**ALABAMA DEPARTMENT OF TRANSPORTATION**

**LOCAL TRANSPORTATION BUREAU**

**Public Transit Section**

**FEDERAL TRANSIT ADMINISTRATION**

**FEDERAL FISCAL YEAR 2020**

**SECTION 5311(f) APPLICATION AND GUIDELINES**

****

Dissemination Date: July 1, 2019

Due Date: July 15, 2019

Table of Contents

[1.1 Capital Assistance Program for FY-2020 3](#_Toc490486111)

[1.2 Project Selection and Award Award Process 4](#_Toc490486112)

[1.3 Section 5311(f) Program Objectives 5](#_Toc490486113)

[1.4 Eligible Project Types 5](#_Toc490486114)

[1.5 Eligible and Ineligible Activities 6](#_Toc490486115)

[1.6 Project Management 7](#_Toc490486116)

[1.7 Roles and Responsibilities: 7](#_Toc490486117)

[1.8 Operating Assistance 8](#_Toc490486118)

[1.9 Capacity and Legal Authority 8](#_Toc490486119)

[1.10 Technical Assistance 8](#_Toc490486120)

[1.11 New Service Applicant 9](#_Toc490486121)

[1.12 General Instructions and Format of the Application 9](#_Toc490486122)

[1.13 Application Due Date and Contact Information 10](#_Toc490486123)

[1.14 Service Models Available 10](#_Toc490486124)

[1.14.1 CONTINUE EXISTING SERVICE (No changes to existing project) 10](#_Toc490486125)

[1.14.2 EXPAND SERVICE (Assumes Continuation of Existing Service) 10](#_Toc490486126)

[1.14.3 START NEW SERVICE 11](#_Toc490486127)

[1.15 Application Evaluation 11](#_Toc490486128)

[2 Appendix A: Evaluation Matrix 45](#_Toc490486129)

 I. Introduction

🞺 Introduction: This application package contains information and application forms for the Federal Transit Administration (FTA) Section 5311(f) Program. The Alabama Department of Transportation (ALDOT) administers Alabama's Rural Transit Program (49 USC Section 5311) for the Federal Transit Administration (FTA). Federal Rural Transit Program funds are provided to eligible applicants following submission and approval of a Award application.

States must use at least 15 percent of the annual Section 5311 program apportionment to support intercity bus service, unless the Governor certifies, after consultation with affected intercity bus providers, that the intercity bus needs of the State are being met adequately. Alabama will use 15% percent of the Section 5311 funds apportionment for intercity bus activities. Two million, three hundred, seventy-seven thousand and sixty-three dollars ($2,377,063) in Federal funds are expected to be available.

**🞺 Reference Documents:** Applicants are encouraged to review the most current ***State Management Plan*** at <https://www.dot.state.al.us/ltweb/transit/index.html> and visit the FTA Website at <https://www.transit.dot.gov/> to access current circulars and review the most current Master Agreement and other pertinent documents relating to the Section 5311(f) public transportation program before proceeding.

**🞺 Ensure Eligibility:** Applications must be for eligible services, eligible service areas, eligible recipients, eligible expenses, and must be properly matched. Applicants must also assure compliance with conditions placed on recipients of federal funds.

**🞺 Exhibits:**  The Section 5311(f) program Award application comprises several narrative Exhibits. These Exhibits are described in detail in the following pages. The required Exhibits in the application must appear in the order they are described in these instructions. Several examples are included herein. The blank forms included in this packet may be used to aid in the development of required Exhibits.

**🞺 Operating Assistance Available:**  The maximum award is 50% of the net operating cost. If desired, an applicant can apply for operating assistance only, without applying for any capital assistance. Operating Assistance can be matched by In-Kind or Cash.

**🞺 Capital Assistance Available:**  The FY-2020 Section 5311(f) Award application includes both capital and operating assistance. Applicants can apply for capital assistance only, operating assistance only, or both capital and operating assistance. Capital assistance requires cash match.

## Capital Assistance Program for FY-2020

🞺 Available Funding: Cash match is 20% for capital items. In-Kind match is not permitted for capital items. Project Selection will determine the amount of Federal capital dollars to be awarded to each applicant.

Buses: Applicants can apply for Buses that are listed on the ALDOT Bid List (see Exhibit 10, Part II: Capital Funding Request Form), and/or for larger over-the-road buses. After capital award, ALDOT will procure the vehicles listed on the ALDOT Bid List, and will provide assistance in properly procuring any larger buses that are approved.

Bus Support Equipment / Facilities: Bus support equipment generally comprises the following types of items:

* Rehab / Renovation of facility
* Shop equipment
* Computer hardware/software
* Surveillance / Security for buses
* Radios and communications equipment
* Global positioning system (GPS)
* Support vehicles
* Bicycle racks
* Passenger shelters, bus stop signs, and similar passenger amenities

This above list is not all-inclusive. Applicants requesting facility modifications may find it helpful to request Technical Assistance by calling or sending an email using the Contact Information in **Section 1.13**.

## Project Selection and Award Process

Completeness: Initially, applications will be reviewed for completeness, based on the **Checklist**. Any issues will be identified. Transit Section staff will determine whether an application with issues can be made complete by the applicant. If Transit Section staff determines that an application with issues can be made complete, then the applicant will be offered the opportunity to address issues that are found with the application as it was submitted.

Project Selection: A screening and selection committee comprised of ALDOT staff will assign points based on rating criteria **(see Appendix A)**. The selection committee ratings will be averaged and ranked using a point system. Based on the funds allocated for the program, ALDOT will determine the total number of applications to be funded.

Applicants Will Be Notified of Award Status: Each applicant will be notified of the application status (approved or not approved). The notification to each unsuccessful applicant will outline reasons why the application was not approved.

Agreement: Grant award/approval letters will be sent to successful applicants after the statewide award has been approved by FTA. ALDOT will prepare an agreement with each successful applicant. After the applicant’s FY-2020 agreement is approved and fully executed, the agency will become a subrecipient of ALDOT. This formal agreement between the Alabama

Department of Transportation and the subrecipient must be executed prior to the obligation of funds. A final list of selected projects will be published on ALDOT’s website.

## Section 5311(f) Program Objectives

**🞺 Intent:** The Federal Transit Administration (FTA) Section 5311(f) Intercity Bus Program in Alabama is designed to address the “intercity bus transportation needs of the entire state” by supporting projects that meet the national objectives and the Alabama emphasis area.

**🞺 Alabama Emphasis Area:** The program emphasis is connectivity between non-urbanized (rural) areas and urbanized areas that will result in connections of greater regional, statewide, and national significance.

**🞺 National Program Objectives:** Proposed projects must specifically support one or more of the program objectives:

1. To support the connection between rural areas and the larger regional or national system of intercity bus service.
2. To support services to meet the intercity travel needs of residents in rural areas.
3. To support the infrastructure of the intercity bus network through providing Capital and Operating Assistance (including marketing assistance).

