



**FTA Section 5316
Job Access & Reverse Commute (JARC)
or
FTA Section 5317
New Freedom (NF) Grant Program**

**Grant Application for
Small Urban and Rural (Non-Urban) Areas**

2009 Federal Funding Cycle 4

**Due to MPO or RTPA June 26, 2009
Due to Caltrans September 25, 2009**

Agency (Applicant) Name		
Address		
City	County	Zip
Contact Person		
Phone	FAX	E-Mail Address
Metropolitan Planning Agency/Regional Transportation Planning Agency & Contact Person: <i>(Please include contact's name, phone number & email address)</i>		

Available in alternate format by request

California Department of Transportation
Division of Mass Transportation (DMT), MS 39
P.O. Box 942874
1120 N Street, Room 3300
Sacramento, CA 94274-0001
<http://www.dot.ca.gov/hq/MassTrans/5316.html>
<http://www.dot.ca.gov/hq/MassTrans/5317.html>

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TRANSMITTAL LETTER

JARC/NF PROJECT SUMMARY

A. Applicant Information:			
Legal Name:			
Address:			
City/State/Zip:			
Contact Person:			
E-mail:			
Phone:		Fax:	
<input type="checkbox"/> Current 5310 Recipient <input type="checkbox"/> Current 5316 Recipient <input type="checkbox"/> Current 5311 Recipient <input type="checkbox"/> Current 5317 Recipient <input type="checkbox"/> Applying for other federal funds this year. Source(s): _____		Applying for Project Continuation from Prior JARC/NF Cycles (please indicate):	
		<input type="checkbox"/> Cycle 1	<input type="checkbox"/> Cycle 3
		<input type="checkbox"/> Cycle 2	
B. Project Type (check one):			
<input type="checkbox"/> Capital (80%)		<input type="checkbox"/> Capital (80%) and Operating (50%)	
<input type="checkbox"/> Operating (50%)		<input type="checkbox"/> Mobility Management (80%)	
C. Program (check one):			
<input type="checkbox"/> Small-Urban JARC Project - FTA Section 5316 <input type="checkbox"/> Non-Urban (Rural) JARC Project - FTA Section 5316 <input type="checkbox"/> Small-Urban NF Project – FTA Section 5317 <input type="checkbox"/> Non-Urban (Rural) NF Project – FTA Section 5317			
E. Funding Request:			
	Year 1	Year 2**	TOTAL
JARC Small Urban Request:	\$	\$	\$
JARC Non-Urban Request:	\$	\$	\$
NF Small Urban Request:	\$	\$	\$
NF Non-Urban Request:	\$	\$	\$
Total Match Funds: <i>(Non-DOT federal, state, local or private)</i>	\$	\$	\$
Total Cost of Project:	\$	\$	\$

****Pending approval of multi-year funded project.**

Coordinated Plan Certification

References: FTA C 9050.1 (JARC) Section V; FTA C 9045.1 (New Freedom), Section V

The projects selected for funding under the Section 5316 and 5317 programs must be “derived from a locally developed, coordinated public transit-human services transportation plan” (Coordinated Plan) that was “developed through a process that includes representatives of public, private, and non-profit transportation and human services providers and participation by members of the public.” (Circulars, Section V-5)

For additional information see the California Coordinated Plan Resource Center website at:

<http://www.dot.ca.gov/hq/MassTrans/Coord-Plan-Res.html>

Required Elements: Projects shall be derived from a coordinated plan that minimally includes four elements and a level consistent with available resources and the complexity of the local institutional environment. (Circulars, V-2)

Adoption of a Plan: As part of the local coordinated planning process, the lead agency in consultation with participants should identify the process for adoption of the plan. This grant application must document the local plan from which each project is derived, including the lead agency, the date of adoption of the plan, or other appropriate identifying information. (Circulars, V-7 & V-8)

Draft Plan: Agencies who do not have a final adopted Coordinated Plan may submit an application for funding if the project was derived from a Draft Coordinated Plan that had been submitted to Caltrans for review. Approved projects will remain in Category B until the final adopted Coordinated Plan and public participation process has been verified.

