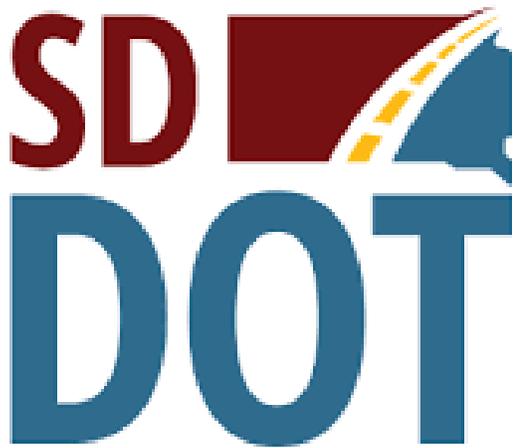


Section 5311 & Title III-B Application and Guide for Fiscal Year 2027



Section 5311 Program

The Surface Transportation Assistance Act authorized the Section 5311 Program. The U.S. Department of Transportation selected the Federal Transit Administration (FTA) for federal liaison, and the Governor of South Dakota has designated the South Dakota Department of Transportation (SDDOT) for state administration.

There are three categories of public transportation assistance: 1) administrative costs, 2) operating costs, 3) capital. Administrative costs are reimbursed using 82.82% federal funds; examples are project director salaries, vehicle insurance and secretary and bookkeeper salaries. Operating costs are reimbursed using federal funds to pay 51.76% of the operating deficit examples are driver and dispatcher salaries, oil and fuel costs, vehicle maintenance and repair costs, licenses, and bus barn utilities. Capital costs are reimbursed using federal funds to pay 80% of the capital deficit; examples are vehicle and facility preventive maintenance and rolling stock (Inter-city bus provider only). The local share must be provided from sources other than federal funds except where specific legislative language of a federal program permit. Projects eligible for Section 5311 assistance must benefit residents in non-urban areas of South Dakota with less than 50,000 population.

Title III-B Program

The Administration for Community Living (ACL) authorizes the Older Americans Act (OAA) Title III B Supportive Services program to make transportation affordable and accessible for people with disabilities, older adults, and caregivers for work travel, volunteering, spending time with family and friends, and engagement in their community while living in their homes avoiding institutionalized care. The U.S. Department of Health and Human Services selected the Administration on Aging (AoA) as the federal liaison and the Governor of South Dakota has designated the South Dakota Department of Human Services (SDDHS), Division of Long-Term Services and Supports as state liaison.

Older Adults aged 60 and over qualify for rides under Title III-B and may contribute back to the transit program by making donations. Any qualifying older individual aged 60 and over cannot be turned away due to inability to pay. A suggested donation should be determined. That amount may be posted and show the full cost of services by stating the cost per mile or trip. The schedule shall be posted as a public announcement in the transit office, senior center, in the vehicle and printed in brochures and newsletters.

There are two categories of Title III-B assistance: 1) administrative costs and 2) service/operating costs. Examples of administrative costs include director salaries, travel, and office supplies. service/operating cost examples include driver salaries, travel, insurance, oil, fuel, maintenance, and repair costs.

Title III-B administrative and service/operating costs are combined into total costs. This total cost is reduced by reimbursements and participant donations equaling net cost. Assistance may be sought using federal/state funds to pay 75% of the net cost. The remaining 25% of net cost must be provided by the applicant in the form of cash match.

Projects eligible for Title III-B assistance may serve people in urbanized and/or non-urbanized areas.

Technical Assistance

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

Any applicant seeking assistance in preparing an application should contact:

Terri Geigle
Office of Air, Rail & Transit
South Dakota Department of Transportation
700 East Broadway Avenue
Pierre, South Dakota 57501-2586
Phone: 605-773-3014
E-mail: Terri.Geigle@state.sd.us

Jess Marlow
Office of Air, Rail & Transit
South Dakota Department of Transportation
700 East Broadway Avenue
Pierre, South Dakota 57501-2586
Phone: 605-773-7038
E-mail: Jess.Marow@state.sd.us

Taylor McLennan
Division of Long-Term Services and
Supports
South Dakota Department of
Human Services
3800 E. Highway 34
C/O 500 East Capitol
Pierre, South Dakota 57501-5070
Phone: 605-773-3656
E-Mail: Taylor.McLennan@state.sd.us

Application Instructions

An application must be submitted for each project by the appropriate applicant/grantee. Below are a list of definitions and a list of application submittal requirements that must be included in the application submission. The required submittals are described in greater detail later in this application.

Definitions

- **Designated State Agency** - SDDOT, Secretariat and SDDHS, Division of Long-Term Services and Supports.
- **Applicant/Grantee** - the organization undertaking legal responsibility for carrying out project.
- **Eligible applicants** – State Agencies, Local Public Bodies and Agencies thereof (cities-counties), Indian Tribes and Nonprofit Organizations. Private for-profit providers of service are eligible recipients through purchase of service agreements with a local eligible applicant for the provision of public transportation services.

