Federal Transit Administration (FTA) Formula Grants for Rural Areas (Section 5311)

Informational Workshop
Overview

2019-2020 FTA Formula Grants for Rural Areas Program (Section 5311)
Program Objectives
Funding
Important Program Dates

Eligible Recipients and Activities

Application and Categories

General Requirements
Procurement

Resources

Question & Answers
Program Objectives

The Formula Grants for Rural Area Program supports public transportation needs and fosters economic growth in “non-urbanized” areas by:

- Enhancing access to health care, shopping, education, employment, public services, and recreation;
- Assisting in the development and support of intercity bus transportation;
- Assisting in the maintenance, development, improvement, and use of public transportation systems in rural and small urban areas;
- Providing for the participation of private transportation providers to the maximum extent feasible; and
- Encouraging and facilitating the coordination of programs and services to ensure the most efficient use of funds.
Available Funds: Up To $43 Million

- Up to $43 million available to rural areas including:
  - $6.2M for rural intercity bus
  - $16.8M for operating assistance
  - $20M for capital assistance and mobility management
- Defined by US Census as rural areas not identified as an urbanized area and generally with populations of less than 50,000
- Operating Apportionments
- Federal and State funds available for capital
Maximum Federal Share

For Operating Assistance

• The maximum Federal share is 50% of the net operating costs.

• Statewide Mass Transportation Operating Assistance (STOA) funds may be used as federal match.

For Capital Assistance

• The maximum Federal share 80% of the eligible project cost

• New York State provides 50% of the non-federal share (up to 10% of project cost).

• Project sponsors are responsible for the remaining 10% share.
Important Program Dates

January 2020:
• 2019-2020 Formula Grants for Rural Areas
  Application available
• FAQs
• 5311RuralApplications@dot.ny.gov

February 24, 2020:
• Application Submission deadline

Spring 2020:
• Project award announcements
• FTA Grant development & approval
• Prepare and execute contracts
Eligible Recipients

Any County, City, Intercity Bus Operator, Regional Transportation Authority, or federally recognized Indian Tribal Government that is:

- Eligible to receive STOA through NYSDOT;

- Predominantly serves residents of “non-urbanized” areas and generally under 50,000 people; and

- Operates primarily within NYS boundaries.
General Federal Requirements

- Reimbursement Program
- Civil Rights Compliance
  - Title VI Plan
  - Americans with Disabilities Act (ADA)
  - Disadvantaged Business Enterprise (DBE)
- Environmental Documentation
- National Environmental Policy Act (NEPA)
- Post-Project Maintenance and Operation Responsibilities
Eligible Activities- Operating Assistance

Service

• Must be available to the general public at all times

• Must have publicly advertised and posted service hours and fares

• Accessible to Individuals with Disabilities under ADA.
  • If Fixed Route service, Complementary Paratransit Services must also be provided

Purchase of Service Contracts

• Contracting with private operators
  • See Guidance materials, Appendix E, page 52 for a sample third-party contract

• Contracts must be approved by NYSDOT before eligible expenses can be incurred for reimbursement
Eligible Activities- Capital Assistance

Capital Projects
• Buses
• Facilities
• Related Equipment
• Mobility Management

FTA Incidental Use
Defined as authorized use of FTA funded property and equipment acquired for transit use, but also used for non-transit use purposes.
• Must be compatible with approved project purpose
• Must not interfere with:
  Intended public transportation use; or
  Grantee’s continuing control over the use of the property
• Prohibited unless FTA approval granted
The Application
New This Year

PART I of the application is split into two sections to facilitate contract processing:

- Part I Section 1 – Operating Assistance and Mobility Management Projects
  - Part I Section 1 requires actual Operating figures to be entered for 2019
  - The Application Parts will be accepted individually throughout the submission time period – through 2/24/20

Part I Section 2 – Capital Assistance (Vehicles, Structures and Equipment)

Part II and Part IIA of the application remain unchanged
General Points: Multi-Part Application

Part I

• Excel Workbook, with multiple worksheets (Sheets)
  • Collects data: detailed budget, operating information, capital requests
  • Information entered in white shaded cells in the 2019 and 2020 columns only
    Other cells in the worksheets contain formulas or actions, e.g. Green-shaded cells roll up contain calculations based on information entered in other cells

