

**STATE OF CALIFORNIA
FTA SECTION 5311(f) PROJECT CAPITAL APPLICATION
PART III – CATEGORY 2 – BUS PURCHASE/ BUS RELATED EQUIPMENT
FEDERAL FISCAL YEAR 2015**

General Information:

Name of Applicant: _____

Address: _____

City/State/Zip Code: _____

Contact Person: _____ Title: _____

Phone: _____ E-Mail: _____

Amount of Federal Section 5311(f) Funds Requested: \$ _____

Bus Purchase

Bus Related Equipment

New service

Computers

Expansion of service

Safety and Security

Replacement

ITS (specify): _____

Other (specify): _____

Project Description (Refer to Program Guidelines)

1. Describe in detail your proposal as it relates to the Intercity Bus Program definition.

2. Describe your project's functional relationship to the California intercity bus network such as the ability to connect to network that may include maps, schedule(s), and terrain.

3. In the past 12 months, did your agency receive any other federal operating funds?
(Check all that apply)

- No
- 5310 funds (Elderly and Disabled Specialized Transit Program)
- 5316 funds (Job Access and Reverse Commute Program)
- 5317 funds (New Freedom Program)
- 5307 funds (Urbanized Area Formula Program)
- Other Federal funds. Specify: _____

4. The proposed capital purchase is for:

- Local procurement (Attach copy of bid package)
- Non-Local procurement vehicle(s) (Attach one quote of vehicle & Go to question #5)
- Non- ITS Equipment (ie: stand-alone desktop computers, cameras, etc)
- Information Technology (IT)/Intelligent Transportation Systems (ITS) Equipment (i.e. Hardware, Software, fareboxes, GPS, AVL, Smart Cards, mobile radios, and Vehicle Maintenance System.) - Fill out the IT/ITS form on Page 20 (Section VIII) and attach 3 estimates of like-kind equipment with this application, and go to question #8 & #9.

5. Indicate the type of the proposed vehicle purchase:

- Vehicle Replacement (Go to question #6 & #7)
- Service Expansion (Go to question #7)

6. List the current vehicle(s) that will be replaced:

Type (Bus, Van, Trolley, etc.)	Class (Type I, III, VII, etc)	Fuel Type	Length	Passenger Capacity	VIN #

7. List the vehicle(s) your agency proposes to purchase (Go to question #9):

Quantity	Type (Bus, Van, Trolley, etc.)	Class (Type I, III, VII, etc)	Fuel Type	Length	Passenger Capacity	Unit cost	Total cost

*Note: Manufactured vehicles shall not exceed the Original Equipment Manufacturers Gross Vehicle Weight Rating.

8. List the equipment your agency proposes to purchase:

Quantity	Description of the equipment (fareboxes, AVL, GPS, etc)	Unit cost	Total Costs

iii. If the request for vehicle(s)/equipment is for service expansion, how was the need for the expansion determined?

iv. If funding for this project is approved, how will the surrounding community benefit?

I. National Objectives and State Emphasis

- Describe how this project supports the National Objectives and the State Emphasis. Refer to Section IV of the Guidelines.

- Include a statement of how the bus/equipment will be utilized in the operation of the intercity transit system.

Answer the following questions regarding the vehicle maintenance plan:

1. Does your agency have a current written vehicle maintenance plan for all FTA funded rolling stock?
 Yes No

2. Does the vehicle maintenance plan include goals and objectives? (Page _____)
 Yes No

3. Does your agency have a preventive maintenance checklist for all FTA funded rolling stock?
 Yes No

4. Is the maintenance plan and preventive maintenance checklist consistent with the current operating fleet?
 Yes No

5. Is the maintenance plan and preventive maintenance checklist consistent with manufacturer's minimum maintenance requirements under warranty?
 Yes No

6. How does your agency track the manufacturer's recommendations and updates on requirements?

7. What is your agency's schedule for vehicle preventive maintenance? Are they completed on time?

8. Does your agency's vehicle maintenance plan address maintenance procedures for wheelchair lifts and other accessibility features? (Page _____)

Yes No

9. Do maintenance records indicate that other accessibility features (e.g. kneelers, ramps, etc.) are maintained in operative condition?

Yes No

IV. Project Management

- Describe the management structure. Include an organization chart, functional relationship(s) of the team that will be responsible for this project. Identify responsible personnel for the day-to-day operations.

- Provide a plan of action and milestones that show specific project goals and objectives, possible constraints (i.e. scope, quality, time and budget) to bring about the successful completion of this proposed project.

- Describe your plan to address service disruption to maintain and continue the current level of service (i.e. availability of vehicles/equipment, transit services and/or resources).

V. Acquisition and Budget

Do you intend to lease this 5311(f) funded vehicle(s)/equipment?

- Yes No

What is your proposed method of procurement?

