

**STATE OF CALIFORNIA
FTA SECTION 5311(f) PROJECT OPERATING APPLICATION
PART III – CATEGORY 1 – OPERATING ASSISTANCE
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: \$ _____

Operating Assistance

- New service (a planning study may be requested)
- Expansion of service (justification of expansion may be requested)
- Continuation of service
- Route maps/schedules
- Information delivery
- Website development
- Advertising
- Other (Specify) _____

Project Description (Refer to Program Guidelines)

Applications will be evaluated based on projects that the following criteria, as described in the application announcement and program guidelines:

- Program Purpose
- National Objectives and
- Emphasis Areas

It is important that each applicant take special care in completing and providing the information as requested in the application, as this will be the basis of the project application evaluation. In order to ensure that your project application receives a comprehensive and thorough review by the Evaluation Committee, all relevant information should be provided under each specific application section. Additional pages may be added if needed to provide complete project information. Please provide complete information within the application and do not refer to external documents for project information. Additional documents may accompany your application as reference only, but they should not be the basis of it.

1. Describe in detail your proposal as it relates to the following:
 - Regularly scheduled bus service:

○ Available to the general public:

o Making limited stops:

o Connecting two or more urban areas not in close proximity:

○ Capacity for transporting baggage:

○ Operating on fixed - routes to more distant points:

o Provide meaningful connections and reasonable lay-over times:

2. Does your agency serve the general public?

Yes No

3. Please indicate the geographic area your agency serves. (If your agency serves both rural and urbanized areas, please attach the route map to this application to clearly indicate that 5311(f) funds will be spent on the rural area's route(s)/service only.)

Rural area only (population under 50,000)
 Both rural and urbanized areas (population more than 50,000)

List all municipalities and counties served by your program:

How does your agency ensure that costs are properly allocated between urban and rural service?
 Attach a cost allocation plan used for allocating costs properly.

4. Does your agency receive other federal funds? (Check all that apply)

- No
- 5310 funds (Elderly and Disabled Specialized Transit Program)
- 5307 funds (Urbanized Area Formula Program)
- Other Federal funds. Specify: _____

5. Fill out the table below for fare structure:

Fare Type	Amount	Comments:
Regular Fare:	_____	.
Senior Fare:	_____	.
Persons with Disabilities (non-Paratransit):	_____	.
Personal Care Attendant	_____	.
Paratransit:	_____	.
Student Fare:	_____	.
Monthly Pass:	_____	.
Tickets or Tokens:	_____	.
No Fare Charged:	_____	.
Other: _____	_____	.

6. This request for funding will (check all that apply):

- Start up new services
- Maintain service at current level
- Reduce service from current level
- Expand existing service to additional areas

If applicable, describe the new/expanded service:

7. What is the need for this service/project? How did your agency identify the need?

a. Identify the service needs that will be addressed.

b. How will the needs be addressed by the project?

c. What population group will be targeted?

8. Does your agency contract with a third party operator for existing service?

Yes

No (Go to question #12)

9. Is your current third party contract on file with Caltrans?

- Yes
- No (Attach copy of the third party contact with this application or send electronic copy of the third party contract to your Caltrans HQ liaison.)

10. What is the operating period of this contract? (Page _____)
_____ THROUGH _____

11. Is there any option to extend beyond the base years? (Page _____)

- Yes Explain _____
- No

12. If you don't have an existing contract, will your agency seek a contract with a third party operator?

- Yes (Attach the copy of the bid related documents/vendor selection process). If these documents are not available, please provide an estimate of when they would be available.
- No

13. Does your agency receive more than \$500,000 in federal funds?

- Yes
- No

If yes, did your agency complete and submit the single audit report for the last fiscal year to the California State Controller's Office?

- Yes
- No

14. What is your agency's service profile?

- Medical _____%
- Employment _____%
- Recreation _____%
- Shopping _____%
- Education _____%
- Other _____% Specify: _____

How was the service profile data collected?

15. How are you marketing your services?

- Newspaper
- Survey
- Radio
- TV/Cable
- Flyer
- Other Specify: _____

16. Provide a description of the proposed project team structure and internal controls to be used during the course of the project.