Application Submittal Requirements

Required Document	Required if submitting for 5311 Only	Required if submitting for both 5311 / Title III-B	Required if submitting for Title III-B Only
Application Cover Sheet – Attachment 1	X	X	X
System Description and Level/Use of Service – Attachment 2	X	X	X
Project Description and Justification – Attachment 3	X	X	X
Assurance – Attachment 4	X	X	
Project Budget - Attachment 5	X	X	
Published Public Notice-Attachment 6	X	X	
Transportation Service Projections - Title III-B Projects – Attachment 7			X
Transportation Objectives and Budget – Title III-B Projects – Attachment 8			X
Indirect Cost Documentation - Attachment 9	X	X	
Sam.gov: Proof of good standing, not debarred or suspended	X	X	X
Secretary of States- in good standing	X	X	X
FFATA Form- Attachment 10			X

IMPORTANT SUBMISSION INFORMATION

To apply for funding, please fill out the required information below and submit your budgets and documentation via the BlackCat Transit system. If you do not currently have access to the BlackCat System but would like to apply, please reach out to Jess Marlow Jess.Marlow@state.sd.us or (605)773-7038 Terri.Geigle@state.sd.us or (605)773-3014 with the SDDOT Office of Air, Rail and Transit.

SDDOT will not accept applications outside of the BlackCat system.

All applicants requesting Title III-B funds ***only*** shall submit applications to the South Dakota Department of Human Services, Division of Long-Term Services and Supports.

Applications not received by the SDDOT imposed deadline will be considered ineligible for consideration. Subrecipients considered non-compliant with grant regulations at the time of project selection may be determined to not have the technical capacity to receive funding.

Any subrecipient considered non-compliant with SDDOT or FTA rules and regulations will be notified of the non-compliance by SDDOT. The subrecipient will have 90 days from the notification date to resolve all non-compliant issues. If the subrecipient fails to resolve compliance issue(s), allocated funding will be redistributed to eligible subrecipients.

Subrecipients will have 90 days to execute the funding agreement provided by the SDDOT. If the subrecipient fails to meet the deadline, the allocated funding will be re-distributed to eligible subrecipients.

All subrecipients applying for the above listed funds will be required to complete a Subrecipient Questionnaire. The Subrecipient Questionnaire will be reviewed and ranked to determine the subrecipient's financial risk. Based on the risk assessment, additional technical assistance and monitoring may be required. It may also result in SDDOT making the decision to withhold or not award federal funds to the applicant.

Applications are due to SDDOT:

May 1, 2026

ATTACHMENTS

Attachment	Title	Pages
1	Application Cover Sheet	12
2	System Description and Level/Use of Service	13-14
3	Project Description and Justification	15
4	Assurance	16
5	Project Budget Information	17-22
6	Public Notice	22
7	Title III-B Transportation - Service Projections	23
8	Title III-B Transportation –	
	Objective	24-27
	Service Operation Costs	28-29
	Administration Budget	30-31
	Project Summary	32-33
	Project Supporting Budget Schedule	34
	Local Match Available	35
9	Indirect Cost Documentation	36
10	FFATA Subrecipient Information Request Form	37-39

Attachment 1 Cover Sheet

Each agency must include a cover sheet to enclose this entire application.

Attachment 2 System Description and Level and Use of Service

These worksheets allow the applicant to describe system characteristics and service level characteristics.

Attachment 3 Project Description and Justification

All applications must include the following information that is not found elsewhere in the application. The narrative must include the following paragraph headings and information for approval:

Purpose

The purpose of applying and how the subrecipient will benefit from this funding.

Project Description/Justification

This section must include a description of the proposed project, including a summary of any proposed or implemented improvements within the current year and/or expansions or reductions in current service, if applicable. This description must include the following supportive information, but it is not limited to these items:

1. Description of proposed service to all users including general public, low-income, elderly, citizens with disabilities and minority populations.
2. The benefits to all users: general public, low-income, elderly, citizens with disabilities, and minority populations.
3. Current map of service area showing communities served or routes.
4. Description of how the general public including low-income, elderly, citizens with disabilities and minority populations will be informed of the service.
5. Preventive Maintenance: The preventive maintenance allocation is based on revenue miles driven by non-5310 funded revenue vehicles from the prior year's performance data by applying an allocated amount per mile allowable. An applicant can submit justification to adjust the rate used for consideration based on preventive maintenance cost history and state of good repair.
6. For Title III-B funds a description of how the project aids those with the greatest economic or social need with particular attention to low-income older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.

Project Coordination Initiative

All Section 5311 subrecipients that also receive section 5310 are encouraged to use the Statewide Coordinated Public Transit-Human Services Transportation and individual agency Plan of Action to address coordination from the statewide plan. For more details refer to the subrecipient manual.

Public Involvement

This illustrates the extent of public involvement in preparing the application. Any meetings, hearings or public notices pertaining to the application or project must be described.

Private Enterprise Involvement

This section describes existing private mass transportation companies in the service area to be covered by the project. If the project provides service in competition with or supplementary to service provided by an existing mass transportation company, the description must outline how the project is essential and how the recipient, to the maximum extent feasible, provides for the participation of the private companies. This description shows the project's efforts to include private providers and other forms of private enterprise in the project. A copy of the required public notice must be sent by direct mail to each private and public provider in your service area. The description must include or describe the results of the mailing. If the recipient contracts directly with a private company for the transportation service, this description is not required.

