

REQUIRED TA FORMS FOR SECTION 5310 APPLICATION

Note: The TA forms provided below are only for agencies that have no access to the Public Transportation Management System (PTMS). The agencies with access to PTMS must complete the forms in PTMS. For detailed instructions on how to apply for funding through the FY 2013 annual application, please refer to the FY 2013 Application Instructions for Public Transit Programs Administered by Bureau of Passenger Transportation. The instructions can be found at www.michigan.gov/mdotptd by clicking on Applications & Forms under Resources. The instructions for TA forms and related requirements are available under Part IV of the instructions.

Please submit all completed forms to your MDOT project manager.

Required TA forms:

- Section 5310 Application
- Capital Budget
- Vehicle Inventory
- Budget Data Form
- Contract Clauses Certification
- FTA Certifications and Assurances
- General Information
- State Certifications and Assurances
- Sub-Recipient Application for Certification of Title VI and EEO Compliance and Assurances (required for new applicant and/or applicant that has changed their legal name)
- Title VI Information
- Sec. 5310 Coordinated Public Transit-Human Services Transportation Plan Info.

TITLE PAGE
FY 2013 SECTION 5310 APPLICATION

NAME OF APPLICANT (legal organization name)		CONTACT PERSON		
ADDRESS		CITY	STATE	ZIP CODE
TELEPHONE NO.	FAX NO.	EMAIL ADDRESS		

COUNTY(IES) COVERED BY THIS APPLICATION

ORIGINAL START UP DATE OF TRANSPORTATION SERVICES

As the transportation coordinator of the applicant organization, I certify that the information contained in this application is true and complete to the best of my knowledge, and has been reviewed by the members of the coordination committee.

SIGNATURE OF TRANSPORTATION COORDINATOR		DATE
PRINTED/TYPE	TITLE	

FY 2013 SECTION 5310 CAPITAL BUDGET

NAME OF APPLICANT (legal organization name)

Proposed Project Description (including quantity, size, options)	Category	Replacement or Expansion	Federal	State		Local	Total Cost
				Cash	Toll Credits		
Total >>							

FY 2013 SECTION 5310 BUDGET DATA FORM

NAME OF APPLICANT (legal organization name)

EXPENSE SCHEDULE

FY 2013

Labor and Fringe Benefits	\$	_____
Services, Materials and Supplies (gas, oil, work performed by another agency)		_____
Casualty and Liability Insurance		_____
Purchased Transportation Service Within Service Area		_____
Leases and Rentals		_____
Depreciation and Amortization		_____
All Other		_____
Total Operation Expenses	\$	_____

REVENUE SCHEDULE

Passenger Fares (paid by rider)	\$	_____
Special Fares (paid by another organization)		_____
Local (list) _____		_____
_____		_____
State (list) _____		_____
_____		_____
Federal (list) _____		_____
_____		_____
Other (list) _____		_____
_____		_____
Total Revenues	\$	_____

FY 2013 CONTRACT CLAUSES CERTIFICATION

INSTRUCTIONS: Sign and return it to Michigan Department of Transportation

I acknowledge that I have reviewed a copy of the [Contract Clauses](#) dated October 1, 2011. I understand that the nature of the project will determine which requirements of the contract clauses apply and I will comply with all applicable clauses for all FTA-funded contracts for FY 2013.

NAME OF PERSON AUTHORIZED TO SIGN A CONTRACT OR PROJECT AUTHORIZATION

LEGAL ORGANIZATION NAME

TITLE OF AUTHORIZED SIGNER	SIGNATURE OF AUTHORIZED SIGNER	DATE
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* If the organization has a master agreement with MDOT, **the organization name must match the name as it appears on the master agreement**. Organizations with multiple contracts will need multiple clauses certifications.

** If the agency has a master agreement with MDOT, the signature must be the same as the authorized signer of the master agreement or an individual with legal authority to sign a project authorization for the organization.

