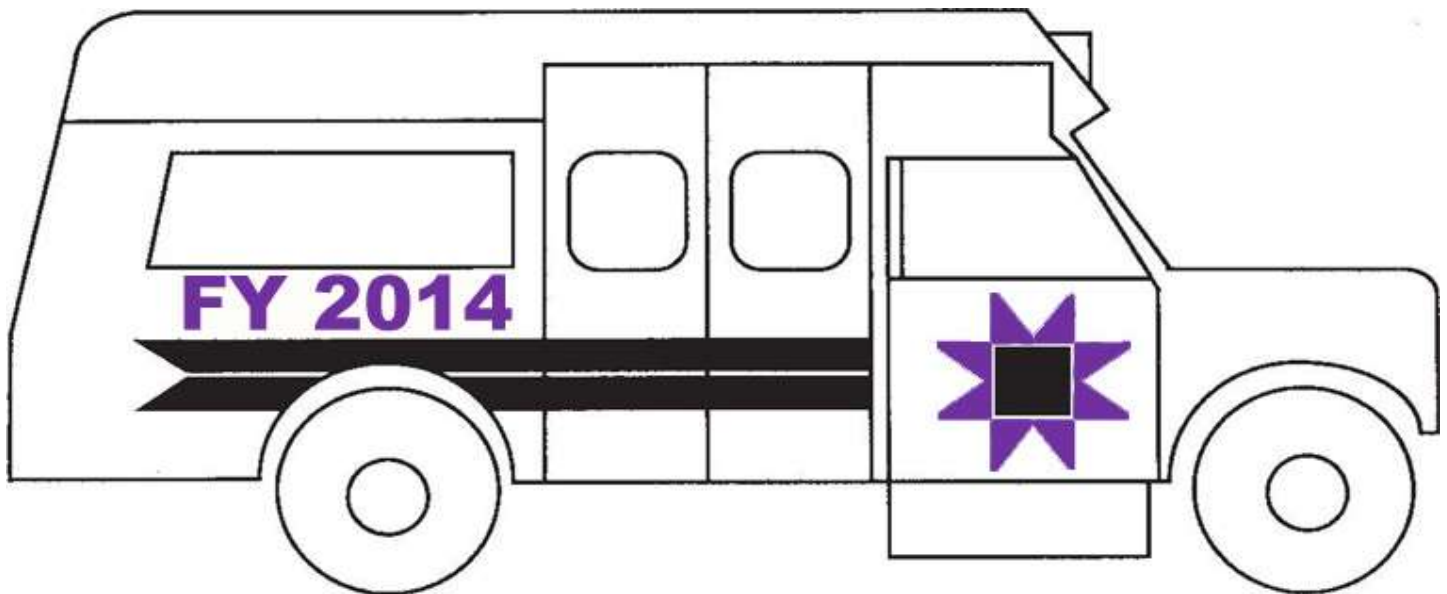


**West Virginia Application Packet for**  
**Section 5310 Purchase of**  
**Transportation Services**

**To Provide Transportation Services For Seniors  
and Individuals with Disabilities**



**Department of Transportation**  
**Division of Public Transit**

**FY 2014  
Section 5310  
Purchase of Transportation Services  
(Contracted Services)  
Application Packet**

**Prepared by:  
WV Department of Transportation  
DIVISION OF PUBLIC TRANSIT**

**Building 5, Room 906  
1900 Kanawha Boulevard, East  
Charleston, WV 25305-0432  
PHONE: 304-558-0428  
FAX: 304-558-0174  
TDD: 1-800-742-6991**

**[www.transportation.wv.gov/publictransit](http://www.transportation.wv.gov/publictransit)**

**Toni.R.Boyd@wv.gov**

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**SECTION I**

**GENERAL INFORMATION**

## **Introduction**

The West Virginia Division of Public Transit (WVDPT) is seeking proposals from private non-profit organizations who desire to provide demand responsive passenger transportation services that are designed to meet the needs of seniors and individuals with disabilities. The Division of Public Transit intends to purchase these services from organizations across West Virginia to enhance/expand transportation services for seniors and individuals with disabilities.

## **Purpose of the Program**

Provide passenger transportation services to seniors and individuals with disabilities where general public passenger transportation services are unavailable, insufficient or inappropriate.

**Note:** Funds provided under this program are not meant to replace other funds received for special needs transportation, nor are the services to be provided intended to replace any services now provided by your agency or any local transit agencies.

## **Background**

The West Virginia Department of Transportation, Division of Public Transit receives an annual allocation under Section 5310 of the Federal Transit Act. The funds are received through a grant from the Federal Transit Administration (FTA). The purpose of the funding is to provide for the transportation of seniors and individuals with disabilities. **REQUESTS ARE LIMITED TO \$50,000 PER YEAR (80% federal/20% local).**

Historically, the Division of Public Transit has used the funding to provide grants for the purchase of wheelchair accessible vehicles and other transportation related equipment. This year the WVDPT is utilizing a portion of the funds for the purchase of demand responsive services from private non-profit agencies.

## **Program Overview**

The WVDPT intends to purchase transportation services described in this Application Packet based upon a unit rate that is predetermined by the proposing agency and concurred with by the WVDPT. Projects will be awarded for a period of three years. The funding will be allocated annually. The annual funding level and unit rate will be subject to renegotiation each year of the contract term.

## **Statement of Financial Assistance**

All contracts awarded under this program are subject to a financial assistance agreement between the West Virginia Department of Transportation, Division of Public Transit and the Federal Transit Administration.

As a condition of award, approved agencies under this program must comply with the federal requirements identified in the application packet and complete the assurances and certifications included in the packet.

### **DPT Responsibilities**

FTA regulations require the WVDPT to prepare and submit a Statewide Section 5310 Application on behalf of all recommended agencies in the State. Accordingly, the Division is responsible for notifying potential applicants and preparing the application packet; determining applicants eligibility; and selecting projects for inclusion in the Statewide Application. Upon FTA approval of the Statewide Application, the WVDPT will contract with approved agencies for the purchase of services.

### **Contract**

Once an agency is approved for funding, the agency is required to enter into a Contract with the West Virginia Division of Public Transit which states the terms and conditions under which the services are to be provided. The Contract ensures grant compliance. Some of the significant requirements are:

- (1) The agency is responsible for providing the transportation services as proposed in their application packet.
- (2) The agency is required to adhere to all of the federal and state requirements as certified to in the application packet and any additional requirements that may surface.
- (3) The agency is required to maintain insurances that cover the project appropriately.
- (4) The agency is required to maintain financial, maintenance and operating records on the project. These records are to be maintained on site and available for inspection by personnel from the Division of Public Transit and/or the Federal Transit Administration during periodic onsite reviews.

### **Technical Assistance Available**

Technical assistance is available from the WVDPT. This assistance includes, but is not limited to:

Program Development  
Project Implementation  
Financial Management  
Compliance with contract terms and federal and state regulations  
Training for passenger transportation employees

## **Terms of Projects**

Services under contracts awarded are expected to begin July 1, 2014 and run annually thru June 30, 2017.

## **Eligible Agencies**

Agencies eligible to submit proposals are limited to:

- ◆ Private Non-Profit agencies that have secured 501(c)(3) non-profit status and are registered with the Secretary of State's Office as a non-profit
- ◆ Public Bodies that certify to the Governor that no non-profit corporations or associations are readily available in an area to provide service; and public bodies approved by the state to coordinate services for seniors and individuals with disabilities.

Local public bodies eligible to apply for Section 5310 funds as coordinators of services for seniors and individuals with disabilities are those designated by the state to coordinate human service activities in a particular area. Examples of such eligible public bodies are a county agency on aging or a public transit provider which the state has identified as the lead agency to coordinate transportation service funded by multiple Federal or state human service programs.

Approval to apply for Section 5310 funding by a public body must be given by the WVDPT prior to the body completing an application packet. Public Bodies interested should contact Toni Boyd at 304-558-0428 for information on the process to be followed.

## **Eligible Services**

Only passenger services provided to seniors and individuals with disabilities will be eligible under this program. Services are to be provided that are appropriate for the passenger receiving the service, including supplying wheelchair accessible vehicles. However, all approved agencies will be required to have, or obtain, at least one wheelchair accessible passenger service vehicle, that is in compliance with the Americans With Disabilities Act (ADA), for the provision of services to individuals with disabilities. After the needs of seniors and individuals with disabilities are met, if space is available, services can be provided to the general public.

Services must be provided regardless of trip purpose and on a first come first served basis. However, approved agencies may limit long distance trips to specific days of the week and/or specific cities, so long as the trips are coordinated to include the maximum number of passengers possible.

**Note:** Services must be open to all seniors and individuals with disabilities (regardless of age). Projects intended to provide trips to an exclusive clientele are not eligible.

## **Local Matching Requirement**

Applying agencies must make a local contribution (match) of at least 20% of the total project cost. WVDPT will accept a local contribution of greater than 20%. However, this will have no effect on project selection. The local matching percentage identified in the applying agency's application, will be incorporated into the contract and shall remain in effect the entire term of the project.

**Note:** Passenger fares and donations are not eligible to be used for local match. The estimated dollar value of fares and donations must be deducted from the estimated expenditures when calculating the unit rate.

**Note:** Federal funds are also not eligible to be used for local match. However, federal funds that are administered through a state social service agency, such as Medicaid or Area Agency on Aging, are not considered to be federal for the purposes of this program.

## **Project Payments**

Project payments will be based on a unit rate that is identified by the proposing agency and concurred with by WVDPT. The unit rate must be based upon one of the following service elements:

- ◆ cost per service mile
- ◆ cost per service hour
- ◆ cost per passenger trip

## **Unit Rate and Matching Calculations**

In the application packet, your agency will be required to prepare a cost price analysis to determine the unit rate, the total project cost. The total cost divided by the units of service to be provided, becomes the unit rate. In addition, you will be asked to identify the local funds that will support the project. The local funds identified are divided by the total project cost to establish the local matching ratio.

## **Payment Calculations**

Approved applicants will be paid based on the unit rate multiplied by the number of service units provided during the billing period. The local matching ratio is then calculated and deducted from the sum of the previous calculation. The balance will be billed monthly to the WVDPT.



## **Billing Forms**

Approved agencies will submit Monthly Section 5310 Expenditure Report Forms, supplied by the WVDPT, to receive payment. All information on the forms must be completed before payment will be issued to the agency.

The reports will include the following information:

- ◆ Total Monthly Expenses (Itemized)
- ◆ Number of passenger trips provided
- ◆ Number of service miles provided
- ◆ Number of service hours provided
- ◆ DBE participation in subcontracting opportunities

**Note:** Additional information, such as project implementation and marketing efforts, may be requested during the course of the project.

## **Records**

Approved agencies will be required to keep adequate financial and service records to evidence the actual project costs and service levels provided under the project. The actual project costs shall have no effect on the unit rate during the same calendar year. However, the information may be used to re-negotiate the subsequent year's unit rate and funding level.

## **Waiver Agreement**

WVDPT shall evaluate all applications received and determine which applications are in the best interest of the WVDPT and the communities to be served. WVDPT, at its sole discretion, reserves the right to accept or reject any and all applications submitted and to waive minor informalities and irregularities, as determined, and as is consistent with the best interest of the WVDPT. WVDPT will enter into contracts with successful applicants within 90 days of the application acceptance date, or will exercise the right to reject all applications.

## **Use of Subcontractors**

### **Intention to Use Subcontractors**

If the applicant intends to use subcontractors for any or all of the services described in its application, the applicant must indicate their intention in their application.

### **Subcontracting Procedures**

Any subcontracts awarded must be done so in compliance with the requirements set forth in the application packet, including all certifications and assurances and procurement compliance. In addition, approved agencies must submit any and all subcontracts to the WVDPT for approval before execution of the subcontract(s).

## **Participation of Disadvantaged Business Enterprises**

Successful applicants must allow for, and encourage, the participation of Disadvantaged Business Enterprises (DBEs) in all subcontracting opportunities. As part of the project reporting, successful applicants will be required to submit reports disclosing all subcontracting opportunities and subcontracts awarded to DBE vendors.

## **Subcontract Inclusions**

All subcontracts awarded under this program must include federal terms and conditions. In addition, all advertisements for subcontracting must include the “Statement of Financial Assistance” as shown on Page A-1.

## **Out of State Transportation Services**

Agencies receiving assistance under the Section 5310 Program are to provide transportation services to seniors and individuals with disabilities within the geographical area described in the agency’s Section 5310 Application. **Out of state trips are strictly forbidden under the WV Section 5310 Program.**

*For agencies located in border counties,  
a 50 mile radius is allowed for “incidental” trips.*

Agencies providing transportation services across state lines could be required to be licensed by the Federal Motor Carrier Safety Administration, as well as, meet other requirements even for the 50 mile radius. For more information on these requirements, an agency can contact the Federal Motor Carrier Safety Administration’s Charleston Office at 304-347-5935 or visit their site on the world wide web at [www.fmcsa.dot.gov](http://www.fmcsa.dot.gov).

## **Project Selection**

Contracts will be awarded to selected eligible agencies in West Virginia based upon the selection criteria using available federal funds.