**🞺 Alabama’s Section 5311(f) Program Objective:** The objective of this competitive application process is to retain/secure intercity bus operators (for services that would not otherwise be provided in the open marketplace) to operate within and/or through the State of Alabama, connecting Alabama communities with the national intercity bus network. Applicants will propose to deliver intercity bus services over designated routes in the State of Alabama in accordance with the Alabama Intercity Bus Service Study 2014. An electronic copy of the Alabama Intercity Bus Service Study 2014 is available via the link:

<https://www.dot.state.al.us/ltweb/transit/IntercityBus.html>

## Eligible Project Types

**🞺 Policy:** Project applications will fall within the category of Capital and Operating Assistance. Funding for projects will be based on the merits of the proposal and available funding by capital and operating categories (see **Introduction** on page 3**)**.

**🞺 Project Types and Priorities:** Applicants may apply for the three (3) types of projects that are listed below. Please mark **Exhibit 1** to indicate the type of Project that you are submitting.

1. **Continue Existing Service (No Changes to Existing Service):** This application is for current service Section 5311(f) providers only. Continued funding for current routes will have priority. *Please refer to* ***Section 1.14*** *for more information.*
2. **Expand Service (Assumes Continuation of Existing Service):** This application is for current Section 5311(f) service providers only who are interested in adding new service or an additional route, additional hours of service, additional frequency, or other service enhancement(s) in addition to continuing their current service. *Please refer to* ***Section 1.14*** *for more information.*
3. **Start New Service:** This application is for new applicants only (applicants who did not receive Section 5311(f) Operating Assistance from ALDOT in FY-2020). *Please refer to* ***Section 1.14*** *for more information.*

|  |
| --- |
| **Table 1: Eligible Types of Applications** |
| Project Type | Application Types | Federal Share (Maximum Percentage) | Project Period (Maximum) |
| Operating Assistance | Operations expenses for intercity fixed route | 50% | 12 months |
| Operating Assistance | Operations expenses for intercity demand response (feeder) route | 50% | 12 months |
| Operating Assistance | Marketing activities | 50% | 12 months |
| Capital Assistance | Purchase of Vehicles (Cash Match Only) | 80% | 12 months |
| Capital Assistance | Purchase of Bus Support Equipment / Rehab or Renovation of Facility (Facilities) (Cash Match Only) | 80% | 12 months |

## Eligible and Ineligible Activities

Both public and private transportation providers are eligible to receive FTA Section 5311(f) funds provided that the FTA Intercity Bus Program requirements are met.

**🞺 Eligible Activities:** Eligible activities under Section 5311(f) must support intercity bus service in rural areas. Intercity bus service is regularly scheduled bus service for the general public that operates with limited stops over fixed routes connecting two or more urban areas not in close proximity, that has the capacity for transporting baggage carried by passengers, and that makes meaningful connections with scheduled intercity bus service to more distant points. Layover times must be reasonable.

* **Eligible Fixed-Route Intercity Bus Services:** Intercity service is by definition fixed route.
* **Feeder Service:** The “coordination of rural connections between small transit operations and intercity bus carriers” may include the provision of service that acts as a feeder to intercity bus service, and which makes meaningful connections with scheduled intercity bus service to more distant points. The feeder service is not required to have the same characteristics as the intercity service with which it connects. For example, feeder service may be demand-responsive, while intercity service is by definition fixed route.

🞺 Activities That Are Not Eligible: Charter and tour services are not eligible for FTA assistance. Commuter service (service designed primarily to provide daily work trips within the local commuting area) is not eligible.

## Project Management

**🞺 Project Management:** The applicant is required to make diligent progress toward completing the approved project and assumes responsibility for managing the project consistent with the project scope, schedule, and cost in the approved application.

**🞺 Minor Amendments Only:** Although external factors may cause changes to the project scope, schedule, or cost, only minor project amendments will be considered and must be approved by ALDOT. Should it be determined that a project will be delayed more than six (6) months, the applicant is required to report to ALDOT on the nature of the delay and steps taken to alleviate the problem.

**🞺 “Ready to Go”:** Projects must be completed within the maximum time limit stated in “**Table 1: Eligible Types of Applications**”. All projects must be ready when funding is approved. A project is evaluated “ready to go”, but is not limited to, the following items:

1. Application with all necessary documents (i.e., Board Resolution and opportunity for a Public Hearing)
2. Local match is available
3. Other necessary documents and/or possible approvals (i.e., Bid documents, environmental, contracts)

## Roles and Responsibilities:

**🞺 Applicant is responsible for the following:**

* Demonstrating in the application the fiscal and managerial capability to manage the funds being requested
* Submitting only one application bearing all **original signatures**
* Securing local funding commitments to complete the project
* Executing the Standard Agreement including encumbrance of local program funds
* Maintaining an accounting system consistent with generally accepted accounting principles
* Fulfilling and complying with federal regulations and contractual requirements

**🞺 ALDOT is responsible for the following:**

* Providing guidance and technical support to program applicants
* Reviewing applications for completeness and evaluating each application for funding consideration
* Evaluating project proposals
* Issuing final approval on project selection and project award
* Preparing and executing **Standard Agreement(s)** with successful applicants
* Establishing and administering program procedures
* Implementing program policy changes and procedures
* Assisting with procurement activities
* Reviewing reimbursements to ensure accuracy
* Reporting to FTA for program compliance

## Operating Assistance

Operating assistance may be provided to 1) continue existing service, 2) expand service, or 3) start new service. The maximum award is 50% of the net operating cost. Each proposal shall include an analysis describing the mobility needs that it serves, the route’s functional relationship to the statewide intercity bus system, and its current coordination with local public or private transportation services and facilities.

* Net project cost -Federal: 50%/Local: 50%
* Direct operating assistance Awards
* Marketing activities for intercity bus transportation
* User-side subsidies (i.e., ticket or transfer subsidies, promotional subsidies)
* Coordination of rural transit connections between small transit operators and intercity bus carriers
* Feeder service connecting to intercity bus network

## Capacity and Legal Authority

All Award recipients must demonstrate that they have the requisite fiscal and managerial capability and legal authority to receive the federal funds applied for and to carry out the project for which funds are sought.

## Technical Assistance

Technical Assistance is available to any Applicant for Section 5311(f) funds through ALDOT. New Service Applicants (see definition in **Section 1.11** below) may find it particularly helpful to request Technical Assistance by calling or sending an email using the Contact Information in **Section 1.13**.

## New Service Applicant

ALDOT defines a “New Service Applicant” as an entity that has not purchased a vehicle or vehicles through the Section 5311(f) program or received operating assistance from ALDOT through the Section 5311(f) program.

## General Instructions and Format of the Application

The forms and required exhibits included in this package provide the Alabama Department of Transportation with the information necessary to select projects and to ensure compliance with State and Federal requirements. The required submissions must be complete and correct. Applicants should be aware that there are severe penalties and sanctions for furnishing false information in order to obtain federal Awards.

**🞺 Only One (1) Application per Applicant:** Submit only one (1) application per applicant, even if the agency will be applying for assistance at multiple locations. If there are multiple locations, it will be necessary to submit multiple originals of some Exhibits (one for each location).

**🞺 Completed Checklist Is Required:** The completed application package must be submitted in the order listed on the **Checklist**. One original application must be securely clipped (**no binders or dividers, please**) and submitted to the Alabama Department of Transportation’s Local Transportation Bureau. **All pages should be on 8.5ʺ x 11ʺ inch paper.** **Number all pages consecutively in whole numbers (example: 1, 2, 3, etc.).** Text on one side of the paper is the only acceptable format. On the **Checklist**, enter the page number corresponding to each Exhibit and return the **Checklist** with your application to ensure all Exhibits are included in the correct order. The completed **Checklist** will be placed at the front of the Application (before **Exhibit 1**).

