Capital Application and Guide

Fiscal Year 2025

Based on availability of FTA Section 5310 and 5339 funds.



**Introduction**

Each of the grant applications will be reviewed and ranked. Failure to complete all applicable questions will affect your score. Awards are based on the application ranking in comparison to all the applications in that category. Please do not modify the application, additional pages can be inserted only as directed. Your CIP is an essential reference tool to help determine the projects to apply for in this application.

Any agency receiving a vehicle through the capital assistance program offered through this grant application will be required to submit information to the South Dakota Department of Transportation (SDDOT) regarding the service provided with that vehicle. The agency must record several different categories of information in detail and report the information to SDDOT on a monthly, quarterly or annual basis. Any agency receiving assets through the program must maintain the assets per the specification recommended by the manufacturer. Applicants must meet program requirements when receiving federal fund reimbursements for purchases defined in funding agreements and the SDDOT State Management Plan. Applicants who receive 5339 funds must also have a SDDOT approved drug and alcohol policy.

**Section 5310**

Any agency (applicant) receiving Section 5310 funds under this grant application is required to have a community coordination plan. The agency must be part of this plan, before funds can be utilized for capital expenditures.

Section 5310 funds in most cases are 80/20 local match programs. The local agency is required to provide local match funds totaling 20% or more of the total purchase price at time of delivery. FTA’s cost share of 80% or less will be provided by FTA funds administered by the SDDOT.

ADA and vehicles that meet the Clean Air Act (CAA) will be funded at the 85/15 local match. For ADA and CAA vehicles, the local agency is required to provide local match funds totaling 15% or more of the total purchase price at time of delivery and the balance, 85% or less, will be provided by FTA funds administered by the SDDOT. The total federal funds allowed are capped at a maximum of 85% or at your specific award total.

**Purpose**

This program is intended to enhance mobility of seniors and individuals with disabilities. This section of funds will provide for programs to serve the special needs of transit-dependent populations beyond traditional public transportation services and Americans with Disabilities Act (ADA) complementary paratransit services.

**Eligible Activities**

Traditional

• Buses and vans

• Wheelchair lifts

• Ramps

• Vehicle maintenance

• Securement devices

• Transit-related information technology systems (software & hardware)

• Mobility management programs

• Acquisition of transportation services under a contract

• Lease or other arrangement

• Both capital and operating costs associated with contracted service are eligible capital expenses

Nontraditional

• Travel for training

• Volunteer driver programs

• Building an accessible path to a bus stop including curb-cuts, sidewalks

This is not an all-inclusive list.

In addition, mobility management is eligible for 5310 funding along with other projects not listed above. Please contact SDDOT transit staff for assistance in determining if a project is eligible.

**Section 5339**

To receive Section 5339 funds the agency must provide public transportation. Section 5339 funds in most cases are 80/20 local match programs. The local agency is required to provide local match funds totaling 20% or more of the total purchase price at time of delivery.FTA’s cost share of 80% or less will be provided by FTA funds administered by the SDDOT.

ADA vehicles that meet the Clean Air Act (CAA) will be funded at the 85/15 local match. For ADA and CAA vehicles, the local agency is required to provide local match funds totaling 15% or more of the total purchase price at time of delivery and the balance, 85% or less, will be provided by FTA funds administered by the SDDOT. The total federal funds allowed are capped at a maximum of 85% or at your specific award total.

**Purpose**

This program provides financing to replace, rehabilitate, purchase vehicles, equipment, and projects for bus-related facilities.

**Common Eligible Projects**

• Technological changes

• Innovations to modify low or no emission vehicles

• Transit-related information technology systems (software & hardware)

• Surveillance Equipment

• Communication Equipment

• Non-revenue Vehicles

• Fare Boxes

• Shop and Garage Equipment

• Facilities

* Design
* Environmental Compliance
* Appraisals
* Engineering Services
* Construction/Acquisition
* Energy Efficient Modifications

• Passenger amenities such as:

* Passenger Shelters
* Bus Stops
* Fare Cards

This is not an all-inclusive list.

**Application Instructions**

An application must be submitted for each appropriate applicant. **Failure to complete all applicable questions will affect your score. Refer to guidance in each attachment for content requirements.**

**Definitions:**

1. Designated State Agency: SDDOT – Office of Air, Rail & Transit
2. Applicant/Subrecipient: the organization undertaking legal, financial, and technical capacity to administer projects.