Coordinated Plan Lead Agency (Agency preparing the Coordinated Plan)

Agency	
Title of Coordinated Plan	Date Plan Adopted (attach documentation)
	Date of Draft Plan
Agency Representative Name (Print)	Title
Signature	Date

Grant Applicant

Agency	
Agency Representative (Print)	Title
Signature	Date

Private Non-Profit Agency Status Inquiry and Certification

If you are claiming eligibility as a FTA Sections 5316 or 5317 applicant based on your status as a private nonprofit organization, you must obtain verification of your incorporation number and current legal standing from the California Secretary of State Information Retrieval /Certification & Records Unit (IRC Unit). The “Status Inquiry” document must be attached as an appendix to the application. To assist you in obtaining this information, use one of these two methods:

1. To obtain Corporate Records Information over the Internet, go to:
<http://kepler.ss.ca.gov/list.html> and enter your agency name. If you are active, print the page and use that as proof. If you are not active, go to Page 2 and follow the directions. If the verification of your status is not available at the time you submit your application, you must indicate the date on which you requested the verification and the estimated date it will be forwarded to the Sections 5316 JARC and 5317 New Freedom Programs.
2. If you are unable to locate the information on line, you can obtain the “Status Inquiry” document by making a written request to:

**Secretary of State
Information Retrieval/Certification Unit (IRC)
1500 11th Street, 3rd Floor, Sacramento, CA 95814.**

Do not submit articles of incorporation, by laws or tax status documentation.

Private Nonprofits
Name of Nonprofit Applicant:
State of California Articles of Incorporation No.:
Date of Incorporation:

General Certifications and Assurances

The original of the “General Certifications and Assurances” should be signed and dated in blue ink. Use the legal name of your agency exactly as it appears on your Status Inquiry form. If you are a public entity, attach an authorizing resolution, designating a person authorized to sign on behalf of the agency, as an Appendix to the application.

Name of Applicant:		
Address:		
Contact Person:	Work Phone	Work Fax

- a. Pursuant to 49 CFR, Part 21, Title VI of the Civil Rights Act of 1964: The subrecipient assures that no person, on the grounds of race, color, creed, national origin, sex, age, or disability shall be excluded from participating in, or denied the benefits of, or be subject to discrimination under any project, program, or activity (particularly in the level and quality of transportation services and transportation-related benefits) for which the subrecipient receives Federal assistance funded by the Federal Transit Administration (FTA).
- b. Pursuant to 49 CFR, Part 21, Title VI of the Civil Rights Act of 1964: The subrecipient assures that it shall not discriminate against any employee or subrecipient for employment because of race, color, creed, national origin, sex, age or disability and that it shall take affirmative action to ensure that subrecipient are employed, and that employees are treated during employment, without regard to their race, color, creed, national origin, sex, or age.
- c. Pursuant to 49 CFR Part 27, “Nondiscrimination on the Basis of Handicap in Programs and Activities Receiving or Benefiting from Federal Financial Assistance” and the Americans with Disabilities Act of 1990, as amended, at 49 CFR Parts 27, 37, & 38: The subrecipient certifies that it will conduct any program or operate any facility that receives or benefits from Federal financial assistance administered by FTA in compliance with all applicable requirements.
- d. Pursuant to FTA Circular 9045.1 – “New Freedom Program Guidance and Application Instructions” (dated May 1, 2007) and FTA Circular 9050.1 – “The Job Access and Reverse Commute (JARC) Program Guidance and Application Instructions” (dated May 1, 2007): The subrecipient assures that it will comply with the Federal statutes, regulations, executive orders, and administrative requirements, which relate to applications made to and grants received from FTA. The subrecipient acknowledges receipt and awareness of the provided reference list of statutes, regulations, executive orders, and administrative requirements.
- e. Pursuant to FTA Circular 4220.1F, "Third Party Contracting Guidance" (dated November 1, 2008): The subrecipient certifies that its **procurements** and procurement system will comply with all applicable requirements imposed by Federal laws, executive orders, or regulations and the requirements of FTA Circular 4220.1F, “Third Party Contracting Requirements,” and such other implementing requirements as FTA may issue. The subrecipient certifies that it will include in its contracts, financed in whole or in part with FTA assistance, all clauses required by Federal laws, executive orders, or regulations and will ensure that each sub recipient and each contractor will also include in its sub agreements and contracts financed in whole or in part with FTA assistance all applicable contract clauses required by Federal laws, executive orders, or regulations.
- f. The subrecipient certifies that it will comply with the requirements of 49 CFR parts 663, in the course of purchasing revenue rolling stock. Among other things, the recipient will conduct, or cause to be conducted, the prescribed **pre-award and post-delivery reviews** and will maintain on file the certifications required by 49 CFR part 663, subparts B, C, and D.
- g. Pursuant to Government Code 41 U.S.C.701 et seq., and 49 CFR, Part 32, The subrecipient certifies that it has established and implemented an **anti-drug and alcohol misuse prevention program** and has conducted employee training complying with the requirements of 49 CFR part 655, “Prevention of Alcohol Misuse and Prohibited Drug Use in Transit Operations”.
- h. The subrecipient assures and certifies that it requires its subcontractors and sub-recipients to have established and implemented an **anti-drug and alcohol misuse prevention program**, to have conducted employee training complying with the requirements of 49 CFR part 655, “Prevention of Alcohol Misuse and Prohibited Drug Use in Transit Operations”.
- i. The subrecipient agrees and assures that it will comply with U.S. DOT regulations, **“Participation by Disadvantaged Enterprises in Department of Transportation Financial Assistance Programs,”** 49 CFR part

