including Support Documents.
6. Follow Grant Application Submission Process as Indicated in Instructions.

**No Instructions or Other Items Not Listed on The Checklist Should Be Submitted Within Final Application Document.**