**🞺 Public Hearing:** A Public Hearing Notice offering the opportunity for a Public Hearing is required (see **Exhibit 7** for details).

**🞺 Format:** Do not staple or insert into a hard-bound notebook. Use a clip or rubber band to attach pages together. The reviewer must be able to easily copy and use each Exhibit as needed.

**🞺 Signatures:** Information should be typed and signed in the appropriate areas. **All signatures must be the originals of the authorized official for the applicant organization or agency (for example, president or executive director).**

## Application Due Date and Contact Information

Applications must be received at ALDOT no later than July 15, 2019.

Alabama Department of Transportation

Local Transportation Bureau

Transit Section

1409 Coliseum Blvd

Montgomery, AL 36110

E-mail: leed@dot.state.al.us

Website: <https://www.dot.state.al.us/ltweb/transit/index.html>

Technical Assistance is available upon request.

##  Service Models Available

### CONTINUE EXISTING SERVICE (No changes to existing project)

**Continue Existing Service (No Changes to Existing Service):** This application is for current service providers only. If there are **no changes** to the existing 5311(f) project, please **complete** this section of the application. Continued funding for current routes will have priority and will receive 5 bonus points.

**Continued Funding Only:** This application is for **CONTINUED FUNDING** for **applicants** that were awarded Operating Assistance in **FY-2019 through FTA Section 5311(f) for either Intercity Bus Service or Feeder Route Service.**

**Operating and Capital Assistance Are Available**: Operating assistance (at 50% Federal/50% local or in-kind) will be available for FY-2020. Capital Assistance will also be available in FY-2020 as described in **Section 1.1**. Capital Assistance requires Cash Match.

**Applicant Contact Person:** The Contact Person named on the “General Information” Form **(Exhibit 3.1)** will be responsible for project and financial oversight if the project is funded.

### EXPAND SERVICE (Assumes Continuation of Existing Service)

**Summary:** Service expansion projects will explain what service exists for each route operated and how the expansion will complement the existing service. How will the proposed project expand the present service? More routes? More hours? Larger geographic area? Shorter headways? More trips? New stops added? Please explain in detail in **Exhibit 4.2**.

**Expand Service (While Continuing Existing Service):** If the Applicant is proposing to continue the existing service and to expand service by lengthening a route or routes to include more service area, adding a route or routes, adding additional frequency or adding another service enhancement, please **complete** this section of the application. Continued funding for current routes will have priority and will receive 5 bonus points.

**Current ALDOT Intercity Bus Provider:** Applicants applying under this section must have received Operating Assistance FY2019 **through FTA Section 5311(f) for either Intercity Bus Service or Feeder Route Service.**

**Operating and Capital Assistance Are Available**: Operating assistance (at 50% Federal/50% local or in-kind) will be available for FY-2020. Capital Assistance will also be available in FY-2020 as described in **Section 1.1**. Capital Assistance requires Cash Match.

**Applicant Contact Person:** The Contact Person named on the “General Information” Form **(Exhibit 3.2)** will be responsible for project and financial oversight if the project is funded.

### START NEW SERVICE

**Start New Service:** This application is for new service providers only. To qualify under this application section, the Applicant will not have received Operating Assistance in **FY2019 through ALDOT’s FTA Section 5311(f) for either Intercity Bus Service or Feeder Route Service.**

**Operating and Capital Assistance Are Available**: Operating assistance (at 50% Federal/50% local or in-kind) will be available for FY-2020. Capital Assistance will also be available in FY-2020 as described in **Section 1.1**. Capital Assistance requires Cash Match.

**Applicant Contact Person:** The Contact Person named on the “General Information” Form **(Exhibit 3.3)** will be responsible for project and financial oversight if the project is funded.

**Complete Application with All Exhibits:** A new applicant to the Program must provide written documentation of the organization’s legal status, provide a completed application, and provide business references. [Please copy and complete **Exhibit 13, “Applicant Business Reference Form”,** for three (3) contract or business references.]

**Pre-Award Audit:** ALDOT will conduct a pre-award audit of first-time subrecipients to ensure that the Applicant has adequate financial management capacity to administer the Award contract.

## Application Evaluation

Following acceptance of applications, the ALDOT Bureau of Local Transportation will convene an application evaluation committee, comprised of internal technical staff and one or more representatives from external entities in the field of passenger transportation. The committee will evaluate the applications, considering the following general criteria:

1. **Coverage:** ALDOT seeks to maximize, to the extent feasible, the number of Alabama communities served by intercity bus, and the number of Alabama residents within reach of intercity bus service (using 10-mile and 25-mile radii around passenger boarding stops within the intercity bus network).

Productivity: ALDOT seeks to support intercity bus services attracting a significant volume of ridership. The ALDOT Bureau of Local Transportation also supports investments that help to attract and retain riders, such as onboard passenger amenities and customer information technology.

Management: ALDOT requires that subrecipients administer Section 5311(f) activities effectively and comply with all Federal and State requirements.

Evaluation Matrix: A description of the Evaluation Criteria is provided in Appendix A.

\*\*

Fiscal Year 2020 Section 5311(f) Application Checklist

Application Deadline: July 15, 2019 to ALDOT

**Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Place completed “Checklist” in front of Exhibit 1*

|  |  |  |
| --- | --- | --- |
| Exhibit | Required Application Documents | Page No. |
|  | Section 5311(f) Application Cover Page |  |
|  | Section 5311(f) Cover Letter |  |
|  | General Information *(complete 3.1, 3.2, or 3.3). Mark N/A for others.* |  |
|  | 1. Continue Existing Service Only
 |  |
|  | 1. Service Expansion
 |  |
|  | 1. New Service
 |  |
|  | Project Outline *(complete 4.1, 4.2, or 4.3). Mark N/A for others.* |  |
|  | 1. Continue Existing Service Only
 |  |
|  | 1. Service Expansion
 |  |
|  | 1. New Service
 |  |
|  | Section 5311(f) Authorizing Resolution |  |
|  | Local Match Documentation  |  |
|  | 1. Local Match Certification Form
 |  |
|  | 1. Local Match Commitment Letter
 |  |
|  | Notice of the Opportunity for a Public Hearing  |  |
|  | 1. Copy of Ad
 |  |
|  | 1. Publisher’s Affidavit
 |  |
|  | 1. Minutes of the Public Hearing (if a hearing is held)
 |  |
|  | Operating Project Cost Proposal |  |
|  | Marketing Plan (5% of Award application) |  |
|  | Capital Funding Request |  |
|  | ***NOTE: All Applicants will complete Part IV: “Current Vehicle Inventory Form”*** |  |
|  | List of Public Transportation Providers and Labor Unions (for Special Section 5333(b) Warranty) |  |
|  | Route Maps and Schedules |  |
|  | Applicant Business Reference Form (Applicants for “Start New Service” only) |  |

Exhibit 1: Section 5311(f) Application Cover Page

**ALABAMA DEPARTMENT OF TRANSPORTATION**

**LOCAL TRANSPORTATION BUREAU**

**Public Transportation Section**

**FEDERAL TRANSIT ADMINISTRATION**

**FEDERAL FISCAL YEAR 2020**

**SECTION 5311(f) APPLICATION**



|  |
| --- |
| Operating and Capital Requests ✓the service details under 1, 2, or 3 below |
| 1. Continue Existing Service

(No Changes to Existing Service) |
| Intercity Bus Route: |   |
| Feeder Service Route: |   |
| 1. Expand Service

(Assumes Continuation of Existing Service)  |
| New service area or route: |   |
| Additional hours of service: |   |
| Additional frequency: |   |
| Other service enhancement: |   |
| 1. Start New Service
 |
| New Intercity Bus Route: |   |
| New Feeder Service: |  |

##### Legal Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date Received By ALDOT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exhibit 2: Section 5311(f) Cover Letter

Sample Cover Letter

**Place on Applicant’s Letterhead**

[DATE]

Mr. D. E. Phillips, Jr., P. E.