26. Among other provisions, this regulation requires recipients of DOT Federal financial assistance, namely State and local transportation agencies, to establish goals for the participation of disadvantaged entrepreneurs and certify the eligibility of DBE firms to participate in their DOT-assisted contracts. The recipient agrees and assures that it will comply with 49 CFR 26.49 which requires each transit vehicle manufacturer, as a condition of being authorized to bid or propose a FTA-assisted transit vehicle procurement (new vehicles only), certify that it complied with the requirements of the DBE program.
- j. The subrecipient assures and certifies that it will adhere to the **California State DBE Program Plan** as it applies to local agencies. The subrecipient must complete and submit to the Department a DBE implementation Agreement. The subrecipient certifies that it must report twice annually on DBE participation in their contracting opportunities; their award/commitments and actual payments.
 - k. The subrecipient assures and certifies that **private for-profit transit** operators have been afforded a fair and timely opportunity to participate to the maximum extent feasible in the planning and provision of the proposed transportation services.
 - l. The subrecipient assures and certifies that the project complies with the **environmental impact** and related procedures of 23 CFR Part 771.
 - m. The subrecipient certifies that before expending any Federal assistance to acquire the first bus of any new **bus model or any bus model with a new major change in configuration or components** or before authorizing final acceptance of that bus (as described in 49 CFR part 665), that model of bus will have been tested at a bus testing facility approved by FTA and subrecipient and FTA will have received a copy of the test report prepared on that bus model.
 - n. The subrecipient assures and certifies that when procuring capital equipment acquired with Federal assistance it will comply with all **Buy America provisions, 49 CFR Part 661 and 49 USC 5323(j)(2)(c)**. This policy means that certain steel, iron, and manufactured products used in any capital equipment acquired with Federal assistance must be produced in the United States. Buy America requirements apply to all purchases, including materials and supplies funded as operating costs, if the purchase exceeds the threshold for small purchases (currently \$100,000).
 - o. The subrecipient certifies that it will comply with the **“FTA Annual List of Certifications and Assurances for Federal Transit Administration Grants and Cooperative Agreements”** and Appendix A Certifications and Assurances Checklist and Signature Page due March 31 of each year.
 - p. The subrecipient has provided documentation needed by the Department to assure FTA that it has properly and sufficiently delegated and executed authority, by Resolution, to the appropriate individual(s) to take official action on its behalf.
 - q. The subrecipient, providing **complementary paratransit service**, certifies that they have submitted to the Department an initial plan for compliance with the complementary paratransit service provision by January 26, 1992, as required by 49 CFR Part 37, Section 135[b] and have provided the Department annual updates to its plan on January 26 of each year, as required by 49 CFR Part 37, Section 139[c]. The subrecipient has provided the Department an initial plan signed and dated_____.
 - r. The subrecipient certifies that all **direct and indirect costs** billed are allowable per Title 2 Code of Federal Regulations, Part 225 (2 CFR 225) (formerly Office of Management and Budget (OMB) Circular A-87), the federal guidelines for allowable costs for subrecipients that are State, Local and Indian Tribal governments or 2 Code of Federal Regulations, Part 230 (2 CFR 230), (formerly, OMB Circular A-122) if the subrecipient is a non-profit organization. With regards to private for-profit organizations **48 CFR Part 3**.
 - s. The subrecipient certifies that all indirect costs billed are supported by an annual **indirect cost allocation plan** submitted in accordance with 2 CFR 225. The plan or subrecipients’ cognizant agency approval of plan was submitted to the Department’s Audits and Investigations and approved before subrecipient submits request for reimbursement of any indirect costs. Indirect costs prior to having a plan approved as evidenced by a letter from the Departments’ Audits and Investigations is not an allowable expense. If subrecipient does not bill for indirect cost then an indirect cost allocation plan is not required.
 - t. The subrecipient certifies that they understand that **Transit Employee Protection** is specified in Title 49 U.S.C. 5333(b). This Title requires that the interests of employees affected by assistance under most FTA programs shall be protected under arrangements the Secretary of Labor concludes are fair and equitable. Title 49 U.S.C. 5311(b) requires that the Department of Labor (DOL) use “a special warranty that provides a fair and equitable arrangements to protect the interests of employees” in order for the 5311(i) requirements to apply to Section 5311.
 - u. The subrecipient certifies that the recipient shall comply with 49 CFR Part 604 in the provision of any **charter service** provided with FTA funded equipment and facilities. The subrecipient certifies that in the provision of any charter service provided, subrecipient and its recipients will provide charter service that uses equipment or facilities acquired with Federal assistance authorized for 49 U.S.C. 5307, 5311, 5316 or 5317, only to the extent that there are