**Eligible applicants**

Section 5310

* Private nonprofit organizations
* Public organizations/entities approved by SDDOT to coordinate transportation services for seniors and individuals with disabilities.
* Public organizations/entities, which certify to the State of South Dakota and are approved by the SDDOT that no nonprofit organizations are readily available to provide transportation services for seniors and individuals with disabilities.

Section 5339

* Public agencies
* Local governments
* Private nonprofit corporations engaged in public transportation, including those providing services open to a segment of the general public, as defined by age, disability, or low income

**IMPORTANT SUBMISSION INFORMATION**

Applications can be submitted either by hard copy or electronically. All the required signatures must be included in the submission before an application can be accepted.

All applicants requesting funds shall submit applications to

SD Department of Transportation

Office of Air, Rail and Transit

Attn: Transit Staff

700 E. Broadway Avenue

Pierre, SD 57501

Or via email to:

Brenda.Sharkey@state.sd.us and

Jennifer.Boehm@state.sd.us

Applications not received by the SDDOT imposed deadline will be considered ineligible for consideration.

Applications are due to SDDOT:

April 5, 2024

**Technical Assistance**

SDDOT intends to assist any prospective subrecipient in the preparation of applications for projects under this program including those that provide service to predominately low-income, minority populations, individuals with disabilities and the elderly. Applications prepared with SDDOT assistance will be evaluated on the same basis as those which are not.

Any applicant seeking assistance in preparing an application should contact:

|  |  |
| --- | --- |
| Brenda SharkeyPhone: 605-773-8082E-mail: Brenda.Sharkey@state.sd.us | Jennifer BoehmPhone: 605-773-7038E-mail: Jennifer.Boehm@state.sd.us |

**SUBMISSION DOCUMENTS**

|  |
| --- |
| **Title** |
| Application Cover Sheet - Attachment 1 |
| System Description - Attachment 2 |
| Rolling Stock Project - Attachment 3 |
| Equipment Project - Attachment 4 |
| Facility Project - Attachment 5 |
| Project Description, Justification and Prioritization - Attachment 6 |
| Public Notice - Attachment 7 |
| Application Assurances - Attachment 8 |
| Assurance of Compliance with Title VI of The Civil Rights Act of 1964 - Attachment 9 |
| Certification of Equivalent Service – Attachment 10 |

**Attachment 1**

**Application Cover Sheet**

All applicants are required to complete the information below.

**APPLICANT AGENCY**

Legal Name: Click here to enter text.

DBA Name: Click here to enter text.

Address: Click here to enter text.

**The applicant certifies that to the best of their knowledge and belief, the statements in this application are true and correct.**

|  |
| --- |
| Click here to enter text. |

*(Typed Name of Authorized Representative of Board)*

|  |  |
| --- | --- |
| Click here to enter text. | Click here to enter text. |

*(Title) (Telephone Number)*

|  |  |
| --- | --- |
|  |  |

*(Signature of Authorized Person) (Date of Application)*

**CONTACT PERSON FOR QUESTIONS PERTAINING TO THIS APPLICATION**

Name: Click here to enter text.

Address: Click here to enter text.

Telephone Number: Click here to enter text.

E-Mail Address: Click here to enter text.

**Attachment 2**

**System Description**

Describe system and service level characteristics.

1. Provide a detailed description of the transportation services your agency currently provides or will provide. Click here to enter text.
2. Provide plans for growth in ridership and any increasing services offered. Click here to enter text.
3. What percentage of increase in ridership has your organization experienced for the last completed Federal Fiscal Year (FFY) reporting period based on the figures provided to SDDOT? Choose an item.
4. Provide a detailed description of the current transportation services being provided by other public or private agencies in the service area. Click here to enter text.
5. Provide a description of the services your agency is currently providing or will be providing:
6. Days service is provided: Choose an item.
7. Hours of service: Choose an item.
8. Current fare structure: Click here to enter text.
9. Total number of vehicles organization currently has in service: Click here to enter text.
10. Type of service being provided: Choose an item.
11. List communities and counties in your service area: Click here to enter text.
12. Enter the percentage of customers served for each:
	1. Minority or low-income population Click here to enter text.
	2. Senior Citizens Click here to enter text.
	3. Individuals with disabilities Click here to enter text.
	4. Youth (under the age of 18) Click here to enter text.
	5. General public Click here to enter text.
13. Does your transit agency have the following written policies?
14. Personnel and driver training policies per SDDOT requirements Choose an item.
15. Vehicle operating policy Choose an item.
16. SDDOT Approved Asset Maintenance plan Choose an item.