State Local Transportation Engineer

Local Transportation Bureau

Alabama Department of Transportation

1409 Coliseum Blvd

Montgomery, Alabama 36110

Dear Mr. Phillips:

Subject: FY-2020 INTERCITY BUS PROGRAM APPLICATION

The [Applicant] is hereby applying for a Section 5311(f) [Capital, Operating, and/or Capital and Operating Assistance] Award under 49 USC Section 5311, to assist in the operation of the intercity bus route(s) [Add Description] for the period covering October 1, 2019 to September 30, 2020. The project application has been reviewed and approved by the [Applicant’s Governing Authority]. The requested amount of Federal assistance is as follows:

Federal Operating Assistance: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Federal Capital Assistance: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cash or in-kind match in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will be used as the non-federal match for Operating Assistance. *[(If capital is requested, include the following sentence):*  Cash match in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will be used as the non-federal match for Capital Assistance.]

The Applicant attests that all information contained within this application is true and correct and that the applicant has the legal, financial and technical capacity to carry out the proposed project. If you have questions or need further information, please contact [principal contact] at [telephone number].

Respectfully,

Signature of Designated Official

Title

|  |
| --- |
| Exhibit 3.1: General Information |
| **Continue Existing Service Only (FY-2020)** |

Click here to enter text.

Name of Applicant:

Click here to enter text.

 Address:

Click here to enter text.

City, State, Zip Code:

Click here to enter text.

Contact Person:

Click here to enter text.

 Title:

Click here to enter text.

 Phone:

Click here to enter text.

 E-Mail:

Click here to enter text.

Click here to enter text.

Federal ID No. and DUNS No. Tax Exempt No. (if applicable):

Organization Type (check all that apply): [ ]  Private For Profit [ ]  Private Non-Profit

Click here to enter text.

[ ] Public Agency [ ]  Native American Tribe [ ]  University / College [ ]  Other

⇦ Amount of Section 5311 (f) Match **(Local $)**

Click here to enter text.

⇦ Amount of Section 5311 (f) Funds Requested **(Federal $)**

Click here to enter text.

Click here to enter text.

⇦ Amount of Section 5311 (f) Operating Funds Requested **(Total $)**

⇦ Amount of Section 5311 (f) Capital Funds Requested **(Total $)**

|  |
| --- |
| Exhibit 3.2: General Information |
| **Service Expansion (FY-2020)** |

Click here to enter text.

Name of Applicant:

Click here to enter text.

 Address:

Click here to enter text.

City, State, Zip Code:

Click here to enter text.

Click here to enter text.

Contact Person:

 Title:

Click here to enter text.

 Phone:

Click here to enter text.

 E-Mail:

Click here to enter text.

Click here to enter text.

 Federal ID No.: Tax Exempt No. (if applicable):

Organization Type (check all that apply): [ ]  Private For Profit [ ]  Private Non-Profit

[ ] Public Agency [ ]  Native American Tribe [ ]  University / College [ ]  Other

|  |  |
| --- | --- |
| Click here to enter text. | ⇦ a. **Local $** of Section 5311(f) Match (Current Service Only) |
| Click here to enter text. | ⇦ b. **Federal $** of Section 5311(f) Funds Requested (Current Service Only) |
| Click here to enter text. | ⇦ c. **Total $** of Section 5311(f) Funds Requested (Current Service Only) |
| Click here to enter text. | ⇦ d. **Local $** of Section 5311(f) Match **(Expanded Service Only)** |
| Click here to enter text. | ⇦ e. **Federal $** of Section 5311(f) Funds Requested **(Expanded Service Only)** |
| Click here to enter text. | ⇦ f. **Total $** of Section 5311(f) Funds Requested **(Expanded Service Only)** |
| Click here to enter text. | ⇦ g. **Total** $ of Section 5311(f) Funds Requested **(Current + Expanded Service; this is c. + f.)** |

|  |
| --- |
| Exhibit 3.3: General Information |
| **Start New Service (FY-2020)** |

Click here to enter text.

Name of Applicant:

Click here to enter text.

 Address:

Click here to enter text.

City, State, Zip Code:

Click here to enter text.

Contact Person:

Click here to enter text.

 Title:

Click here to enter text.

 Phone:

Click here to enter text.

 E-Mail:

Click here to enter text.

Click here to enter text.

Federal ID No. and DUNS No. Tax Exempt No. (if applicable):

Organization Type (check all that apply): [ ]  Private For Profit [ ]  Private Non-Profit

Click here to enter text.

[ ] Public Agency [ ]  Native American Tribe [ ]  University / College [ ]  Other

⇦ Amount of Section 5311 (f) Funds Match **(Local $)**

Click here to enter text.

⇦ Amount of Section 5311 (f) Funds Requested **(Federal $)**

Click here to enter text.

Click here to enter text.

⇦ Amount of Section 5311 (f) Operating Funds Requested **(Total $)**

⇦ Amount of Section 5311 (f) Capital Funds Requested **(Total $)**

Exhibit 4.1: Project Outline
***(Continue Existing Service Only)
(No Changes to Existing Service)***

1. PROJECT DESCRIPTION

Answers to Items 1-3 are limited to no more than **3 text pages total (8 ½ x 11)**. There is no page limit for **Figure 1**. For ease of evaluation, please list each item exactly as stated and then provide the response.

1. **Project Summary:** Provide a brief description of this project, as currently operated. Feeder Services will describe how passengers arrange a trip and will identify customary pick-up and drop-off locations. Include the following information:
2. Number of vehicles used for this service as currently operated.
3. Number of back-up vehicles (if any).
4. **Connections:** Describe how each route connects directly or indirectly with other transit service providers to provide meaningful connections for passengers. This may include coordinated timing, ticketing, and co-location of services.
5. **Marketing:** Describe marketing efforts, both current and planned. **(5% of the Operating Budget will be set aside for marketing efforts; marketing set-aside must include locally specific efforts).** Exhibit 9 provides additional information on the required Marketing Plan.
6. **Route Maps and Schedules:** Provide route maps and schedules (include with Application), telephone contact number, and website (if any). List the days and times that the service operates. Where the route connects with other intercity bus routes or other public transportation modes, clearly mark the connection point(s) and list the connecting services in a callout box or footnotes. [Exhibit 12 provides specific information on Route Maps and Schedules.]
7. ROUTE STATISTICS

Provide the Route Statistics for the proposed project.