FY 2013 FTA CERTIFICATIONS AND ASSURANCES

INSTRUCTIONS: Sign and return it to Michigan Department of Transportation

NAME OF APPLICANT (legal organization name)

**The applicant agrees to comply with the applicable requirements of Groups 1-18:
Those requirements that do not apply to you or your project will not be enforced.**

1. Assurances Required for Each Applicant
2. Lobbying Certification
3. Procurement Compliance
4. Protections for Private Transportation Providers
5. Public Hearing
6. Acquisition of Rolling Stock for Use in Revenue Service
7. Acquisition of Capital Assets by Lease
8. Bus Testing
9. Charter Service Agreement
10. School Transportation Agreement
11. Demand Responsive Service
12. Alcohol Misuse and Prohibited Drug Use
13. Interest and Other Financing Costs
14. Intelligent Transportation Systems
15. Elderly Individuals and Individuals with Disabilities Formula Grant Program and Pilot Program (5310)
16. Nonurbanized Area Formula Program (5311)
17. Job Access and Reverse Commute Formula Grant Program
18. New Freedom Program

FTA and MDOT intend that the certifications and assurances the Applicant has selected on this form should apply, as required, to each project for which the Applicant seeks FTA assistance during fiscal year 2013.

The applicant affirms the truthfulness and accuracy of the certifications and assurances it has made in the statements submitted herein with this document, and acknowledges that the provisions of the Program Fraud Civil Remedies Act of 1986, as amended, 31 U.S.C. 3801 et seq., as implemented by DOT regulations, "Program Fraud Civil Remedies," 49 CFR part 31 apply to any certification, assurance, or submission made to FTA. The criminal fraud provisions of 18 U.S.C. 1001 may apply to any certification, assurance, or submission made in connection with any program administered by FTA.

NAME AND TITLE OF AUTHORIZED OFFICIAL

SIGNATURE OF AUTHORIZED OFFICIAL

DATE

FY 2013 SECTION 5310 GENERAL INFORMATION FORM

NAME OF APPLICANT (legal organization name) _____

CHECK ONE:

Non-Urbanized Area

Urbanized Area NAME OF URBANIZED AREA _____

Transportation Improvement Program (TIP) has been developed for this area and this project is included in the annual element (for agencies in urbanized areas only) (Attach proof of TIP approval) Yes No (If "No", please explain below)

SERVICES PROVIDED BY APPLICANT (including how 5310 vehicles will be used, service area, days and hours of operation, and reservation requirements)

PROJECTED 5310 RIDERSHIP FOR FY 2013: _____

TYPE OF SERVICE TO BE PROVIDED (% OF USE):

_____ Demand-responsive (dial-a-ride)
_____ Fixed-route
_____ Other (specify): _____

ESTIMATED PERCENTAGE OF RIDERSHIP THAT ARE ELDERLY AND DISABLED INDIVIDUALS:

_____ Elderly
_____ Disabled

ESTIMATED PERCENTAGE OF TOTAL CLIENTS WITHIN THE FOLLOWING GROUPS:

_____ Black
_____ Hispanic
_____ Asian or Pacific Islander
_____ American Indian or Alaska Native
_____ Multiracial

SPECIFIC CLIENTELE CATEGORY:

Elderly
 Physically Disabled
 Mentally Disabled
 Other (specify): _____

VEHICLES ARE INTENDED TO:

Replace existing vehicles
 Expand existing service
 Start new service

CHECK ONE:

Attached are letters of support from each public and private transit and paratransit operator in the proposed service area indicating that he or she does not, and is not intending to, offer similar service in the same area; or proof of a good faith effort made in obtaining letters of support if an operator will not respond.

OR

A public notice has been published.