Parts II and IIA

• Collect on Applicant/Operators, Budget Summary and program information
• Adobe PDF – Fillable forms
• Part IIA records additional operators beyond those reported on Part II; most Applicants will not need to use this form
Application Tips

✓ Become familiar with the Program Guidebook, Application and Instructions
✓ Gather information necessary to complete the Application
✓ Check for necessary software and versions
✓ Open the Part I, Excel file and save a copy to your computer
✓ For the Part II and IIA, download form to local computer, save it – then open it from your computer to begin work
✓ Be sure to use “Tab” key on your keyboard to navigate when working on Parts II and IIA
✓ Application deadline includes application and all supporting documentation
✓ Save and print the forms for your records
  ✓ Example Name: “___________ County 5311 App Part I 2019 2020”
Part I Application Guidance

![Application Guidance Form](image)

### Section 1A Project Funding Request Summary

<table>
<thead>
<tr>
<th>Funding Type</th>
<th>Estimated Project Cost</th>
<th>Federal Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Assistance (OA) 2019</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Operating Assistance (OA) 2020</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Capital Assistance 2019-20</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

### Section 1B Project Certification

I certify that the accompanying data in this application are true and correct to the best of my knowledge and belief and are supported by our records:

Signature of Chief Elected or Designated Official | Title | Date
Part I Sheets 1, 2, 2A and 2B

Sheet 1 Cover Page
- Data populates subsequent worksheets
- Total Budget Request amounts need to be copied to Part II

Sheet 2 Operating Budget
- No entry required on Sheet 2. Data populates from subsequent Operator (1-4) worksheets
- Start with “Operator 1” Sheet and complete other Operator 2-4 Sheets as needed (If needed, “unhide” additional Operator tabs)
  - Fill In White Cells
- If you are the applicant and the operator, use Operator 1

Sheet 2A Indirect Cost Worksheet
- Costs not primarily transit

Sheet 2B Detailed Fare Information
- Detail how fares are collected
Part I Sheets 3, 3A, 3B, and 3C

Sheet 3 Vehicle
• Base request on vehicles needed in the next two years
• Consult the NYSDOT Section 5311 Equipment Disposition and Spare Vehicle Policy

Sheet 3A Other Capital
• Equipment, Facilities, Shelters & Signs
  • If Replacement or Rehab - Age, Condition, & note if originally FTA funded
• Pre-Planning prior to application submission
• If you are applying Appalachian Development Public Transportation Assistance Program (ADPTAP) funds to any non-vehicle capital project you must note the amount applied in Column Q

Sheet 3B Mobility Management
• Budget and Demonstration of Multi-Entity Coordination

Sheet 3C In-Kind Match
• Use for Mobility Management projects
Eligible Counties:
Allegany, Broome, Cattaraugus, Chautauqua, Chemung, Chenango, Cortland, Delaware, Otsego, Schoharie, Schuyler, Steuben, Tioga, Tompkins

Funding Availability:
Available for the fiscal year in which they are apportioned plus two additional fiscal years

Eligible Activities:
• Capital Projects
• Operating Assistance
• Planning
• Supportive Employment Services (SES)
• Acquisition of Public Transportation Services (Includes service agreements with private providers of public transportation)
Application Parts II, IIA
PART A: APPLICANT INFORMATION

Including the Applicant, how many Operators are included in this Application? □ Yes □ No

*Applicant Legal Name:

System Name (if different from Legal Name):

APPLICANT CONTACT INFORMATION:

Salutation: □ *First Name: ___________________________ *Last Name: ___________________________

*Title: ___________________________

*Address 1: ___________________________

Address 2: ___________________________

*City: ___________________________ *State: ______ *Zip Code: ______

*Phone No.: ___________________________ *E-mail: ___________________________ *Web Site: ___________________________

□ *Check here if business and contact address are the same. If not, provide the business address below:

Address 1: ___________________________

Address 2: ___________________________

City: ___________________________ State: ______ Zip Code: ______

Phone No.: ___________________________ E-mail: ___________________________ *Web Site: ___________________________

*NYS GRANTS GATEWAY ID: ___________________________ *SFS VENDOR ID: ___________________________ *DUNS Number: ___________________________ *Federal ID Number: ___________________________
PART B: OPERATOR INFORMATION

Operator ______________________

*Operator Name: ____________________________________________

* Contact Name: ____________________________ *Title: ____________________________

*Address 1: ____________________________________________

Address 2: ____________________________________________

*City: ____________________________________________ *State: ________ *Zip Code: ________

*Phone No.: ____________________________ *E-mail: ____________________________ *Web Site: ____________________________

☐ Check box if you will be submitting the Part IIA Additional Operators page, otherwise leave blank.
# Budget and Environmental Requirements

## Part C: Project Funding Request

*In the Table below, check the box that corresponds to the type(s) of funding for which you are applying. To enter dates, click in the corresponding Fiscal Year box to access a calendar. To populate the cell, click on the arrow that appears to the right and select the date.*

<table>
<thead>
<tr>
<th>Select the funds for which you are applying:</th>
<th>Fiscal Year: FROM</th>
<th>Fiscal Year: TO</th>
<th>Estimated Project Costs</th>
<th>Federal Assistance Requested</th>
</tr>
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<tbody>
<tr>
<td>Operating Assistance (OA) 2019</td>
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<tr>
<td>Operating Assistance (OA) 2020</td>
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<tr>
<td>Capital Assistance (CA) 2019-20</td>
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<tr>
<td>CA includes Mobility Management</td>
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</tbody>
</table>

Total Funding Requested
PART D: SMART GROWTH THRESHOLD QUESTIONS

You will need to complete Part D only if you have indicated in Part C that you are requesting Capital Assistance.

1. *Does your request for Capital Assistance include funds for bus shelters or facilities?

2. Is any part of the proposed project outside of the Transit Sponsor’s owned property?

3. Is the project likely to affect surface or groundwater; have impacts on air quality; or affect historic or archeological resources?

4. Is this a *new project which has not been included in the Transit Sponsor’s regular planning process?
   *Not previously discussed/coordinated with state, local, or federal government agencies or included in municipal or regional planning process.

Responding "yes" to one or more questions requires a completed Smart Growth Screening Tool to be attached.
Part E: Locally Developed, Coordinated Plans

**PART E: COORDINATION EFFORTS WITH LOCALLY DEVELOPED, COORDINATED PUBLIC TRANSIT HUMAN SERVICES TRANSPORTATION PLANS**

1. *What phrase best describes your participation in the local planning process:*
   - Select One

2. *What phrase best describes the economic and community benefits from your participation:*
   - Select One

3. *What phrase best describes your Plan’s status:*
   - Other

   *Plan Date:*

4. What actions are being taken to complete the required Plan update? Include anticipated completion date.
Part F: Public Participation And Coordination Requirements

*Check the boxes to attach the required documentation to your Application.

☐ Copy of Public Notice paid advertisement(s)  ☐ Direct Notice mailing list

Were comments, proposals, or other communications received in response to your Notice? Yes  ☐  Comment Period End Date:  

☐ Copies of all comments, proposals, or other communications received in response to Notice with responses
Attaching Documents to Application

4. What actions are being taken to complete the required Plan update? Include anticipated completion date.

PART F: PUBLIC PARTICIPATION

*Check the boxes to attach the required documentation to your application.

☐ Copy of Public Notice paid advertisement(s)

Were comments, proposals, or other communications received in response to the notice?

☐ Copies of all comments, proposals, or other communications
Service Provision

**PART G: SERVICE PROVISION**

1. Refer to the Instructions to complete the following Table about your service area(s) considering any changes within the last two years, and any upcoming changes planned through 2022. Use one row for each service area. To add or delete a row use the buttons to the right of the Table. [Click to attach additional documentation.]

<table>
<thead>
<tr>
<th>Service Area(s)</th>
<th>Service Area Status</th>
<th>Changes Planned</th>
<th>Description of Change</th>
<th>Date of Change</th>
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</thead>
<tbody>
<tr>
<td>Select One</td>
<td>Select One</td>
<td>Select One</td>
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2. Refer to the Instructions to complete the following Table about your service type(s) considering any changes within the last two years, and any upcoming changes planned through 2022. Use one row for each service type provided. To add or delete a row use the buttons to the right of the Table. [Click to attach additional documentation.]

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Service Type Status</th>
<th>Service Area Coverage</th>
<th>Fare Change</th>
<th>Route Change</th>
<th>Description of Change(s)</th>
<th>Date of Change</th>
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</thead>
<tbody>
<tr>
<td>Select One</td>
<td>Select One</td>
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Describe changes in the text box below, including the economic or community impact of the change(s). Identify if the change is proposed, planned or has been implemented. If no changes have occurred in the last two years, or are planned or proposed, describe how existing services meet needs of community(ies) and traveling public.

3. Select route files and schedules availability:
- Included in NY 511 system
- Available in GTFS
- Available online
- Available on other electronic media
- Available on paper

3a. Files maintained by: [ ]

3b. File Web address: [ ]

[Check box to attach documentation.]
# Special Section 5333(b) Warranty Information

## PART H: PUBLIC OPERATORS AND LABOR UNIONS FOR SPECIAL SECTION 5333(b) WARRANTY

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

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- Check Box to continue on another Table. If finished, proceed to Part I.

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- Check Box to attach additional page.
PART I: TITLE VI ASSURANCES/DISADVANTAGED BUSINESS ENTERPRISE (DBE) ACTIVITIES

Please refer to the FTA guidance regarding the Civil Rights and the DBE programs, and the NYSDOT information and technical guidance for service providers.

☐ Attach your Title VI Plan

Regarding your Title VI program, in the past three (3) years:

*A. Has any investigation, lawsuit, or complaint alleging discrimination been filed against the applicant or any operator? Yes

If so, describe the nature of the complaint and the resolution of the complaint:

*B. Have any Civil Rights Compliance Review Activities or investigations been conducted? Yes
Affirmations, Certifications, and Assurances

Special Section 5333 (b) Warranty

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

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

Federal Fiscal Year 2019 Certifications and Assurances for Transit Assistance Programs

For the purposes of this Application, all Applicants MUST comply with the following Certifications and Assurances:

1. Certifications and Assurances Required of Every Applicant
2. Tax Liability and Felony Convictions
3. Lobbying
4. Private Sector Protections
5. Transit Asset Management Plan
6. Formula Grants for Rural Areas
7. Alcohol and Controlled Substance Testing

*By checking this box, you are indicating your intent to comply with all of the above listed provisions. FTA intends that these certifications and assurances should apply, as provided, to each project for which the Applicant seeks now, or may later, seek FTA assistance during Federal Fiscal Year 2019.

Applicants may include one or more of the following Categories of Certifications and Assurances. To select more than one, click on one choice then, use the Control or Shift keys to select others. To select all of these additional provisions, check here.

6. Rolling Stock Buy America Reviews and Bus Testing
10. Grants for Buses and Bus Facilities and Low or No Emission Vehicle Deployment Grant Programs
12. State of Good Repair Grants
16. Demand Responsive Service
17. Interest and Financing Costs
18. Construction Hiring Preferences

Check Box to attach Lobbying Form

Affirmation of Applicant

Each Applicant for FTA funding and each FTA Grantee with an active Capital or Formula Project must provide an Affirmation of Applicant’s Attorney pertaining to the Applicant’s legal capacity. The Applicant may enter its signature in lieu of the Attorney’s signature, provided the Applicant has on file this Affirmation, signed by the attorney and dated this Federal fiscal year.

*Select One:  

*Applicant Signature:  

Page 7 of 8
PART K: FTA CERTIFICATIONS AND ASSURANCES, ATTORNEY AFFIRMATION

Part K will be blank if you have indicated in Part J that you have the Affirmation on file.

AFFIRMATION OF APPLICANT’S ATTORNEY

As the undersigned Attorney for the above named Applicant, I hereby affirm to the Applicant that it has authority under State, local, or tribal government law, as applicable, to make and comply with the certifications and assurances as indicated at the link above. I further affirm that, in my opinion, the certifications and assurances have been legally made and constitute legal and binding obligations on the Applicant. I further affirm to the Applicant that, to the best of my knowledge, there is no legislation or litigation pending or imminent that might adversely affect the validity of these certifications and assurances, or of the performance of the project.

Attorney Signature
THIRD PARTY AFFIRMATIONS, CERTIFICATIONS AND ASSURANCES

PART L: THIRD PARTY AFFIRMATIONS, CERTIFICATIONS, AND ASSURANCES

Part L applies to Third Party Contractors, including Mobility Managers, only. If you do not have a Third Party Contractor, this Part will be blank.

The “Third Party Contractors” hereby certifies by signing below, as a condition of receiving federal assistance for the above project under Section 5311, of Title 49, United States Code, that they will comply with all Federal statutes and regulations, and follow applicable Federal directives, comply with the applicable FTA certifications and assurances in Part J, and comply with Title VI/DBE Assurances and Activities respectively, and the Special Section 5333(b) Warranty for the Section 5311 Program.

The “Third Party Contractors” further certifies or affirms the truthfulness and accuracy of the contents of the statements submitted on or with this certification and understands that the provisions of 31 U.S.C. Sections 3801 et seq. and implementing U.S. DOT regulations, “Program Fraud Civil Remedies,” 49 CFR part 31 apply to any certification, assurance or submission made to FTA. The criminal fraud provisions of 18 U.S.C. 1001 apply to any certification, assurance, or submission made in connection with a Federal public transportation program authorized in 49 U.S.C. Chapter 53 or any other statute.

Operator 1 Signature and Date: 

Operator 2 Signature and Date: 
Digital Signatures
Saving the Application
Printing the Application

Part L applies to Third Party Contractors, including Mobility Managers, only. If you do not have a Third Party Contractor, this Part will be blank.

The “Third Party Contractors” hereby certifies by signing below, as a condition of receiving federal assistance for the above project under Section 5311, of Title 49, United States Code, that they will comply with all Federal statutes and regulations, and follow applicable Federal directives, comply with the applicable FTA certifications and assurances in Part J, and comply with Title VI/DBE Assurances and Activities respectively, and the Special Section.

The “Third Party Contractors” further certifies with this certification and understands “Program Fraud Civil Remedies” the provisions of 18 U.S.C. 1001 apply to the program authorized in 49 U.S.C. Chapter 329.

Operator 2 Signature and Date:
Operator 3 Signature and Date:
Operator 4 Signature and Date:

In Part C of this Application, you certify that you have provided Capital Assistance. The Mobility Manager or designee of the Mobility Manager shall sign and date the Certification of Capital Assistance.

Mobility Manager Signature

SAVE FORM
Print Form

For NYSDOT Use Only
Application ID No.
Submitting the Application

Please delete this line and replace it with the Applicant Name, followed by "Section 5311 Application" and as needed "1 of_".

The attached file is the filled-out form. Please open it to review the data.
Post-Award/Project:

- Operating Projects – 90 days
- Vehicle & Non-Facility Capital Projects – 24 months
- Facility Projects -24 months
- Mobility Management Projects – 90 days
Reimbursement Process

1. Sub-recipient Receives Authorization to Proceed
2. Work is Performed
3. Sub-recipient Pays for Completed Work
4. Sub-recipient Submits Payment Documentation to NYSDOT
5. NYSDOT Reimburses Sub-recipient for Eligible Costs
Summary

- Develop complete Application
- Follow all federal requirements
- Provide minimum percent match/reimbursement program
- Include detailed budget information
- Name/Save Application documents with Applicant Name & Description
- Submit complete application by: February 24, 2020
- Resolutions due by March 25, 2020
- Operate, insure and maintain the funded project for duration of useful life or longer.
Additional Resources

• NYSDOT web page:
  • Application, Guidance & Instructions: https://www.dot.ny.gov/public-transportation/rural-programs/5311/application-material
  • Training slides & handouts
  • DBE, Civil Rights & Procurement Info: https://www.dot.ny.gov/public-transportation

• Federal Transit Administration
  • https://www.transit.dot.gov/
  • https://www.transit.dot.gov/funding/grants/grant-programs/formula-grants-rural-areas-5311
Questions?

EMAIL: 5311RuralApplications@dot.ny.gov

https://www.dot.ny.gov/public-transportation/rural-programs/5311/application-material