no private charter service operators willing and able to provide those charter services that it or its recipients desire to provide unless one or more of the exceptions in 49 CFR part 604-Subpart B applies. The subrecipient assures and certifies that the revenues generated by its incidental charter bus operations (if any) are, and shall remain, equal to or greater than the cost (including depreciation on federally assisted equipment) of providing the service. The subrecipient understands that the requirements of 49 CFR part 604 will apply to any charter service provided, the definitions in 49 CFR part 604 apply to this agreement, and any violation of this agreement may require corrective measures and the imposition of penalties, including debarment from the receipt of further Federal assistance for transportation.

- v. **Pursuant to 49 CFR, Part 26**, the subrecipient must prepare and maintain complaint procedures for investigating and tracking Title VI complaints filed against them. Such procedures include record of investigations, complaints, and/or lawsuits, and notice to public about rights containing instructions on how to file a discrimination complaint. Recipients of federal financial assistance are required to take reasonable steps to ensure meaningful access to their programs and activities by **limited English proficient persons**.
- w. As required by 49 U.S.C. 5323 (f) and FTA regulations, **“School Bus Operations,”** at 49 CFR 605.14, the subrecipient agrees that it and all its recipients 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. 4323 (f) and implementing regulations, and (2) comply with requirements of 49 CFR part 605 before providing any school transportation using equipment or facilities acquired with Federal assistance awarded by FTA and authorized by 49 U.S.C. Chapter 53 or Title 23 U.S.C. for transportation projects. The subrecipient understands that the requirements of 49 CFR part 605 will apply to any school transportation it provides, that the definitions of 49 CFR part 605 apply to any 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.
- x. To the best of my knowledge and belief, the data in this application are true and correct, and I am authorized to sign these assurances and to file this application on behalf of the subrecipient.

Certifying Representative

Name (print):	
Title (print)	
Signature:	Date

LAWSUITS/COMPLAINTS

Describe any lawsuits or complaints that have been received or acted on in the last year based on Title VI of the Civil Rights Act or other relative civil rights requirements; and subrecipient must provide a status of lawsuits or explanation of how complaints were resolved including corrective action taken.

If **NO** lawsuits or complaints were received or acted on — subrecipient must provide the following statement:

THERE WERE NO LAWSUITS OR COMPLAINTS RECEIVED OR ACTED ON IN THE LAST YEAR RELATING TO TITLE VI OR OTHER RELEVANT CIVIL RIGHTS REQUIREMENTS.

LABOR UNION INFORMATION
For FTA SECTION 5316 JARC ONLY

Name of Applicant: _____

Project Description: _____

Union Representation of Applicant's Employees

Organization Name: _____
 Contact Person: _____
 Address: _____
 Telephone: _____
 (required) Email : _____

Other Surface Public Transportation Providers	<u>Union Representation of Employee If Any</u>
	Organization: Contact Person: Address: Telephone: (required) Email:
	Organization: Contact Person: Address: Telephone: (required) Email:
	Organization: Contact Person: Address: Telephone: (required) Email:

Applicant Profile, Project Target Population and Areas and Project Summary

1. Please indicate the status of your agency:

_____ Private nonprofit organization

_____ Public agency (state or local governmental authority)

_____ Provider of public transportation services (includes private operators of public transportation services).

2. Briefly describe your agency's purpose and services. Supporting documentation must be attached (e.g., agency brochure).