FY 2013 STATE CERTIFICATIONS AND ASSURANCES

INSTRUCTION: Sign and return it to Michigan Department of Transportation

NAME OF APPLICANT (legal organization name)

THE APPLICANT CERTIFIES TO COMPLY WITH THE APPLICABLE REQUIREMENTS SELECTED BELOW:

- A. This organization has the necessary operational lifts on its vehicles as required by Act 51, [Section 10e(17) and 10e(18)] of the Public Acts of 1951, as amended, and the Americans with Disabilities Act of 1990. The organization also certifies that the lifts are maintained and cycled on a regularly scheduled basis. (Regular, 5310, 5316, and 5317 agencies).
- B. This organization has proof of vehicle insurance on file (Regular, 5310, 5316, and 5317 agencies).

The applicant affirms the truthfulness and accuracy of the certifications and assurances it has made in statements submitted herein with this document. The truthfulness and accuracy of this document will enable the applicant to receive state funding.

NAME AND TITLE OF AUTHORIZED OFFICIAL	SIGNATURE OF AUTHORIZED OFFICIAL	DATE
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**SUB-RECIPIENT APPLICATION FOR CERTIFICATION OF
TITLE VI AND EEO COMPLIANCE AND ASSURANCES**

Title VI of the Civil Rights Act of 1964, related statutes and regulations provide that no person shall on the grounds of race, color, national origin, gender, age, or disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity receiving federal financial assistance. The Civil Rights Restoration Act of 1987 amended Title VI to specify that entire institutions receiving Federal funds, whether schools, colleges, government entities, or private employers must comply with Federal civil rights laws, rather than just the particular programs or activities that receive federal funds.

If you need assistance completing this form or additional information, please contact us by phone at (517) 373-0980, Fax (517) 373-6457 or TDD/TTY through the Michigan Relay Center at (800) 649-3777.

COMPANY/ORGANIZATION NAME	TELEPHONE NUMBER	
STREET ADDRESS	FAX NUMBER	
P.O. BOX	CITY	
COUNTY	STATE	ZIP CODE

Recipients of federal financial assistance must comply with the following procedures for monitoring and ensuring non-discrimination in any program, service, or activity, as required by 23 CFR Appendix A of part 230 Special Provisions.

1. Sub-recipient must establish an Equal Opportunity Policy. Sub-recipient must accept as their operating policy the following: It is the policy of this Company to assure that applicants are employed, and that employees are treated during employment without regard to their race, religion, gender, color, or national origin. Such action shall include: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship pre-apprenticeship, and/or on-the-job training.
2. Sub-recipient must designate and make known to MDOT an Equal Opportunity Officer. The individual appointed must be capable of effectively administering and promoting an active program of equal employment opportunity and must be assigned adequate authority and responsibility to do so.
3. The sub-recipient equal opportunity policy must be disseminated to all staff members authorized to hire, supervise, promote, and discharge employees, or who recommend such action. To ensure that the policy is known, periodic meetings of supervisory and personnel office employees must be conducted not less than once every six months.
4. All employees, prospective employees and potential sources of employees should be advised of the sub-recipients equal opportunity policy. Notices and posters setting forth the employer's equal opportunity policy must be placed in areas readily accessible to the aforementioned. The employer's/contractor's equal employment opportunity and the procedures to implement the policy must be brought to the attention of employees by means of meetings, employee handbooks, or other appropriate means.
5. When advertising for employees, the sub-recipients must include, in all advertisements for employees the notation: "An Equal Opportunity Employer." All such advertisements must be published in newspapers or other publications having a large circulation among minority groups in the area from which the project work force would normally be derived.
6. Sub-recipients must establish a process to investigate all complaints of alleged discrimination and take appropriate corrective action, including a method to inform all complainants of their avenues of appeal. Complainants should be advised of their right to file a complaint with governmental agencies (i.e., the State recipient, the Federal agency providing funds to the state recipient, the Department of Civil Rights, the Department of Justice, etc.).

A copy of 23 CFR Appendix A to Subpart A of Part 230 Special Provisions is available upon request. It provides specific information regarding equal employment opportunity responsibilities.

NAME AND TITLE OF THE EQUAL EMPLOYMENT OFFICER (this individual must be capable of effectively administering and promoting an active equal opportunity program and is assigned adequate authority and responsibility to carry out these duties.)

NAME (Please Print)	COMPANY/ORGANIZATION TITLE (Please Print)
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I certify that I will abide by the equal employment opportunity requirements outlined in this application. I also understand the provisions of Title VI and related statutes. This certification is also my assurance that I will not discriminate on the grounds of race, color, national origin, gender, age, or disability.

AUTHORIZED CORPORATE OR ORGANIZATIONAL OFFICER	TITLE	DATE
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NOTE: You must notify MDOT within 45 days if any of the information you provided on this application changes.

Please return this application to:

Cheryl Hudson, EEO Officer
Michigan Department of Transportation
425 W. Ottawa Street
Lansing, Michigan 48933
(517) 373-0980
HudsonC1@michigan.gov

Do not write in this area below

Do not write in this area below	
APPROVAL	DATE

FY 2013 TITLE VI INFORMATION

NAME OF APPLICANT (legal organization name)

All FTA fund recipients must submit the following information that covers the previous fiscal year, except for urban agencies that receive all their FTA funds directly from FTA.

1. A list of any active lawsuits or complaints naming the applicant that allege discrimination based on race, color or national origin **with respect to service or other transit benefits**. The list should include: the date the lawsuit or complaint was filed; a summary of the allegation; and the status of the lawsuit or complaint, including whether the parties to a lawsuit have entered into a consent decree. If none, so state.

RESPONSE:

-
2. A summary of all civil rights compliance review activities conducted **with regard to your transportation program**. The summary should include: the purpose or reason for the review; the name of the agency or organization that performed the review; a summary of the findings and recommendations of the review; and, a report on the status and/or disposition of such findings and recommendations. If none, so state.

RESPONSE:

3. Has your Title VI Coordinator/EEO Officer changed during the reporting period or since your last Title VI Plan was approved?

NO

YES. If yes, please list the name and contact information for the new coordinator/EEO Officer.

4. Has your organization had any projects and/or service change that have Title VI, Limited English Proficiency (LEP), or Environmental Justice (EJ) impacts? If yes, please complete the following items: NO YES

a. Provide brief description of these projects/service changes.

b. What did you do to ensure that those populations affected by the project and/or service change had meaningful access to and involvement in the development process?

c. What is the number or percentage of LEP or EJ populations who were affected by the project or service change?

5. During this reporting period, how many of your employees have been educated about Title VI and their responsibility to ensure non-discrimination in any of your programs, services, or activities?

FY 2013 SECTION 5310 COORDINATED PUBLIC TRANSIT- HUMAN SERVICES TRANSPORTATION PLAN INFORMATION

INSTRUCTIONS: Complete a separate form for each type of capital request

NAME OF APPLICANT (legal organization name)

TYPE OF CAPITAL PROJECT

TITLE OF COORDINATED PLAN FROM WHICH PROJECT
IS DERIVED

SPECIFIC STRATEGY PROJECT RELATES TO; PAGE NUMBER
AND SECTION WHERE THE SPECIFIC STRATEGY IS STATED

HOW DOES PROJECT ADDRESS THE IDENTIFIED STRATEGY

ARE THERE MULTIPLE PROVIDERS FOR THIS PROJECT/SERVICE?

NO

YES. If yes, please describe how the project/service provides for the coordination among the various providers

IDENTIFY HOW THE PROJECT WILL BE COORDINATED WITH PUBLIC AND/OR PRIVATE TRANSPORTATION AND SOCIAL SERVICE AGENCIES. PLEASE ALSO IDENTIFY THOSE AGENCIES

PROJECT IMPLEMENTATION PLAN AND TIMELINE

IDENTIFY PERFORMANCE MEASURES TO BE USED IN TRACKING EFFECTIVENESS OF THE PROJECT AND YOUR PLAN FOR MONITORING AND EVALUATING THIS PROJECT

ADDITIONAL INFORMATION

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