- Local Procurement (Attach RFP/IFB/RFQ and Bid Package to this application)
- Three-like kind bids/quotes (Attach three-like kind bids/quotes to this application)
- Non-Local Procurement/Piggyback
- Sole Source (Attach *Sole Source Justification to this application)
- Other Specify: _____

*Piggyback Worksheet and Sole Source Justification can be found at <http://www.dot.ca.gov/hq/MassTrans/Procurement-Grants-Management.html>

For more detailed information regarding procurement, please see FTA Section 5311’s Procurement Handbook.

Describe vehicle being procured:

Vehicle Description					Budget		
Type	Number of Passengers	Fuel Type	Length	Luggage Capacity	Local Match	Federal Share	Net Project Costs
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
				Totals	\$	\$	\$

Fill out the proposed procurement schedule:

Procurement Schedule	Date
Bid Package to Caltrans	
Issue Purchase Order to Vendor	
Delivery/Installation	
Place into Service	

*Note: At all times while the PROJECT property is in the possession or control of the subrecipient, the subrecipient shall be the registered owner and STATE shall be the legal owner or lien holder. The subrecipient shall not transfer ownership of the PROJECT property at any time while the standard agreement is in effect. As the lien holder, the STATE may take possession of the PROJECT property, as a result of the subrecipient’s non-compliance with contract terms or by mutual agreement between the STATE and the subrecipient. The STATE shall retain the original Certificate of Title until such time that disposition of the PROJECT property is released by the STATE to the subrecipient or other appropriate party as outlined in Exhibit D, Paragraph 4 of the standard agreement.

If replacement, provide vehicle(s) disposition information:

VIN. #	In Service Date	End Mileage	Disposition Date	Remarks

VI. PROJECT BUDGET WORKSHEET (SUBRECIPIENT)

The worksheet provides annual expense categories that applicants should use to calculate project eligible expenses for work done “in-house.” The information in this worksheet should be used in completing project budget on page 8.

- 1. **Direct Labor**
- 2. **Direct cost(s) for Employees (Except Labor)**

Direct Labor (Job Title/Classification)	Hours	Hourly Rate	Total
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
TOTAL		\$	\$

Equipment and Supplies (itemize) _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 Sub Total \$ _____

3. **Other Direct costs (itemize)** _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 Sub Total \$ _____

4. **Travel costs (itemize)** _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 Sub Total \$ _____

5. ¹**Indirect cost(s) (Overhead and Fringe Benefits):**
 Overhead Rate _____ % \$ _____

6. **Total Costs:** \$ _____

¹ Must have approved ICAP

VII. PROJECT BUDGET / CAPITAL

Subrecipient: _____

Project Description: _____

ITEM DESCRIPTION (Attach quote or three like-kind bids)	COST
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
NET PROJECT COST:	\$ _____

LOCAL SHARE

(Itemize by Fund Source (State, County, City, or Toll Credits))

*Local Share can NOT be from other Federal DOT funds.)

	AMOUNT
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL LOCAL SHARE* = Allowable Percentage _____%	\$ _____
TOTAL FEDERAL SHARE* = Allowable Percentage _____%	\$ _____

*FUNDING PROGRAM	LOCAL SHARE	FEDERAL SHARE
5311(f) (Equipment, Shelters, Facilities)	11.47%	88.53%
5311(f) (Vehicles/Preventive Manitenance)	11.47%	88.53%
Project using Toll credit and CMAQ projects may be equal up to 100% at the discretion of the Regional Planning Agency Certification per Part II and prior approval from Caltrans.	11.47%	88.53%

VIII. INFORMATION TECHNOLOGY/INTELLIGENT TRANSPORTATION SYSTEMS COMPLIANCE PLAN

In accordance with 23 CFR Parts 655 and 940 and the Federal Transit Administration (FTA)'s Annual "Certifications and Assurances," ITS projects shall conform to the National ITS Architecture and standards. Conformance with the National ITS Architecture is interpreted to mean the use National ITS Architecture to develop a regional ITS architecture (plan) in support of integration and the subsequent adherence of all ITS projects to that regional ITS architecture (plan). Development of the regional ITS architecture (plan) should be consistent with the transportation planning process for Statewide and Metropolitan Planning (49 CFR Parts 613 and 621).

ITS means electronics, communications or information processing used singly or in combination to improve the efficiency or safety of a surface transportation system. Examples include: Computer Hardware, Software, Fareboxes, Global Positioning Systems (GPS), Automatic Vehicle Locators (AVL), computer-aided dispatch (CAD), Electronic Fare payment (Smart Card), and Vehicle Maintenance Systems.

Agency Name: _____ County: _____ Caltrans District # _____

Standard Agreement #: _____ Standard Agreement Amount \$ _____
Total Project Cost \$ _____

Fund Source: 5310 5311 5311(f)

Contact Name: _____ Title: _____

Address: _____ City _____ Zip code _____

Phone #: _____ Email Address: _____

Please respond to all questions. If more space is needed, please attach additional pages. If a question does not apply to your purchase, briefly explain if possible, or state "not applicable."

1. Briefly describe the following:
 - a) Item(s) being purchased

b) The business function(s) or process the items will support

c) How the item(s) will be used

2. Indicate whether the project requires one or more of the following, estimate the percentage of each:

- Commercial-off-the-shelf (COTS) No Yes/Percentage _____
- Modified-off-the-shelf (MOTS) No Yes/Percentage _____
- Custom software/hardware development (CSD) No Yes/Percentage _____

COTS = Computer software, hardware, technology, or computer products that are ready-made and available for sale, lease, or licensed to the general public.

MOTS = Computer software, hardware, technology, or computer products that can be purchased and then modified by the customer, vendor, third party to meet the specific need/use.

CSD = Software and/or hardware is procured from a customized scope of work developed by the agency.

3. Is the project a proprietary system? No Yes

4. If the ITS system is a MOTS or a CSD, will the Awarding Agency retain all rights to software development? Specifically, all intellectual property rights to the source code, as distinguished from a license to use the software limited in time. Briefly explain.

5. Please describe in detail how the project is consistent with your Local or Regional ITS Architecture Plan and based on the requirements of the National ITS Architecture? (National ITS Architecture provides a common framework for planning defining, and integrating intelligent transportation systems. For more information, go to [http://www.iteris.com/itsarch/.](http://www.iteris.com/itsarch/))

6. To be compliant with Federal ITS regulations, federally funded ITS projects must be consistent with a regional ITS Architecture or have a project-level architecture. If there is no regional ITS Architecture Plan or one is not being maintained and updated, then a “project specific architecture” must be planned, developed and approved through the ITS architecture implementing agency process. Please provide the contact information for the agency in charge of the Local or Regional ITS Architecture Plan:

Name of ITS Architecture Plan _____

Attach page(s) of ITS project in Plan _____

Contact Name _____

Title _____

Telephone Number _____

E-mail _____

Date of Contact(s) _____

- a) Attach documentation that indicates you have made contact with the ITS Architecture Implementing Agency Team, and confirms that your agency is a documented stakeholder to the ITS Architecture planning and development process. The documentation should also verify that the ITS project is included in the Regional ITS Architecture Plan by providing a copy of the page(s) within the plan.

7. Does the project require integration or is the project a stand-alone system or a COTS with minimal integration?

Integrated system No Yes

Stand-alone system No Yes

8. If the project requires integration, what systems will be integrated?

- a) When will the system integration take place?

1-2 years; 2-3 years; 3-4 years; 4-5 years; > 5 years

- b) What other entities (public or private) will be part of the systems integration?

9. If the project is a stand-alone system or a COTS, are there plans to integrate systems in the future? Please note that stand-alone systems or COTS that have the potential for future integration, are considered an ITS project and the systems engineering analysis process must be applied.

No. Please explain why.

Yes. How will the integrated system be coordinated with a Local or Regional ITS plan?
Please describe the agency or agencies, the coordination effort, and the plan for future systems integration.

10. Data Collection:

- a) Does the agency intend to collect data with their ITS System? No Yes
- b) If yes, what will the data be used for?

- c) If the agency plans to collect data, is it for public use or private use or both? Please explain.

d) If another public or private entity is interested in their data, will they give the data away for free or charge a fee for it?

e) How will the data be stored?

11. Does the agency have a license for use? No Yes
If multiple systems are to be integrated, do all entities have a license for use, an agreement, permit, or approval by the vendor?

12. Briefly describe the implementation plan for the procurement of the ITS Project as follows:
- Procurement and Installation Schedule
 - Testing and Acceptance Plan/Schedule
 - System Maintenance Plan
 - Type of Warranties and Length of Warrantees
 - Training Plan

13. List any special hardware devices or equipment this system must interface or “connect to” and how this special hardware will be interfaced with the project equipment.

14. Describe your agency’s policies to protect the federal investment throughout useful life and ensure adequate system performance to minimize repairs and replacements.

15. Has your agency established a process for the systems engineering analysis of ITS projects?

No Yes

If yes, please describe the systems engineering analysis process that was or will be completed for this ITS project.

16. Describe how the agency will administer and manage the acquisition once a contract is awarded.

Certifying Representative:

By signing below, I have read and acknowledged that my agency is in compliance with National ITS Architecture, PL 105-178 Section 5206(e), Federal Register, January 2, 2001 (Volume 66, No. 5, pp 1455-1459).

(Please Print)

Name: _____ Title: _____

Signature: _____ Date: _____

(Original signature in BLUE ink)