Once an agency has submitted their application to the WVDPT, it is reviewed for completeness. The application is then scored based on:

- ◆ Demonstration of need for the services in the community identified in the application and how well the proposed services will meet those needs.
- ◆ Commitment to access for individuals with disabilities (regardless of age).
- ◆ Reasonable funding to implement the project and the security of the matching funds identified.

- ◆ Coordination efforts with potential customers, funding sources and other transportation providers in the service area. Inclusion in locally developed coordinated public transit-human services transportation plans.

If an application has missing documentation, the agency is given an opportunity to submit the omitted documents with penalty points being deducted. **No application is considered for funding without a positive Local Intergovernmental Review.**

**Any applications received after the grant application deadline are considered for funding ONLY after all other on-time requests have been met.**

The application scores are then ranked from highest to lowest and the agencies receiving the highest scores are included in the State's consolidated application submitted to FTA.

### **Pre-Award Review**

As a condition of award, agencies submitting applications may be subject to a pre-award review. The purpose of the review is to ensure that the applicant has the ability to:

- ◆ Provide the services described in the application
- ◆ Operate the equipment necessary to provide ADA accessible services
- ◆ Comply with federal regulations identified in the application packet
- ◆ Maintain adequate financial records and verify the financial information provided in the proposal
- ◆ Maintain required passenger and service records, including maintenance of vehicle records, associated with the application

### **Grant Award**

Approved agencies will sign a contract agreeing to provide transportation services as described in application packet. Approved agency agrees to abide by all Federal, State and grant requirements.

Approved agencies will submit the Monthly Section 5310 Expenditure Report to request reimbursement for monthly expenses and provide monthly service statistics.

### **Requirements for Approved Applicants or Approved Sub-Contractors Providing the Proposed Transportation Services**

#### **Driver Training**

The Americans with Disabilities Act requires that all drivers be trained in the safe and proper ways to transport individuals with disabilities. In order to meet this requirement, the WVDPT requires all drivers to be trained and certified in Passenger Service and Safety (PASS). This program is a nationally recognized driver training program that teaches the safe and proper ways of transporting people. All applicants must meet this qualification before funding will be provided.

Funded agencies must maintain certified drivers. All new hires are to be PASS certified within 60 days of employment. Vehicles operated utilizing Section 5310 funding may only be operated by persons who have the required training.

### **Valid Driver's License**

Each agency is responsible for ensuring that all drivers have valid and appropriate driver's license as required by the West Virginia Division of Motor Vehicles. The Division of Motor Vehicles can be reached at 1-800-642-9066.

### **Commercial Driver License (CDL)**

A Commercial Driver License (CDL) is required when a vehicle is designed to transport 16 or more persons (including the driver).

### **Class D License Program**

The West Virginia Division of Motor Vehicles requires a Class D License if an individual meets the following:

Any person eighteen (18) years and older with at least one year driving experience who operates motor vehicles which transport persons or property for compensation. This effects individuals whose primary job, duty or function would be the operation of a motor vehicle.

Class D vehicles must have a gross vehicle weight rating (GVWR) of less than 26,001 pounds, a passenger capacity of 15 or less passengers, including the driver, and cannot transport hazardous materials that require the vehicle to be placarded.

**NOTE:** Anyone who operates motor vehicles which transport persons or property on a volunteer basis are **NOT** required to obtain the Class D License, nor are individuals who operate emergency vehicles, such as ambulances, rescue equipment, law enforcement and firefighters.

***Those persons for which the operation of a motor vehicle is incidental to their job duties or functions would NOT be required to obtain a Class D License.***

Anyone with questions concerning the Class D License should contact the Division of Motor Vehicles at 1-800-642-9066.

### **Drug and Alcohol Testing**

Any driver holding a CDL license could be required to submit to Drug and Alcohol Testing under the Omnibus Transportation Employee Testing Act of 1991. For Drugs the testing required is: pre-employment; reasonable suspicion; post-accident; random; return-to-duty and follow-up. For Alcohol the testing required is: reasonable suspicion; post-accident; random; return-to-duty and follow-up.

Individuals who are required to possess CDL's by virtue of State or local law or by employer policy, but not by Federal regulation, are not subject to the provisions of these regulations.

Any person who operates a commercial motor vehicle less than 26,001 GVWR is not required to be tested for controlled substances and/or alcohol under these rules unless the vehicle is designed to transport 16 or more passengers including the driver or is required to be placarded for hazardous materials transportation under Federal law. For additional information, contact the Division of Motor Vehicles at 304-926-3801 or 1-800-642-9066.

### **Properly Maintained Vehicle**

Approved agencies shall be responsible for maintaining all of their equipment, used to provide the proposed transportation services, in the best working condition possible, allowing for normal wear and tear. An approved agency shall establish a preventative maintenance program that at least meets the manufacturer's minimum requirements. The preventative maintenance program shall be utilized and maintained by the agency, in a file, on site, available for review by personnel from the WVDPT or the FTA during periodic on site monitoring reviews.

### **Daily Vehicle Inspection Reports**

Drivers are required to perform a daily inspection of their vehicle which includes the cycling of the wheelchair lift. **Inspections are to be performed utilizing the Daily Vehicle Inspection Report Form.** Vehicles should meet an acceptable level of both interior and exterior cleanliness. Completed forms shall be maintained by the agency, in a file, on site, available for review by personnel from the WVDPT or the FTA during periodic on site reviews. Required forms are provided by the WVDPT to an approved applicant.

### **Comprehensive Maintenance Records**

A Comprehensive Maintenance Record Form is to be maintained for each piece of equipment used to provide services utilizing Section 5310 funds. All preventative maintenance, as well as repairs, etc. shall be recorded on the Comprehensive Maintenance Record Form thereby providing a complete history of the equipment's maintenance and repairs. Copies of invoices for preventative maintenance and repairs shall be maintained with the form. Completed forms shall be maintained by the agency, in a file, on site, available for review by personnel from the WVDPT or the FTA during periodic on site reviews. Required forms are provided by the WVDPT to an approved applicant.

### **Written Emergency Procedures**

Each approved agency is to develop and implement written emergency procedures for use by vehicle operators in the event of a vehicle accident, breakdown or other emergency situation. The Division recommends the Safety & Security Planning Information Directed to Effective Response (SPIDER) kit be utilized to develop the procedures. The kit can be accessed at [www.transportation.wv.gov/publictransit/safety](http://www.transportation.wv.gov/publictransit/safety).

## **Report of Accident/Incident**

Each approved agency is to immediately report to the WVDPT when equipment is involved in an accident or an incident. The verbal report shall be followed by a written report. Records are to be maintained in the agency's files regarding all accidents or incidents for review by personnel from the WVDPT or the FTA during periodic on site reviews.

## **Compliance with Title VI of the Civil Rights Act**

Approved agencies must comply with Title VI of the Civil Rights Act. Agencies cannot discriminate on the grounds of race, color, creed, national origin, sex, age or disability. Clients cannot be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program. Efforts are to be made to assure that the benefits of the agency's programs are not systematically denied to minorities.

**As part of the application packet, each agency must complete the Title VI Program provided in Appendix II. This is a specific Title VI Program covering transportation services. Your agency must utilize the format provided, complete the program, have it approved by your Board and submit with your application packet. No application will be funded without the completed Title VI Program as provided. Up to date Title VI notices and statutes are to be posted prominently in the agency's workplaces utilizing the format provided.**

## **Americans With Disabilities Act (ADA) Requirements**

Agencies providing transportation services to individuals with disabilities, including individuals who use wheelchairs, must ensure that the service offered is equivalent to the level and quality of service offered to individuals without disabilities. Equivalent service takes into consideration response time, fares, hours and days of operation, restrictions on trip purpose, geographic service area and constraints on capacity or service availability.

Agencies providing transportation services must ensure that they meet the following service provisions as required by the ADA.

1. Maintain lifts/ramps and other accessibility equipment in operative condition. **To achieve this, lifts/ramps must be cycled and tie downs checked daily.**
2. Require drivers to use accessibility features and provide assistance to passengers in the use of the equipment.
3. Deploy lifts/ramps at any designated stops.
4. Provide service to persons using respirators or portable oxygen or other mobility aids.

5. At a minimum, provide service to persons using “common wheelchairs,” including “scooters” if, when measured 2 inches off the ground, they are no larger than 30 inches by 48 inches and when fully occupied weigh no more than 600 pounds. If the wheelchair lift/ramp and vehicle can accommodate a mobility device that does not meet the definition of a “common wheelchair,” agencies should still provide the service.
6. Allow adequate time for vehicle boarding/disembarking.
7. Transport service animals. (Passengers are not required to provide any type of certification.)
8. Train personnel to proficiency so that they operate vehicles and equipment safely and properly and treat individuals who use the service in a respectful and courteous way.
9. Display blue accessibility symbol on all accessible vehicles.
10. Make information available in an accessible format upon request and have adequate telephone capacity, both voice and TDD.
11. Allow standees use of lifts or ramps upon request.

Applying agencies must take the above ADA regulations into consideration when deciding the type of equipment needed, as well as, the proposed service to be provided.

Approved agencies are required to develop ADA Policies and Procedures including complaint processes for passengers and employees.

### **Certifications**

In this application packet your agency is signing various certifications. Agencies receiving equipment or providing services utilizing funding from the Section 5310 Program are required to abide by the signed certifications regarding areas such as the **Americans With Disabilities Act - Certification of Equivalent Service; Certification of Compliance With Title VI of the Civil Rights Act, as amended; Equal Employment Opportunities; Certification of Special Efforts to Provide Transportation That Handicapped Persons Can Use; Assurance Concerning Nondiscrimination on the Basis of Disability in Federally-Assisted Programs and Activities Receiving or Benefiting from Federal Financial Assistance; School Transportation Operations Agreement; Energy Conservation; No Federal Government Obligations to Third Parties; Program Fraud and False or Fraudulent Statements or Related Acts; Debarment, Suspension, and Other Responsibility Matters, etc.**

Any complaints received by an approved agency regarding the above shall be reported to the WVDPT.

## **Agency Fiscal And Managerial Capabilities**

Each agency must demonstrate on an ongoing basis their fiscal and managerial capabilities to implement and carry out the project, which includes but is not limited to:

1. Demonstrating the financial and technical capacity to carry out the program including the safety and security aspects of the project.
2. Providing administrative and management support of the project implementation including sufficient administrative oversight to ensure that vehicles are being properly maintained and operated in a safe manner.
3. Ensuring that personnel are adequately trained in the safe operation of the equipment.
4. Accounting for project property and maintaining property inventory cards that contain all required information.
5. Demonstrating and retaining satisfactory continuing control over the use of project property.
6. Preparing and submitting required reports in a timely manner insuring accuracy of the information.
7. Ensuring compliance with all FTA, federal requirements, or Division of Public Transit requirements that are applicable to the project.
8. Ensuring local match funds are available for the life of the project and that operating funds are available for the life of the project.
9. Updating and retaining required reports and records for availability during audits or oversight reviews.
10. Documenting that equipment is in good working order and is being maintained in accordance with the manufacturer's recommendations.
11. Ensuring periodic reviews by project supervisor or agency management that maintenance procedures are being followed.
12. Ensuring that ADA equipment is in good working order and documentation is maintained verifying that the lifts/ramps and tie downs are in good working order.
13. Develop and implement sound financial procedures ensuring that the agency has an adequate financial system.
14. Keeping expenditures within the latest approved budget in accordance with project guidelines and eligible expense, if applicable.



## **Annual Audit**

Approved agencies are required to obtain an audit for each fiscal year. The audit should have the Section 5310 purchase of transportation services funding spelled out verifying that the funds were utilized to provide transportation services for seniors and individuals with disabilities.

## **On Site Monitoring Reviews**

Representatives from the West Virginia Division of Public Transit and/or the Federal Transit Administration will periodically conduct on site reviews of approved applicants for the purpose of verifying reported service levels and compliance with contract provisions. Condition and proper maintenance of equipment being used to provide the purchased services will also be reviewed to verify that all requirements are being met.

During such reviews, the agency will be required to produce their: financial records, passenger and service records, preventative maintenance schedule, completed Daily Vehicle Inspection Report Forms, completed Comprehensive Maintenance Record Forms with invoice backup, current proof of insurance, agency's written safety plan documenting procedures to be followed in the event of a vehicle accident, breakdown or other emergency situation. The actual equipment being used to provide the services will be inspected to verify their condition.

## **Late Application Submission**

Applications that are received after **4:00 p.m. on May 1, 2014**, will be considered for funding only after all other agencies on time requests have been met. The Division of Public Transit **WILL NOT** be responsible for late, lost or misdirected mail.

## **TECHNICAL ASSISTANCE AND TRAINING**

### **PASS Program**

The Division offers the PASS (Passenger Service and Safety Certification) program free of charge to all 5310 recipients. The (PASS) Driver Certification Program ensures that community transportation drivers have current expertise in passenger assistance techniques and sensitivity skills appropriate for serving individuals with disabilities. The one day version is required of all 5310 drivers; however, drivers are encouraged to become PASS certified which involves a two day course.

Instructors of PASS are located around the state to minimize travel time and expense. Instructor courses are offered approximately every three years. If your agency has a trained instructor you are required to open your PASS training to other agencies in the region. There is no charge to become an instructor or for the PASS materials.