Provisions for Elderly Persons and Persons with Disabilities and Low-Income or Minority Populations

This section must describe how the needs of the elderly persons and persons with disabilities, especially wheelchair users and semi-ambulatory persons, will be met. The applicant must make every effort to ensure that elderly persons and persons with disabilities will be able to use the public transportation service effectively. In addition, applicants must provide a balanced description of the needs of all users, including low-income or minority users. Applicants are advised that the needs of all populations are to be weighed equally, including those of the general public.

Attachment 4 Standard Assurance (Section 5311 Applications and Title III-B Applications)

The assurances in attachment 4 for Section 5311 are statements assuring compliance with the laws and administrative requirements described in the attachment. Attachment 4 may simply be reproduced, signed, dated, and submitted. However, the submission must use each assurance verbatim.

Before signing the master list of assurances, an applicant is advised to examine the assurances carefully to become fully aware of the obligations being undertaken. While the majority of assurances are self-explanatory, others may require referring to the cited Federal Regulations.

Attachment 5 Project Budget

Each application must include an individual project budget for each service area location. If an area has its own Board of Directors, then a budget will be required. The budget guidance is located in Attachment 5 for Section 5311 applicants and in Attachment 12 for Title III-B applicants.

All increases from the previous year must be clearly identified for each line item along with supportive justifications for the proposed increases.

**Attachment 6
Public Notice
(Section 5311 Applications)**

Before the application can be approved by SDDOT, the applicant must publish a public notice offering the opportunity for a public hearing on the proposed Section 5311 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 cover letter and sample public notice are 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 with 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 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.

**Attachment 7, 8
Transportation Service Projections
(Title III-B Applications)**

All Title III-B applications must include completed forms in these sections.

**Attachment 9
Indirect Cost
(Section 5311 Application)**

Provide Cost Allocation plan and approval by cognizant agency, if applicable. Attachment 10

**Attachment 10
FATA Subrecipient Information Request Form
(Title III-B-ONLY applicants must fill out this form)**

The FFATA legislation requires information on federal awards (federal financial assistance and expenditures) to be made available to the public via a single, searchable website. Federal awards include grants, subgrants, cooperative agreements, subrecipient agreements and other forms of financial assistance as well as contracts and subcontracts.

**Attachment 1
Application Cover Sheet
(Section 5311 and Title III-B)**

PROJECT PERIOD

Beginning:		Ending:	
------------	--	---------	--

INDICATE FUNDING REQUESTED

Check the funding requested:

- Section 5311 Section 5311/Title III-B Title III-B

APPLICANT AGENCY

Name:	
Address:	
City:	
State:	
Zip Code:	

The applicant certifies that to the best of its knowledge and belief, the statements in this application are true and correct, and that it will comply with the attached assurances.

<i>Printed Name of Authorized Representative of Board</i>	
<i>Title</i>	<i>Telephone Number</i>
<i>Signature of Authorized Person</i>	<i>Date of Application</i>

CONTACT PERSON FOR QUESTIONS PERTAINING TO THIS APPLICATION

Name:	
Address:	
Telephone Number:	
E-Mail Address:	

**Attachment 2
System Description
Section 5311 and Title III-B**

1. Type of service (check all that apply):

- Fixed Route Demand/Response
 Deviated Fixed Route

**If Fixed Route, describe how you meet the requirements of the Americans with Disabilities Act. You will need to provide a Complementary Paratransit Plan to SDDOT office.*

***If Demand/Response is this:*

- Curb-to-curb Door-to-door
 Door-through-door Reservations required***

If reservations are required, how far in advance? _____

2. Service Area:

Check one: City County multi-County Other (specify):

3. Population:

What is the population of your service area?

4. Connectivity:

Do you connect with other modes of transportation? Check all that apply.

- Urban Public Systems Airports/Trains
 Intercity Carriers Other Rural Operators in Your Region (***please list below***):

As stated in the state management plan, the intercity bus provider is required to perform yearly meetings with all agencies who provide feeder service to ensure the local communities needs are being met.

If applicable, please provide date the meeting was conducted.

**Attachment 2
Level and Use of Service
Section 5311 Applicants**

1. Ridership:

Estimate the average number of rides:

Per Day:		Per Year:	
----------	--	-----------	--

Projected growth or decline in rides over last year:

Per Day:		Per Year:	
----------	--	-----------	--

2. Passenger Type: **Indicate percent. Must total 100%.**

	Elderly (60 and over)
	Disabled
	General Public
	Youth

3. Trip Purpose: **Indicate percent. Must total 100%.**

	Medical		Employment
	Nutrition		Social/Recreation
	Education		Shopping/Personal
	Other (specify)		

4. Days/Hours of Service:

List days of the week and hours transit provider is in service.

5. Marketing or Advertising:

Explain how people know about or can access the transit provider for service.

6. Annual Miles of Service:

Total annual mileage of all vehicles:

7. What percent of the public transit overall budget is federally subsidized?

8. Provide the local match source that will be used to match the Section 5311 funds.

9. Provide an explanation of the economic impact transit provided to the service area.

Attachment 3
Project Description and Justification

Please refer to the attachment description at the beginning of the application regarding project description and justification as required.

Use additional pages as necessary.

A large, empty rectangular box with a thin black border, intended for the applicant to provide a project description and justification. The box occupies most of the page below the instructions.

**Attachment 4
Assurance
(Section 5311 Applications)**

The		hereby assures and certifies the following:
-----	--	---

1. That "special efforts are being made in its service area to provide transportation that people with disabilities, unable to use the recipient's service for the general public, can use. This transportation service shall be reasonable in comparison to the service provided to the general public and shall meet a significant fraction of the actual transportation needs of such persons within a reasonable time."
2. Have the requisite fiscal, managerial, technical, and legal capability to carry out the Section 5311 program and to receive and disburse Federal funds.
3. Some combination of state, local, or private funding sources has been and will be committed to provide the required local share.
4. Have, or will have by the time of delivery, sufficient funds to operate and maintain the vehicles and/or equipment purchased under this project, as applicable.
5. To the maximum extent feasible coordinated with other transportation providers and users, including social service agencies capable of purchasing service.
6. The subrecipient will adhere to the 200CFR Part 200 requirements as it pertains to this funding.

Date:

By:
Signature of Authorized Official

Attachment 5
5311 Project Budget Information
(Section 5311 Applications)

In preparing Section 5311 project budgets, applicants shall itemize entries under each revenue and expense category. Each entry must outline the proposed increase from the previous year with justification for the proposed increase in each budget submitted. It is particularly important that the itemization of revenues and expenses be sufficient for SDDOT to verify the calculations of eligible operating expenses, net project cost, local match, and eligible Section 5311 assistance. For example, the national RTAP has a cost allocation tool available at <https://www.nationalrtap.org/Technology-Tools/Cost-Allocation-Calculator/Support>.

The budget is developed by Section 5311 applicants on the basis of revenue and expense statements. The budget serves three basic and interrelated purposes:

1. The project budget must fully describe estimated transit operating expenses, the identification of expenses, the application of state and local government funds and other sources of local match, and the resulting eligibility for Section 5311 assistance.
2. To demonstrate the manner in which the eligible expenses are covered by transit operating revenues, state/local government funds, other non-federal income sources, and Section 5311 operating assistance.
3. To demonstrate the required matching of federal funds by a local match. (Throughout this section, the term "local match" is used synonymously with "non-federal share", and may include state funds, county funds, funds provided by regional bodies, certain non-fare box transit revenues, and unrestricted federal funds which are eligible as local match.) For operating assistance, the amount represented as local match must be equal to or greater than the amount of Section 5311 funds requested.

Appropriate documentation in support of the project budget may be provided to demonstrate the proper allocation of revenues to non-operating expenses and such other reconciliations as may be necessary to clarify estimates or projections of financial conditions during the project year. Certification of project budgets based on estimates or projections is not required. Section 5311 funds are disbursed on a reimbursement basis only. The project budget shows estimated Section 5311 funds, but reimbursements are made on all eligible actual costs up to the limiting contract amount.

Use the excel format budget and modify as directed to fit the agency's operations. The budget line items and amounts should match the administrative, operating, and capital expenses of the agency.

1. To calculate Capital Preventive Maintenance Line item for FY27 use .08 per revenue mile. Non-5310 Revenue vehicle miles are to be used from prior year ridership verified with SDDOT for this calculation.
2. Facility Preventative Maintenance - Complete the Facility Maintenance tab to provide details of the projects included in the budget line item. The total from this tab needs to be entered into the budget line item on the budget tab.

All expenses applied for in this application are to be directly related to your transit program and shall relate to an actual cost incurred by the organization while providing public transportation for people. If staff work on multiple programs in your organization, you must only submit bills for work related to the transit program.

The project budget submitted in this exhibit contains several basic line items, as follows:

- **Eligible Expenses**

- Administrative and Overhead - Some of the more common eligible administrative and overhead expenses are the project director's salary, secretary and bookkeeper salaries, office supplies, office rent, utilities, travel expenses, vehicle insurance, vehicle lease, and training.
- Operating - Eligible operating expenses are fuel, oil, replacement tires, replacement parts, drivers' and mechanics' salaries, dispatcher salaries, and vehicle licenses. Expenses for contractual services directly incidental to the management and operation of transportation services and which are not otherwise reimbursed are also included. In practice, eligible operating expenses are derived as the remainder when various categories of non-eligible expenses are subtracted from total expenses.
 - ❖ The following three items are generally **ineligible** for Section 5311 assistance:
 1. Costs of advisory councils, unless prior SDDOT approval has been granted.
 2. Indirect transit-related functions or activities of regional or local entities performed as a normal or direct aspect of general public administration (e.g., expenses of a City Council in considering transit matters).
 3. Expenses for contingencies or capital acquisitions, including contributions to a capital reserve account or fund.
- Capital - Eligible expenses include facility and vehicle preventive maintenance. Refer to SDDOT eligible and ineligible guidance located on SDDOT Website. Rolling stock is only eligible for intercity bus providers.

- **Vehicle and Other Income**

As indicated above, all funds used to cover eligible operating expenses must be represented in the project budget. This line represents those revenues used to cover eligible expenses. This can include all or part of a service contract.

- **Revenue**

Revenue items that directly offset transit expenses and which are subtracted from the total project costs to determine net project costs eligible for Section 5311 assistance include:

- All fares must be reported at 100%.
- Interest income earned on working capital.
- Proceeds from the sale of equipment in excess of the depreciated value (Private Operators only).
- Sale of concessions and advertising.
- Cash discounts and refunds that directly offset accrued expenses.
- Insurance claims and reimbursements that directly offset accrued liabilities.

- **Net Project Cost**

- Administrative: Net administrative cost equals Total Administrative Costs minus Vehicle & Other Income. This is the amount of eligible administrative expenses that is eligible to be covered by Section 5311 funds and the required local match funds. The reimbursement for administration expenses shall not exceed 82.82% of net project costs.

- Operating: Net operating cost equals Total Operating Cost minus Vehicle and Other Income. This is the amount of eligible operating expenses that is eligible to be covered by Section 5311 funds and the required local match funds. The reimbursement for Operating expenses shall not exceed 51.76% of Net Operating Costs.
- Capital: Net Capital costs equal Total Capital Costs minus Vehicle and Other Income. This is the amount of eligible capital expenses to be covered by Section 5311 funds and the required local match funds. The reimbursement for capital expenses shall not exceed 80% of Net Capital Costs
- **Local Match**
 - Local match (i.e., non-federal share) includes all funds that can be used to match Section 5311 funds. The local match must be 17.18% of the net administrative cost, 48.24% of the net operating cost, and 20% for capital. Local match may include state funds, county funds, contracts, Medicaid, funds provided by regional bodies, non-operating revenues and unrestricted funds from other federal programs.
 - Non-operating revenues are public grants, service contracts, and income generated from other activities of the local agency not directly related to transit vehicle operation and maintenance, such as ferry operations, airport operations, and interstate carrier ticket sales.
 - Unrestricted funds are Federal funds allowed by the Federal agency administering them to be used to match other Federal dollars, such as Title III-B funds. However, the applicant must have documentation that authorization has been received from the Federal agency to use funds for matching purposes.
 - Project applicants are ultimately responsible for identifying unrestricted funds because they are held accountable by the other federal agencies involved.
- **Section 5311 Funds Requested**
 - This is the amount determined to be the estimated Section 5311 share. The estimated Section 5311 share is 82.82% of the net administrative cost, 51.76% of the net operating cost, and 80% of the total cost of capital. Total Section 5311 Funds - This amount represents the total of estimated Section 5311 funds requested for administrative, operating, and capital.
- **Summary Of All Funds**
 - These amounts summarize the funds breakdown provided in the above budget.
- **Intercity Bus (ICB) Feeder Budget Guidance**
 - Complete the ICB feeder budget tab in the excel budget template to include all eligible ICB feeder service costs for your agency. The ICB budget will be added to the budget summary tab to include an overall proposed budget in the application.

Attachment 5
Project Budget Summary – Instructions
Projects requesting Section 5311/Title III-B Funds

TOTAL PROPOSED BUDGET –

Line 1 - Enter Proposed Budget Subtotals from Administrative, Operating, and Capital Budget sheets.

Line 1 – Total Column – Sum of Line 1 Administrative, Operating, and Capital Columns.

BUS AND OTHER INCOME –All revenues directly derived from the bus must be identified in this category.

Line 2a – Vehicle Donations/Fares – Enter estimated donations and fares to be collected. 100% of fares are required to be reported during the month they are received.

Line 2b - Advertising – Enter estimated income from sale of advertisements on the vehicles.

Line 2c – Medicaid – Enter estimated or projected Medicaid reimbursements.

Line 2d – Vehicle Contracts. Show each contract on a separate line. Add lines if necessary.

Line 2e - Other Local Funds – Specify other income that is used to directly offset transit operating or administration expenses, interest income earned on working capital, insurance claims and reimbursements which directly offset accrued liabilities, sale of equipment, cash discounts and refunds that directly offset accrued expenses, etc.

TOTAL VEHICLE AND OTHER INCOME

Line 3 - Sum of Lines 2a through 2e.

Line 3 - Total Column - Sum of Line 3 Administrative, Operating, and Capital Columns.

NET PROJECT COSTS – This calculation is the difference between the total proposed budget and revenues directly coming from the operation of the vehicles indicated per category.

Line 4 - Result of Line 1 minus Line 3.

REQUESTED 5311 FUNDS

Line 6 - Result of Line 4 times the percentage on Line 5. This is the maximum amount that may be requested and reimbursed in Section 5311 program funds.

Line 6 - Total Column – Sum of Line 6 Administrative, Operating, and Capital Columns.

Attachment 5 Instructions

LOCAL MATCH – This category is the match requirements for the Section 5311 program, as follows 17.18% of net administrative project costs, 48.24% of net operating project costs and 20% of net capital project costs.

Match funds may include State funds, county funds, funds provided by regional bodies, non-operating revenues, and unrestricted funds from other federal programs or contracts. Unrestricted funds are Federal funds allowed by the administering agency to be used as match, such as Title III-B funds. The applicant must have documentation that authorization has been received from the Federal agency to use the funds for matching purposes.

Line 7a – Enter the amount of Title III-B Funds being requested. Title III-B funds will be provided at the same level as FY 2026.

Line 7b – Enter state funds received prior year.

Line 7c – Local Funds to be used as local match.

Line 7d – Other Funds to be used as local match.

REQUIRED LOCAL MATCH

Local Match is Required for administrative, operating, and capital.

Line 8 – Sum of Lines 7a through 7d. Administrative Column must equal 17.18% of Line 4 Administrative Column, Operating Column must equal 48.24% of Line 4 Operating Column and Capital Column must equal 20% of Line 4 Capital Column.

Line 8 – Total Column – Sum of Line 8 Administrative, Operating and Capital Columns.

TOTAL REQUESTED SECTION 5311 FUNDS

Line 9 – Enter the amount from Line 6 Total Column.

TOTAL REQUESTED TITLE III-B FUNDS

Line 10 – Enter the sum of Line 7a Administrative, Operating and Capital Columns.

TOTAL REQUESTED STATE FUNDS

Line 11 – Enter the amount received in the current year of State Funds. State Funds will be granted at same levels as FY 2026 based on availability.

TOTAL LOCAL EFFORT

Line 12 – Enter the difference of Line 4 Total Column minus Lines 9, 10, and 11.

TOTAL FUNDING

Line 13 – Enter the sum of Lines 3 and 9 through 12. This should equal Line 1’s Total Column.

Attachment 5
Project Budget Summary – Instructions
Projects requesting Section 5311/Title III-B Funds

Please complete Excel FY2027 Budget Template that accompanies the application. This form will allow for easier customization of the budget lines items. By accurately identifying the positions and budget line items, it allows us to capture the data more accurately. This will help us to better identify each agency's needs while assisting with oversight requirements. The agency's request form is required to match the approved budget line items. If you have a budget line item not listed in the approved budget, please insert or replace an unused budget line item.

These funds are a request and are not a guarantee of an award amount.

Attachment 6
Public Notice
(Section 5311 Applications)

Applicants must provide documentation of a public notice and copy of the paper affidavit that the notice was in the paper.

Attachment 7
Title III-B Transportation Service Projections
(Title III-B Application)

PROJECT NAME:

1.

Estimate TOTAL COSTS	\$
Estimate the TOTAL number of miles to be driven	
Estimate the cost per mile: (total costs divided by total miles)	\$

2.

Estimate Units of Service (one-way trips)			
Total Units:		Cost per Unit:	\$
Title III-B Units of Service (for individuals 60 years of age and older):			

3.

Estimate the total number of unduplicated Title III-B participants to be served (60 years of age and older):	
--	--

4.

Estimate the following unduplicated Title III-B participants:	
A. Minority	
B. Greatest Economic Need	
C. Frail/Disabled	

5.

Estimate the number of outreach attempts that will be made to encourage community members to utilize your transportation services	
---	--

Attachment 8
TITLE III-B - TRANSPORTATION
Instructions

Objective:

Complete the objective with the total number of units to be provided and the total number of unduplicated or different people to be served by the end of the grant period.

1. **Service Projections:**

Fill in the total number of units of service and the total number of unduplicated older persons to be served during each quarter. Individual of greatest economic need have an income at or below the current Bureau of Census poverty threshold. Individuals of greatest social needs may include older adults with low-income including low-income minority individuals, older individuals with limited English proficiency, and older adults residing in rural areas.

2. **Geographic Area to be Served:**

Enter the area to be served by name of town(s) and surrounding vicinities.

3. **Supporting Data:**

This section is a request for the information you have which shows that there is a need for the particular service in your geographic area. The answer should include the source of this information and the names, if any, of other agencies providing the services in the area.

4. **Self-explanatory.**

5. **Action Steps:**

In this section, please provide a step-by-step explanation of how you will achieve the objectives of the grant. Each entry is called an action step that describes the activities that will occur during the grant year. Indicate the timeframe or completion date for each action step. Please include how each of the following areas will be addressed.

- A Promotion/Advertising
- B Service Analysis & Planning
 - i. Evaluations
 - ii. Community surveys
- C Budget
 - i. Fundraising or local support
 - ii. Donations (methods for encouraging & collecting)
 - iii. Cost Analyses
- D Policy Planning (operating & administrative)
- E Involvement with DHS field staff and other agencies.

Provide time frames for completion of the following activities:

- A. Driver Evaluations
- B. Establishment of transportation advisory board

**Attachment 8
Title III-B Objectives and Budget
(Title III-B Applications)**

Objective: To provide [redacted] units of service to [redacted] unduplicated
older persons by [redacted]

1. Service Projections:

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Total
Units:					
Unduplicated Persons:					

Of the number of unduplicated persons:	
	are of greatest economical need
	are of greatest social need
	are minority

2. Geographic Area to be Served: (County/Town)

3. What data do you have that indicates the need for this service in your area?
(Source of information, other agencies providing services in your area, etc.)

Estimated average number of miles to be driven each month:	
--	--

Estimated average number of miles to be driven each year:	
---	--

Scheduling - Describe the hours and days of week service is in operation. Attach schedules.

--

List vehicles to be used and source of acquisition:

Are vehicles used by any other agency or organization? _____

If so, who and on what basis?