**If you are a NEW entity OR if you have not received these types of funds in the past 3 years, attach your agency’s above-mentioned policies to this application.**

**Project Coordination Initiative**

The questions below are to document coordination of services between with existing transit and paratransit providers, both public and private. The initiative is to meet the needs without duplication and fragmentation of services. Use last year’s update as your source.

8. Does your transit agency have a current SDDOT approved coordination plan? Choose an item.

9. Name of other transit agencies that operate, and you coordinate within your service area. Click here to enter text.

10. Are there other transit agencies in your service area which you do not coordinate with? Choose an item.

11. Name of new communities that have been added to your service area this past federal fiscal reporting year? Click here to enter text.

**Attachment 3, 4 & 5 Definitions**

**Rolling Stock, Equipment and Facility Project**

**Failure to complete all applicable questions will affect your score. Refer to guidance in each attachment for content requirements.**

**Vehicle Type:** Indicate the type of vehicle requesting using the dropdown options in this field. If multiple vehicles are requested which are identical, indicate the quantity in one line item. However, if identical vehicles are being requested for replacement, expansion, and new starts those should be separated. If different configurations for vehicle type, put information on separate line items.

**Quantity:** Enter the quantity requesting per project line item.

**Seating Configuration:** Indicate the total number seats; one per ambulatory, one per wheelchair passenger (i.e. 8+2, 12+6, 5+0 etc.).

**Federal funds amount needed:** Determine how much the project will cost. See federal fund requirements under Introduction section. Enter the federal amount required.

**Local match source:** Determine how your agency will provide the match for the project. See local fund requirements under Introduction section.

Eligible sources of local match include the following: contracts, cash from non-Government sources other than revenues from providing public transportation services; revenues derived from the sale of advertising and concessions; amounts received under a service agreement with a state or local social service agency or private social service organization, etc.

**Local Match Need or Secured:** Based on the above local match resource information, indicate if the match will be raised or is already secured through a contract, MOU or cash in hand. If local funds need to be raised, what is your source and expected date of receipt. Will these funds be earmarked for the projects listed.

**Service or Revenue:** Will the vehicle purchased be used for administrative services or to give rides to the paying public which will produce revenue?

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Description of Benefits (Refer to Questions #15, 24, 30, 36):** Describe how the proposed project will improve the condition of the transit system, improve the reliability of transit service for its riders, staff, general public, and/or community.

**Demonstration of need (Refer to Questions #16, 25, 31, 37):**  Applicants must demonstrate how the proposed project will address unmet needs for capital investment in assets and/or supporting facilities, enhance the safety of the transit system for transit vehicle operators, riders, and the general public, community, or improve the connectivity of bus systems with other networks through the use of deployment-ready information technologies. For example, an applicant may demonstrate a substantial backlog of deferred capital investment, insufficient size or capacity of maintenance facilities, excessive reliance on vehicles that are beyond their intended service life, a vehicle fleet that is insufficient to meet current ridership demands, or passenger facilities that are insufficient for their current use. For safety, an applicant may demonstrate safety concerns with vehicles, equipment, or facilities that are beyond their intended useful life, or that are no longer appropriate for use due to safety concerns. To improve connectivity, bus systems may deploy Intelligent Transportation Systems (ITS) technologies or software that link buses with other transportation modes. Applicants should also describe how the proposed project will improve the operation of the transit system. **As a part of the response for demonstration of need, applicants should provide the following information:**

*a. For vehicle projects (replacement, rehabilitation, new start or expansion):* Applicants must provide information on the age, condition, and performance of the asset(s) to be replaced or rehabilitated by the proposed project. For service expansion requests, applicants must provide information on the proposed service expansion and the benefits for transit riders and the community from the new service. For all vehicle projects, the proposal must address how the project conforms to FTA’s spare ratio guidelines.

*b. For facility and equipment projects (replacement or rehabilitation):* Applicants must provide information on the age and condition of the asset to be rehabilitated or replaced relative to its minimum useful life.