If you are interested in becoming a PASS instructor or are unable to locate a PASS course, please email [Christina.A.Risk@wv.gov](mailto:Christina.A.Risk@wv.gov) or by calling (304) 558-0428. A list of PASS instructors is available on the Division's web site at [www.transportation.wv.gov/publictransit](http://www.transportation.wv.gov/publictransit). Christy is the contact person for all PASS materials.

### **Maintenance Training**

Almost every year, usually in September, the Division offers maintenance training. This is a good opportunity for your drivers to learn how to do preventative maintenance on their wheelchair lifts/ramps or tie downs and to discuss any problems they are having with their vehicles with Division staff and manufacturer's representatives. Agencies are highly encouraged to attend this training.

### **Other Training Opportunities**

From time to time, the Division offers additional training courses such as dispatching, emergency evacuation, wheelchair securement, customer services, and other areas aimed at improving the services that we provide to our customers. Announcement of training opportunities are made on the Division's web site or through mailings. If you have any training needs, you are encouraged to contact the Division.

### **Other Training Resources**

The Division maintains a list of resources available for training on its web site at [www.transportation.wv.gov/publictransit](http://www.transportation.wv.gov/publictransit) under the Rural Transit Assistance Program. This material is available for loan for a three week period. You can request this material by emailing [Christina.A.Risk@wv.gov](mailto:Christina.A.Risk@wv.gov) or by calling (304) 558-0428.

**SECTION II**

**GRANT APPLICATION PACKET**

## APPLICATION FORMAT

This application packet has been assembled in a very specific format which the West Virginia Division of Public Transit hopes will reduce the amount of preparation time and aid in the fair evaluation of each application. **Applications received by the Division that do not follow this format will be returned for revision to the submitting organization which may jeopardize your organization's Section 5310 funding.**

All pages in the application packet that are **printed on WHITE PAPER may be used as is**. All general information, instructions for completing this application packet, and examples are printed on **YELLOW PAPER**. (The YELLOW pages have been lettered alphabetically.)

**A checklist of items to be included in your application packet has been provided on Page D.** The pages of the application packet that you will be required to submit have been numbered for you.

As soon as possible, an applicant should contact their Regional Planning and Development Council or Metropolitan Planning Organization to request a Local Intergovernmental Review. Planning organizations need 30-45 days to review your application.

*Applications will not be accepted without a positive Local Intergovernmental Review. The Local Intergovernmental Review must be submitted with your application on or before May 1, 2014.*

It is the **responsibility** of applying agencies to make sure that an intergovernmental review is provided on your proposed project and not the responsibility of the WVDPT.

Toni Boyd, Section 5310 Program Administrator, **is available to answer any questions concerning this application packet and may be reached at** (304) 558-0428 or at Toni.R.Boyd@wv.gov. Pay particular attention to the Application Calendar provided on Page C.

On or before 4:00 p.m., May 1, 2014, please submit one (1) original of your agency's application to the Division, at the following address:

**Division of Public Transit  
West Virginia Department of Transportation  
Building 5, Room 906  
1900 Kanawha Boulevard, East  
Charleston, West Virginia 25305-0432  
Phone: (304) 558-0428**

**APPLICATION CALENDAR FOR  
FY 2014 SECTION 5310  
PURCHASE OF TRANSPORTATION SERVICES GRANT  
(Contracted Services)**

This calendar has been provided for use as a guide in planning the completion and submission of your application. Applicants should adhere to the dates as outlined in order to ensure proper completion and timely submission of their applications.

<b>February 4</b>	Applications available; DPT Workshop on FY 2014 Grant.
<b>March 4</b>	Letters of Intent to be received by DPT (see Page E).
<b>March</b>	Application should be submitted to Local Planning and Development Council or Metropolitan Planning Organization for review.
<b>April 17</b>	Last date for Division of Public Transit to pre-check applications
<b>May 1</b>	Last day for application to be submitted to the Division of Public Transit.
<b>May</b>	Division reviews applications, projects are selected for inclusion in the State Consolidated Application to FTA.
<b>May</b>	State Consolidated Application submitted to FTA

**\*A positive Local Intergovernmental Review must be included with application when submitted (see page J).**

## APPLICATION CHECKLIST

- \_\_\_\_\_ Letter of Intent
- \_\_\_\_\_ Title Page
- \_\_\_\_\_ Authorizing Resolution (**SIGNED IN BLUE INK**)
- \_\_\_\_\_ Verification Certification (**SIGNED IN BLUE INK**)
- \_\_\_\_\_ Articles of Incorporation (IRS Tax Exemption letter is not acceptable)
- \_\_\_\_\_ Positive Local Intergovernmental Review  
(**MANDATORY AT TIME OF SUBMISSION**)
- \_\_\_\_\_ Certifications (**SIGNED IN BLUE INK**)
- \_\_\_\_\_ Questions 1 - 53
- \_\_\_\_\_ Financial Information/Funding Proposal
- \_\_\_\_\_ Proof of Necessary Local Matching Funds
- \_\_\_\_\_ Title VI Program Completed/Board Approved in Format Provided

### Other Required Attachments

- ◆ Letter of Support from Public Transportation Provider(s)  
In Proposed Service Area
- ◆ Other Letters of Support
- ◆ Maps of Service Area
- ◆ Other information directly related to the project

## **LETTER OF INTENT**

A Letter of Intent will be required from all prospective Section 5310 applicants. **These letters are due to the Division of Public Transit by March 4, 2014**, with a copy sent to your Local Planning and Development Council or Metropolitan Planning Organization. A sample of the Letter of Intent has been included on the following page. Letters of Intent must be typed on your agency's letterhead.

## LETTER OF INTENT

### TO BE TYPED ON YOUR AGENCY'S LETTERHEAD

Director  
Division of Public Transit  
Building 5, Room 906  
1900 Kanawha Boulevard, East  
Charleston, West Virginia 25305-0432

Dear Director:

The \_\_\_\_\_ is hereby applying for  
(NAME OF AGENCY)  
funding from the Section 5310 Program to provide passenger transportation services (contracted services) to seniors and individuals with disabilities where general public passenger transportation services are unavailable, insufficient or inappropriate.

It is my understanding that failure to submit the FY 2014 application on or before **May 1, 2014**, will mean that my organization will not be funded under the FY 2014 Section 5310 Program.

*It is also understood that failure to submit a positive Local Intergovernmental Planning Review with the application on or before May 1, 2014, will mean that my organization will not be considered for funding, and it is understood that the Division of Public Transit will not be responsible for any late, lost or misdirected mail.*

All correspondence and questions may be directed to (name of contact person who has been designated to represent the applicant in this matter). He/she may be reached at (address, telephone, agency name, fax number, email address).

Very truly yours,

(Name and address)

cc: Local Planning & Development Council  
or Metropolitan Planning Organization



## **TITLE PAGE**

Complete the following page by filling in the necessary blanks. It is not necessary to retype this page as this sheet will be the first page of your application.

# TITLE PAGE

The \_\_\_\_\_  
(Name of Your Agency)

located at \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (State) (Zip)

is hereby applying for funding under the Section 5310 Purchase of Transportation Services (Contracted Services) Program.



Person(s) Completing Application:

\_\_\_\_\_  
(Name) (Title) (Phone) (Email)

\_\_\_\_\_  
(Name) (Title) (Phone) (Email)

DUNS Number: \_\_\_\_\_

## Fiscal Year 2014 Grant Program

## **AUTHORIZING RESOLUTION**

On the following page is a statement authorizing you to file a grant application on behalf of your organization. Complete all blanks and place it directly after the cover page in your application. **(Do not retype.) Sign the resolution using a blue pen.**

### **Signing Authority**

All applications and the certifications and assurances, unless otherwise indicated, must be **signed in blue** by an official of the applying agency who has authority to submit proposals and enter into contracts on behalf of the applying agency. If the signing official is not the chief officer of the applying governing board, a copy of the resolution, or other document, evidencing the official's authority to sign must accompany the application. Applications received without **original blue signatures** will not be accepted.

## AUTHORIZING RESOLUTION C E R T I F I C A T E

I, \_\_\_\_\_, do hereby certify that I am the duly qualified and  
**Name of Certifying Officer**  
acting \_\_\_\_\_ of the \_\_\_\_\_  
**Title of Certifying Officer** **Name of Applicant**

and as such, I am keeper of the seal, records and files of the \_\_\_\_\_.  
**Name of Applicant**

I do further certify that a regularly constituted meeting of the \_\_\_\_\_  
\_\_\_\_\_ of the **Board of Directors, Executive Committee, etc.**  
**Name of Applicant**

\_\_\_\_\_ held on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,

at which a quorum of all of the members were present and voting, a certain Resolution was

\_\_\_\_\_ (or) \_\_\_\_\_ (Check one of the blanks) adopted in full  
**Unanimously** **By Majority Vote**

accordance and conformity with the \_\_\_\_\_ or \_\_\_\_\_  
**By-Laws of the Applicant** **Statutes of the**

\_\_\_\_\_ (check one of the blanks) as made and provided, and that the following  
**State of West Virginia**

is a complete and true copy of the pertinent provisions of said Resolution:

"BE IT RESOLVED by the \_\_\_\_\_ of the \_\_\_\_\_"  
**Governing Body** **Name of Applicant**

1. That an application be made to the West Virginia Department of Transportation, Division of Public Transit, for a Federal grant under the Section 5310 Program to acquire funds to provide

\_\_\_\_\_  
**Brief Description of Project**

2. That \_\_\_\_\_ of the \_\_\_\_\_  
**Name of Authorized Individual** **Name of Applicant**

is authorized to furnish such additional information as may reasonably be required by the Federal Transit Administration or the West Virginia Department of Transportation, Division of Public Transit, in connection with the aforesaid application for said grant.

I further certify that the original of the complete said Resolution is on file in the records of the:

\_\_\_\_\_ in my custody.  
**Name of Applicant**

I do further certify that the foregoing Resolution remains in full force and effect and has not been rescinded, amended, or altered in any manner since the date of its adoption.

IN WITNESS WHEREOF, I have affixed my official signature and the seal (if appropriate) of the

\_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
**Name of Applicant**

\_\_\_\_\_  
**Signature**

SEAL

\_\_\_\_\_  
**Title**

## **VERIFICATION CERTIFICATION**

Sign the following verification **using a blue pen.**

## **VERIFICATION**

I am an officer of the applicant corporation herein and am authorized to make this verification on its behalf. The statements in the foregoing application and its exhibits are true to the best of my knowledge.

I declare that the following is true and correct.

Executed on \_\_\_\_\_ at \_\_\_\_\_  
(Date) (City and State)

\_\_\_\_\_  
(Signature of Officer) (Title)

## **ARTICLES OF INCORPORATION**

Submit a copy (**must be on 8½ x 11 size paper**) of your organization's Articles of Incorporation. **Note that a tax exempt statement from the IRS is not acceptable.**

The Articles of Incorporation should be inserted directly following the Verification Assurance (page 4) when submitting your application.



## **LOCAL INTERGOVERNMENTAL REVIEW ALL APPLICANTS**

As soon as your organization has completed its application, immediately submit a copy of the application to the appropriate Regional Planning and Development Council or Metropolitan Planning Organization and request a local intergovernmental review for your application. **The Division of Public Transit and the Federal Transit Administration will not accept any applications that do not have a positive local intergovernmental review.**

See Appendix I for addresses of the planning organizations throughout the State.

It is not necessary for your local planning organization to submit your local intergovernmental review to the State Clearinghouse. The Division of Public Transit will do this for you.

***A positive local intergovernmental review must accompany your application when submitted to the Division of Public Transit on or before May 1, 2014, or it will not be considered for funding. Your agency is responsible for insuring that a local intergovernmental review is forwarded to the Division of Public Transit, not the local planning organization.***

It is the applying agency's responsibility to ensure that it allows the local planning organizations adequate time to review the application. **Most planning organizations take 30 to 45 days to review an application.**

## **CERTIFICATIONS**

Read and sign the following certifications using a **blue pen**. Failure to sign these certifications will mean that your agency will not be considered for funding.

# CERTIFICATIONS

I, \_\_\_\_\_, hereby certify that the \_\_\_\_\_;  
(Name) (Name of Applicant)

## 1. CIVIL RIGHTS

Agree that the applicant will comply with the following requirements:

(1) Nondiscrimination. In accordance with Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C. § 2000d, et seq., Section 4 of the Age Discrimination Act of 1975, as amended, 42 U.S.C. § 6101, et seq., Section 102 of the Americans With Disabilities Act of 1990, 42 U.S.C. § 12101, et seq. and Federal transit law at 49 U.S.C. § 5332, as amended by MAP 21, the APPLICANT agrees that it will not discriminate against any employee or applicant for employment because of race, color, national origin, religion, sex, age, or disability. In addition, the APPLICANT agrees to comply with any other applicable Federal statutes that may be signed into law or regulations that may be promulgated.

