

FTA Section 5311 DTR Capital (Equip. & Veh.) Application Checklist *(revised April 2014)*

District: _____ DTR: _____ Date application received: _____

County/Region: _____ Applicant Agency's Name: _____

Project Description: _____

<input type="checkbox"/> Capital	Federal Share	Net Project Cost
	\$ _____	\$ _____

PART I Certifications and Assurances of the Subrecipient
 _____ General information accurate & complete.
 _____ Certifying Representative - Original Signature and date.

PART II Certifications and Assurances of the Regional Transportation Planning Agency
 _____ General Information accurate & complete.
 _____ Certifying Representative – Original Signature and date.
 _____ The applicant is planning on utilizing Toll Credit or In-kind Match.

PART III Project Description – Capital (Equip. & Veh.)
 _____ General Information accurate & complete.

For Vehicle only:
 Replacement (or) Service Expansion(Check one):
 _____ Replacement (or) _____ Expansion
 _____ If the project is for vehicle replacement, the subrecipient listed the vehicles that will be replaced and provided required information.
 _____ The subrecipient listed the vehicle(s) that they are going to purchase.
 _____ A quote or a purchase agreement with the options highlighted is attached.
 _____ The need for this vehicle is clearly indicated.
 _____ The proposed procurement method and estimated schedule are indicated.

For ITS Equipment only:
 _____ The subrecipient listed the ITS equipment that they are going to purchase.
 _____ A copy of Regional ITS plan is attached
 _____ IT/ITS Plan on pages 26-30 are completed.
 _____ Three like kind quotes are attached.
 _____ The need for this ITS equipment is clearly indicated.
 _____ The proposed procurement method and estimated schedule are indicated.

For Non-ITS Equipment only:
 _____ The subrecipient listed the equipment that they are going to purchase.
 _____ Three like kind quotes are attached.
 _____ The need for this equipment is clearly indicated.
 _____ The proposed procurement method and estimated schedule are indicated.

PART IV Project Budget Worksheet – Capital (Equip. & Veh.) (Subrecipient)
 _____ General Information accurate & complete.
 _____ Direct Labor Costs are itemized.
 _____ Equipment and Supplies Costs are itemized.
 _____ Other Direct Costs are itemized.
 _____ Travel Costs are itemized.
 _____ Costs add up – (1+2+3+4+5=6)

- PART V Project Budget – Capital (Equip. & Veh.)**
 _____ General Information accurate & complete.
 _____ Local share itemized by source type & amount.
 _____ Source of local share is NOT from federal funds.
 _____ Federal share is within allowable percentage by program.
 _____ Item 7- Budget adds up – Local Share + Federal Share = Net Project Cost (NPC)
- PART VI Labor Union Information for Section 13c Certification**
 _____ Subrecipient is identified.
 _____ Other operators in the service are listed (if applicable).
 _____ Union Representation of Employee is indicated (if applicable).
 _____ Email address is provided.
- PART VII Coordination of Services with Social Service Agencies**
 _____ General Information accurate & complete.
 _____ Statement documents efforts to notify agencies of the proposed project and to determine the possible coordination and establishment of service agreements.
- PART VII Transit Security and Emergency Preparedness**
 _____ General Information accurate & complete.
 _____ Vehicle inventory is provided.
- PART VIII Documentation of Public Hearing Opportunity**
 _____ General Information accurate & complete.
 _____ Proof of public hearing is attached.
- PART X Civil Rights**
 _____ A statement that no lawsuits or complaints were received is indicated on Part VIII form (OR)
 _____ A description of any lawsuits or complaints that have been received or acted on in the last year regarding Title VI or other relevant civil rights requirements was provided.
 _____ Provided a status of lawsuits or an explanation of how complaints were resolved including corrective actions taken.
 _____ Title VI report is up to date.
- PART XI DBE**
 _____ General Information accurate & complete.
 _____ Subrecipient's processes for handling protests are indicated.
- PART XIII Charter Bus**
 _____ General Information accurate & complete.
- PART XIV IT/ITS Compliance Plan**
 _____ General Information accurate & complete.
 _____ Certifying Representative - Original Signature and date
- PART XV Review Checklist for Vehicle Maintenance Plan**
 _____ General Information accurate & complete.
 _____ Certifying Representative - Original Signature and date

Additional Documents:

- _____ FTA Certs & Assurance
- _____ Copy of POP
- _____ Procurement related documents (3 like kind quotes (for equipment), a quote, or purchase agreement (for vehicle))
- _____ Cost Allocation Methodology(for 5311 agencies that operate within 5307 urban areas)/Indirect Cost Allocation Plan (if applicable)
- _____ Copy of FHWA/FTA Federal Approved TIP
- _____ ADA Complementary Paratransit Plan
- _____ Copy of EEO
- _____ Authorizing Resolution (Part XIII)
- _____ Regional ITS Architecture Plan
- _____ Vehicle Maintenance Plan
- _____ Proof of Public Hearing

DTR's

Comments: _____

Application is complete: HQs RTPB to prepare the standard agreement.

Application reviewed by:

District Transit Representative (DTR) Signature Phone number Date