3. Briefly describe the current population and geographic area(s) that is served and the population and geographic area(s) that will be served by this project. Supporting documentation and an 8-1/2 x 11 map of the service area must be attached.

APPLICANT'S ANNUAL BUDGET

1. Annual Budget:

Estimated Income:		
a. Passenger Revenue		\$
b. Other Revenues		\$
c. Total grants*, donations, subsidy from other agency funds		\$
TOTAL INCOME		\$
*Not including this grant request.		
Estimated Expenses:		
a. Wages, Salaries and Benefits (non-maintenance personnel)		\$
b. Maintenance & Repair (include maintenance salaries)		\$
c. Fuels		\$
d. Casualty & Liability Insurance		\$
e. Administrative & General Expense		\$
f. Other Expenses (e.g., materials & supplies, taxes)		\$
g. Contract Services (specify) _____		\$
TOTAL EXPENSES		\$

2. Fund Source(s):

	Prior Year (2008)	<u>AMOUNTS</u> Current Year (2009)	Budget Year (2010)
SOURCE(S):			
a. _____	\$	\$	\$
b. _____	\$	\$	\$
c. _____	\$	\$	\$
d. _____	\$	\$	\$
		<u>TOTAL</u>	\$

3. Local Match:

The local share may be derived from other Federal programs that are eligible to be expended for transportation, other than DOT programs, or from DOT's Federal Lands Highway Program. Examples of types of programs that are potential sources of local match include: employment, training, aging, medical, community services, and rehabilitation services. Specific program information for other types of Federal funding is available at www.unitedweride.gov

Identify Source(s) of Local Match:	AMOUNTS
_____	\$
_____	\$
_____	\$
TOTAL LOCAL MATCH -	\$

Applicant Profile, Project Target Population and Areas and Project Description

4. Please indicate whether the proposed project is JARC or New Freedom, and briefly provide a detailed project description. **Please submit a separate application for each project.**
Please include project beginning and ending dates.

5. Please provide the following information as it pertains to this project:
 - a. Number of eligible JARC welfare recipients serviced by this project.
 - b. Number of eligible JARC low-income persons serviced by this project.
 - c. Number of eligible New Freedom persons with disabilities serviced by this project.

B. Project Implementation Plan

3. Please indicate and provide the following information for your project type.

For Operating projects, describe your operational plan that includes defined routes, schedules, current/projected ridership, key personnel, and marketing strategies. Attach supporting documentation to substantiate this plan(s).

For Capital projects, describe your implementation plan that includes project tasks, timeframes, benchmarks, key milestones, key personnel, deliverables and estimated completion date. Describe the type of equipment you are interested in purchasing. Specifically identify the components. Discuss how the requested ancillary equipment will be used to support the transportation program. Discuss any expected improvements in service delivery or coordination and any reduction in the cost to provide service. If computer equipment is being requested, also describe current method of collecting and tracking information. Attach supporting documentation to substantiate this plan(s).

For Mobility Management projects, please provide all information as required on page 4 of the Application Instructions. Attach supporting documentation to substantiate this plan(s).

(30 points maximum)

C. Program Performance Indicators: Part A.

4. Please provide the projected **performance measures and objectives** for this project below (where applicable):(20 points maximum)