**Planning Efforts (Refer to Questions #17, 26, 32, 38):** Applicants must demonstrate how the proposed project will be consistent with local and regional long-range planning documents and local government priorities. This will involve assessing whether the project is consistent with the transit priorities identified in the long-range plan; and/or contingency/illustrative projects included in that plan; the human services public transportation coordinated plan or the Capital Improvement Plan (CIP). Applicants are not required to submit copies of such plans but should describe how the project will support regional goals. Applicants may also address how the proposed project will impact overall system performance, asset management performance, or specific performance measures.

**Enhanced Access and Mobility (Refer to Questions #18, 27, 33, 39):** The State will evaluate the potential for the project to improve access to employment opportunities, education, and other services. The State will also evaluate the potential for the project to improve mobility for passengers. Proposed benefits should be based on documented ridership demand and be well-described.

**Attachment 3**

**Rolling Stock Project**

**Note: If you applied for vehicles in a discretionary application, list them here as well. If awarded discretionary funding, SDDOT will contact you about the duplication.**

12. Calculate the spare ratio using the below formula with vehicles in current fleet. Spare ratio should be calculated per location.

1. What is the number of revenue vehicles? Click here to enter text.
2. What is the number of revenue vehicles required for maximum service? Click here to enter text.
3. What is the number of spare vehicles (a-b)? Click here to enter text.
4. Spare ratio (c/b): Click here to enter text.

13. Replacement – in this section choose the type of new vehicle that will replace an older vehicle

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Line Item | Vehicle Type  | Quantity*Note if also on Disc. App*  | Seating Configuration (8+2, 16+3, 5+0 etc.) | Federal Fund Amount Needed | Local Match Source (United Way, Medicare, etc.) | Local Match Need or Secured? | Service or Revenue | Propulsion Type (Gas, Propane, Electric) |
| a. | Choose an item | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | Choose an item. | Click here to enter text. |
| b. | Choose an item | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | Choose an item. | Click here to enter text. |
| c. | Choose an item | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | Choose an item. | Click here to enter text. |
| d. | Choose an item | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | Choose an item. | Click here to enter text. |
| e. | Choose an item | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | Choose an item. | Click here to enter text. |

14. If local funds need to be raised, what is your source and expected date of receipt? Will these funds be earmarked for the projects listed above? a. Click here to enter text.

b. Click here to enter text.

c. Click here to enter text.

d. Click here to enter text.

e. Click here to enter text.

15. Describe how the benefit associated to the above vehicles will provide to the services.

a. Click here to enter text.

b. Click here to enter text.

c. Click here to enter text.

d. Click here to enter text.

e. Click here to enter text.

16. Provide the demonstration of need for the above vehicles.

a. Click here to enter text.

b. Click here to enter text.

c. Click here to enter text.

d. Click here to enter text.

e. Click here to enter text.

17. Describe how the above projects are related to planning efforts

a. Click here to enter text.

b. Click here to enter text.

c. Click here to enter text.

d. Click here to enter text.

e. Click here to enter text.

18. Describe how the above projects will improve enhanced access and mobility.

a. Click here to enter text.

b. Click here to enter text.

c. Click here to enter text.

d. Click here to enter text.

e. Click here to enter text.

19. Below, list the specific vehicle(s) in your current fleet that no longer meet the State of Good Repair (SOGR) standards you are replacing. “Vehicle(s) to be determined” is not an acceptable response.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Vehicle Type | Model Year | Asset Rating | Vehicle Mileage | VIN # (last 6 digits) | Indicate vehicle from above replacing this vehicle |
| Choose an item | Click here to enter text. | Choose an item. | Click here to enter text. | Click here to enter text.  | Click here to enter text. |
| Choose an item | Click here to enter text. | Choose an item. | Click here to enter text. | Click here to enter text.  | Click here to enter text. |
| Choose an item | Click here to enter text. | Choose an item. | Click here to enter text. | Click here to enter text.  | Click here to enter text. |
| Choose an item | Click here to enter text. | Choose an item. | Click here to enter text. | Click here to enter text.  | Click here to enter text. |
| Choose an item | Click here to enter text. | Choose an item. | Click here to enter text. | Click here to enter text.  | Click here to enter text. |

20. Expansion of Services, New Starts or Increase Spare Ratio – in this section choose the type of vehicle you wish to add to your fleet to fulfill the need for expanded services if applicable (additional routes, hours of operation, days of service) or a New Start for a new service area (city or county).