1. Include one (1) completed Figure 1 for each Route that is proposed. The number of Figure 1s will match the number of Routes.

|  |
| --- |
| Figure 1. Route Statistics  |
| Route Beginning and End Points:  |
| Items | FY-2020 (October 1, 2019-September 30, 2020 (projected) |
| Vehicle Revenue Hours (VRH) |  |
| Vehicle Revenue Miles (VRM) |  |
| Unlinked Passenger Trips (UPT) |  |
| *Note: Use the definitions provided below in developing this Figure.*  |

**Definitions:**

* **Vehicle Revenue Hours (VRH):**  Hours in revenue service and layover/recovery time. This excludes deadhead, operator training, maintenance testing, and school bus and charter services.
* **Vehicle Revenue Miles (VRM):** Miles traveled in revenue service. This excludes deadhead, operator training, maintenance testing, and school bus and charter services.
* **Unlinked Passenger Trips (UPT):** The total of one-way trips (individual passenger boardings). Passengers are counted each time they board a vehicle, no matter how many vehicles they use to travel from their origin to their destination.
1. Explain how the Route Statistics provided in Figure 1 were developed.
2. COORDINATION
3. List agencies with which you have coordination agreements, and indicate the type of coordination activity. *(Check all that apply and list partner agencies for each).*

|  |
| --- |
| **Figure 2. Coordination** |
| **Yes/No** | **Description** | **Partner Agency**  |
|[ ]  1. Ticketing |  |
|[ ]  2. Purchasing vehicle parts |  |
|[ ]  3. Maintenance services |  |
|[ ]  4. Marketing, Award writing, or fund-raising |  |
|[ ]  5. Dispatching or scheduling of trips |  |
|[ ]  6. Purchase of vehicle insurance |  |
|[ ]  7. Fuel purchasing |  |
|[ ]  8. Training of drivers or staff |  |
|[ ]  9. Financial management or billing |  |
|[ ]  10. Sharing of vehicles with other agencies |  |
|[ ]  11. Other (list) |  |

1. Provide details regarding the above, or other, coordination efforts with other transportation providers in the service area (public, nonprofit, and for-profit).
2. COMPLETE FINANCIAL FORMS

This refers to Exhibit 8 and Exhibit 10.

Exhibit 8: One “Operating Project Cost Proposal” is required for each Current Route.

Current service applicants requesting Capital Funding (Vehicles and/or Bus Support Equipment / Facilities) will complete Exhibit 10.

1. SUPPLEMENTAL INFORMATION

Provide any additional information that may help explain your project or elaborate on previous answers **(no more than one (1) page)**.

Exhibit 4.2: Project Outline
***(Expand Service While Continuing Existing Service)***

1. PROJECT DESCRIPTION

Answers to Items 1-3 are limited to no more than **4 text pages total (8 ½ x 11)**. There is no page limit for **Figure 1**. For ease of evaluation, please list each item exactly as stated and then provide the response.

1. **Project Summary (Existing Service Only):** Provide a brief description of this project, as currently operated. Feeder Services will describe how passengers arrange a trip and will identify customary pick-up and drop-off locations. Include the following information:
2. Number of vehicles used for this service as currently operated (existing service only).
3. Number of back-up vehicles for existing service only (if any).
4. **Project Summary (Expanded Service Only):** Provide a brief description of the Proposed Service expansion. Planned Feeder Services will describe how passengers will arrange a trip and will identify planned pick-up and drop-off locations. Include the following information:
5. Number of vehicles used for this service (expansion only). Will the same vehicles be used for current and expanded service?
6. Number of back-up vehicles to be used for expansion service (if any). Will the same back-up vehicles (if any) be used for current and expanded service?

Connections: Describe how each route connects directly or indirectly with other transit service providers to provide meaningful connections for passengers. This may include coordinated timing, ticketing, and co-location of services.

Marketing: Describe marketing efforts, both current and planned. (5% of the Operating Budget will be set aside for marketing efforts; marketing set-aside must include locally specific efforts). Exhibit 9 provides additional information on the required Marketing Plan.

Route Maps and Schedules: Provide both current and proposed route maps and schedules (include with Application), telephone contact number, and website (if any). List the days and times that the service operates (current and proposed). Where the route connects with other intercity bus routes or other public transportation modes, clearly mark the connection point and list the connecting services in a callout box or footnotes. [Exhibit 12 provides specific information on Route Maps and Schedules.]

1. PROJECT SERVICE LEVEL INFORMATION

**Provide the service level information for the current project and for the proposed service expansion.**

Insert additional tables if needed (use one Figure 1 for each Current Route and one Figure 1 for each Proposed Service Expansion Route).

|  |
| --- |
| Figure 1. Route Statistics  |
| Route Beginning and End Points:  |
| Items | FY-2020(October 1, 2019-September 30, 2020) (projected) |
| Vehicle Revenue Hours (VRH) |  |  |
| Vehicle Revenue Miles (VRM) |  |  |
| Unlinked Passenger Trips (UPT) |  |  |
| *Note: Use the definitions provided below in developing this Figure.*  |

**Definitions:**

* **Vehicle Revenue Hours (VRH):**  Hours in revenue service and layover/recovery time. This excludes deadhead, operator training, maintenance testing, and school bus and charter services.
* **Vehicle Revenue Miles (VRM):** Miles traveled in revenue service. This excludes deadhead, operator training, maintenance testing, and school bus and charter services.
* **Unlinked Passenger Trips (UPT):** The total of one-way trips (individual passenger boardings). Passengers are counted each time they board a vehicle, no matter how many vehicles they use to travel from their origin to their destination.
1. Explain how your service level estimates were developed.
2. Include one (1) completed Figure 1 for each Current Route and one (1) completed Figure 1 for each Proposed Service Expansion Route. Identify each Figure 1 as “Current Route” or “Proposed Service Expansion Route.”
3. COORDINATION
4. List agencies with which you have coordination agreements, and indicate the type of coordination activity. *(Check all that apply and list partner agencies for each).*

|  |
| --- |
| **Figure 2. Coordination** |
| **Yes/No** | **Description** | **Partner Agency**  |
|[ ]  1. Ticketing |  |
|[ ]  2. Purchasing vehicle parts |  |
|[ ]  3. Maintenance services |  |
|[ ]  4. Marketing, Award writing, or fund-raising |  |
|[ ]  5. Dispatching or scheduling of trips |  |
|[ ]  6. Purchase of vehicle insurance |  |
|[ ]  7. Fuel purchasing |  |
|[ ]  8. Training of drivers or staff |  |
|[ ]  9. Financial management or billing |  |
|[ ]  10. Sharing of vehicles with other agencies |  |
|[ ]  11. Other (list) |  |

1. Provide details regarding the above, or other, coordination efforts with other transportation providers in the service area (public, nonprofit, and for-profit).
2. COMPLETE FINANCIAL FORMS

This refers to Exhibit 8 and Exhibit 10.

Exhibit 8: One “Operating Project Cost Proposal” is required for each Current Route and one “Operating Project Cost Proposal” is required for each proposed Service Expansion Route.

Current service applicants requesting Capital Funding (Vehicles and/or Bus Support Equipment / Facilities) will complete Exhibit 10.

1. SUPPLEMENTAL INFORMATION

Provide any additional information that may help explain your project or elaborate on previous answers **(no more than one (1) page)**.