New Performance Measures		
Project Type	JARC – Funded Services	NF – Funded Services
Operating		
Fixed Route Flexible Route Shuttle Feeder	Number of one-way trips: _____ Number of revenue hours: _____ Route Length (one way in miles): _____ Number of vehicles in Service: _____ Average Seats per Vehicle: _____ Number of jobs Targeted: _____	Number of one-way trips (shuttle and feeder service only): _____
Demand Response	Number of one-way trips: _____ Number of revenue Hours: _____ Geographic Coverage (city, state, town or county): _____ Service Area (square miles): _____ Number of Vehicles in Service: _____ Average seats per Vehicle: _____ Number of jobs targeted: _____	Number of one-way trips (e.g., same-day ADA paratransit service, volunteer programs, aide/escort programs): _____
User-side Subsidy/vouchers (e.g. taxi)	Number of one-way trips: _____ Number of jobs targeted: _____	Number of one-way trips: _____
Mobility Management - Capital		
Mobility Management	Number of customers contacts: _____ Number of one-way trips (if mobility manager also provides service): _____	Number of customer contacts: _____ Number of one-way trips (if mobility manager also provides service): _____
One-stop Center/ Customer Referral	Number of customer contacts: _____	Number of customer contracts: _____
Trip/Itinerary Planning	Number of customer contacts: _____	Number of customer contacts: _____
One-on-One Travel Training	Number of persons trained: _____	Number of persons trained: _____
Group Training	Number of persons trained: _____	Number of persons trained: _____
Internet-based Information	Number of web hits: _____	Number of web hits: _____
Information materials/ marketing	Project description/target audience(s) Number of units _____	Project description/target audience(s) Number of units _____

New Performance Measures

Project Type	JARC – Funded Services	NF – Funded Services
Vehicles - Capital		
Vehicles for Individuals	Number of one-way trips _____ Number of vehicles/loans (or repairs):____ Provided/subsidized : _____	Number of one-way trips : _____ Number of vehicles/loans (or repairs):____ Provided/subsidized : _____
Vehicles for Individuals	Number of one-way trips: _____ Number of vehicles/loans (or repairs):____ Provided/subsidized: _____	Number of one-way trips : _____ Number of vehicles/loans (or repairs):____ Provided/subsidized : _____
Vehicles for Agencies	Number of one-way trips: _____ Number of vehicles added: _____	Number of one-way trips: _____ Number of vehicles added: _____
Vanpool	Number of one-way trips: _____ Number of vehicles added: _____	Number of one-way trips: _____ Number of vehicles added: _____
Car-sharing	Number of vehicles added: _____ Number of one-way trips: _____	Number of vehicles added : _____ Number of one-way trips: _____
Other - Capital		
Other Capital Projects	Description: _____ Number of units added: _____	Description (e.g., ITS improvements, large capacity wheelchair lifts and/or additional securement areas beyond required): _____ Number of units added: _____

C. Program Performance Indicators: Part B.

Describe performance methodology and factors used to develop performance measures and objectives. Please attach supporting documentation (i.e., demographic materials, surveys, regional transportation plans, coordinated plans, etc.)

D. Communication and Outreach

5. List all stakeholders involved in the project. List should include, but not be limited to, Health and Human Services Agencies, public/private sector, non-profit agencies, transportation providers, and members of the public representing low-income (JARC) and individuals with disabilities (New Freedom). Attach three (3) letters of support from stakeholders to the grant application. (10 points maximum)

6. Describe how you will promote public awareness of the project and how you will keep stakeholders involved and informed throughout the project. (10 points maximum)

E. Emergency Planning and Preparedness

7. Describe the emergency planning and drill activities within your agency and in cooperation with the county. Provide proof your agency is included in the response plan with the County Office of Emergency Services. Indicate the drill(s) you have participated in, or are scheduled to participate in. (10 points maximum)

FTA SECTION 5316 JARC/5317 NEW FREEDOM PROGRAM
Proposed Project Budget – Operating Assistance Project

PLEASE COPY AND USE ADDITIONAL PAGES FOR, and identify EACH YEAR'S proposed budget for the Operating Assistance Project (if applicable)

Applicant: _____
Contractor (if applicable): _____
Project Period: _____ to _____
Program Type: JARC New Freedom

(1) Total Operating Expenses (Itemize)

	\$	
_____	\$	
_____	\$	
_____	\$	
_____	\$	
TOTAL OPERATING EXPENSES	\$	\$ (1)

(2) Less Fare box and Other Revenue (For Public Operators Only)

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

(3) Less Ineligible Expenses (within operating expense) **

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

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

(5) Local Share (Itemized by Source Type & Amount)

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

(6) FEDERAL SHARE \$ (6)

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

LOCAL SHARE: (50%)	\$		
FEDERAL SHARE: (50%)	+	\$	(6)
NET PROJECT COST:	=	\$	(7)

** Examples of ineligible expense may include lobbying, depreciation, contributions, inter-department salary, etc.

FTA SECTION 5316 JARC/5317 NEW FREEDOM PROGRAM Capital Project Worksheet (Part 1 of 2)

PLEASE COPY AND USE ADDITIONAL PAGES FOR EACH YEAR'S PURCHASES (if applicable)