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Line Item | Expansion, New Start or Spare Ratio | Vehicle Type  | Quantity*Note if also on Disc. App* | Seating Configuration (8+2, 16+3, 5+0 etc.) | Federal Fund Amount Needed | Local Match Source (United Way, Medicare, etc.) | Local Match Need or Secured? | Service or Revenue | Propulsion Type (Gas, Propane, Electric) |
| a. | Choose an item. | Choose an item | Click here to enter text. |  Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | Choose an item. | Click here to enter text. |
| b. | Choose an item. | Choose an item | Click here to enter text. |  Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | Choose an item. | Click here to enter text. |
| c. | Choose an item. | Choose an item | Click here to enter text. |  Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | Choose an item. | Click here to enter text. |
| d. | Choose an item. | Choose an item | Click here to enter text. |  Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | Choose an item. | Click here to enter text. |
| e. | Choose an item. | Choose an item | Click here to enter text. |  Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | Choose an item. | Click here to enter text. |

21. Provide an explanation about why this is an expansion or a new start including additional routes, hours of operation, days of service and city/county service area.

a. Click here to enter text.

b. Click here to enter text.

c. Click here to enter text.

d. Click here to enter text.

e. Click here to enter text.

22. Provide a summary of programs and services the requested vehicle(s) will be utilized in and how it will increase ridership and improve efficiency.

a. Click here to enter text.

b. Click here to enter text.

c. Click here to enter text.

d. Click here to enter text.

e. Click here to enter text.

23. If local funds need to be raised, what is your source and expected date of receipt? Will these funds be earmarked for the projects listed above? a. Click here to enter text.

b. Click here to enter text.

c. Click here to enter text.

d. Click here to enter text.

e. Click here to enter text.

24. Describe how the benefit associated to the above vehicles will provide to the services.

a. Click here to enter text.

b. Click here to enter text.

c. Click here to enter text.

d. Click here to enter text.

e. Click here to enter text.

25. Provide the demonstration of need for the above vehicles.

a. Click here to enter text.

b. Click here to enter text.

c. Click here to enter text.

d. Click here to enter text.

e. Click here to enter text.

26. Describe how the above projects are related to planning efforts.

a. Click here to enter text.

b. Click here to enter text.

c. Click here to enter text.

d. Click here to enter text.

e. Click here to enter text.

27. Describe how the above projects will improve enhanced access and mobility.

a. Click here to enter text.

b. Click here to enter text.

c. Click here to enter text.

d. Click here to enter text.

e. Click here to enter text.

28. For the expansion or new start vehicles, estimate the number of passenger types and trip purposes for proposed vehicle(s) for one year. Count each estimated passenger in one trip purpose and one passenger type only. ***Trip Purpose* and *Passenger Type* must be Equal.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Trip****Purpose** | **Number** |  | **Passenger****Type** | **Number** |
| Medical | Click here to enter text. |  | Elderly Persons 60+ | Click here to enter text. |
| Employment | Click here to enter text. |  | Persons w Disabilities | Click here to enter text. |
| Nutrition | Click here to enter text. |  | Youth | Click here to enter text. |
| Social-Recreation | Click here to enter text. |  | General Public | Click here to enter text. |
| Education | Click here to enter text. |  | **Total** | Click here to enter text. |
| Shopping/Personal | Click here to enter text. |  |  |  |
| Business | Click here to enter text. |  |  |  |
| Other | Click here to enter text. |  |  |  |
| **Total** | Click here to enter text. |  |  |   |

**Attachment 4**

**Equipment Project**

Be sure to include annual maintenance costs for things such as routing software, push to talk radios, etc. Consider all components of a project and list together on one line (i.e. routers, access points, etc.), otherwise list each item individually. Are the software programs and licensing costs included with the unit price?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Line Item | Project Type | Quantity  | Project Description | Federal Fund Amount Needed  | Local Match Source (United Way, Medicare, etc.) | Local Match Need or Secured? |
| a. | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |
| b. | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |
| c. | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |
| d. | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |
| e. | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |

29. If local funds need to be raised, what is your source and expected date of receipt? Will these funds be earmarked for the projects listed above? a. Click here to enter text.

b. Click here to enter text.

c. Click here to enter text.

d. Click here to enter text.

e. Click here to enter text.