17. Describe the structure of your route and its functional relationship to the California Intercity Bus Network (i.e. ability to connect to network).

- Using a map, illustrate your route location in the California Intercity Bus Network and the connections that are essential to the region making it possible for people to travel using your service. Please attach the map to the application and describe the map below.

- Within this route structure, describe the individual trip(s) that *directly* support meaningful connections to the National/Regional Bus Network(s) referred in Section V of the guidelines.

- Describe the vehicle(s) that will be available for this project.

Vehicle Description						
Year	Model	Seating Capacity	Luggage Capacity	ADA Compliance	Bus Related Equipment	Remarks

- Describe the characteristics of the route as it applies to the riders: (i.e. commuters, transit-dependent individuals, students, elderly, recreational users, special needs, etc).

- Describe your fare structure: (i.e. based on hours, mileage, fixed rate, results of public/unmet needs hearing, etc.)

- Provide total ridership data below by route:

Year(s)	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Previous													
Current													

- Provide total ridership data below by trip(s) that *directly* support meaningful connections.

Year(s)	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Trip 1													
Trip 2													

If additional space is necessary, add another table.

- If new service, provide projections and indicate how data was achieved:

Year(s)	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
1													
2													

1. National Objectives and State Emphasis

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

2. Project Management, Service Maintenance, Regional Support, Public Outreach, and Planning Support

Project Management

- 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.

- Identify which informational source(s) this project is included.

- Russell's Motor Guide
- CATransit.org website
- Greyhound Rural Feeder Program/Interline Agreement
- Own Website
- Other: (please specify)

Planning Support

- Identify which planning document(s) this project is included.

- A most recent unmet needs hearing,
- Short-range transit plan,
- Local/community transit plan,
- Public Transportation-Human Services Transportation Coordinated Plan
- Other (i.e. planning documents, public hearings, workshops, etc).
(specify): _____

PROJECT BUDGET / OPERATING ASSISTANCE

Subrecipient: _____

Contractor (if applicable): _____

Project Period: July 1, _____ to June 30, _____ : Fiscal Year

(1) Total DIRECT Operating Expenses (Itemize)

_____	\$	
_____	\$	
_____	\$	
_____	\$	
TOTAL DIRECT OPERATING EXPENSES	\$	
TOTAL INDIRECT EXPENSE (Indirect Rate: _____ %)	\$	
TOTAL DIRECT & INDIRECT EXPENSE	\$	(1)

1: Must be pre-approved by Caltrans Audit & Investigations.

(2) Less Fare box and Other Revenue (Itemize)

_____	\$	
_____	\$	
_____	\$	
_____	\$	
TOTAL FAREBOX AND OTHER REVENUE APPLIED AGAINST ELIGIBLE EXPENSES	\$	(2)

**(3) Less Ineligible Expenses
(i.e. Charter and School Use, Depreciation)**

_____	\$	
_____	\$	
_____	\$	
_____	\$	
TOTAL INELIGIBLE EXPENSES	\$	(3)

(4) NET PROJECT COST (Line 1 – Line 2 – Line 3) **\$** _____ **(4)**

**(5) NQECN'UJ CTG
(Itemize by Fund Source (State, County, City, etc.))**

_____	\$	
_____	\$	
_____	\$	
_____	\$	\$
TOTAL LOCAL SHARE	\$	(5)

(6) FEDERAL SHARE * _____ **(6)**
 *Federal Share Max Allowed % of Net Project Cost (Item 4):
 5311 Regional=55.33%; Flexible Funded may be equal up to 100%

(7) BUDGET SUMMARY: Local Share or Toll Credit + Federal Share = Net Project Cost

LOCAL SHARE:	\$	(5)
FEDERAL SHARE:	+ \$	(6)
TOTAL PROJECT COST:	= \$	(7)

COST WORKSHEET (Subrecipient)

1. Direct Labor

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

2. Direct Cost(s) (except labor):

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

3. Other Direct Costs (itemize)

_____ \$ _____
 _____ \$ _____
 _____ \$ _____
 Sub Total _____ \$ _____

4. Travel Costs (itemize)

_____ \$ _____
 _____ \$ _____
 _____ \$ _____
 Sub Total _____ \$ _____

5. ¹Indirect cost(s) (Overhead and Fringe Benefits):

Overhead Rate _____% \$ _____

6. Total Costs:

\$ _____

¹ Must have approved ICAP

COST WORKSHEET (Subcontractor) - Leave form blank if not applicable.