Capital Equipment on State Procurement Contract	Number	Unit Cost **	Total Cost
Vehicles (cost shown includes accessibility equipment); standard seating capacity examples by vehicle type A = Ford B = Chevrolet			
Minivan (Type IV) 5 Ambulatory Passengers (AP)		\$48,000	
Small Bus (Type IA) 8 AP; 2 Wheelchair (WC) *		\$57,000	
Small Bus (Type IB) 8 AP; 2 WC *		\$64,000	
Medium Bus (Type IIA) 12 AP; 2 WC *		\$66,000	
Medium Bus (Type IIA) 12 AP; 2 WC *; Compressed Natural Gas		\$89,000	
Medium Bus (Type IIA) 12 AP; 2 WC *; Gas Hybrid		\$116,000	
Medium Bus (Type IIB) 12 AP; 2 WC*		\$70,000	
Medium Bus (Type IIB) 12 AP; 2 WC*; Compressed Natural Gas		\$95,000	
Large Bus (Type IIIA) 16 AP; 2 WC *		\$71,500	
Large Bus (Type IIIA) 16 AP; 2 WC *; opt Compressed Natural Gas		\$96,500	
Larger Bus (Type VII) 20 AP; 2 WC *		\$105,000	

* Rear wheelchair lift floor plan

** Unit cost is an estimated cost of vehicle, equipment and related charges and it is subject to change at the time of purchase.

Other Capital Equipment

Applicant must attach three (3) estimates of equipment **with** this application. The average of the 3 estimates will be the requested grant amount. If equipment is to be sole sourced, written justifications must be attached. Other eligible equipment includes: wheelchair lifts and restraints; radios and communication equipment; initial component installation costs; computer hardware and software (scheduling and vehicle maintenance software); transit related intelligent transportation systems (ITS); and the introduction of new technology through innovative and improved products into public transportation.

Equipment	Number	Unit Cost	Total Cost
Computer Hardware			
Computer Software			
Maintenance Equipment			
Other Eligible Equipment (describe)			
Communications Equipment	Number	Unit Cost	Total Cost
Base Station			
Mobile Radio			

**FTA SECTION 5316 JARC/5317 NEW FREEDOM PROGRAM
Capital Project Worksheet (Part 2 of 2)**

Applicant: _____

Project Description: _____

Grant Program Type: JARC NF
(Choose One)

Vehicle Type: Expansion /New Replacement (VIN# required)
(Choose One)

VIN # _____

**PLEASE COPY AND USE ADDITIONAL PAGES FOR EACH YEAR'S PURCHASES
(If applicable)**

ITEM DESCRIPTION	COST
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
NET PROJECT COST:	\$ _____
LOCAL SHARE (Itemize by Source Type & Amount)	AMOUNT
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL LOCAL SHARE = Allowable Percentage (20%)	\$ _____
TOTAL FEDERAL SHARE= Allowable Percentage (80%)	\$ _____

Application Deadlines and Mailing Address

APPLICATION DUE to Local Agency (MOU-Participants Only): June 26, 2009

(Refer to Page 7 of the Grant Application Instructions for a listing of MOU Local Agencies)

ALL APPLICATIONS DUE to Caltrans DMT: September 25, 2009

Seven applications (original and six copies) must be submitted to Caltrans, DMT or the MOU local agency (if applicable). Faxed or electronic applications will not be accepted. If the local agency **is** conducting the first-level review, please mail your application directly to that local agency and make sure it is postmarked no later than **June 26, 2009**. After the local agency reviews and scores the application, they will forward the scored application to Caltrans DMT for review and final scoring verification by the deadline.

If the local agency **is not** conducting the first-level review, **seven applications (original and six copies)** must be submitted directly to DMT no later than **September 25, 2009**.

All rural agencies must submit **seven applications (original and six copies)** to Caltrans DMT no later than **September 25, 2009**.

DMT reserves the right to review the project applications, scores and comments and the regional priority listings from the local agency, in making final recommendations based on established criteria.

Applications **must be received by 5:00 PM September 25, 2009**, at the following address:

**California Department of Transportation
Division of Mass Transportation - MS 39
P.O. Box 942874
1120 N Street, Room 3300
Sacramento, CA 94274-0001
(916) 654-8222**

Please note: All information in this application is public record. Therefore, applicants should not include any confidential information.