30. Describe how the benefit associated to each equipment project listed above will provide to the services provided.

a. Click here to enter text.

b. Click here to enter text.

c. Click here to enter text.

d. Click here to enter text.

e. Click here to enter text.

31. Provide the demonstration of need for the above equipment.

a. Click here to enter text.

b. Click here to enter text.

c. Click here to enter text.

d. Click here to enter text.

e. Click here to enter text.

32. Describe how the above projects are related to planning efforts.

a. Click here to enter text.

b. Click here to enter text.

c. Click here to enter text.

d. Click here to enter text.

e. Click here to enter text.

33. Describe how the above projects will improve enhanced access and mobility.

a. Click here to enter text.

b. Click here to enter text.

c. Click here to enter text.

d. Click here to enter text.

e. Click here to enter text.

34. Provide an explanation as to how each category of equipment requested would increase efficiency.

a. Click here to enter text.

b. Click here to enter text.

c. Click here to enter text.

d. Click here to enter text.

e. Click here to enter text.

**Attachment 5**

**Facility Project**

**Note: If you applied for a facility in a discretionary application, list it here as well. If awarded discretionary funding, SDDOT will contact you about the duplication.**

A facility project may include items such as construction, expansion, renovation, or improvement. Before a facility project can be added, the project needs to be in the CIP, according to guidance, and if applicable, the environmental review needs to be complete before requesting construction funds. If a future facility project is planned, you may select the project type from the dropdown. Pre-construction Activity could consist of: Design, Environmental Compliance, Appraisals, Engineering Services, Construction/Acquisition, or Energy Efficient Modifications (provide details in Attachment 6).

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Line Item | Project Type | Project Description*Note if also on Disc. App* | Federal Fund Amount Needed  | Local Match Source (United Way, Medicare, etc.) | Local Match Need or Secured? | Legal Description (IF new construction or acquisition) | Temporary or Permanent Repair |
| a. | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. | Choose an item. |
| b. | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. | Choose an item. |
| c. | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. | Choose an item. |
| d. | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. | Choose an item. |
| e. | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. | Choose an item. |

35. If local funds need to be raised, what is your source and expected date of receipt? Will these funds be earmarked for the projects listed above? a. Click here to enter text.

b. Click here to enter text.

c. Click here to enter text.

d. Click here to enter text.

e. Click here to enter text.

36. Describe how the benefit associated to the above facility(s) will provide to the services.

a. Click here to enter text.

b. Click here to enter text.

c. Click here to enter text.

d. Click here to enter text.

e. Click here to enter text.

37. Provide the demonstration of need for the above facility(s).

a. Click here to enter text.

b. Click here to enter text.

c. Click here to enter text.

d. Click here to enter text.

e. Click here to enter text.

38. Describe how the above projects are related to planning efforts.

a. Click here to enter text.

b. Click here to enter text.

c. Click here to enter text.

d. Click here to enter text.

e. Click here to enter text.

39. Describe how the above projects will improve enhanced access and mobility.

a. Click here to enter text.

b. Click here to enter text.

c. Click here to enter text.

d. Click here to enter text.

e. Click here to enter text.

40. If project is for a new facility or acquisition, do you own the land or have an MOU with the current landowner? Please attach.

41. If project is for a new facility or acquisition do you have a feasibility study completed? Please attach.

42. If project is for a new facility or acquisition, do you have a letter of support for the project from the community, interested parties, or city? Please attach.

43. If this is for a new facility or acquisition, do you have a letter of support for the local match? Please attach

44. If project is for new construction or acquisition, have environmental studies been completed according to the National Environmental Policy Act (NEPA) <https://www.epa.gov/nepa> ? Please attach

**Attachment 6**

**Project Description, Justification and Prioritization**

All applications must include a **detailed** project description and justification which includes information about the applicant’s project that is not found elsewhere in the application. The project description and justification must include the importance of the project to your agency and how it will improve the agency’s future service to the citizens of your area. Divide the project description out for each category (Rolling Stock, Facility and Equipment) applied for in the application. Provide priority list including all project(s) in this application. Include documentation that supports your request (photos, preliminary plans, etc. can be submitted with the application to assist in justifying the project).