1. Direct Labor

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

2. Direct Cost(s) (Except Labor)

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

3. Other Direct Costs (Itemize)

_____ \$ _____
 _____ \$ _____
 _____ \$ _____
 Sub Total _____ \$ _____

4. Travel Costs (Itemize)

_____ \$ _____
 _____ \$ _____
 _____ \$ _____
 Sub Total _____ \$ _____

5. ²Indirect cost(s) (Overhead and Fringe Benefits):

Overhead Rate _____ % \$ _____

6. Total Costs: \$ _____

² Must have approved ICAP

3. Budget and Transit Data

- Provide your project budget and transit data - by individual trip(s) that *directly* support meaningful connections.

PART V – BUDGET AND TRANSIT DATA																	
						FYj Ybi Y'Gci fWg'											
Hf]d''	'BUa Y'	5Xa]b''	''CdYfU]b[	'AU]bH'	Gi V' lcH]g'	: UfYVcl '	CH Yf'	'bY]]'' 9I d''	'BYhDfc'YVh' 7 cgh	HcH]g	5bbi U' lcH]g' j Y]WY' a]Yg'	5bbi U' lcH]g' j Y]WY' \ ci fg'	5bbi U' fYj Ybi Y' j Y]WY' a]Yg'	5bbi U' j Y]WY' fYj Ybi Y' \ ci fg'	FYj Ybi Y' dYf 'Hf]d'	BYhVcgh dYf 'Hf]d'	5j ['' dUggYb[Yf! a]Yg'
Trip 1																	
Trip 2																	
Trip 3																	
Trip 4																	
Trip 5															
Trip 6												
Trip 7																	
Trip 8																	
Trip 9																	
Trip 10																	
HcH]g' ''								..	..						
5XX]HcbU'7 ca a Yblg.'						@WU'AUW'											
						TDA											
						Other (please specify)											
						Other (please specify)											
						Sub totals											
						Gi a Ufm											
						Local Match (44.67%)											
						Federal Share (55.33%)											
						Net Project Cost											

Exhibit E

Section 5333(b) (formerly Section 13(c)) Documentation
and
Agreement by Subrecipient to Terms and Conditions
of the Special Section 5333(b) Warranty

1. Name and Address of Subrecipient:

2. Project Description(s):

Operating assistance for public transportation service during the operating period of **2015**.

Purchase of vehicles, and/or other capital equipment for **2015**.

3. County and Service Area of Project:

4. List of all **current operators of public transportation** (including **your system**) and **corresponding labor organizations** (if applicable) representing the employees of the providers in the above service area that are **eligible or potentially eligible** recipients of federal Section 5311 or 5311(f) funding assistance even if they are not currently recipients. **Exclude** human service agency providers from this list unless they provide transportation to the general public; **exclude** taxi operators unless they provide shared-ride transportation on a regular and continuing basis.

Public Transportation Operators

Labor Organization (or N/A)

5. Certification I certify for the Subrecipient that, with respect to the subject Section 5311 or 5311(f) project, I have reviewed the Special Section 5333(b) Warranty for the Section 5311 program including the Model Agreement which is a part thereof, and with full knowledge of the terms and conditions of said Warranty and Model Agreement, I certify that the Subrecipient agrees to comply with the terms and conditions of said Warranty and Model Agreement for the duration of the Section 5311 or 5311(f) project and, further, that these terms and conditions will be a part of any and all agreements and contracts between or among the Federal Government, the State of California, the Subrecipient, entered into with respect to the subject Section 5311 or 5311(f) project.

Also, I acknowledge that, for the purposes of the Special Section 5333(b) Warranty for the Section 5311 Program, the State of California is neither the legally nor financially responsible party under the Special Warranty, and the State assumes no special obligations under the Special Warranty that are not otherwise part of its normal obligations as a grant administering agency.

Authorized Subrecipient Signature

Date

(Print Name and Title of Authorized Subrecipient)