**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, 2023**

**Due Date:** **June 1, 2023**

Insert Checklist from Excel Here

Insert Applicant Information Sheet from Excel Here

**Insert Designated Transit Provider Letter on Letterhead Here**

**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**

**Current System and Project Description Form**

|  |
| --- |
| **3.1 General description of the service area, including the geographic location, and delineating the geographic boundaries:** |
|  |
| 1. **Service Area Population (numbers only):**
 |
|  |
| 1. **Service Area Square Miles (numbers only):**
 |
|  |
| 1. **System Start-up Date (date transit system began receiving FTA funds):**
 |
|  |
| 1. **Brief History of System:**
 |
|  |
| 1. **Mission Statement:**
 |
|  |
| 1. **Current Year Goals and Objectives (provide at least one measurable goal and at least one measurable objective):**
 |
|  |
| **3.2 General description of eligible applicant and any subcontractors:** |
| Insert general description of eligible applicant and list of subcontractors here. If no subcontractors, state such. |
| 1. **Organization Chart**
 |
| Insert Organization Chart from upper level downward on the following page. |

**Insert Organization Chart Here**

|  |
| --- |
| **3.3 General description of proposed transportation service:** |
| Insert proposed transportation service here. Ex. Contract, Subscription, Commuter Express, Demand Response.  |
| 1. **Eligible users of service:**
 |
|  |
| 1. **Service changes from previous year:**
 |
| *If not, indicate N/A here.* |
| 1. **Planned system changes for next year:**
 |
| *If not, indicate N/A here.* |
| 1. **General description of service(s) to be provided outside of service area, including frequency of such service(s).**
 |
|  |
| 1. Support Documentation/Concurrence Letter for services that are provided outside of your service area from each affected transit provider.
 |
| *Insert Concurrence Letters on the next page if applicable. If not, indicate N/A here.* |
| 1. Documentation certifying compliance with requirements of other States must be provided for services crossing state lines.
 |
| *Insert Documentation following the Concurrence Letters if applicable. If not, indicate N/A here.* |

**Insert Letters of Concurrence Here *(If N/A Delete this page)***

|  |
| --- |
| 1. **Specific route information including 8½ʺ x 11ʺ map(s) of service area(s) highlighting area(s) served.**
 |
| Insert Maps on the following page. Such maps may be accessed, downloaded, and printed in PDF format via the link included below:<http://alabamamaps.ua.edu/contemporarymaps/alabama/counties/> |

**Insert Service Maps Here**

|  |
| --- |
| **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.  |
| 1. **Description of Fare Eligibility Process:**
 |
| *Insert Fare Eligibility Process, if applicable. If not, indicate N/A here.* |
| 1. 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* |
| 1. **Date of last fare increase:**
 |
|  |
| 1. **Planned fare increases:**
 |
|  |
| **3.5 Attach a copy of your system’s brochure.** |
| *Insert copy of brochure on the following page.*  |

**Insert Brochure Here**

|  |
| --- |
| **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).** |
|  |
| 1. **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.** |
|  |
| 1. **Provide directory of Local Transportation Steering Committee**
 |
|  |
| 1. **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.*  |

**Insert SSEPP or PTASP Updates Here *(If N/A Delete this page)***

|  |
| --- |
| **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**. |
| 1. Copy of Current ADA Complementary Paratransit Plan
 |
| *Insert a copy of the current ADA Complementary Paratransit Plan, if applicable. If not, indicate N/A.* |