(2) Equal Employment Opportunity. The following equal employment opportunity requirements apply to this Project:

(a) Race, Color, National Origin, Religion, Sex, Disability or Age. In accordance with Title VII of the Civil Rights Act of 1964, as amended, 42 U.S.C. § 2000e, and Federal transit laws at 49 U.S.C. § 5332, the APPLICANT agrees to comply with all applicable equal employment opportunity requirements of U.S. Department of Labor (U.S. DOL) regulations, "Office of Federal Agreement Compliance Programs, Equal Employment Opportunity, Department of Labor," 41 C.F.R. Parts 60 et seq., (which implement Executive Order No. 11246, "Equal Employment Opportunity," as amended by Executive Order No. 11375, "Amending Executive Order 11246 Relating to Equal Employment Opportunity," 42 U.S.C. § 2000e note), and with any applicable Federal statutes, executive orders, regulations, and Federal policies that may in the future affect construction activities undertaken in the course of the Project. The APPLICANT agrees to take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, color, creed, national origin, sex, disability or age. Such action shall include, but not be limited to, the following: 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. In addition, the APPLICANT agrees to comply with any implementing requirements FTA may issue.

(b) Sex. APPLICANT agrees to comply with all applicable requirements of Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. §§ 1681-1683, 1685-1688, with U.S. DOT regulations, "Nondiscrimination on the Basis of Sex in Education Programs or Activities Receiving Federal Financial Assistance," 49 C.F.R. Part 25, and with any implementing directives that U.S.DOT or FTA may promulgate, which prohibit discrimination on the basis of sex.

(c) Age. In accordance with the Age Discrimination Act of 1975, as amended, 42 U.S.C. §§ 6101 et seq. and implementing regulations, the APPLICANT agrees to refrain from discrimination against present and prospective employees for reason of age. In addition, the APPLICANT agrees to comply with any implementing requirements FTA may issue.

(d) Disabilities. In accordance with Section 102 of the Americans With Disabilities Act, as amended, 42 U.S.C. § 12112, the APPLICANT agrees that it will comply with the requirements of U.S. Equal Employment Opportunity Commission, "Regulations to Implement the Equal Employment Provisions of the Americans With Disabilities Act," 29 C.F.R. Part 1630, pertaining to employment of persons with disabilities. In addition, the APPLICANT agrees to comply with any implementing requirements FTA may issue.

(3) APPLICANT also agrees to include these requirements in each sub-agreement financed in whole or in part with Federal assistance provided by FTA, modified only if necessary to identify the affected parties.

## 2. ENERGY CONSERVATION

APPLICANT agrees to comply with, and obtain the compliance of its subcontractors, with mandatory standards and policies relating to energy efficiency contained in applicable state energy conservation plans issued in compliance with the Energy Policy and Conservation Act, 42 U.S.C. §§ 6321 et seq.

## 3. CERTIFICATION OF SPECIAL EFFORTS TO PROVIDE TRANSPORTATION THAT DISABLED PERSONS CAN USE

The applicant hereby certifies that special efforts are being made in its service area to provide transportation that disabled persons, including wheelchair users and semi-ambulatory persons can use. The transportation resulting from these special efforts is reasonable in comparison to the transportation provided to the general public and meets a significant fraction of the actual transportation needs of such persons within a reasonable time.

## 4. LITIGATION CERTIFICATION

As the authorized representative for the applicant, I hereby certify that to the best of my knowledge there is no litigation pending or threatened which might affect the performance of this Project.

## 5. FISCAL AND MANAGERIAL CAPABILITY CERTIFICATION

As the authorized representative for the applicant, I hereby certify that, based on my experience with the applicant and a review of the applicant's record's, that the applicant has the requisite fiscal and managerial capability to carry out this Project.

## **6. APPLICATION OF FEDERAL, STATE AND LOCAL LAWS AND REGULATIONS**

The agency hereby certifies that it will comply with changing federal, state and local requirements, the APPLICANT shall note that federal, state and local requirements may change and the changed requirements will apply to this Project as required.

**Federal Regulation Changes** - APPLICANT shall at all times comply with all applicable FTA regulations, policies, procedures and directives, including without limitation those listed directly or by reference in the current FTA Master Agreement between the WV Department of Transportation, Division of Public Transit and FTA, as they may be amended or promulgated from time to time during the term of this Project. The APPLICANT'S failure to so comply shall constitute a material breach of this Project.

## **7. INSPECTION**

The agency hereby certifies that it shall permit the Division, the Comptroller General of the United States and the Secretary of the United States Department of Transportation, or their authorized representatives, to inspect all vehicles, facilities and equipment used by the Agency as part of the Project to verify compliance with the requirements of the Section 5310 Program. All records of the transportation services rendered by the Agency, including maintenance records, records verifying usage of the vehicle, and all relevant Project records shall also be available for inspection. The Agency shall also permit the above named persons or agencies to audit the records and accounts of the Agency pertaining to the Project.

## **8. COORDINATION**

As the authorized representative for the applicant, I hereby certify that to the best of my knowledge the agency has coordinated, to the maximum extent feasible, with other transportation providers and users, regardless of their funding source.

## **9. EFFECTS ON PRIVATE MASS TRANSPORTATION COMPANIES**

The applicant as required by 49 U.S.C. 5323(a)(1)(C) or 5323 (a)(2)(B), certifies that before it acquires property or an interest in property of a private mass transportation company or operates mass transportation equipment or a facility in competition with or in addition to transportation service provided by an existing mass transportation company it has or will have:

- A. Provided for the participation of private mass transportation companies to the maximum extent feasible; and
- B. Paid or will pay just compensation under state or local law to a private mass transportation company for its franchises or property acquired.

## **10. NO FEDERAL GOVERNMENT OBLIGATIONS TO THIRD PARTIES**

The applicant acknowledges and agrees that, notwithstanding any concurrence by the Federal Government in or approval of the solicitation or award of the underlying Project, absent the express written consent by the Federal Government, the Federal Government is not a party to this Project and shall not be subject to any obligations or liabilities to the WV Division of Public Transit, APPLICANT, or any other party (whether or not a party to the Project) pertaining to any matter resulting from the underlying Project.

## **11. PROGRAM FRAUD AND FALSE OR FRAUDULENT STATEMENTS OR RELATED ACTS**

As the authorized representative for the applicant, I certify the applicant acknowledges that the provisions of the Program Fraud Civil Remedies Act of 1986, as amended, 31 U.S.C. §§ 3801 et seq. and U.S. DOT regulations, "Program Fraud Civil Remedies," 49 C.F.R. Part 31, apply to its actions pertaining to this Project. Upon execution of the underlying Project, the APPLICANT certifies or affirms the truthfulness and accuracy of any statement it has made, it makes, it may make, or causes to be made, pertaining to the underlying Project or the Federal Transit Administration (FTA) assisted Project for which the Project work is being performed. In addition to other penalties that may be applicable, the APPLICANT further acknowledges that if it makes, or causes to be made, a false, fictitious, or fraudulent claim, statement, submission, or certification, the Federal Government reserves the right to impose the penalties of the Program Fraud Civil Remedies Act of 1986 on the APPLICANT to the extent the Federal Government deems appropriate.

## **12. DISADVANTAGED BUSINESS ENTERPRISE (DBE)**

The recipient shall not discriminate on the basis of race, color, national origin, or sex in the performance of this Contract. The requirements of 49 C.F.R. Part 26 and the WV Department of Transportation's (WVDOT) U.S. Department of Transportation (USDOT) approved Disadvantaged Business Enterprise (DBE) Program are incorporated in the Contract by reference. The recipient agrees to take all necessary and reasonable steps under the requirements of 49 C.F.R. Part 26 and the USDOT approved Disadvantaged Business Enterprise (DBE) Program (where required) to ensure that eligible DBEs have the maximum feasible opportunity to participate in USDOT approved Contracts. Failure by the recipient to carry out these requirements is a material breach of the Contract, which may result in the termination of this Contract or such other remedy as the WV Division of Public Transit deems appropriate.

## **13. TERMINATION**

### **(a) Termination for Convenience**

If approved for funding the applicant understands that the WV Division of Public Transit may terminate any contract, in whole or in part, at any time by written notice to the agency when it is in the Government's best interest. The agency shall be paid its costs, including contract close-out costs, and profit on work performed up to the time of termination. The agency shall promptly submit its termination claim to the WV Division of Public Transit to be paid to the Agency. If the agency has any property in its possession belonging to the WV Division of Public Transit, the agency will account for the same, and dispose of it in the manner the WV Division of Public Transit directs.

(b) Termination for Default (Breach or Cause)

If the agency does not deliver supplies in accordance with the contract delivery schedule, or, if the contract is for services, the agency fails to perform in the manner called for in the contract, or if the agency fails to comply with any other provisions of the contract, the WV Division of Public Transit may terminate the contract for default. Termination shall be effected by serving a notice of termination on the contractor setting forth the manner in which the agency is in default. The agency will only be paid the contract price for supplies delivered and accepted, or services performed in accordance with the manner of performance set forth in the contract.

If it is later determined by the WV Division of Public Transit that the agency had an excusable reason for not performing, such as a strike, fire, or flood, events which are not the fault of or are beyond the control of the agency, the WV Division of Public Transit, after setting up a new delivery of performance schedule, may allow the agency to continue work, or treat the termination as a termination for convenience.

(c) Opportunity to Cure

The WV Division of Public Transit in its sole discretion may, in the case of a termination for breach or default, allow the agency an appropriately short period of time in which to cure the defect. In such case, the notice of termination will state the time period in which cure is permitted and other appropriate conditions.

If agency fails to remedy to the WV Division of Public Transit's satisfaction the breach or default or any of the terms, covenants, or conditions of this Contract within ten (10) days after receipt by agency or written notice from the WV Division of Public Transit setting forth the nature of said breach or default, the WV Division of Public Transit shall have the right to terminate the Contract without any further obligation to agency. Any such termination for default shall not in any way operate to preclude the WV Division of Public Transit from also pursuing all available remedies against agency and its sureties for said breach or default.

(d) Waiver of Remedies for Any Breach

In the event that the WV Division of Public Transit elects to waive its remedies for any breach by agency of any covenant, term or condition of this Contract, such waiver by the WV Division of Public Transit shall not limit the WV Division of Public Transit's remedies for any succeeding breach of that or of any other term, covenant, or condition of this Contract.

#### **14. HOLD HARMLESS**

If approved for funding, the agency agrees to protect, defend, indemnify and hold the WV Division of Public Transit, its officers, employees and agents free and harmless from and against any and all losses, penalties, damages, settlements, costs, charges, professional fees or other expenses or liabilities of every kind and character arising out of or relating to any and all claims, liens, demands, obligations, actions, proceedings or causes of action of every kind and character in connection with or arising directly or indirectly out of this Contract and/or the performance hereof. Without limiting the generality of the foregoing, any and all such claims, etc. relating to personal injury, infringement of any patent, trademark, copyright (or application for any thereof) or of any other tangible or intangible personal or property right, or actual or alleged violation of any other tangible or intangible personal or property rights, or actual or alleged violation of any applicable statute, ordinance, administrative order, rule or regulation, or decrees of any court, shall be included in the indemnity hereunder. The agency further agrees to investigate, handle, respond to, provide defense for and defend any such claims, etc., at his/her sole expense and agrees to bear all other costs and expenses related thereto, even if such claim is groundless, false or fraudulent.

#### **15. SENSITIVE SECURITY INFORMATION**

The applicant, if selected for funding, must protect, and take measures to ensure that its sub agreement at each tier protect, "sensitive security information" made available during the administration of any agreement or any sub agreement to ensure compliance with 49 U.S.C. Section 40119(b) and implementing DOT regulations, "Protection of Sensitive Security Information," 49 CFR Part 15, and with 49 U.S.C. Section 114(s) and implementing Department of Homeland Security regulations, "Protection of Sensitive Security Information," 49 CFR Part 1520.

#### **16. ACCESSIBILITY**

The applicant, if selected for funding, agrees that products and services provided shall be in accordance with the 42 U.S.C. Sections 12101, et seq. and DOT regulations, "Transportation Services for Individuals with Disabilities (ADA)," 49 CFR Part 37; and Joint ATBCB/DOT regulations, "American with Disabilities (ADA) Accessibility Specifications for Transportation Vehicles," 36 CFR Part 1192 and 49 CFR Part 38.

#### **17. TRAFFICKING IN PERSONS**

The applicant, if selected for funding, agrees to comply with, and assures the compliance of each sub recipient with, the requirements of the subsection 106(g) of the Trafficking Victims Protection Act of 2000 (TVPA), as amended, 22 U.S.C. § 7104(g), and the provisions of the Trafficking in Persons subsection of the current FTA Master Agreement.

The applicant also agrees to inform the DIVISION of any information it receives from any source alleging a violation of a prohibition in the Trafficking in Persons subsection of the current FTA Master Agreement.

## **18. ACCESS TO SERVICES FOR PERSONS WITH LIMITED ENGLISH PROFICIENCY**

To the extent applicable and except to the extent that FTA determines otherwise in writing, any approved applicant agrees to facilitate compliance with the policies of Executive Order No. 13166, "Improving Access to Services for Persons with Limited English Proficiency," 42 U.S.C. § 2000d-1 note, and with the provision of U.S. DOT Notice, "DOT Policy Guidance Concerning Recipients' Responsibilities to Limited English Proficiency (LEP) Persons," 70 Fed. Reg. 74087, December 14, 2005.