Exhibit 4.3: Project Outline ***(Start New Service)***

1. PROJECT DESCRIPTION

Answers to Items 1-3 are limited to no more than **4 text pages total (8 ½ x 11)**. There is no page limit for **Figure 1**. For ease of evaluation, please list each item exactly as stated and then provide the response.

1. **Project Summary:** Provide a brief description of the Proposed Route or Routes. Feeder Services will describe how passengers will arrange a trip and will identify planned pick-up and drop-off locations. Include the following information:
2. Planned service hours
3. Planned route or routes
4. Experience in providing public transportation
5. Staffing
6. Number and source of vehicles planned for this service
7. Number of back-up vehicles (if any)
8. Vehicle maintenance (who, what, when, and where)
9. CDL requirements
10. System safety plan
11. Drug free workplace
12. **Connections:** Describe how each route will connect directly or indirectly with other transit service providers to provide meaningful connections for passengers. This may include coordinated timing, ticketing, and co-location of services.
13. **Marketing:** Describe planned marketing efforts. **(5% of the Operating Budget will be set aside for marketing efforts; marketing set-aside must include locally specific efforts).** Exhibit 9 provides additional information on the required Marketing Plan.
14. **Route Maps and Schedules:** Provide proposed route maps and schedules (include with Application), telephone contact number, and website (if any). List the days and times that the service will operate (if funded). Where the route connects with other intercity bus routes or other public transportation modes, clearly mark the connection point and list the connecting services in a callout box or footnotes. [Exhibit 12 provides specific information on Route Maps and Schedules.]
15. PROJECT SERVICE LEVEL INFORMATION

**Provide the service level information for the proposed project.**

Insert additional tables if needed (use one Figure 1 per Route).

|  |
| --- |
| Figure 1. Route Statistics  |
| Route Beginning and End Points:  |
| Items | FY-2017 (October 1, 2016-September 30, 2017) (projected) |
| Vehicle Revenue Hours (VRH) |  |  |
| Vehicle Revenue Miles (VRM) |  |  |
| Unlinked Passenger Trips (UPT) |  |  |
| *Note: Use the definitions provided below in developing this Figure.*  |

**Definitions:**

* **Vehicle Revenue Hours (VRH):**  Hours in revenue service and layover/recovery time. This excludes deadhead, operator training, maintenance testing, and school bus and charter services.
* **Vehicle Revenue Miles (VRM):** Miles traveled in revenue service. This excludes deadhead, operator training, maintenance testing, and school bus and charter services.
* **Unlinked Passenger Trips (UPT):** The total of one-way trips (individual passenger boardings). Passengers are counted each time they board a vehicle, no matter how many vehicles they use to travel from their origin to their destination.
1. Explain how your service level estimates were developed.
2. Include one (1) completed Figure 1 for each Route that is proposed.
3. COORDINATION
4. List agencies with which you have coordination agreements, and indicate the type of coordination activity. *(Check all that apply and list partner agencies for each).*

|  |
| --- |
| **Figure 2. Coordination** |
| **Yes/No** | **Description** | **Partner Agency**  |
|[ ]  1. Ticketing |  |
|[ ]  2. Purchasing vehicle parts |  |
|[ ]  3. Maintenance services |  |
|[ ]  4. Marketing, Award writing, or fund-raising |  |
|[ ]  5. Dispatching or scheduling of trips |  |
|[ ]  6. Purchase of vehicle insurance |  |
|[ ]  7. Fuel purchasing |  |
|[ ]  8. Training of drivers or staff |  |
|[ ]  9. Financial management or billing |  |
|[ ]  10. Sharing of vehicles with other agencies |  |
|[ ]  11. Other (list) |  |

1. Provide details regarding the above, or other, coordination efforts with other transportation providers in the service area (public, nonprofit, and for-profit).
2. COMPLETE FINANCIAL FORMS

This refers to Exhibit 8 and Exhibit 10.

Exhibit 8: One “Operating Project Cost Proposal” is required for each Route that is proposed.

Applicants requesting Capital Funding (Vehicles and/or Bus Support Equipment / Facilities) will complete Exhibit 10.

1. SUPPLEMENTAL INFORMATION

Provide any additional information that may help explain your project or elaborate on previous answers **(no more than one (1) page)**.

Exhibit 5: Section 5311(f) Authorizing Resolution

Sample Authorizing Resolution

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

WHEREAS, the Director of the Alabama Department of Transportation is authorized to make Awards for a public transportation program;

WHEREAS, the contract for financial assistance will impose certain obligations upon the applicant, including the provision by it of the local share of the project costs in the program;

WHEREAS, it is required by the U.S. Department of Transportation in accordance with the provisions of Title VI of the Civil Rights Act of 1964, that in connection with the filing of an application for assistance under 49 USC Section 5311 the applicant give an assurance that it will comply with Title VI of the Civil Rights Act of 1964 and the U.S. Department of Transportation requirements there under; and

WHEREAS, it is the goal of the applicant that the Disadvantaged Business Enterprise program (49 CFR part 26) be used 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 shall be provided the opportunities to participate in construction contracts, purchases or 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 and/or operating assistance projects pursuant to 49 USC Section 5311(f) and the Alabama Department of Transportation Public Transportation Award Program.

2. The (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 effectuating the purposes of Title VI of the Civil Rights Act of 1964.

3. That (Title of Authorized Representative) is authorized to furnish such additional information as 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 policies in connection to any procurements made as part of the project.

5. That (Title of Designated Official) is authorized to execute Award agreements on behalf of (Legal Name of Applicant) with the Alabama Department of Transportation for aid in the financing of operating and capital assistance projects.

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 \_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_.

If applicant has an official seal, impress here.

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

Signature of Recording Officer (Title of Recording Officer)

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

Date

Exhibit 6: Local Match Certification

Exhibit 6.1: Local Match Certification Form

Sample Local Match Certification Form

We, the undersigned representing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

 (Applicant)

do hereby certify to the Alabama Department of Transportation that the required local funds for the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Section 5311(f) Intercity Bus Service Program are available from the following source(s):

Operating Funds:

Cash: $\_\_\_\_\_\_\_\_\_\_\_

In-Kind: $\_\_\_\_\_\_\_\_\_\_\_

Source of In-Kind Match: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Capital Funds:

Cash: $\_\_\_\_\_\_\_\_\_\_\_

These funds will be available as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 (Date)

Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date)

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

 (Title)

Exhibit 6.2: Local Match Commitment Letter

Sample Local Match Commitment Letter

(Must Be on Agency’s Letterhead)

[DATE]

Mr. D. E. Phillips, Jr., P. E.

State Local Transportation Engineer

Local Transportation Bureau

Alabama Department of Transportation

1409 Coliseum Blvd

Montgomery, Alabama 36110

Dear Mr. Phillips:

Subject: Local Match Commitment

The [Applicant] is hereby applying for a Section 5311(f) [Capital, Operating, and/or Capital and Operating Assistance] Award under 49 USC Section 5311, to assist in the operation of the intercity bus route(s) [Add Description] for the period covering October 1, 2019 to September 30, 2020.

The project application has been reviewed and approved by the [Applicant’s Governing Authority]. The requested amount of Federal assistance is as follows:

Federal Operating Assistance: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Federal Capital Assistance: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local assistance or in-kind match in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will be used as the non-federal match for Operating Assistance. [*If Application Includes Capital:*  Cash match in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will be used as the non-federal match for Capital Assistance.]

The **[Local Funding Source]** hereby acknowledges the local matching requirements for the referenced project and affirms assistance in the amount set forth above.

If you have questions or need further information, please contact [principal contact] at [telephone number].

Respectfully,

Signature of Designated Official

Title

Exhibit 7: Notice of the Opportunity for a Public Hearing

The Public Notice must be advertised in the newspaper at least seven (7) days prior to the scheduled hearing date. The Public Notice must be advertised a minimum of one (1) time and must be submitted, along with a publisher’s affidavit, as part of the Award application. If a Public Hearing is held, the minutes and attendees must also be submitted as part of the Award application.

*Please note: A copy of the Public Notice must be placed in the reception desk area, meeting rooms, transit facilities, and on the vehicles to allow all individuals included Limited English Proficiency individuals an opportunity to participate in the hearing (if a hearing is held).*

A sample Public Hearing Notice is included in this section. Include the following as **Exhibit 7**:

* This sheet with the completed question below
* Copy of the Public Hearing Notice as it appeared in the newspaper
* Notarized statement verifying publication (publisher’s affidavit)
* Minutes or transcript of the public hearing signed by an official of the Applicant (only if a Public Hearing is requested and then held)
* List of Attendees of the public hearing (only if a Public Hearing is requested and then held)

|  |
| --- |
| **Was a Public Hearing Requested and Then Held?**❑ Yes ❑ No |

Sample

Public Notice

All interested parties within **[counties affected]** are hereby advised that **[Applicant]** is applying to the Alabama Department of Transportation for a **[Capital, Operating, and/or Capital and Operating Assistance]** Award under Section 5311(f) of the Federal Transit Act of 1991, as amended, to be used for the provision of public transit services within **[describe the proposed route(s) assigning each route a name, listing proposed stops, and describe the proposed service area]**.

A Public Hearing has been scheduled at **[date, time, location]**, for the purpose of advising all interested parties of service being planned if Award funds are awarded, and to ensure that planned services would not represent a duplication of current or proposed services provided by existing transit or paratransit operators in the area.

**This public hearing will be conducted if and only if a written request for the hearing is received by [two days prior to the scheduled hearing].**

For more information about the proposed project or if the information is needed in another language, please contact [insert who and contact information].

Requests for a public hearing must be addressed to [Applicant Name and Address] and a copy sent to Mr. D. E. Phillips, Jr., P. E., State Local Transportation Engineer, Local Transportation Bureau, Alabama Department of Transportation, 1409 Coliseum Blvd, Montgomery, Alabama 36110.

\*\*\*

Exhibit 8: Operating Project Cost Proposal

|  |
| --- |
| Operating Project Cost Proposal (One Proposal per Route) |
| *Route Beginning and End Points:*  |
| Project Expenses for 12 Months | FY-2020 Costs (projected)  |
| **Expenses** |   |
| Administrative (Salaries and Fringes) |   |
| Drivers (Salaries and Fringes) |   |
| Fuel & Lubricants |   |
| Tires & Tubes |   |
| Travel |  |
| Drug Screening |  |
| Training |  |
| Insurance |   |
| Maintenance and Repairs |  |
| Station |  |
| Operating Taxes and Licenses |  |
| Operating Rents |  |
| Other *(describe)* |   |
| Expense Subtotal: |  |
| Marketing (5%)† |   |
| Total Operating Expenses: |   |
| \*Less Fares and Donations |   |
| Total Net Operating Expense |  |
| Plus In-Kind Match |  |
| Total Operating Loss and In-Kind Match |  |
| Billable 50% of Allowable Losses |   |
| Total Projected Vehicle Revenue Miles for This Route (12 month period): |   |
| Fully Allocated Cost per Mile (Total Net Operating Expense / Projected Vehicle Revenue Miles for This Route): |   |
| \*Applicants should estimate both ridership and expected fare revenue per Vehicle Revenue Mile. |
| †Marketing is required and is budgeted at 5%. |
| This page is also available as an Excel spreadsheet (upon request). |

Exhibit 9: Marketing Plan

MARKETING PLAN (5% of Award Application)

**Marketing:** Describe marketing efforts, both current and planned. **(5% of the Operating Budget will be set-aside for marketing efforts; marketing set-aside must include locally specific efforts).**

The *Marketing Plan* (1-2 pages) will address the planned marketing activities if the proposed Project is funded. The *Marketing Plan* will identify specific activities, the timeline for implementation, and the budget.

The goal of the marketing strategy is to inform riders and potential riders about the service. The recent Alabama Intercity Bus Service Study 2014 recommended increasing advertising [marketing] as a way to increase ridership and reduce cost per trip.

Examples of eligible marketing expenses are listed in Items 1-7. Examples of ineligible marketing expenses are listed in Item 8.

1. Purchase advertising space or time (television, radio, website, print or electronic publication, billboard, etc.)
2. Purchase exhibition / showcase space at conventions or events, at a cost of $2,000 or less per event
3. Wayfinding signage
4. Purchase printed marketing materials (for example: brochures, flyers, posters, and banners)
5. Purchase promotional gifts of a nominal value (for example: pens, coffee mugs, keychains, refrigerator magnets, and flashlights), at a cost of $5 or less per unit
6. Pay for costs incurred in the design and production of marketing materials associated with any eligible marketing activity (after contract execution only)
7. Pay for staff time incurred in administering or implementing eligible marketing activities
8. Ineligible marketing activities include, but are not limited to, the following:
	1. Broad sponsorships of public or private events (typically, payment of a lump sum in return for including the sponsor’s name or image in public communications about the event)
	2. Expenses which have the appearance of a contribution or donation to an organization for a purpose not related to delivery or publicity of intercity bus service
	3. Any cost incurred to influence (directly or indirectly) legislative action at any level of government
	4. Promotional prizes (e.g., drawings and sweepstakes)

Exhibit 10: Capital Funding Request

|  |
| --- |
| **Are you applying for FY-2020 5311(f) Capital Funding?** ❑ Yes (complete all of **Exhibit 10**).❑ No **(**If no, **COMPLETE EXHIBIT 10, PART IV ONLY and then proceed to Exhibit 11).**  |

Part I: Capital Funding Request Narrative

* **Capital Funding Request Project Description: Provide a summary description of the capital items listed in the “Capital Funding Request Form” in Part II. *Attach additional page(s) as necessary.***

**Vehicles:** Describe the number and type of vehicles requested. Description will also state the number of “Replacement”, “Expansion”, and “New Service” vehicles.

Buses: Applicants can apply for Buses that are listed on the ALDOT Bid List (see Part II of this Exhibit), and/or for larger over-the-road buses. After capital award (and payment of local match), ALDOT will procure the vehicles listed on the ALDOT Bid List, and will provide assistance in properly procuring any larger buses that are approved.

**Bus Support Equipment / Facilities:**  Describe the line items included under “Bus Support Equipment / Facilities” on the “Capital Funding Request Form”. Provide the facility address (if applicable), the type of support vehicles requested (if applicable), and details on how the support equipment will be used in delivering intercity bus service (including feeder routes).