**Insert ADA Complementary Paratransit Plan Here**

|  |
| --- |
| 1. **All Applicants:** The Annual ADA Update and Certification Form must be completed, signed, and included.
 |
| *Answer* ***Yes*** *or* ***No*** *to the following questions/statements and sign at the bottom.*  |

|  |  |
| --- | --- |
| **Annual Americans with Disabilities Act (ADA) Update and Certification Form** |  |
| **Transit Provider:**  | ***Enter Transit Provider Name Here*** |
| **Six (6) Service Criteria**  |  | **Y/N** |
| **1. Service Area** | Service to all origins and destinations within the defined area |  |
| Coordination with contiguous/overlapping service areas |  |
| **2. Response Time** | 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 |  |
| **3. Fares** | No more than twice the base fixed fare for eligible individuals |  |
| Compliance with companion fare requirement |  |
| Compliance with personal care attendant fare requirement |  |
| **4. Days and Hours of Service** | Paratransit provided during all days and hours when fixed route service is in operation |  |
| **5. Trip Purposes** | No restriction on types of trip purposes |  |
| No restriction by trip purpose in scheduling |  |
| **6. Capacity Constraints** | 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 in unavailable, subscription trips are less than 50% |  |
| **CERTIFICATION OF PARATRANSIT PLAN** |
| The (**transit provider name**) hereby certifies that it has completed the ***2023 Paratransit Review*** 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.  |
| **Signed by:**  |

**Insert Vehicle Inventory Form from Excel Here**

**Insert Vehicle Profile Table from Excel Here**

**Insert Non-Expendable Equipment Inventory Table from Excel Here**

**Insert Fleet Replacement Form from Excel Here**

**Insert Fleet Classification Form from Excel Here**

**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.

**Insert Notarized Public Hearing Statement Here**

**Insert Public Hearing Transcript Here**

**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 Date

Transit Director

Transit Provider Name

**Insert Public Hearing Documentation from the Most Recent TIP Process Here**

**Insert Copy of TIP Pages Showing Projects Here**

**COMPLAINT POLICY AND PROCEDURES FOR TRANSIT PROVIDER NAME**

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.

**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

**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.
3. 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.

1. 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 (Transit Provider Name) 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 at issue 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).
4. **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.

**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

**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.)? |
|  |
| 1. 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 |  |  |
| 1. Are posters or program brochures available in languages other than English, as needed?
 | Yes |  | No |  |  |
| 1. Is information about Title VI disseminated to contractors and/or subcontractors?
 | Yes |  | No |  |  |
|  If yes, how? |  |  |
|  |
| 1. Are Title VI rules and regulations included in your planning, scheduling, contracts, etc.?
 | Yes |  | No |  |  |
| 1. 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 |  |  |
| 1. 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.*  |
| 1. Description of pending applications for state assistance and assistance currently being provided from other state agencies.
 |
| *Indicate N/A if None.* |
| 1. 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 lastyear, 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.* |

Insert Funding Summary Table from Excel Here

**Insert Application Letter on Letterhead Here**

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:

FY-2024 SECTION 5307/5339 (URBAN) TRANSIT PROGRAM APPLICATION

The (**Applicant**) is hereby applying for a Section 5307/5339 capitalgrant under 49 USC Section 5307/5339, to assist in the operation of the (**Transit Provider Name**) for the period covering October 1, 2023, to September 30, 2024. The project application has been reviewed and approved by the (**Applicant’s Governing Authority)**. The requested amount of Federal assistance is as follows:

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

Local assistance in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will be used as the non-federal match. 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 (**area code**) (**telephone number**).

Respectfully,

**Name of Designated Official**

**Title**

**Insert Line-Item Budget Sheet from Excel**

**Source of Budgets Sheet from Excel**

**Insert Vehicle Request Budget Form from Excel Here**

**Insert Program of Projects from Excel Here**

**Insert Local Match Commitment Letter on Letterhead Here**

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** |
| 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: |  |  |
|  |

**SECTION 5307/5339 RESOLUTION AUTHORIZING LOCAL MATCHING FUNDS**

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)** 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 |  | day of |  | , 20 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Elected Official: |  |  | Attest: |  |
| Name: |  |  | Name: |  |
| Title: |  |  | Title: |  |

**Insert Vehicle Depreciation Schedule from Excel Here**

**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