## **19. ENVIRONMENTAL JUSTICE**

Any approved applicant agrees to facilitate compliance with the policies of Executive Order No. 12898, "Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations," 42 U.S.C. § 4321 note, except to the extent that the Federal Government determines otherwise in writing.

## **20. CHARTER SERVICE**

The applicant, if selected for funding, may not engage in charter service operations except as permitted by 49 U.S.C. §5323(d), and FTA regulations, "Charter Service," 49 C.F.R. Part 604, and any amendments thereto that may be issued. Any charter service agreement entered into under these regulations is incorporated into any future contract by reference.

## **21. SEAT BELT USAGE**

Pursuant to Executive Order No. 13043, April 16, 1997, 23 U.S.C. § 402, any approved applicant, is encouraged to adopt on-the-job seat belt use policies and programs for its employees when operating company-owned, rented, or personally-operated vehicles and include this provision in third party contracts, third party subcontracts, and sub-agreements entered into under this Project.

## **22. DISTRACTED DRIVING, INCLUDING TEXT MESSAGING WHILE DRIVING**

Pursuant to Executive Order No. 13513, "Federal Leadership on Reducing Text Messaging While Driving," October 1, 2009, 23 U.S.C. § 402 note and DOT Order 3902.10, "Text Messaging While Driving," December 30, 2009, the RECIPIENT is encouraged to adopt on-the-job policies and programs for its employees when operating company-owned, rented, or personally operated vehicles to reduce text messaging while driving and avoid distracted driving. This Special Condition is to be included in each third party sub-agreement at each tier financed with Federal funds.

## **23. AUDITS**

Approved agencies are required to obtain an audit for each fiscal year. The audit should have the Section 5310 purchase of transportation services funding spelled out verifying that the funds were utilized to provide transportation services for seniors and individuals with disabilities and that no other funding sources have been utilized to pay for the same miles/trips/hours. Any approved applicant agrees to report any audit findings that involve Section 5310 funds immediately to the Division of Public Transit.

## **24. FTA TERMS**

The preceding provisions include, in part, certain Standard Terms and Conditions required by DOT, whether or not expressly set forth in the preceding contract provisions. All contractual provisions required by DOT, as set forth in FTA Circular 4220.1F, dated November 1, 2008, are hereby incorporated by reference. Anything to the contrary herein notwithstanding, all FTA mandated terms shall be deemed to control in the event of a conflict with other provisions contained in this contract. The agency shall not perform any act, fail to perform any act, or refuse to comply with any WV Division of Public Transit requests that would cause the WV Division of Public transit to be in violation of the FTA terms and conditions.

I declare that the foregoing certifications are true and correct.

Executed on \_\_\_\_\_ at \_\_\_\_\_.  
(Date) (City and State)

\_\_\_\_\_  
(Signature of Official)

\_\_\_\_\_  
(Title)

## **CERTIFICATION OF EQUIVALENT SERVICE**

The \_\_\_\_\_

**Name of Applicant**

certifies that its demand responsive service offered to individuals with disabilities, including individuals who use wheelchairs, is equivalent to the level and quality of service offered to individuals without disabilities. Such service, when viewed in its entirety, is provided in the most integrated setting feasible and is equivalent with respect to:

- (1) Response time;
- (2) Fares;
- (3) Geographic service area;
- (4) Hours and days of service;
- (5) Restrictions on trip purpose;
- (6) Availability of information and reservation capability; and
- (7) Constraints on capacity or service availability.

In accordance with 49 CFR 37.27, public entities operating demand responsive systems for the general public which receive financial assistance under Sections 5310 or 5311 of the Federal Transit Act, as amended, must file this certification with the appropriate state program office before procuring any inaccessible vehicle. Such public entities not receiving Federal Transit Act funds shall also file the certification with the appropriate state program office. Such public entities receiving Federal Transit Act funds under any other Section of the Federal Transit Act must file the certification with the appropriate Federal Transit Administration regional office. This certification is valid for no longer than one year from its date of filing.

\_\_\_\_\_  
**Typed Name & Title of Authorized Official**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Assurance Concerning Nondiscrimination on the  
Basis of Disability in Federally-Assisted Programs  
and Activities Receiving or Benefiting from  
Federal Financial Assistance**

**Implementing the Rehabilitation Act of 1973, as amended, and  
the Americans With Disabilities Act of 1990**

**(Federal Transit Administration)**

\_\_\_\_\_, (the "Recipient") AGREES THAT,

**Name of Applicant**

as a condition to the approval or extension of any Federal financial assistance from the Federal Transit Administration (FTA) to construct any facility, obtain any rolling stock or other equipment, undertake studies, conduct research or to participate in or obtain any benefit from any program administered by the FTA, no otherwise qualified person with a disability shall, solely by reason of his or her disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives or benefits from Federal financial assistance administered by the FTA or any entity within the United States Department of Transportation (DOT).

Specifically, the Recipient GIVES ASSURANCE that it will conduct any program or operate any facility so assisted in compliance with all applicable requirements imposed by DOT regulations implementing the Rehabilitation Act of 1973, as amended, and the Americans With Disabilities Act of 1990 (any subsequent amendments thereto) set forth at 49 C.F.R. Parts 27, 37, and 38, as well as all applicable regulations and directives issued pursuant thereto by other Federal departments or agencies.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Legal Name of Applicant**

**BY:**

\_\_\_\_\_  
**Signature of Authorized Official**



**Federal Transit Administration  
(FTA)  
CIVIL RIGHTS ASSURANCE**

The \_\_\_\_\_ HEREBY CERTIFIES THAT,

**Name of Applicant**

as a condition of receiving Federal financial assistance under the Federal Transit Administration (FTA) Transportation Act of 1964, as amended, it will ensure that:

1. No person on the basis of race, color, or national origin will be subjected to discrimination in the level and quality of transportation services and transit-related benefits.
2. The \_\_\_\_\_ will compile, maintain, and  
**Name of Applicant**  
submit in a timely manner Title VI information required by FTA Circular 4702.1B and in compliance with the Department of Transportation's Title VI regulation, 49 C.F.R. Part 21.9.
3. The \_\_\_\_\_ will make it known to the  
**Name of Applicant**  
public that those person or persons alleging discrimination on the basis of race, color, or national origin as it relates to the provision of transportation services and transit-related benefits may file a complaint with the Federal Transit Administration and/or the U.S. Department of Transportation.

The person or persons whose signature appears below are authorized to sign this assurance on behalf of the grant applicant or recipient.

\_\_\_\_\_  
**NAME AND TITLE  
OF AUTHORIZED OFFICIAL**

**DATE:** \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF  
AUTHORIZED OFFICIAL**

## TITLE VI REPORT

List any active lawsuits or complaints naming the applicant which allege discrimination on the basis of race, color, or natural origin with respect to service or other transit benefits. The list should include: 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 decrees. **If none, please state.**

A description of all pending applications for financial assistance and all financial assistance currently provided by other federal agencies. **If none, please state.**

A summary of all civil rights compliance review activities conducted in the last three years. The summary should include: the purpose or reasons 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, please state.**

## **School Transportation Operations Agreement**

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

- A. As required by 49 U.S.C. 5323 (f) and FTA regulations, “School Bus Operations,” at 49 CFR 605.14, the Applicant agrees that it will:
- (1) Engage in school transportation operations in competition with private school transportation operators only to the extent permitted by an exception provided by 49 U.S.C. 5323(f), and implementing regulations, and
  - (2) Comply with the requirements of 49 CFR Part 605 before providing any school transportation using equipment or facilities acquired with Federal assistance authorized by 49 U.S.C. Chapter 53 or Title 23 U.S.C. awarded by FTA for transportation projects.
- B. The Applicant understands that the requirements of 49 CFR Part 605 will apply to any school transportation it provides, the definitions of 49 CFR Part 605 apply to this school transportation agreement, and a violation of this agreement may require corrective measures and the imposition of penalties, including debarment from the receipt of further Federal assistance for transportation.

\_\_\_\_\_  
**Typed Name & Title of Authorized Official**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

## **CERTIFICATION OF PRIMARY PARTICIPANT REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS**

The Primary Participant (applicant for an FTA grant or cooperative agreement, or potential contractor for a major third party contract),

\_\_\_\_\_, (NAME OF APPLICANT) certifies to the best of its knowledge and belief, that it and its principals:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
2. Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
3. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (2) of this certification; and
4. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

If the primary participant (applicant for an FTA grant, or cooperative agreement, or potential third party contractor) is unable to certify to any of the statements in this certification, the participant shall attach an explanation to this certification.)

THE PRIMARY PARTICIPANT (APPLICANT FOR AN FTA GRANT OR COOPERATIVE AGREEMENT, OR POTENTIAL CONTRACTOR FOR A MAJOR THIRD PARTY CONTRACT),

\_\_\_\_\_, CERTIFIES OR AFFIRMS THE TRUTHFULNESS AND ACCURACY OF THE CONTENTS OF THE STATEMENTS SUBMITTED ON OR WITH THIS CERTIFICATION AND UNDERSTANDS THAT THE PROVISIONS OF 31 U.S.C. SECTIONS 3801 ET SEQ. ARE APPLICABLE THERETO.

\_\_\_\_\_  
Signature and Title of Authorized Official

## **SECTION III**

### **GRANT APPLICATION**

Complete the following application using the forms provided.



5. Describe the steps your agency will take to ensure that this project does not duplicate any existing services:

6. Explain how potential passengers will be notified of the services and describe your agency's plan for marketing the services to seniors and individuals with disabilities in the proposed service area:

7. **Service Area:** The "transportation service area of the Project is intended to include the geographic area over which the Project is operated and the area whose population is served by the Project, including adjacent areas affected by the Project." Please answer these questions using 2010 Census information for each county in your proposed service area.

Description of Service Area: State exactly where proposed services are going to be provided. From what location (center) will the vehicle(s) be dispatched into what areas?

Total population of service area\_\_\_\_\_

Source of information\_\_\_\_\_

Total disabled population of service area \_\_\_\_\_

Senior population of service area \_\_\_\_\_

Total number of proposed clients within the following groups:

\_\_\_\_\_Black \_\_\_\_\_Asian or \_\_\_\_\_Hispanic \_\_\_\_\_American Indian or  
Pacific Islands Alaskan Native

8. Is your agency a minority organization? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Does your agency provide assistance to minority communities?

Yes \_\_\_\_\_ No \_\_\_\_\_

Describe your assistance:

10. Are any other local transit systems and/or authorities (excluding Boards of Education or Greyhound) operating within the delineated Service Area?  
Check appropriate blank.

Yes \_\_\_\_\_ No \_\_\_\_\_

11. Are taxi companies operating within the delineated Service Area?  
Check appropriate blank.

Yes \_\_\_\_\_ No \_\_\_\_\_

12. Are other private non-profit organizations currently providing transportation services within the delineated Service Area?  
Check appropriate blank. (Do not include your agency.)

Yes \_\_\_\_\_ No \_\_\_\_\_

13. Check the statement which best describes the type of transportation services within the delineated Service Area.

\_\_\_\_\_ a. Seniors and individuals with disabilities within your service area will depend almost entirely upon your agency for their transportation in addition to that required for them to utilize and/or participate in the services and activities of the agency.

\_\_\_\_\_ b. Seniors and individuals with disabilities within your service area will be provided transportation by your agency only to the extent necessary for them to utilize and/or participate in the service activities of your agency.



14. Type of clients proposing to serve:
- % Non Disabled Senior \_\_\_\_\_ % Physically Disabled Senior \_\_\_\_\_
- % Mentally Disabled Senior \_\_\_\_\_ % Physically Disabled Non Senior \_\_\_\_\_
- % Mentally Disabled Non Senior \_\_\_\_\_ % Other \_\_\_\_\_
15. Estimated number of both senior and non senior disabled individuals to be **served weekly** by the services you are proposing? \_\_\_\_\_
16. Estimated number of senior individuals to be **served weekly** by services you are proposing? **(Do not count an individual twice - an individual is either disabled or a senior not both.)** \_\_\_\_\_
17. Total number of persons provided transportation services weekly by your agency currently? \_\_\_\_\_
18. Check the days of the week and indicate the hours of operation of your agency's is proposing to provide services.
- \_\_\_\_M\_\_\_\_\_                      \_\_\_\_Th\_\_\_\_\_                      \_\_\_\_Su\_\_\_\_\_
- \_\_\_\_Tu\_\_\_\_\_                      \_\_\_\_F\_\_\_\_\_
- \_\_\_\_W\_\_\_\_\_                      \_\_\_\_Sa\_\_\_\_\_
19. How many vehicles does your organization **currently** own and/or lease?
- Own \_\_\_\_\_ Lease \_\_\_\_\_
20. How many vehicles are **currently** used for the transportation of seniors and/or individuals with disabilities? \_\_\_\_\_
21. How many spares does your agency have? \_\_\_\_\_
22. Have satisfactory procedures been established to provide "back-up" transportation when regular vehicles are out of service?
- Yes \_\_\_\_\_ No \_\_\_\_\_

Describe your procedures:

23. Indicate by percentages what type of transportation will be provided with the requested funding.

_____ % Adult Day Care	_____ % Mental Health
_____ % Education	_____ % Nutrition
_____ % Employment	_____ % Shopping/Personal
_____ % Medical	_____ % Social/Recreation
_____ % Other _____	

The Americans With Disabilities Act of 1990 requires that individuals with disabilities receive the same level of service from a transportation provider as a non-disabled person.