Use additional pages as necessary.

Click here to enter text.

**Attachment 7**

**Public Notice**

Before the application can be approved by SDDOT, the applicant must provide a public notice offering the opportunity for a public hearing on the proposed project and invite service proposals from private and public transit providers.

The applicant must publish the public notice in newspaper(s) of general circulation in the service area. This notice shall be published at least twice, with the first publication at least ten days before the application is submitted to SDDOT. The public should be given thirty days from the first publication to respond. If a sample public notice is needed, please contact the SDDOT transit office.

The applicant must document the results of the public notice. If there is a request for a hearing, SDDOT will publish a notice of intent to hold a public hearing in a newspaper of general circulation in the service area. This notice shall be published at least twice before the public hearing with the first publication occurring not less than thirty days before the date of the hearing. SDDOT will make a transcript of the hearing.

A copy of the public notice must be sent by direct mail or email to all public and private transit or paratransit providers in the proposed service area at the time the notice is sent to the newspaper(s) for publishing. Any response to this mailing must be documented and submitted with this application.

**Attachment 8**

**Application Assurances**

The application assurance is required to be signed and submitted with the grant application.

Applicant Name: Click here to enter text.

The Board of Directors in approving the submission of this document certifies:

1. The transit organization herein meets the eligible subrecipient definition that serves elderly individuals and individuals with disabilities and or public and
2. Sufficient funds will be available to provide the required local match and to operate the capital project and
3. Sufficient managerial and fiscal resources exist to implement and manage the grant as outlined in this document and with all applicable laws and regulations and
4. The project items purchased under this grant shall be maintained in accordance with the detailed maintenance schedules as stipulated by the manufacturer and
5. The subrecipient agrees to meet the applicable federal requirements including charter requirements and
6. The subrecipient will not engage in school bus operations exclusively for the transportation of students and school personnel in competition with private school bus operators and
7. The subrecipient will conform to the 200 CFR part 200 requirements as it pertains to this funding.

**I am an officer of the above-mentioned applicant herein and authorized to make this verification on its behalf. I hereby verify that the foregoing statements are true and correct to the best of my knowledge.**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Click here to enter text.

SignatureDate

Click here to enter text.Click here to enter text.

Name (Printed) Title (Printed)

**Attachment 9**

**Assurance of Compliance with Title VI of the Civil Rights Act of 1964**

The Assurance of Compliance is required to be signed and submitted with the grant application.

Applicant Name: Click here to enter text.

HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by the U.S. Department of Transportation, to the end that, in accordance with Title VI of the Act, no person in the United States shall, on the ground of race, color, sex or national origin, be excluded from participation in, be denied the benefits of, or otherwise subjected to discrimination under any program or activity for which the Recipient receives Federal financial assistance from the Department under Federal Transit Administration programs; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Recipient by the Department under Federal Transit Administration program, this assurance shall obligate the subrecipient, or in the case of any of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided this assurance shall obligate the Recipient for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the Recipient for the period during of which the Federal financial assistance is extended to it by the Department under the Federal Transit Administration programs.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts, or other Federal financial assistance extended after the date hereof to the recipient by the Department under Federal Transit Administration programs. The Recipient recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the United States shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the subrecipient, its successors, transferees, and assignees. The person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Recipient.

Signed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click here to enter text.

 (Authorized Official)

Click here to enter text.Click here to enter text.

Name (Printed) Title (Printed)

**Attachment 10**

**Certification of Equivalent Service**

The certification is required if your agency intends to purchase non-ADA vehicles with grant funds received through this application. A separate certification is required to be signed and submitted with the grant application for each type of vehicle.

Certification of Equivalent Service

Description of Purchase: Click here to enter text. Quantity: Click here to enter text.

Click here to enter text. 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 areas.
4. Hours and days of service.
5. Restrictions or priorities on trip purpose.
6. Any constraints on capacity or service availability; and
7. Availability of information and reservation capability.

In accordance with 49 CFR 37.77, public funded entities operating demand-responsive service which receive financial assistance from the Federal Transit Act must file this certification before procuring any inaccessible vehicle. This certification is valid for no longer than one year from its date of filing.

Click here to enter text.

Name of Authorized Official:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:

Click here to enter text.

Title:

Click here to enter text.

Date: