

REQUIRED TA FORMS FOR SECTION 5317 (NEW FREEDOM) 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 2012 annual application, please refer to the FY 2012 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 5317 (New Freedom) Application
- Section 5317 (New Freedom) Capital Budget
- Certification of Local Match
- Contract Clauses Certification
- FTA Certifications and Assurances
- State Certifications and Assurances
- Title VI and EEO Compliance Application (for new applicant and/or applicant that has changed their legal name)
- Title VI Info
- Project Summary for Each Project Funding Request

TITLE PAGE
FY 2012 NEW FREEDOM – SECTION 5317
APPLICATION

NAME OF APPLICANT (entity name in the master agreement)

IS YOUR SERVICE (check appropriate) 100% Demand Response Demand Response and Line Haul Line Haul only

CONTACT PERSON

ADDRESS

CITY	STATE	ZIP CODE
TELEPHONE NO.	FAX NO.	
EMAIL ADDRESS	WEBSITE ADDRESS	

APPLICANT STATUS

- Public Transit Operator
- Governmental Agency
- Section 5310 Agency
- Private Non-profit Organization representing specialized services interest (only where no transit agency or governmental body is willing or able to act as coordinating agency)

SECTION 5317 (NEW FREEDOM) CAPITAL BUDGET FY 2012

(Categories: Capital, Marketing, Planning, and Mobility Management)

NAME OF APPLICANT (entity name in the master agreement)

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

Michigan Department
of Transportation
3001 (10/10)

CERTIFICATION OF LOCAL MATCH FOR SECTION 5317 (NEW FREEDOM) APPLICATION

INSTRUCTIONS: Sign and return it to Michigan Department of Transportation

_____ certifies that local funds in the amount of \$ _____
NAME OF APPLICANT (entity name in the master agreement)

are available to match federal Section 5317 grant funds should they be awarded to this applicant. **Farebox cannot be used as local match, and must be backed out as ineligible under expense code 57099 in your OAR.**

Following is a breakdown of the source and amount of local funds:

NAME	TITLE
SIGNATURE	DATE

FY 2012 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, 2010. I understand that the nature of the project will determine which requirements of the contract clauses apply and I agree that such clauses apply to all FTA-funded contracts for FY 2012.

NAME OF PERSON AUTHORIZED TO SIGN THE MASTER AGREEMENT

ORGANIZATION

TRANSIT AGENCY

TITLE OF AUTHORIZED SIGNER

SIGNATURE OF AUTHORIZED SIGNER

DATE

* Entity name in the master agreement. Entities with multiple master agreements will have multiple contract clause certifications.

** If the agency has a master agreement with MDOT, the organization name must match the master agreement and the signature must be the same as the authorized signature of the master agreement.

FY 2012 FTA CERTIFICATIONS AND ASSURANCES

INSTRUCTIONS: Sign and return it to Michigan Department of Transportation.

NAME OF APPLICANT (entity name in the master agreement)

The applicant agrees to comply with the applicable requirements of the following categories it has selected:

- | | |
|--|--------------------------|
| 1. Assurances Required for Each Applicant | <input type="checkbox"/> |
| 2. Lobbying Certification (check if the total of all federal applications exceed \$100,000) | <input type="checkbox"/> |
| 3. Procurement Compliance | <input type="checkbox"/> |
| 4. Protections for Private Transportation Providers | <input type="checkbox"/> |
| 5. Public Hearing | <input type="checkbox"/> |
| 6. Acquisition of Rolling Stock for Use in Revenue Service | <input type="checkbox"/> |
| 7. Acquisition of Capital Assets by Lease | <input type="checkbox"/> |
| 8. Bus Testing (check if purchasing vehicles directly) | <input type="checkbox"/> |
| 9. Charter Service Agreement | <input type="checkbox"/> |
| 10. School Transportation Agreement | <input type="checkbox"/> |
| 11. Demand Responsive Service | <input type="checkbox"/> |
| 12. Alcohol Misuse and Prohibited Drug Use | <input type="checkbox"/> |
| 13. Interest and Other Financing Costs | <input type="checkbox"/> |
| 14. Intelligent Transportation Systems | <input type="checkbox"/> |
| 15. Elderly Individuals and Individuals with Disabilities Formula Grant Program and Pilot Program (5310) | <input type="checkbox"/> |
| 16. Nonurbanized Area Formula Program (5311) | <input type="checkbox"/> |
| 17. Job Access and Reverse Commute Formula Grant Program | <input type="checkbox"/> |
| 18. New Freedom Program | <input type="checkbox"/> |

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 2012.

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 2012 STATE CERTIFICATIONS AND ASSURANCES

INSTRUCTION: Sign and return it to Michigan Department of Transportation

NAME OF APPLICANT (entity name in the master agreement)

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

APPROVAL	DATE

FY 2012 TITLE VI INFORMATION

NAME OF APPLICANT (entity name in the master agreement)

All FTA fund recipients must submit the following information, 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 on the basis of 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 in the last three years **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. Organizations must ensure that the level and quality of service will be provided without regard to race, color or national origin and that there is not a disparate impact on groups protected by Title VI of the Civil Rights Act of 1964 and related statutes and regulations. This is especially important if the same service has been provided for several years and demographic changes may have occurred in your community or if service changes have been made. Please describe your efforts to comply with this requirement.

RESPONSE:

PROJECT SUMMARY - NEW FREEDOM (SECTION 5317)

(Complete a separate project summary for each capital and operating project)

NAME OF APPLICANT (entity name in the master agreement)

PROJECT NAME

CATEGORY OF PROJECT (e.g., New Freedom operating, New Freedom capital, New Freedom marketing and/or planning, New Freedom mobility management).

CONTINUATION NEW/EXPANSION	TOTAL DOLLAR AMOUNT REQUESTED FOR PROJECT	LOCAL MATCH (If other than capital)
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SOURCE OF LOCAL MATCH FUNDS FOR OPERATING (be specific)

WAS THIS SERVICE OFFERED/AVAILABLE PRIOR TO AUGUST 10, 2005? Yes No

FOR APPLICANTS WITH PARATRANSIT SERVICE, EXPLAIN HOW THIS PROPOSED PROJECT/SERVICE GOES BEYOND WHAT IS REQUIRED BY ADA?

GENERAL AREA SERVED: An urbanized area with population between 50,000 and 199,999
 A non-urbanized area with population below 50,000

SPECIFIC AREA TO BE SERVED: CITY(IES) COUNTY(IES) REGION OTHER

TOTAL POPULATION OF AREA TO BE SERVED

ESTIMATED NUMBER OF INDIVIDUALS WITH DISABILITIES TO BE SERVED BY THIS PROJECT

ESTIMATED NUMBER OF RIDES (one way trips) TO BE PROVIDED FOR INDIVIDUALS WITH DISABILITIES AS A RESULT OF THE NEW FREEDOM PROJECT

PROJECT DESCRIPTION

PROJECT NEEDS/GOALS AND OBJECTIVES

PROGRAM OUTREACH (include letter of support for new projects)

IF THIS IS A CONTINUATION PROJECT, PLEASE DESCRIBE THE SUCCESS OF THE PROJECT/SERVICE

**RELATIONSHIP OF PROJECT TO COORDINATED PUBLIC TRANSIT-HUMAN SERVICES
TRANSPORTATION PLAN**

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 AND 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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