24. If you do not have lift-equipped vehicles in your inventory, do you have a written agreement with another provider in your service area to provide a lift-equipped vehicle when needed?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give name, contact person, address and telephone number of agency:

## **CURRENT VEHICLE INVENTORY**

Complete the Current Vehicle Inventory Chart on the next page. List all of your agency's vehicles that are used to provide transportation services. Attach additional sheets if necessary.



## CURRENT VEHICLE INVENTORY

**(Please List Each Vehicle Separately)**

[illegible]

25. What procedures do individuals with disabilities (persons who use wheelchairs, have visual impairments, hearing impairments, communication disabilities, etc.) use to access your agency's current transportation services?

Are these procedures different than for a non-disabled person?

26. Has your agency ever received a request for transportation services from a person who uses a wheelchair, has a visual impairment, hearing impairment, communication disability, etc.? If yes, how did you provide this service? Be specific.

### **COORDINATION WITH OTHER FEDERAL PROGRAMS**

The U.S. Department of Transportation (U.S. DOT) signed an interagency agreement with the U.S. Department of Health and Human Services (DHHS) in 1996 to improve the coordination of programs funded by the two departments. States are to encourage their Section 5310 recipients to participate in coordinated systems at the local level, along with recipients of funds from the programs of DHHS. The State must sign an assurance that the consolidated program of projects submitted for funding provides for maximum feasible coordination of transportation services assisted under Section 5310 with transportation services assisted by other Federal sources.

Also, the Older Americans Act now has provisions that affect community transportation services. There is strengthened language describing expectations for coordination of senior-oriented and public transportation services under the "Title III-B" supportive services and senior centers program.

27. Does your agency currently participate in a cooperative/coordinated effort in the proposed service area?

Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please describe the arrangement and specify the type of trips shared; number of clients served; and any other cooperative activities, such as; joint training; joint purchasing; joint grant writing, etc.

If no, please explain:

28. Describe the processes that your agency undertakes to ensure that the proposed transportation services are or will be coordinated to the maximum extent possible with other federally funded agencies and private transportation providers in the proposed service area? Refer to the 2012 West Virginia Transportation Providers Directory and specifically address how you have coordinated with providers in your service area.

**Locally Developed Coordinated  
Public Transit-Human Services  
Transportation Plan**

The Federal Transit Administration requires that all projects funded by the Section 5310 Program must be part of a “locally developed coordinated public transit-human services transportation plan.” This plan was required to be developed through a process that included representatives of public, private, and non-profit transportation service providers, human services transportation providers and the general public.

All known transportation agencies were notified that any agency planning on applying for funding under the Sections 5310 Program, had to PARTICIPATE IN THE PLAN DEVELOPMENT AND ATTEND THE DEVELOPMENT MEETINGS, AS WELL AS, ANY UPDATE MEETINGS!

Regional Planning and Development Councils across the state facilitated the development of the original Coordinated Public Transit-Human Services Transportation Plans for each region. The Councils held meetings in your Region, surveyed agencies and ask for input. The Councils have also held outreach meetings in order to update the plans.

29. Did someone from your agency attend focus group meetings facilitated by the Regional Planning and Development Councils or Metropolitan Planning Organizations to update the plans?

Yes \_\_\_\_\_ No \_\_\_\_\_

Name of person(s) attending: \_\_\_\_\_

\_\_\_\_\_

Location(s) of meeting: \_\_\_\_\_

30. Was your agency requested to complete a survey in regards to the plan?

Yes \_\_\_\_\_ No \_\_\_\_\_

31. Did your agency complete the survey? Yes \_\_\_\_\_ No \_\_\_\_\_
32. Is your agency involved in any new coordination activities as a result of these efforts? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe:

33. Maintenance Program

Does your agency have a vehicle maintenance plan which at least meets the minimum recommendations of the vehicle manufacturer?

Yes \_\_\_\_\_ No \_\_\_\_\_

34. Is there a daily pre-trip vehicle inspection program in place?

Yes \_\_\_\_\_ No \_\_\_\_\_

Describe:

35. Are deficiencies noted in pre-trip inspections repaired in a timely manner and properly reviewed by management?

Yes \_\_\_\_\_ No \_\_\_\_\_

36. If your agency utilizes vehicles that have tie-down mechanisms for wheelchairs, how often are these checked to insure proper operation?

\_\_\_\_\_

37. If your agency utilizes vehicles that are lift equipped, how often is it being cycled even when it is not used?

Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Never \_\_\_\_\_

38. Maintenance Facilities (Check **the one** that best describes your program)

- a. \_\_\_\_\_ You have your own maintenance facilities and personnel that can handle any repairs required on vehicles.
- b. \_\_\_\_\_ You have facilities and personnel that can handle routine maintenance and tune-ups. Major repairs would be contracted out on an as needed basis.
- c. \_\_\_\_\_ You have a maintenance contract which provides the required maintenance for all of your agency's vehicles.
- d. \_\_\_\_\_ You will contract out, on an as needed basis, for required maintenance.

39. Driver Selection (check all that apply)

When selecting your drivers, does your agency:

- a. \_\_\_\_\_ Check their driving record? (valid, appropriate vehicle operator's license, eligible for insurance coverage?)
- b. \_\_\_\_\_ Require a physical examination?
- c. \_\_\_\_\_ Require driving experience with vehicles similar to those operated for your agency or satisfactory completion of a training program prior to actual passenger transportation?
- d. \_\_\_\_\_ Require a pre-employment drug/alcohol test?

40. Driver Training: Describe your agency's driver orientation program:

41. List the types and amount of driver training (including volunteers) your agency has provided within the last two years:



42. Describe any safety training your agency has provided within the last two years (evacuation procedures, safety plans):

43. What type of safety materials does your agency provide to its drivers?

44. The Americans With Disabilities Act requires training of all drivers.

Please list all drivers from your organization who have had Passenger Service and Safety Training (PASS) and are still driving.

Name of Driver(s)

Attach additional sheets if necessary.

45. Please list all drivers from your organization who **have not** had PASS training.

46. Have your drivers received Operation Lifesaver Training (Highway-Rail Grade Crossing Awareness Training)? \_\_\_\_\_ Yes \_\_\_\_\_ No

47. Has your agency prepared a transportation safety plan or yearly update using the S.P.I.D.E.R. materials?

\_\_\_\_\_ Yes \_\_\_\_\_ No

48. Does your agency have a communication system?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, please check type:

Mobile Radios \_\_\_\_\_ CB \_\_\_\_\_ Pager \_\_\_\_\_ Cellular Phone \_\_\_\_\_

Other \_\_\_\_\_ (specify) \_\_\_\_\_

Explain dispatch procedures used with communication equipment.

49. If your agency does not have a communication system, please check the appropriate choice below:

a. \_\_\_\_\_ One person will be assigned as dispatcher and he/she will handle van schedules and assign drivers. The dispatcher will also be responsible for assigning replacements for drivers failing to report to work.

b. \_\_\_\_\_ The dispatcher will be a part time job assigned to one of our staff members.

c. \_\_\_\_\_ No one has been assigned, the job will be handled on an as needed basis.

50. Has your dispatcher received any training? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what type of training?

51. Identify the staff members from your agency that will be involved in the management and implementation of the project. Also, describe their experience with project management and other transportation related experience.

52. Provide service levels estimates for each year of the project:

	2015	2016	2017
	7/1/14 - 6/30/15	7/1/15 - 6/30/16	7/1/16 – 6/30/17
Service Miles	_____	_____	_____
Service Hours	_____	_____	_____
Passenger Trips	_____	_____	_____

Which of the above will be used to calculate the unit rate? (choose one)

\_\_\_\_\_ Service Miles      \_\_\_\_\_ Service Hours      \_\_\_\_\_ Passenger Trips

53. Describe how the service level estimates were developed.

# FINANCIAL INFORMATION FUNDING PROPOSAL

*Develop Cost Price Analysis for each year of the project to determine  
the unit rate and annual funding level.*

## FUNDING IS LIMITED TO \$50,000 PER YEAR

	<u>2015</u>	<u>2016</u>	<u>2017</u>
<b>Direct Operating Costs:</b>	7/1/14 - 6/30/15	7/1/15 - 6/30/16	7/1/16 – 6/30/17
Fuel, Lubricants and Tires	_____	_____	_____
Maintenance Costs	_____	_____	_____
Insurance Costs	_____	_____	_____
 <b>Direct Labor Costs:</b>			
Salaries: Manager	_____	_____	_____
Drivers	_____	_____	_____
Others	_____	_____	_____
Fringe Benefits	_____	_____	_____
Service Marketing	_____	_____	_____
Contracted Services	_____	_____	_____
Administrative & Reporting Costs	_____	_____	_____
 <b>Indirect Costs:</b> can be no higher than 10%			
Overhead (Rent & Others)	_____	_____	_____
Other Indirect Costs (explain)	_____	_____	_____
 <b>Subtotal</b>	_____	_____	_____
 Less Passenger Fares & Donations	_____	_____	_____
Less Other _____	_____	_____	_____
 <b>Total Project Cost</b>	_____	_____	_____
 <b>Proposed Units of Service</b>	<u>2015</u>	<u>2016</u>	<u>2017</u>
Number of Service Miles,			
Service Hours or Passenger			
Trips (circle the one your agency			
is using as the basis for the unit rate)	_____	_____	_____
 <b>Unit Rate</b>	<u>2015</u>	<u>2016</u>	<u>2017</u>
		<u>Estimated</u>	<u>Estimated</u>
Total Project Cost Divided			
by Proposed Units of Service	_____	_____	_____

<b>Local Contribution Source(s)</b>	<b>Source(s) of Match</b>		
	<b><u>2015</u></b>	<b><u>2016</u></b>	<b><u>2017</u></b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>Total Local Contributions</b>	_____	_____	_____
<b>Local Matching Ratio</b>			
Total Local Contributions			
Divided by Total Project Cost	_____	_____	_____
(Must be at least 20%)			

**Attach documentation of local support immediately behind this page.**

#### **Other Required Attachments**

- ◆ Letter of Support from Public Transportation Provider(s)  
In Proposed Service Area
- ◆ Other Letters of Support
- ◆ Maps of Service Area
- ◆ Other information directly related to the project

**EXAMPLES  
OF  
MONTHLY SECTION 5310  
EXPENDITURE REPORT FORMS**



EXAMPLE REIMBURSEMENT RATE PER MILE

MONTHLY SECTION 5310 EXPENDITURE REPORT FORM

For the Period: \_\_\_\_\_ Year \_\_\_\_\_

Agency: \_\_\_\_\_

TOTAL PASSENGER TRIPS

Total Elderly	_____	_____
Total Disabled	_____	_____
a.) Wheelchair Users	_____	_____
b.) Non-Wheelchair Users	_____	_____
Total Other Passengers	_____	_____

Trip Purposes:

Adult Day Care	_____
Education	_____
Employment	_____
Medical	_____
Mental Health	_____
Nutrition	_____
Shopping/Personal	_____
Social/Recreation	_____
Other:	_____

TOTAL SERVICE MILES:

REIMBURSEMENT RATE PER MILE: \_\_\_\_\_

LESS 20% MATCH:	Source:	_____	\$	-
		_____	\$	-
		_____	\$	-

FUNDS REQUESTED: \_\_\_\_\_

COORDINATION EFFORTS:

List any examples of coordination regarding providing transportation services for this month:

*CERTIFICATION: "I certify that this report represents accurately the statistical information for the period covered and conforms to the terms and conditions of the referenced grant agreement. All documentation in support of expenses and statistics is available for review at our office. No other funding sources have been utilized to pay for the same miles/trips except for requested match."*

_____ Name & Title	_____ Signature	_____ Date
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_____ Name & Title	_____ Signature	_____ Date
-----------------------	--------------------	---------------

FOR DPT USE ONLY - REVIEWED BY:

_____ Name	_____ Date	_____ Name	_____ Date
---------------	---------------	---------------	---------------



EXAMPLE REIMBURSEMENT RATE PER TRIP  
MONTHLY SECTION 5310 EXPENDITURE REPORT FORM

For the Period: \_\_\_\_\_ Year \_\_\_\_\_

Agency: \_\_\_\_\_

**TOTAL PASSENGER TRIPS**

Total Elderly	_____	-
Total Disabled	_____	-
a.) Wheelchair Users	_____	-
b.) Non-Wheelchair Users	_____	-
Total Other Passengers	_____	-

**Trip Purposes:**

Adult Day Care	_____
Education	_____
Employment	_____
Medical	_____
Mental Health	_____
Nutrition	_____
Shopping/Personal	_____
Social/Recreation	_____
Other:	_____

**TOTAL SERVICE MILES:**

**REIMBURSEMENT RATE PER TRIP:**

LESS 20% MATCH:	Source:	_____	\$	-
		_____	\$	-
		_____	\$	-

**FUNDS REQUESTED:**

**COORDINATION EFFORTS:**

List any examples of coordination regarding providing transportation services for this month:

*CERTIFICATION: "I certify that this report represents accurately the statistical information for the period covered and conforms to the terms and conditions of the referenced grant agreement. All documentation in support of expenses and statistics is available for review at our office. No other funding sources have been utilized to pay for the same miles/trips except for requested match."*

Name & Title	Signature	Date
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Name & Title	Signature	Date
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FOR DPT USE ONLY - REVIEWED BY:

Name	Date	Name	Date
------	------	------	------

EXAMPLE REIMBURSEMENT RATE PER HOUR  
MONTHLY SECTION 5310 EXPENDITURE REPORT FORM

For the Period: \_\_\_\_\_ Year \_\_\_\_\_

Agency: \_\_\_\_\_

**TOTAL PASSENGER TRIPS**

Total Elderly	_____	-
Total Disabled	_____	-
a.) Wheelchair Users	_____	-
b.) Non-Wheelchair Users	_____	-
Total Other Passengers	_____	-

**Trip Purposes:**

Adult Day Care	_____
Education	_____
Employment	_____
Medical	_____
Mental Health	_____
Nutrition	_____
Shopping/Personal	_____
Social/Recreation	_____
Other:	_____

**TOTAL SERVICE HOURS:** \_\_\_\_\_ 0.00

**TOTAL SERVICE MILES:** \_\_\_\_\_

X

**REIMBURSEMENT RATE PER HOUR:** \_\_\_\_\_

<b>LESS 20% MATCH:</b>	Source:	\$	-
		\$	-
		\$	-

**FUNDS REQUESTED:** \_\_\_\_\_

**COORDINATION EFFORTS:**

List any examples of coordination regarding providing transportation services for this month;

*CERTIFICATION: "I certify that this report represents accurately the statistical information for the period covered and conforms to the terms and conditions of the referenced grant agreement. All documentation in support of expenses and statistics is available for review at our office. No other funding sources have been utilized to pay for the same miles/trips/hours except for requested match."*

Name & Title	Signature	Date
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Name & Title	Signature	Date
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FOR DPT USE ONLY - REVIEWED BY:

Name:	Date	Name	Date
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**APPENDIX I**

**REGIONAL PLANNING AND  
DEVELOPMENT COUNCILS  
AND  
METROPOLITAN PLANNING  
ORGANIZATIONS ADDRESSES**

# **REGIONAL PLANNING AND DEVELOPMENT COUNCILS AND METROPOLITAN PLANNING ORGANIZATIONS**

## **REGION I**

### **Region I Planning and Development Council**

**Consisting of:** McDowell, Mercer, Monroe, Raleigh, Summers  
and Wyoming Counties

**Executive Director:** David N. Cole  
Suite 5, 1439 East Main Street  
Princeton, West Virginia 24740  
PHONE: (304) 431-7225  
FAX: (304) 431-7235  
Email: [regionone@regiononepdc.org](mailto:regionone@regiononepdc.org)  
Website: [www.regiononepdc.org/](http://www.regiononepdc.org/)

**Contact:** Jeff Johnson, Community Development Director  
Email: [jeffjohnson@regiononepdc.org](mailto:jeffjohnson@regiononepdc.org)

## **REGION II**

### **Region II Planning and Development Council**

**Consisting of:** Cabell, Lincoln, Logan, Mason, Mingo  
and Wayne Counties

**Executive Director:** Michelle P. Craig  
400 Third Avenue  
Huntington, West Virginia 25712  
PHONE: (304) 529-3357, Ext. 17  
FAX: (304) 529-7229  
Email: [mcraig@ntelos.net](mailto:mcraig@ntelos.net)  
Website: [www.region2pdc.org/](http://www.region2pdc.org/)

**Contact:** Kathy Elliott, Senior Project Administrator  
Email: [kkelliott@ntelos.net](mailto:kkelliott@ntelos.net)

## **MPO - KYOVA Interstate Planning Commission**

**Consisting of:**                   Huntington, WV and Ironton, OH (Cabell and Wayne Counties, WV and Lawrence County, OH)

**Contact:**                       Michelle Craig, Executive Director  
Same address and phone information  
Email: [mcraig@ntelos.net](mailto:mcraig@ntelos.net)  
Website: [www.wvs.state.wv.us/kyova/](http://www.wvs.state.wv.us/kyova/)

**Attention:**                     Saleem Salameh, P.E.  
Technical Study Director/Transportation Engineer  
Email: [ssalameh@ntelos.net](mailto:ssalameh@ntelos.net)

## **REGION III**

### **MPO - Regional Intergovernmental Council**

**Consisting of:**                   Charleston Metropolitan Area  
(Kanawha and Putnam Counties)  
and

### **Region III – BCKP Regional Intergovernmental Council**

**Consisting of:**                   Boone, Clay, Kanawha and Putnam Counties

**Executive Director:**           Mark Felton  
315 “D” Street  
South Charleston, WV 25303  
PHONE: (304) 744-4258  
FAX: (304) 744-2534  
Email: [markfelton@wvregion3.org](mailto:markfelton@wvregion3.org)  
Website: [www.wvregion3.org/](http://www.wvregion3.org/)

## **REGION IV**

### **MPO – Fayette/Raleigh Metropolitan Planning Organization**

**Consisting of:**                   Fayette and Raleigh Counties  
and

## **Region IV Planning and Development Council**

**Consisting of:** Fayette, Greenbrier, Nicholas, Pocahontas  
and Webster Counties

**Executive Director:** John Tuggle, Executive Director  
885 Broad Street, Suite 100  
Summersville, West Virginia 26651  
PHONE: (304) 872-4970  
FAX: (304) 872-1012  
Email: [jtuggle@reg4wv.org](mailto:jtuggle@reg4wv.org)  
Website: [reg4wv.org/about.html](http://reg4wv.org/about.html)

## **REGION V**

### **Mid-Ohio Valley Regional Council**

**Consisting of:** Calhoun, Jackson, Pleasants, Ritchie,  
Roane, Tyler, Wirt and Wood Counties

**Executive Director:** Carol Jackson  
531 Market Street  
Parkersburg, West Virginia 26101  
or  
P.O. Box 247  
Parkersburg, West Virginia 26102  
PHONE: (304) 422-4993  
FAX: (304) 422-4998  
Email: [carol.jackson@movrc.org](mailto:carol.jackson@movrc.org)  
Website: [www.movrc.org/](http://www.movrc.org/)

### **MPO - Wood Washington Wirt Interstate Planning Commission**

**Consisting of:** Parkersburg, WV, Marietta and Belpre, OH (Wood County,  
WV and Washington County, OH)

**Contact:** Randy Durst, Transportation Planning Director  
Same address and phone number (ext. 125)  
Email: [randy.durst@movrc.org](mailto:randy.durst@movrc.org)  
Website: [www.triplew.org/](http://www.triplew.org/)

## **REGION VI**

### **Region VI Planning and Development Council**

**Consisting of:** Doddridge, Harrison, Marion, Monongalia,  
Preston and Taylor Counties

**Executive Director:** James Hall  
34 Mountain Park Drive  
White Hall, West Virginia 26554  
PHONE: (304) 366-5693  
FAX: (304) 367-0804  
Email: [jhall@regionvi.com](mailto:jhall@regionvi.com)  
Website: [www.regionvi.com/](http://www.regionvi.com/)

**Contact:** Lea Wolf, Assistant Director  
Email: [leawolfe@regionvi.com](mailto:leawolfe@regionvi.com)

### **MPO - Morgantown/Monongalia Metropolitan Planning Organization**

**Consisting of:** Morgantown/Monongalia County

**Executive Director:** Bill Austin, AICP  
82 Hart Field Road Ste. 105  
Morgantown, West Virginia 26505  
PHONE: (304) 291-9571  
FAX: (304) 291-9573  
Email: [baustin@labyrinth.net](mailto:baustin@labyrinth.net)  
Website: [www.planttogether.org/](http://www.planttogether.org/)

## **REGION VII**

### **Region VII Planning and Development Council**

**Consisting of:** Barbour, Braxton, Gilmer, Lewis,  
Randolph, Tucker and Upshur Counties

**Executive Director:** Shane Whitehair, Executive Director  
99 Edmiston Way, Suite 225  
Buckhannon, West Virginia 26201  
PHONE: (304) 472-6564  
FAX: (304) 472-6590  
Email: [swhitehair@regionvii.com](mailto:swhitehair@regionvii.com)  
Website: [www.regionvii.com/](http://www.regionvii.com/)

## **REGION VIII**

### **Region VIII Planning and Development Council**

**Consisting of:** Grant, Hampshire, Hardy, Mineral  
and Pendleton Counties

**Executive Director:** Terry Lively  
8 Grant County Industrial Park  
P.O. Box 849  
Petersburg, West Virginia 26847  
PHONE: (304) 257-2448; (304) 257-1221  
FAX: (304) 257-4958  
Email: [mail@regioneight.org](mailto:mail@regioneight.org)  
[tlively@regioneight.org](mailto:tlively@regioneight.org)  
Website: [www.regioneight.org/](http://www.regioneight.org/)

## **REGION IX**

### **Eastern Panhandle Regional Planning and Development Council**

**Consisting of:** Berkeley, Jefferson and Morgan Counties

**Executive Director:** Bill Clark  
Suite 301, 400 West Stephen Street  
Martinsburg, West Virginia 25401  
PHONE: (304) 263-1743  
FAX: (304) 263-7156  
Email: [bclark@region9wv.com](mailto:bclark@region9wv.com)  
Website: [www.region9wv.com](http://www.region9wv.com)

### **MPO – Hagerstown/Eastern Panhandle Metropolitan Planning Organization**

**Consisting of:** Washington (MD), Franklin (PA), Berkeley (WV), and  
Jefferson (WV) Counties

**Executive Director:** Matthew T. Mullenax  
33 West Washington Street  
4<sup>th</sup> Floor, Suite 402  
Hagerstown, MD 21740  
PHONE: (240) 313-2080  
FAX: (240) 313-2084  
Email: [mmullenax@washco-md.net](mailto:mmullenax@washco-md.net)  
Website: [www.hepmpo.net/](http://www.hepmpo.net/)



## **REGION X**

### **Bel-O-Mar Regional Council and Interstate Planning Commission**

**Consisting of:** Marshall, Ohio and Wetzel Counties  
and Belmont (OH) County

**Executive Director:** Scott Hicks  
105 Bridge Street Plaza  
P.O. Box 2086  
Wheeling, West Virginia 26003  
PHONE: (304) 242-1800  
FAX: (304) 242-2437  
Email: [belomar@belomar.org](mailto:belomar@belomar.org)  
Website: [www.belomar.org](http://www.belomar.org)

## **REGION XI**

### **MPO - Brooke-Hancock-Jefferson Metropolitan Planning Commission**

**Consisting of:** Weirton, WV and Steubenville, OH (Brooke and Hancock  
Counties, WV and Jefferson County, OH)

**and**

### **Brooke-Hancock Regional Planning and Development Council**

**Consisting of :** Brooke and Hancock Counties

**Executive Director:** Dr. John Brown, AICP (ext. 203)  
Second Floor – 124 North Fourth Street  
Steubenville, Ohio 43952  
PHONE: (740) 282-3685  
FAX: (740) 282-1821  
Email: [jbrown@bhjmpc.org](mailto:jbrown@bhjmpc.org)  
Website: <http://www.bhjmpc.org/>

**Contact:** Michael Paprocki, Transportation Study Director  
(ext. 209)  
Email: [mikepap@bhjmpc.org](mailto:mikepap@bhjmpc.org)

**APPENDIX II**

**TITLE VI NONDISCRIMINATION  
AND  
LIMITED ENGLISH PROFICIENCY  
REQUIREMENTS**

This appendix must be completed and returned as part of your application packet.

# **Title VI Program**

**[Insert agency name here]**

**Adopted Date**

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## TITLE VI PROGRAM QUESTIONNAIRE

*The Federal Transit Administration (FTA) requires all recipients of FTA assistance to develop a Title VI program. This is a new requirement. In the past, the WVDPT's program covered the State and its grantees. Now, each grantee must have its own program. To help you develop a Title VI program, the WVDPT has developed this questionnaire, after which reviewed and accepted by the WVDPT, will become your Title VI program. Prior to submitting with 5310 Application, you will be required to submit the completed questionnaire to your Board or council for approval and then provide evidence of the approval to the WVDPT.*

### NOTICE TO THE PUBLIC

*FTA requires that each grantee notify the public of its rights under Title VI and include the notice and where it is posted in the Title VI program. The notice must include:*

- *A statement that the agency operates programs without regard to race, color, and national origin*
- *A description of the procedures that members of the public should follow in order to request additional information on the grantee's nondiscrimination obligations*
- *A description of the procedures that members of the public should follow in order to file a discrimination complaint against the grantee*

*The notice can be a separate document, such as a posted sign, a statement that is in another document, or a stand-alone document, such as a Title VI brochure.*

***Attachment A** presents two notices developed by WVDPT, a longer "stand-alone" statement and a shorter statement that can be included in documents, such as a service brochure or as a placard in the van. The WVDPT will supply copies of the notices that should be placed in your vehicles.*

*An agency should post the longer Title VI notice on its website and in the reception area or public meeting spaces of its offices.*

*We recommend that you post the longer notice in your office in an inexpensive frame.*

1. Please provide a copy of **your** Title VI notice(s).

2. Where are the notices posted?

3. Have you posted a Title VI notice on your website and in the reception area or the public meeting spaces of your office?

## COMPLAINT INSTRUCTIONS AND FORM

*FTA requires each grantee to have instructions for the public to follow and a form for the public to use for filing a Title VI complaint. The WVDPT has developed for you the form and procedures for filing a Title VI complaint. Attachment B presents the sample form and procedures.*

4. Please provide a copy of **your** agency's complaint form and procedures.

## TITLE VI COMPLAINTS, INVESTIGATIONS AND LAWSUITS

*FTA requires that the Title VI program include a list of transit-related Title VI complaints, investigations, and lawsuits. WVDPT obtains this information with grant applications. Please note that EEO and ADA complaints are not Title VI complaints so do not list them. If you are part of a city, county, or human service agency, only list Title VI complaints, investigations, or lawsuits related to transportation services.*

5. Have you had any Title VI complaints, investigations, or lawsuits related to your transportation services? If yes, please complete the following table.

Type	Date	Summary	Status	Action(s) Taken
Complaints				
Investigations				
Lawsuits				

## PUBLIC PARTICIPATION ELEMENT

*FTA requires that the Title VI program include a public participation plan that includes an outreach plan to engage minority and limited English proficient (LEP) populations. The plan may include other constituencies that are traditionally underserved, such as people with disabilities, low-income populations, and others. Applicants to WVDPT for FTA assistance are required to comply with several requirements that help meet this Title VI requirement. These requirements include the published notice of intent to apply to WVDPT for FTA assistance and participation in the public transit-human services transportation coordinated plan development. Other public participation methods include open Board/ council meetings, council meetings of cities and counties that provide local funding, advisory committees, public involvement efforts*

*for transportation services, passenger surveys, marketing efforts, such as booths at fairs, and presentations to service and other organizations.*

6. Are Board/council meetings open to the public?
7. How do you publicize the dates, times, and locations of Board/council meetings?
8. Where are Board/council meetings held?
9. Is the location accessible to persons with disabilities?
10. Is the location served by your agency's transportation services during the hours Board/council meetings are held? If yes, please describe. If not, do you offer transportation to the meetings upon request?
11. What other efforts do you undertake to ensure that transportation riders or clients can attend Board/council meetings?
12. Do you rely on any counties or cities for funding? If yes, please describe how interested parties can comment on your budget and services at city and town council meetings.
13. Discuss any other outreach efforts, including transportation advisory committees, procedures for soliciting comments for service changes, passenger surveys, public involvement for transportation services, presentations, etc.

## **LIMITED ENGLISH PROFICIENCY (LEP) ELEMENT**

*FTA requires that the Title VI program include a plan for providing language assistance to LEP persons. An LEP person is someone who speaks English less than very well. To document what languages are spoken by LEP persons and to help determine what language assistance efforts you should undertake, FTA requires that you analyze the following four factors:*

- *the number and proportion of LEP persons served or encountered in your service area*
- *the frequency with which LEP individuals come into contact with your transportation service*
- *the nature and importance of your transportation service*

- the language assistance resources potentially available to assist LEP persons

By completing this questionnaire, you will have completed the required four-factor analysis.

The primary source data on LEP populations is the U.S. Census. We have provided a table for you to fill with Census data. To look up the 2010 Census data:

- Go to [US Census Fact Finder](#)
- Search each county or city in your service area
- Select American Community Survey “Education, Marital Status, Relationships, Fertility,.....”
- Scroll down to “language spoken at home”

Please add columns, if needed.

<b>Table 1</b> <b>2010 Census Numbers for LEP Persons Residing within the Service Area</b>					
<b>Population 5 Years and Over by Language Spoken at Home and Ability to Speak English</b>	<b>City/County 1</b>	<b>City/County 2</b>	<b>City/County 3</b>	<b>Total</b>	<b>Percentage of Population 5 Years and Older</b>
<b>Population 5 Years and Over</b>					
Speak English less than “very well”					
<b>Spanish</b>					
Speak English less than “very well”					
<b>Other Indo-European</b>					
Speak English less than “very well”					
<b>Asian and Pacific Island</b>					
Speak English less than “very well”					
<b>All Other</b>					
Speak English less than “very well”					

Survey your staff, including van drivers, reservationists/dispatchers, customer service agents, and office personnel, to determine the frequency of contact with LEP persons, what languages are spoken by these persons, and the foreign languages they speak and/or understand. Attachment C presents a sample survey form. After conducting the survey, please complete the following table. If conducting the survey and completing the table does not make sense for you,



*please discuss the frequency of contact with LEP persons and the languages spoken by these persons in the space provided below.*

<b>Table 2</b> <b>Frequency of Contact with LEP Persons</b>	
<b>Frequency</b>	<b>Language Spoken by LEP Persons</b>
Daily	
Weekly	
Monthly	
Less frequently than monthly	

14. If you have not completed Table 2, discuss the frequency of contact with LEP persons and the languages spoken by these persons. (Section 5310 applicants only)

*Conduct a telephone survey of organizations, such as municipalities, tribes, police departments, school systems, major employers, human service agencies, and churches, to find out if they encounter people with language assistance needs, what languages these people speak, and what language assistance efforts they are undertaking. Attachment D presents a sample survey form.*

15. What outside organizations did you survey?
16. Do any of these organizations encounter people with language assistance needs? If yes, what languages do these people speak?
17. Provide a description of your service (type, days and hours) and list the major activity centers served (communities, employers, Rail Runner stations, park and ride lots, government and human service agencies, medical facilities, shopping centers, and recreational facilities).
18. Discuss trip purpose from passenger surveys or transportation development plans, if conducted.
19. Does staff speak foreign languages? If so, what languages? Do you use staff to translate?
20. Have you translated documents into Spanish or another language? If yes, please list the documents and the languages they are translated into.

21. Do you use Google Translate for your web site? If yes, what languages?
22. What other language assistance efforts are you undertaking?
23. Have you made arrangements with other organizations to provide language assistance efforts? If yes, what organizations and what services?
24. How are LEP persons notified of language assistance services?
25. Discuss outreach programs, such as travel training, school presentations, and community presentations and if these efforts potentially reach LEP persons.
26. Describe how language assistance efforts are monitored, evaluated, and updated.
27. Describe how employees are trained in language assistance efforts.

## PLANNING AND ADVISORY BOARDS

*FTA requires that the Title VI program present the racial make-up of all transit-related, non-elected planning boards, advisory councils or committees, or similar committees, the membership of which is selected by the recipient, and a description of the efforts to encourage the participation of minorities on such committees.*

28. List all of your transit-related advisory boards and committees and the purpose of each.
29. How are members selected?
30. What is the racial makeup of each board and committee?
31. What efforts are undertaken to encourage participation of minorities on these committees?

**Attachment A**  
**Title VI Notice to the Public**

**Long Title VI Notice**

**Your Rights Under Title VI**

[Agency] operates its programs and services without regard to race, color, or national origin in accordance with Title VI of the 1964 Civil Rights Act. Any person who believes that she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with our agency.

Any such complaint must be in writing and filed with this agency within 180 days following the date of the alleged discriminatory occurrence. For information on our nondiscrimination obligations or how to file a complaint, please contact (Agency's name) by any of the methods listed below.

**Agency Name and Address**

**Phone**

**Fax**

**Email**

If this information is needed in another language, please contact us.

**Short Title VI Notice**

[Agency] operates its programs and services without regard to race, color, and national origin in accordance with Title VI of the 1964 Civil Rights Act. To find out more about our nondiscrimination obligations or to file a complaint, please contact us at [phone].

***SAMPLE***  
**(Agency Name) TITLE VI COMPLAINT FORM**

If you feel that you have been discriminated against in the provision of transportation services, please provide the following information to assist us in processing your complaint. Should you require any assistance in completing this form or need information in alternate formats, please let us know.

**PLEASE PRINT** if you are not completing the on-line version of this form.

8

**Attachment B**  
**Title VI Complaint Form and Procedures**

<b>10. Explain as clearly as possible what happened and why you believe that you were discriminated against.</b> Describe all of the persons that were involved. Include the name and contact information of the person(s) who discriminated against you (if known). <i>Use the back of this form or separate pages if additional space is required.</i>
<b>11. Please list any and all witnesses' names and phone numbers/contact information.</b> <i>Use the back of this form or separate pages if additional space is required.</i>
<b>12. What type of corrective action would you like to see taken?</b>
<b>13. Have you filed a complaint with any other Federal, State, or local agency, or with any Federal or State court?</b> <input type="checkbox"/> Yes <b>If yes, check all that apply</b> <input type="checkbox"/> No a. <input type="checkbox"/> Federal Agency (List agency's name) b. <input type="checkbox"/> Federal Court (Please provide location) c. <input type="checkbox"/> State Court d. <input type="checkbox"/> State Agency (Specify Agency) e. <input type="checkbox"/> County Court (Specify Court and County) f. <input type="checkbox"/> Local Agency (Specify Agency)
<b>14. Please provide information about a contact person at the agency/court where the complaint was filed.</b>
Name: _____ Title: _____
Agency: _____ Telephone (     ) _____
Address: _____
City: _____ State: _____ Zip Code: _____

**You may attach any written materials or other information that you think is relevant to your complaint.**

Signature and date is required:

_____	_____
Signature	Date

If you completed Questions 4, 5 and 6, your signature and date is required

_____	_____
Signature	Date

**Attachment B**  
**Title VI Complaint Form and Procedures**

***SAMPLE***  
**(Your agency's name)**  
**Title VI Procedures**

Title VI of the 1964 Civil Rights Act requires that "No person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

Any person who believes that he/she has been aggrieved by an unlawful discriminatory practice on the basis of race, color or national origin by (insert your agency's name) may file a complaint by completing and submitting (your agency's name) the Title VI Complaint form.

**How do you file a complaint?**

You may download the (your agency's name) Title VI Complaint Form at (give web address), or request a copy by writing or phoning (list your agency's full name, address and phone number).

You may file a signed, dated and written complaint no more than 180 days from the date of the alleged incident. The complaint should include:

- Your name, address and telephone number. (See Question 1 of the Complaint Form)
- How, why, and when you believe you were discriminated against. Include as much specific, detailed information as possible about the alleged acts of discrimination, and any other relevant information. (See Questions 7, 8, 9, and 10 of the Complaint Form)
- The names of any persons, if known, whom the director could contact for clarity of your allegations. (See Question 11 of the Complaint Form)

Please submit your complaint form to address listed below:

Director  
Your agency's name and address

**How will your complaint be handled?**

(Your agency's name) investigates complaints received no more than 180 days after the alleged incident. (Your agency's name) will process complaints that are complete. Once a completed complaint is received, (Your agency's name) will review it to determine if (your agency's name) has jurisdiction. The complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated by (your agency's name).

**Attachment B**  
**Title VI Complaint Form and Procedures**

(Your agency's name) will generally complete an investigation within 90 days from receipt of a completed complaint form. If more information is needed to resolve the case, (your agency's name) may contact the complainant. Unless a longer period is specified by (your agency's name), the complainant will have ten (10) days from the date of the letter to send requested information to the (your agency's name) investigator assigned to the case.

If (your agency's name) investigator is not contacted by the complainant or does not receive the additional information within the required timeline, (your agency's name) may administratively close the case. A case may be administratively closed also if the complainant no longer wishes to pursue their case.

After an investigation is complete, (your agency's name) will issue a letter to the complainant summarizing the results of the investigation, stating the findings and advising of any corrective action to be taken as a result of the investigation. If a complainant disagrees with (your agency's name) determination, he/she may request reconsideration by submitting a request in writing to (your agency's name) director (or the appropriate title) within seven (7) days after the date of (your agency's name) letter, stating with specificity the basis for the reconsideration. The director (or the appropriate title) will notify the complainant of his decision either to accept or reject the request for reconsideration within 10 days. In cases where reconsideration is granted, the director (or the appropriate title) will issue a determination letter to the complainant upon completion of the reconsideration review.

A person may also file a complaint directly with the Federal Transit Administration, at FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590.

If information is needed in another language, then contact (your agency's name) at (phone number).

**Attachment C**  
**Outside Organization LEP Survey Form**

**STAFF LEP SURVEY**

[Agency] is studying the language assistance needs of its riders so that we can better communicate with them and increase ridership. Please complete the following survey and return it to X by X.

How often do you come into contact with passengers who do not speak English or have trouble understanding you when you speak English to them? (Circle one)

Daily                  Weekly                  Monthly                  Less frequently than monthly

What languages do these passengers speak? Please list.

What other foreign languages do you understand or speak?

Would you be willing to serve as a translator when needed?



**Attachment C**  
**Outside Organization LEP Survey Form**

**OUTSIDE ORGANIZATION LEP SURVEY**

Organization:

What language assistance needs are encountered?

What languages are spoken by persons with language assistance needs?

What language assistance efforts are you undertaking to assist persons with language assistance needs?

When necessary, can we use these services?

Would you like information on transportation services?