Bus support equipment generally comprises the following types of items:

* Rehab / Renovation of facility
* Shop equipment
* Computer hardware/software
* Surveillance / Security for buses
* Radios and communications equipment
* Global positioning system (GPS)
* Support vehicles
* Bicycle racks
* Passenger shelters, bus stop signs, and similar passenger amenities

This above list is not all-inclusive. Applicants requesting facility modifications may find it helpful to request Technical Assistance by calling or sending an email using the Contact Information in **Section 1.13**.

|  |
| --- |
| Part II: Capital Funding Request Form |
| 1. Description of Capital Item
 | 1. Cost per Item
 | 1. Quantity Requested
 | 1. Total Cost (B \* C)
 |
| **Expenses** |  |   |  |
| ALDOT Bid List: Mini Van for 7-8 passengers  | $42,000 |   |  |
| ALDOT Bid List: Modified Van for 15 passengers  | $57,700 |   |  |
| ALDOT Bid List: Cut-A-Way Chassis Bus for 17 passengers | $55,600 |   |  |
| ALDOT Bid List: Cut-A-Way Chassis Bus for 21 passengers  | $56,600 |   |  |
| ALDOT Bid List: Cut-A-Way Chassis Bus for 25 passengers  | $58,000 |  |  |
| ALDOT Bid List: Diesel Cat-A-Way Chassis Bus for 25 passengers  | $85,000 |  |  |
| Other Bus: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Other Bus: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |   |  |
| Other Bus: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Rehab / Renovation of Facility  |  |  |  |
| Shop Equipment |  |  |  |
| Computer Hardware / Software |  |  |  |
| Surveillance / Security for Buses |  |  |  |
| Radios and Communications Equipment |  |  |  |
| Global Positioning System (GPS) |  |  |  |
| Support Vehicles |  |  |  |
| Bicycle Racks |  |  |  |
| Passenger Shelters / Amenities |  |  |  |
| Bus Stop Signs |  |  |  |
| Other *(describe)* |  |  |  |
| Other *(describe)* |  |   |  |
| Total Capital Expenses: |  |  |  |
| Section 5311(f) Award (80%) |  |   |  |
| Local Share (20%) |  |   |  |
| Source of Local Share: |  |  |  |
| Fully Allocated Cost per Mile (Total Net Operating Expense / Projected Route Miles): |  |   |  |
| \*All prices are estimates and are subject to change. One (1) wheelchair station is included in the ALDOT Bid List price. |
| This page is also available as an Excel spreadsheet (upon request). |

Part III: Project Implementation Schedule

**Implementation Plan:** Provide a projected timeline for implementation.

1. Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Contact Person and Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Schedule of Activities:

EQUIPMENT PURCHASE

|  |  |
| --- | --- |
| * Start date for preparing bid specifications:
 |  |
| * Completion date for preparing bid specifications:
 |  |
| * Bid advertisement date:
 |  |
| * Bid award date:
 |  |
| * Delivery date(s):
 |  |
| * Acceptance date(s):
 |  |
| * Estimated cost:
 |  |

4. Overall Project Completion Date:

5. Narrative explanations as required:

 *Note: Please enter “State Administered Activity” for those items implemented directly by ALDOT.*

Exhibit 10, Part IV: Current Vehicle Inventory Form (All Applicants Will Complete This Form)

|  |
| --- |
| Current Vehicle Inventory Form *(Complete as per Note)* |
| Vehicle Description | Vehicle ID Number | Award Number | Acquisition Date | Cost | Percent Federal Participation | Title Holder | Location / Condition (New, Excellent, Good, Fair, or Poor) and Use | Disposal Date (Month/Year) |
|   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |
| Note: Provide this information for any vehicles to be used as part of the Project, including back-up vehicles, and vehicles to be used by a subcontractor if they are operating part of the schedule. |
| \*Copy and provide additional pages as needed. |
| This page is also available as an Excel spreadsheet (upon request). |

Exhibit 11. List of Public Transportation Providers and Labor Unions

SPECIAL SECTION 5333(b) WARRANTY

LIST OF PUBLIC TRANSPORTATION PROVIDERS AND LABOR UNIONS

This form must be completed by all Applicants.

If there are no other eligible providers in your service area, mark "N/A" under the Other Eligible Providers section.

Applicant:   Union Rep.:

Service Area Description:

\_\_\_ Operating Assistance Only for FY-2020

\_\_\_ Capital Assistance Only for FY-2020

\_\_\_ Both Operating and Capital Assistance for FY-2020

Recipients/Contract Providers Union Representation (Union & Local #):

(if different than Applicant):

Other Eligible Providers in

Applicant's Service Area: Union Representation (Union & Local #):

Exhibit 12. Route Maps and Schedules

(Instructions Only; No Sample Provided)

INSTRUCTIONS FOR PREPARING ROUTE MAPS AND SCHEDULES

Provide route maps and schedules, telephone contact number, and website (if any).

List the days and times that the service currently operates (if proposal is to Continue Existing Service).

List the days and times that the service is proposed to operate (if proposal is to Expand Service or to Start New Service).

**Route Maps:**  Show only (1) route (or proposed route) per page. If the proposal is to Expand Service by lengthening a route, clearly mark the transition between current and proposed service. Where the route connects with other intercity bus routes or other public transportation modes, clearly mark the connection point and list the connecting services in a callout box or footnotes.

**Schedules:** Show only (1) route schedule (or proposed route schedule) per page. Provide time and locality information in a table and add explanatory comments as necessary. Verify that Schedules agree with Route Maps.

Exhibit 13. Applicant Business Reference Form

(Applicants for “Start New Service” Only)

Provide One Reference per Page (Minimum of Three)

|  |  |
| --- | --- |
| Vendor |  |
| Reference Name |  |
| Contact Person 1 |  |
| Contact 1 Phone | Fax Numbers |  |  |
| Contact 1 Email address |  |
| Contact Person 2 |  |
| Contact 2 Phone | Fax Numbers |  |  |
| Contact 2 Email Address |  |
| Type of Business |  |
| Original Amount of Contract |  |
| Number of claims and/or disputes by either party |  |
| Identify any subcontractors performing 20% or more of contracted work  |  |
| Application Software Supplied/Services Provided | Project Date and Duration |

By signing this form, the Applicant acknowledges and gives ALDOT permission to contact the references listed above.

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

Signature Date

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

Printed Name

*Note: The Applicant may include contract references or business references.*

# Appendix A: Evaluation Matrix

|  |
| --- |
| **Evaluation Matrix** |
| **Evaluation Items** | **Maximum Point Values**  |
| Experience: Applicant has significant experience in providing public transportation in Alabama or another state in accordance with FTA requirements. Experience with the 5311(f) program is a plus. | 15 points maximum |
| Effectiveness: Project advances Federal and State Section 5311(f) program objectives.  | 15 points maximum |
| Connections: Project must provide connection(s) through coordinated timing with the existing intercity bus network. | 15 points maximum |
| Feasibility: Applicant has the capacity to provide public transportation, and the intended results can realistically be achieved within Alabama’s project budget.  | 15 points maximum |
| Efficiency: Project costs are commensurate with results or anticipated results. | 15 points maximum |
| Local Match: Sufficient local match is available or is anticipated to be available. | Threshold Requirement |
| Coordination with other agencies | 5 points maximum |
| Marketing Plan | 10 points maximum |
| Route or routes recommended in the Alabama Intercity Bus Service Study 2014 | 10 points maximum |
| Continued funding for current routes | 5 point bonus |
| **Possible Points:** | **105**  |