--

Attachment 8
TITLE III-B - TRANSPORTATION
Service Operation Costs - Instructions

1. Personnel:

List each individual whose salary and fringe benefits will be a cost to the grant. Fringe benefits may include Social Security, unemployment compensation, Workers Compensation, health insurance, life insurance and retirement. List by title of position, number of hours per day, times hourly rate per hour, times days per year, plus fringe benefits.

EXAMPLE: Driver: 4 hours/day x \$5.00 x 260 days = \$5,200 + \$980 (fringe benefits) = \$6,180.

***Attach an itemization of fringe benefits for full and part-time employees.**

2. Travel:

This item is for staff travel for the purpose of supporting the objective as described in the application. List travel by trips, number of miles and purpose. Any out-of-state travel will require approval by the Division of Long-Term Services and Supports.

Include here any mileage reimbursement for volunteers. Reimbursement may not exceed .70/c per mile. Meal costs may not exceed \$6.00 for breakfast, \$14.00 for lunch, and \$20.00 for dinner. Lodging may not exceed \$110.00 plus tax. Adult Services and Aging will consider higher lodging costs if rate has been approved by the grantee board of directors.

3. Supplies:

List any supplies that are needed for operation of the grant.

4. Other Costs:

List gas, oil, maintenance, repairs, mileage paid to volunteers for transporting eligible individuals and other items not included in the above categories.

5. Vehicle/Volunteer Insurance:

List vehicle/volunteer insurance.

6. Total:

Enter the total of all costs listed in the above budget categories.

Attachment 8
TITLE III-B - TRANSPORTATION
Service Operation Costs

Applicant Name: _____

Budget Category: _____ **Total:** _____

1. Personnel

Position	Hours/Day	Rate/Hour	Days/Year	Fringe Benefits	Total

2. Travel

3. Supplies

4. Other Costs (Itemize)

5. Vehicle/Volunteer Insurance

6. Total

Attachment 8
TITLE III-B - TRANSPORTATION
Administration Budget - Instructions

1. Personnel:

List each individual whose salary and fringe benefits will be a cost to the grant. List by title of position, number of hours per day spent in this program times hourly rate times days per year plus fringe benefits. Fringe benefits may include Social Security, unemployment compensation, Workers Compensation, health insurance, life insurance and retirement. Use example in service operation costs instructions.

Administrative personnel include project directors, coordinators, secretaries and bookkeepers whose time cannot be tied directly to a specific service objective.

2. Travel:

This item is for staff travel for the purpose of supporting the objective as described in the application. List travel by trips, number of miles and purpose. Any out-of-state travel will require approval by the Division of Long-Term Services and Supports.

Include here any mileage reimbursement for volunteers. Reimbursement may not exceed .70c/ per mile. Meal costs may not exceed \$10.00 for breakfast, \$14.00 for lunch, and \$20.00 for dinner. Lodging may not exceed \$110.00 plus tax. Division of Long-Term Services and Supports will consider higher lodging costs if rate has been approved by the grantee board of directors.

3. Supplies:

List here office supplies such as paper, stamps, pencils, stamps, file folders, etc., and printing costs.

4. Other Costs:

List here such costs as telephone, DTA dues and other administrative costs not entered in the categories above.

5. Total:

Enter the total of all costs listed in the above budget categories.

**Attachment 8
TITLE III-B - TRANSPORTATION
Administration Budget**

Applicant Name: _____

Budget Category: _____ **Total:** _____

1. Personnel (Include fringe benefits)

Position	Hours/Day	Rate/Hour	Days/Year	Fringe Benefits	Total

2. Travel

3. Supplies (Office)

4. Other Costs (Itemize)

5. Total

Attachment 8
TITLE III-B - TRANSPORTATION
Project Summary - Instructions

A. Total Project Budget:

Bring forward totals from service operation costs and administration costs to each budget category and total.

B. Funding:

1. Total Cost: Enter the total of project income.
2. Less Reimbursement: Enter the total estimated reimbursements.
3. Less Participant Donations: Enter the total of donations.
4. Net Costs: Line 1 minus Lines 2 and 3.
5. Local Match: Enter total match (local cash) from the Supporting Budget Schedule. This figure should be at least 25% of Line 4. (Net Costs)
6. Federal/State Title III-B Funds Requested: Line 4 (Net Costs) minus Line 5 (Local Match).

C. Enter the total estimated units of service to be provided.

To determine cost per unit, divide the Total Cost from Line B.1. by the number of units.
Total Cost (\$20,000) / Units of Service (10,000) = \$2.00/unit.

D. To be completed by transportation providers only:

Total miles to be driven: Enter the estimated number of miles to be driven during the year.

Cost per mile: Calculate the cost per mile by dividing total cost from Line B.1 by the total number of miles to be driven.

Example: Total Operating Cost: \$5,100
Miles to be driven: 6,000

\$5,100 divided by 6,000 miles = \$.85 per mile

**Attachment 8
TITLE III-B - TRANSPORTATION
Project Summary**

A.

Total Project Budget:	Total Service Operation Costs	Administrative Costs	Total
Personnel:			
Travel:			
Supplies:			
Other Costs:			
Vehicle Insurance:			
Total Costs:			

B.

Funding:

1. Total Cost	
2. Less Reimbursements	
3. Less Participant Donations	
4. Net Costs	
5. Local Match Percentage	%
6. Federal/State Title III-B Funds Requested	

C.

Service/Cost Projections:	
Estimated units of service: *	
Cost per unit of service:	

D.

Transportation Providers:	
Total Miles to be driven: *	
Cost per mile:	

*Use your current units and miles to project year-end totals.

Attachment 8
TITLE III-B - TRANSPORTATION
Project Supporting Budget Schedule – Instructions

Local cash match for Title III-B must be a minimum of 25% of the net costs (total cost less project income).

1. Local Cash Resources

List the amount of cash contributions and source. Attach letters of commitment from contributing organizations. If through fundraising, explain tentative plans.

2. Total

Add the cash resources and enter on the Project Summary Sheet as local match.

3. Other

Some programs have staff whose salaries are paid through Green Thumb, Job Training Partnership Act (JTPA) or other federal programs. These staff are undoubtedly essential to the operation of the program. Please identify those staff persons and their salaries. Also, show volunteer hours per day or other resources available to the program that are not claimed as match.

**Attachment 8
TITLE III-B - TRANSPORTATION
Project Supporting Budget Schedule
Local Match Available**

Source: _____ Amount: _____

1. Local Cash Resources (Itemize and attach letters of commitment):

2. Total:

3. Other (Explain):

**Attachment 9
Indirect Cost
(Section 5311 Application)**

Provide Cost Allocation plan and approval by cognizant agency, if applicable.

Attachment 10
FFATA Subrecipient Information Request Form
(Title III-B-ONLY applicants must fill out this form)

State of South Dakota, Department of Human Services
FFATA SUBRECIPIENT INFORMATION REQUEST FORM
Federal Funding Accountability and Transparency Act (FFATA)

The FFATA legislation requires information on federal awards (federal financial assistance and expenditures) to be made available to the public via a single, searchable website. Federal awards include grants, subgrants, cooperative agreements, subrecipient agreements and other forms of financial assistance as well as contracts and subcontracts.

To Be Completed by Subrecipient:

Agency Name: _____

SAM.gov (Unique Identity ID): _____

Tax ID Number: _____

Parent Entity Unique Identity ID: _____

Parent Entity Tax ID Number: _____

Registered with SAM? (<https://sam.gov/SAM/pages/public/searchRecords/search.jsf>) YES NO

System for Award Management (SAM) is a registrant database for the U.S. Federal Government. SAM collects, validates, stores and disseminates data in support of agency acquisition missions, including Federal agency contract and assistance awards. SAM consolidates former systems including the Central Contractor Registry (CCR).

Subrecipient Physical Location Where Services Will Be Performed:

Street Address: (Not PO Box) _____

City: _____

State: _____

Zip+4: _____

Entity Email Address: _____

Subrecipient Federal Indirect Rate Agreement

Does your Agency have an Indirect Rate Negotiation Agreement with a cognizant Federal government agency (e.g., Dept. of Health and Human Services, DOE, etc.)? YES NO

If your Agency does have Indirect Rate Negotiation Agreement(s), attach a copy of the current year and previous year negotiated agreements to this FFATA Form. Are the Agreements attached? YES NO N/A

If your Agency does NOT currently have an Indirect Rate Agreement, is your Agency submitting a proposal to a Federal agency for an Indirect Rate Agreement? Circle Yes, no or N/A. YES NO N/A

Subrecipient IRS Form 990 (To be completed by Tax-Exempt Organizations)

What is the latest reporting period of your organization’s Form 990 submitted to the IRS in accordance with Federal law? Begin Date _____ End Date _____

Attach the latest Form 990 to this FFATA Form. Is the 990 attached to this FFATA Form?

YES NO

Is the latest Form 990 displayed on your organization’s website?

YES NO Do Not have a website

If the response to the previous question is ‘No’, what date will the Form 990 be displayed on the organization’s website? Date _____

What is the organization’s website name used to display the Form 990? _____

Please answer the following sections as required (All Organizations):

Part A:

1. In the preceding fiscal year did you receive 80% or more of annual gross revenues in federal awards? YES NO (if yes, see question 2; if No, then Skip to part C)
2. Did you receive \$25,000,000 or more in annual gross revenue from Federal awards? YES NO (if yes, see questions 3, if No, then skip to part C)
3. Does the public have access to information about the compensation of senior executives of the entity through periodical\ reporting to the SEC? YES NO (if yes, skip to part C; if No and questions 1 and 2 were answered yes, then you are required by the Transparency Act to provide the information required in Part B.)

Subrecipient Executive Compensation

Part B:

If qualifications were met in part A, the Transparency Act requires us to provide the names and total compensation** of the five most highly compensated officers. Please attach a list of this information to this form or complete the information below.

- 1. _____ \$ _____
- 2. _____ \$ _____
- 3. _____ \$ _____
- 4. _____ \$ _____
- 5. _____ \$ _____

***Total compensation is defined as cash and noncash value earned by the executive during the past fiscal year including the following: salary & bonus, award of stocks, stock options and stock appreciation rights. Earnings for services under non-equity incentive plans, change in pension value, above market earnings on deferred compensation and other compensation > \$10,000.*

Part C: I certify that to the best of my knowledge that all information on this form is correct.

Signature Date

Please provide contact information below:

FFATA 04/2022