

Huntington, WV-KY-OH Urbanized Area

Section 5310 Purchase of Transportation Services

To Provide Transportation Services for Seniors and Individuals with Disabilities



Table of Contents

GENERAL INFORMATION	3
APPLICATION FORMAT	5
APPLICATION CALENDAR FOR FY 2026.....	6
APPLICATION CHECKLIST	7
SECTION 5310 PROGRAM APPLICATION	8
SECTION 2: FUNDING PROPOSAL	9
SECTION 3: GRANT APPLICATION	11
ATTACHMENT 1 AUTHORIZING RESOLUTION CERTIFICATE	23
ATTACHMENT 2 VERIFICATION CERTIFICATION	25
ATTACHMENT 3 ARTICLES OF INCORPORATION	26
ATTACHMENT 4 LOCAL INTERGOVERNMENTAL REVIEW	27
ATTACHMENT 5 CERTIFICATIONS.....	32
APPENDIX A SECTION 5310 PROGRAM REQUIREMENTS	A-1
APPENDIX B TITLE VI NONDISCRIMINATION AND LEP	B-1
APPENDIX C EXAMPLES OF MONTHLY SECTION 5310	C-1

GENERAL INFORMATION

Introduction

KYOVA Interstate Planning Commission (KYOVA) and Tri-State Transit Authority (TTA) are seeking proposals from private non-profit organizations who desire to provide demand responsive passenger transportation services that are designed to meet the needs of seniors and individuals with disabilities. TTA intends to purchase these services from organizations located within the Huntington, WV-KY-OH Urbanized Area to enhance/expand transportation services for seniors and individuals with disabilities. Requests are limited to \$50,000 per year (80% federal/20% local).

Purpose of the Program

Provide passenger transportation services to seniors and individuals with disabilities where general public passenger transportation services are unavailable, insufficient, or inappropriate.

Note: Funds provided under this program are not meant to replace other funds received for special needs transportation, nor are the services to be provided intended to replace any services currently provided by your agency or any local transit agencies.

Section 5310 formula grant assistance program for the enhanced mobility of seniors and individuals with disabilities is available from the Federal Transit Administration (FTA) through Title 49 U.S.C. 5310 (CFDA Number 20.513), as amended by Fixing America's Surface Transportation Act (FAST Act). The FTA as well as KYOVA Interstate Planning Commission and the Tri-State Transit Authority (TTA) refer to this program as "the Section 5310 Program." The goal of the Section 5310 Program is to enhance mobility for seniors and individuals with disabilities throughout the country.

Towards this goal, FTA provides financial assistance for transportation services planned, designed, and carried out to meet the specialized transportation needs of seniors and individuals with disabilities in all areas: urbanized, small urban, and rural. FTA, on behalf of the U.S. Secretary of Transportation, apportions the funds appropriated annually to the States and Urbanized Areas based on an administrative formula that considers the number of seniors and individuals with disabilities in a State or Urbanized Area (UZA). The program requires coordination with other Federally-assisted programs and services in order to make the most efficient use of Federal resources.

The Section 5310 Program is jointly administered by the FTA, Tri-State Transit Authority and KYOVA Interstate Planning Commission. FTA regulations require TTA to prepare and submit a Section 5310 Application on behalf of all recommended agencies within the Huntington, WV-KY-OH Urbanized Area. Accordingly, TTA and KYOVA Interstate Planning Commission are responsible for notifying potential applicants and eligible local entities of funding availability; developing project selection criteria; preparing the application packet; determining an applicant's eligibility; and selecting projects for inclusion in the 5310 Application. Upon FTA approval of the 5310 application, TTA will contract with approved applicants to provide transportation services as proposed in the application. TTA is required to ensure that all approved agencies comply with federal requirements.

The 2026 Section 5310 Program Application Packet has been prepared to provide agencies requesting funding with information and guidance on the Section 5310 Program. Included is information on how to comply with program rules and regulations, preventative maintenance requirements, and reporting obligations (Appendix A). It is imperative that each applicant adhere to the established guidelines and the calendar provided in this packet. TTA is unable to guarantee that every request for funds will be met.

Eligible applicants include:

- (a) designated recipients of FTA Section 5307 funding;
- (b) Private non-profit organizations, if public transportation service provided by State and local governmental authorities is unavailable, insufficient, or inappropriate;
- (c) governmental authorities that certify to the Governor that no non-profit organizations are readily available in an area to provide the special services; and,
- (d) governmental authorities approved by the state to coordinate services for seniors and individuals with disabilities.

Section 5310 funds are available for the purchase of transportation services to provide trips to seniors and individuals with disabilities. Transportation services can be provided to the general public after the needs of seniors and individuals with disabilities are met. Section 5310 funds are available on an 80% Federal, 20% local matching basis. Applicant organizations must provide the remaining 20% in cash. This local match can be derived from non-U.S. Department of Transportation Federal Programs including, but not limited to, Title III-B of the Older Americans Act or certain Health and Human Resources programs; state programs, local contributions or grants.

Agencies applying for purchase of transportation services funding must demonstrate that they have the resources to provide operating expenses for the life of the equipment and the managerial capabilities to carry out the project.

APPLICATION FORMAT

This application packet has been assembled in a very specific format which KYOVA and TTA hope will reduce the amount of preparation time and aid in the fair evaluation of each application. **Applications received, that do not follow this format, will be returned for revision to the submitting organization which may jeopardize your organization's Section 5310 funding.**

A checklist of items to be included in your application packet has been provided on Page 7. The pages of the application packet that you will be required to submit have been numbered for you.

Applications will not be accepted without a positive Local Intergovernmental Review. An Application for Federal Assistance (provided on Page 37) must be completed in order to receive an Intergovernmental Review. The applicant will be notified immediately of the status of the review following the process, and whether or not the application will proceed. The Application for Federal Assistance must be submitted with your application on or before Friday, April 3, 2026.

KYOVA and TTA Staff are available to answer any questions concerning this application packet and may be reached at the following numbers: KYOVA (304-523-7434) and TTA (304-529-6094).

On or before 4:00 p.m., April 3, 2026 please submit one (1) original of your agency's application to KYOVA, at the following address:

**KYOVA Interstate Planning Commission
400 Third Avenue
Huntington, WV 25701**

Or

**P. O. Box 939
Huntington, WV 25712
Phone: 304-523-7434**

APPLICATION CALENDAR FOR FY 2026
SECTION 5310
PURCHASE OF TRANSPORTATION SERVICES GRANT
(Contracted Services)

This calendar has been provided for use as a guide in planning the completion and submission of your application. Applicants should adhere to the dates as outlined to ensure proper completion and timely submission of their applications.

February 3	Applications available
February 12	Informational meeting for potential applicants*
February 27	Letters of Intent to be received by KYOVA.
April 3	Last day for application to be submitted to KYOVA
April-May	KYOVA and TTA reviews applications, projects are selected for inclusion in the Huntington, WV-KY-OH Urbanized Area 5310 Application to FTA.
June-July	Huntington, WV-KY-OH Urbanized Area 5310 Applications submitted to FTA

*Meeting will be held at KYOVA's office located at 400 Third Avenue Huntington, WV 25701 at 10:00am

KYOVA staff will be available by phone or email to answer questions and assist with application throughout the entire application process. (304.523.7434 or bwild@kyovaipc.org)

Use this button to clear entire form

APPLICATION CHECKLIST

- ☐ Letter of Intent
- ☐ Section 1: Applicant Information
- ☐ Section 2: Funding Proposal & Source(s) of Match
- ☐ Notarized Proof of Necessary Local Matching Funds
- ☐ Section 3: Grant Application

Attachments

- ☐ Attachment 1: Authorizing Resolution Certificate (Signed in Blue Ink)
- ☐ Attachment 2: Verification Certification (Signed in Blue Ink)
- ☐ Attachment 3: Articles of Incorporation (IRS tax exemption letter is not acceptable)
- ☐ Attachment 4: Application for Federal Assistance to complete Intergovernmental Review
- ☐ Attachment 5: Certifications and Assurances (Signed in Blue Ink)

Appendices

- ☐ Appendix A: Section 5310 Program Requirements
- ☐ Appendix B: Title VI Non-Discrimination and Limited English Proficiency (LEP)

SECTION 5310 PROGRAM APPLICATION

Purchase of Transportation Services

Section 1: Applicant Information

APPLICANT NAME		
LEGAL NAME OF BUSINESS		
DOING BUSINESS AS (IF APPLICABLE)		
ADDRESS		
CITY	STATE	ZIP
PHONE NUMBER		FAX NUMBER
AGENCY EMAIL		
CONTACT PERSON FOR APPLICATION		
PHONE NUMBER		FAX NUMBER
CONTACT EMAIL		
FEDERAL TAX ID		DUNS#
IS THERE A PUBLIC TRANSIT SYSTEM IN YOUR AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO		

REFERENCES

New applicants: Please fill out the table below with references from up to three of your current funders. By filling out this table you are allowing West Virginia Department of Transportation (WVDOT), Kentucky Transportation Cabinet (KYTC), Ohio Department of Transportation (ODOT), KYOVA Interstate Planning Commission (KYOVA) and Tri-State Transit Authority (TTA) to contact these references.

NAME	ORGANIZATION	PHONE NUMBER	EMAIL

SECTION 2

FUNDING PROPOSAL

Develop Cost Price Analysis for each year of the project to determine the unit rate and annual funding level.

FUNDING IS LIMITED TO \$50,000 PER YEAR

	<u>2027</u>	<u>2028</u>	<u>2029</u>
	7/1/26- 6/30/27	7/1/27- 6/30/28	7/1/28 – 6/30/29
Direct Operating Costs:			
Fuel, Lubricants and Tires	_____	_____	_____
Maintenance Costs	_____	_____	_____
Insurance Costs	_____	_____	_____
Direct Labor Costs:			
Salaries: Manager	_____	_____	_____
Drivers	_____	_____	_____
Others	_____	_____	_____
Fringe Benefits	_____	_____	_____
Service Marketing	_____	_____	_____
Contracted Services	_____	_____	_____
Administrative & Reporting Costs	_____	_____	_____
Indirect Costs: can be no higher than 10% Overhead (Rent & Others)	_____	_____	_____
Other Indirect Costs (explain)	_____	_____	_____
Subtotal	_____	_____	_____
Less Passenger Fares & Donations	_____	_____	_____
Less Other _____	_____	_____	_____
Total Project Cost	_____	_____	_____
Proposed Units of Service	<u>2027</u>	<u>2028</u>	<u>2029</u>
Number of Service Miles			
Service Hours			
Passenger Trips			
(check the one your agency is using as the basis for the unit rate)	_____	_____	_____
Unit Rate	<u>2027</u>	<u>2028</u> <u>Estimated</u>	<u>2029</u> <u>Estimated</u>
Total Project Cost Divided by Proposed Units of Service	_____	_____	_____

Source(s) of Local Match

Local Contribution Source(s)	<u>2027</u>	Amounts <u>2028</u>	<u>2029</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Local Contributions	_____	_____	_____
Local Matching Ratio			
Total Local Contributions			
Divided by Total Project	_____	_____	_____
Cost* (Must be at least 20%)			
<small>*enter as decimal</small>			

Local match can be derived from Non-U.S. Department of Transportation Federal Programs including, but not limited to: Title III-B of the Older Americans Act or certain Health and Human Resources programs; state programs, local contributions or grants.

**Attach documentation of local support immediately behind
this page.**

Section 3: Grant Application

PROJECT NEED

1. Describe the services to be provided and the agency's plan for service delivery and project implementation:

2. Describe how existing transportation services are unavailable, insufficient or inappropriate for your proposed clients:

3. Describe how the proposed services will overcome these shortcomings:

4. Describe how expansion of your existing services will provide services to individuals with disabilities, regardless of age:

5. Describe the steps your agency will take to ensure that this project does not duplicate any existing services:

6. Explain how potential passengers will be notified of the services and describe your agency's plan for marketing the services to seniors and individuals with disabilities in the proposed service area:

7. What procedures do individuals with disabilities (persons who use wheelchairs, have visual impairments, hearing impairments, communication disabilities, etc.) use to access your agency's current transportation services? Are these procedures different than for a non-disabled person?

SERVICE AREA

The transportation service area of the Project is intended to include the geographic area over which the Project is operated and the area whose population is served by the Project, including adjacent areas affected by the Project. Please answer the questions using 2020 Census information for each county in your proposed area.

8. Description of Service Area: (State exactly where the proposed services are going to be provided. From what location (center) will the vehicle(s) be dispatched into what areas? Are there destinations outside the primary service area?)

9. Check the statement which best describes the type of transportation services within the area delineated in Question #8?

☐ Seniors and individuals with disabilities within your service area will depend almost entirely upon your agency for their transportation in addition to that required for them to utilize and/or participate in the services and activities of the agency.

☐ Seniors and individuals with disabilities within your service area will be provided transportation by your agency only to the extent necessary for them to utilize and/or participate in the service activities of your agency.

10. Service Area Population:

11. Total disabled population of the service area:

12. Senior population in service area:

13. Number of proposed clients within the following groups:

_____ Black
_____ Asian
_____ Hispanic
_____ American Indian or Alaskan Native

14. Is your agency a minority organization? ☐ Yes ☐ No

15. Does your agency provide assistance to minority communities? ☐ Yes ☐ No

16. Describe your assistance:

17. Are any other local transit systems and/or authorities (excluding Boards of Education and Greyhound) operating within the delineated Service Area? ☐ Yes ☐ No

18. Are other private non-profit organizations currently providing transportation services within the delineated Service Area? ☐ Yes ☐ No

19. Type of clients proposing to serve:

% Non-disabled senior _____	% Physically Disabled Senior _____
% Mentally disabled senior _____	% Physically Disabled Non-Senior _____
% Mentally disabled non-senior _____	% Other _____

20. Estimated number of senior individuals and non-senior disabled individuals to be **served weekly** by services you are proposing (Do not count an individual twice):

_____ Senior _____ Non-Senior Disabled

21. Total number of persons provided transportation services weekly by your agency currently:

22. Please provide the days and hours of operation of operation of your agency's **transportation program**.

Day of Week	Check if operating			List hours of operation
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

23. How many vehicles are currently used for transportation of seniors and/or individuals with disabilities? _____

24. How many vehicles does your organization currently own and/or lease?

Own _____ Lease _____

25. Have satisfactory procedures been established to provide "back-up" transportation when regular vehicles are out of service? ☐ Yes ☐ No

Describe your procedures:

26. Indicate by percentages what type of transportation will be provided with the requested funding:

% Adult Day Care _____	% Mental Health _____
% Education _____	% Nutrition _____
% Employment _____	% Shopping/Personal _____
% Medical _____	% Social/Recreation _____
% Other _____	

The Americans With Disabilities Act of 1990 requires that individuals with disabilities receive the same level of service from a transportation provider as a non-disabled person.

27. If you do not have lift-equipped vehicles in your inventory, do you have a written agreement with another provider in your service area to provide a lift-equipped vehicle when needed?

Yes No

If yes, who is the agreement with? _____

PROJECT MANAGEMENT

28. Describe your organization's structure (governing, organizational, etc.). Be specific about the management of your transportation services. Attach an organizational chart if desired.

29. What are your organization's funding sources?

CURRENT VEHICLE INVENTORY

30. Complete the following Current Vehicle Inventory Chart. List all of your agency's vehicles that are used to provide transportation services. Attach additional sheets if necessary.

CURRENT VEHICLE INVENTORY

(Please List Each Vehicle Separately)

Vehicle Make/Model	Vehicle Serial Number	Model Year	Current Mileage	Seating Capacity	Special Equipment (Lift or Ramp)	Funding Source For Purchase	Spare Vehicle (Yes/No)	Utilized In What County/State

COORDINATION EFFORTS

All projects funded by the Enhanced Mobility of Seniors and Individuals with Disabilities Formula Program (Section 5310) must be part of a locally developed coordinated public transit-human services transportation plan. This plan was required to be developed through a process that included representatives of public, private, and nonprofit transportation service providers, human services transportation providers and the general public.

All known transportation agencies were notified that any agency planning to apply for funding under the Section 5310 Program, anytime within the next four years, had to ***PARTICIPATE IN THE PLAN DEVELOPMENT, ATTEND THE DEVELOPMENT MEETINGS, AND BE INCLUDED IN THE COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION PLAN!***

KYOVA Interstate Planning Commission facilitated the development of the Coordinated Public Transit-Human Services Transportation Plan for the KYOVA Planning Area including the Huntington, WV-KY-OH Urbanized Area and continues to update the plan periodically. The MPO held meetings in your region and asked for input.

31. Does your agency currently participate in a cooperative/coordinated effort in your area?

☐ Yes ☐ No

If yes, please describe the arrangement and specify the efforts.

If no please explain.

32. Describe the processes that your agency undertakes to ensure that the proposed transportation services are or will be coordinated to the maximum extent possible with other federally funded agencies and private transportation providers in the proposed service area?

33. Is the project included in the KYOVA Human Services Public Transportation Coordination Plan? If you are unsure please visit <http://www.kyovaipc.org> >Transit on KYOVA's website for a copy of the TMA Coordinated Public Transit-Human Services Transportation Plan.

☐ Yes ☐ No

Please Explain:

34. Is the project included in the list of projects that address gaps in service as identified by the KYOVA Human Services Public Transportation Coordination Plan?

☐ Yes ☐ No

Please describe the gap in service the proposed project will address:

35. Does any public transportation exist in the area that is served by the proposed project?

☐ Yes ☐ No

If yes, explain why it cannot be used in place of the proposed project.

36. Did someone from your agency attend focus groups or meetings facilitated by KYOVA Interstate Planning Commission?

☐ Yes ☐ No

37. Name of person(s) attending: _____

38. Location(s) of meeting: _____

39. Is your agency involved in any new coordination activities as a result of these efforts?

☐ Yes ☐ No

If yes, please describe:

OPERATING PLAN

40. **Maintenance Program:** Do you have a vehicle maintenance plan which at least meets the minimum recommendations of the vehicle manufacturer?

☐ Yes ☐ No

Is there a daily pre-trip vehicle inspection program in place? ☐ Yes ☐ No

Describe:

41. Maintenance Facilities: (Check the one that best describes your program)

- ☐ You have your own maintenance facilities and personnel that can handle any repairs required on vehicles
- ☐ You have facilities and personnel that can handle routine maintenance and tune-ups. Major repairs would be contracted out on an as needed basis.
- ☐ You have a maintenance contract which provides the required maintenance for all of your agency's vehicles.
- ☐ You will contract out, on an as needed basis, for required maintenance.

42. **Driver Selection** (check all that apply)

When selecting your drivers, does your agency:

- ☐ Check their driving record? (valid, appropriate vehicle operator's license, eligible for insurance coverage?)
- ☐ Require a physical examination?
- ☐ Require driving experience with vehicles similar to those operated for your agency or satisfactory completion of a training program prior to actual passenger transportation?
- ☐ Require a pre-employment drug/alcohol test?

43. **Driver Training:** Describe your agency's driver orientation program:

a. Does your agency have an ongoing driver safety program? ☐ Yes ☐ No

b. What type of safety materials and training does your agency provide to its drivers?

c. The Americans with Disabilities Act requires training of all drivers. Please list all drivers from your organization who have had Passenger Service and Safety Training (PASS) and are still driving. Attach additional sheets if necessary. **Please attach copies of training certificates with this application.**

Name of Driver(s) Still Employed:

- d. Please list all drivers from your organization who **will require** PASS training. Attach additional sheets if necessary.

- e. Has your agency prepared a transportation safety plan or yearly update?

☐ Yes ☐ No

44. Does your agency have a communication system? ☐ Yes ☐ No

If yes, please check type:

- ☐ Mobile Radios
☐ Pager
☐ CB
☐ Cellular Phone
☐ Other _____

45. Explain dispatch procedures used with communication equipment:

46. If your agency does not have a communication system, please check the appropriate choice below:

- ☐ One person will be assigned as dispatcher and he/she will handle van schedules and assign drivers. The dispatcher will also be responsible for assigning replacements for drivers failing to report to work.
☐ The dispatcher will be a part-time job assigned to one of our staff members.
☐ No one has been assigned, the job will be handled on an as needed basis.

47. Has your dispatcher received any training? ☐ Yes ☐ No
If yes, what type of training?

48. Identify the staff members from your agency that will be involved in the management and implementation of the project. Also, describe their experience with project management and other transportation related experience.

49. Provide service level estimates for each year of the project:

	2027	2028	2029
	Year 1	Year 2	Year 3
Service Miles			
Service Hours			
Passenger Trips			

Which of the above will be used to calculate the unit rate? (Choose one)

☐ Service Miles ☐ Service Hours ☐ Passenger Trips

50. Describe how the service level estimates were developed.

ATTACHMENT 1 AUTHORIZING RESOLUTION CERTIFICATE

On the following two (2) pages is a statement authorizing you to file a grant application on behalf of your organization. Complete all blanks and place it directly after the cover page in your application. (Do not retype). ***Sign the resolution using a blue pen.***

I, _____, do hereby certify that I am the duly qualified and acting
(Name of Certifying Officer)

_____ of the _____ and as such, I am the
(Title of Certifying Officer) (Name of Applicant)

keeper of the seal, records, and files of the _____.
(Name of Applicant)

I do further certify that a regularly constituted meeting of the _____
(Name of Applicant)

of the Board of Directors, Executive Committee, etc., _____ held on the _____ day of _____,
_____, at which a quorum of all of the members were present and voting, a certain resolution was

☐ (or) ☐ (Check one of the blanks) adopted in full conformance
(Unanimously) (By Majority Vote)

and authority with the ☐ Bylaws of the Applicant or ☐ Statutes of the State of

WV/KY/OH (check one of the blanks) as made and provided, and that the following is a complete and true copy of the pertinent provisions of said Resolution:

1. That an application be made to Tri-State Transit Authority for Federal grant under the Section 5310 Program to acquire funds to provide (brief description of project).

2. That _____ of the _____
(Name of Authorized Individual) (Name of Applicant)

is authorized to furnish such additional information as may be reasonably required by the Federal Transit Administration or Tri-State Transit Authority in connection with aforesaid application for said grant.

I further certify that the original of the complete said Resolution is on file in the records

of the _____ in my custody.
(Name of Applicant)

I do further certify that the foregoing Resolution remains in full force and effect and has not been rescinded, amended, or altered in any manner since the date of its adoption.

IN WITNESS WHEREOF, I have affixed my official signature and the seal (if appropriate) of the

_____, this day of _____, _____.

SEAL

Certifying Officer Signature

**ATTACHMENT 2 VERIFICATION
CERTIFICATION**

(Sign the following certification using a blue pen)

I am an officer of the applicant corporation herein and am authorized to make this verification on its behalf. The statements in the foregoing application and its exhibits are true to the best of my knowledge.

I declare that the following is true and correct.

Executed on _____ at _____
(Date) (City and State)

(Signature of Officer) (Title)

ATTACHMENT 3 ARTICLES OF INCORPORATION

Submit a copy **(must be on 8 ½" X 11" size paper)** of your organization's articles of incorporation. The Articles of Incorporation should be inserted directly following the Verification Assurance when submitting your application.

Note: A tax exempt statement from the IRS is not acceptable.

ATTACHMENT 4

LOCAL INTERGOVERNMENTAL REVIEW – ALL APPLICANTS

All Applicants must complete the Intergovernmental Review. Please see instructions below as the process for West Virginia, Ohio and Kentucky applicants may be different.

West Virginia and Ohio Applicants

Along with your application, you must submit an Application for Federal Assistance necessary to complete an Intergovernmental Review. Please fill out the highlighted sections. It is not necessary for your local planning organization to submit your local intergovernmental review to the State Clearinghouse. TTA will do this for you. Once an Intergovernmental Review is complete, your agency will be notified by KYOVA. **TTA and the Federal Transit Administration will not accept any applications that do not have a positive local intergovernmental review.**

Kentucky Applicants

The Kentucky State Clearinghouse has been designated as the state Single Point of Contact (SPOC) and is charged with providing state and local input to the appropriate federal agency. At the state level this task is accomplished by identifying those state agencies that should be involved in the planning and development of activities by Executive Order 12372, and providing these agencies with the opportunity to evaluate proposals in a timely, effective fashion. All federal applications are subject to EO 12372 Intergovernmental Review Process unless the application specifically states not subject to EO 12372.

The Kentucky State Clearinghouse processes the Intergovernmental Review Applications through an e-clearinghouse at the Kentucky Department for Local Government (DLG). All information and forms may be found at: https://kydlgweb.ky.gov/FederalGrants/16_eClearinghouse.cfm. If you have any questions or need assistance completing the forms, contact KYOVA Interstate Planning Commission. DLG will provide a letter of review to the applicant, which will serve as the required documentation for the Intergovernmental Review Process for the Section 5310 application.

All Applicants

An Application for Federal Assistance must accompany your application when submitted to KYOVA Interstate Planning Commission on or before April 3, 2026. Projects must receive a positive Intergovernmental Review to be considered for funding.

It is the applicant's responsibility to ensure that it allows the local planning organizations and Kentucky DLG adequate time to review the application. **Most planning organizations and the Kentucky DLG may take 30 to 45 days to review an application.**

**APPLICATION FOR
FEDERAL ASSISTANCE**

(only fill in highlighted fields)

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name:	Organizational Unit:
	Department:
Organizational DUNS:	Division:
Address:	
Street:	Name and telephone number of person to be contacted on matters involving this application (give area code)
	Prefix: First Name:
City:	Middle Name
County:	Last Name
State: Zip Code	Suffix:
Country:	Email:
6. EMPLOYER IDENTIFICATION NUMBER (EIN): △△-△△△△△△△	
8. TYPE OF APPLICATION: PICK ONE <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) △ △	
7. TYPE OF APPLICANT: (See back of form for Application Types)	
Other (specify)	
9. NAME OF FEDERAL AGENCY:	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: △△-△△△	
11. DESCRIPTIVE TITLE, BRIEF DESCRIPTION AND LOCATION OF APPLICANT'S PROJECT:	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):	
13. PROPOSED PROJECT	
Start Date:	Ending Date:
14. CONGRESSIONAL DISTRICTS OF:	
a. Applicant	b. Project
15. ESTIMATED FUNDING:	
a. Federal	\$.00
b. Applicant	\$.00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$.00
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: PROGRAM IS NOT COVERED BY E. O. 12372 b. No. <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
<input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Authorized Representative	
Prefix	First Name Middle Name
Last Name	Suffix
b. Title	c. Telephone Number (give area code)
d. Signature of Authorized Representative	e. Date Signed

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This is a standard form used by applicants as a required face sheet for pre-applications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

Item:	Entry:	Item:	Entry:
1.	Select Type of Submission.	11.	Enter a brief descriptive title, description and location of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.
2.	Date application submitted to Federal agency (or State if applicable) and applicant's control number (if applicable).	12.	List only the largest political entities affected (e.g., State, counties, cities).
3.	State use only (if applicable).	13.	Enter the proposed start date and end date of the project.
4.	Enter Date Received by Federal Agency Federal identifier number: If this application is a continuation or revision to an existing award, enter the present Federal Identifier number. If for a new project, leave blank.	14.	List the applicant's Congressional District and any District(s) affected by the program or project
5.	Enter legal name of applicant, name of primary organizational unit (including division, if applicable), which will undertake the assistance activity, enter the organization's DUNS number (received from Dun and Bradstreet), enter the complete address of the applicant (including country), and name, telephone number, e-mail and fax of the person to contact on matters related to this application.	15.	Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15.
6.	Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.	16.	Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.
7.	Select the appropriate letter in the space provided. <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District </div> <div> I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) O. Not for Profit Organization </div> </div>	17.	This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.
8.	Select the type from the following list: <ul style="list-style-type: none"> "New" means a new assistance award. "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date. "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision enter the appropriate letter: <div style="display: flex; justify-content: space-between;"> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration </div> 	18.	To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)
9.	Name of Federal agency from which assistance is being requested with this application.		
10.	Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.		

ATTACHMENT 5

CERTIFICATIONS

Read and sign the following certifications using a **blue pen**. Failure to sign these certifications will mean that your agency will not be considered for funding.

GENERAL CERTIFICATIONS AND ASSURANCES

1. CERTIFICATION OF PROVISION OF NECESSARY LOCAL MATCHING FUNDS

I, _____, hereby certify that the _____;
(Name) (Name of Agency)

shall have available the required 20% of local match (can be derived from Non-U.S. Department of Transportation Federal Programs including, but not limited to: Title III-B of the Older Americans Act or certain Health and Human Resources programs; state programs, local contributions or grants) needed for the requested Purchase of Transportation (Contracted Services) Funding. It is my understanding that failure to comply with this stipulation will result in the Tri-State Transit Authority's cancellation of any issued contract to provide transportation services.

2. CIVIL RIGHTS REQUIREMENTS

Agree that the Agency will comply with the following requirements:

Nondiscrimination. In accordance with Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C. § 2000d, et seq., Age Discrimination Act of 1975, as amended, 42 U.S.C. § 6101, et. seq., Americans With Disabilities Act of 1990, as amended, 42 U.S.C. § 12101, et. seq., and Federal transit law at 49 U.S.C. § 5332, as amended, the Agency agrees that it will not discriminate against anyone on the basis of race, color, national origin, age or disability. In addition, the Agency agrees to comply with any other applicable Federal statutes that may be signed into law or regulations that may be promulgated.

Equal Employment Opportunity. Agree that the Agency will comply with the following equal employment opportunity requirements:

Race, Color, Religion, National Origin, Sex, Disability, Age, Sexual Orientation, Gender Identity or Status as a Parent. In accordance with Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C. § 2000e, et seq., and Federal transit laws at 49 U.S.C. § 5332, the Vendor agrees to comply with all applicable equal employment opportunity requirements of the U.S. Department of Labor (US DOL) regulations, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor," 41 C.F.R. Parts 60 et seq., (which implement Executive Order Number 11246, "Equal Employment Opportunity", as amended by Executive Order Number 11375, "Amending Executive Order 11246 Relating to Equal Employment Opportunity," 42 U.S.C. § 2000e note), and with any applicable Federal statutes, executive orders, regulations, and Federal policies that may in the future affect construction activities undertaken in the course of the Project. The Agency agrees to take affirmative action to ensure that Applicants are employed, and that employees are treated during their employment, without regard to their race, color, religion, national origin, sex, disability, age, sexual orientation, gender identity or status as a parent. Such action shall include, but not be limited to, the following: employment, upgrading, demotion or transfer, recruitment or recruitment advertising, layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. In addition, the Agency agrees to comply with any implementing requirements FTA may issue.

3. ENERGY CONSERVATION

Agency agrees to comply with, and obtain the compliance of its subcontractors, with mandatory standards and policies relating to energy efficiency contained in applicable State Energy Conservation Plans issued in compliance with the Energy Policy and Conservation Act, 42 U.S.C. §§ 6321 et seq.

4. CERTIFICATION OF SPECIAL EFFORTS TO PROVIDE TRANSPORTATION THAT DISABLED PERSONS CAN USE

The Agency hereby certifies that special efforts are being made in its service area to provide transportation that disabled persons, including wheelchair users and semi-ambulatory persons can use. The transportation resulting from these special efforts is reasonable in comparison to the transportation provided to the general public and meets a significant fraction of the actual transportation needs of such persons within a reasonable time.

5. LITIGATION CERTIFICATION

As the authorized representative for the Agency, I hereby certify that to the best of my knowledge there is no litigation pending or threatened which might affect the performance of this Project.

6. FISCAL AND MANAGERIAL CAPABILITY CERTIFICATION

As the authorized representative for the Agency, I hereby certify that, based on my experience with the Agency and a review of the Agency's records that the Agency has the requisite fiscal and managerial capability to carry out this Project.

7. APPLICATION OF FEDERAL, STATE AND LOCAL LAWS AND REGULATIONS

The Agency hereby certifies that it will comply with changing federal, state and local requirements, the Agency shall note that federal, state and local requirements may change and the changed requirements will apply to this Project as required.

Federal Regulation Changes - Agency shall at all times comply with all applicable FTA regulations, policies, procedures and directives,

including without limitation those listed directly or by reference in the current FTA Master Agreement between the Tri-State Transit Authority and FTA, as they may be amended or promulgated from time to time during the term of this Project. The Agency's failure to so comply shall constitute a material breach of this Project.

8. ACCESS TO RECORDS - INSPECTION

The Agency hereby certifies that it shall permit the Tri-State Transit Authority, the Comptroller General of the United States and the Secretary of the United States Department of Transportation, or their authorized representatives, to inspect all vehicles, facilities and equipment used by the Agency as part of the Project to verify compliance with the requirements of the Section 5310 Program. All records of the transportation services rendered by the Agency, including maintenance records, records verifying usage of the vehicle, and all relevant Project records shall also be available for inspection. The Agency shall also permit the above-named persons or agencies to audit the records and accounts of the Agency pertaining to the Project.

9. COORDINATION

As the authorized representative for the Agency, I hereby certify that to the best of my knowledge the Agency has coordinated, to the maximum extent feasible, with other transportation providers and users, regardless of their funding source.

10. SCHOOL BUS OPERATIONS

The Agency as required by 49 C.F.R. Part 605, "School Bus Operations," certifies that before it acquires property or an interest in property of a private mass transportation company or operates mass transportation equipment or a facility in competition with or in addition to transportation service provided by an existing mass transportation company it has or will have:

- A. Provided for the participation of private mass transportation companies to the maximum extent feasible; and
- B. Paid or will pay just compensation under state or local law to a private mass transportation company for its franchises or property acquired.

11. NO FEDERAL GOVERNMENT OBLIGATIONS TO THIRD PARTIES

The Agency acknowledges and agrees that, notwithstanding any concurrence by the Federal Government in or approval of the solicitation or award of the underlying Project, absent the express written consent by the Federal Government, the Federal Government is not a party to this Project and shall not be subject to any obligations or liabilities to the Tri-State Transit Authority, Agency, or any other party (whether or not a party to the Project) pertaining to any matter resulting from the underlying Project.

12. PROGRAM FRAUD AND FALSE OR FRAUDULENT STATEMENTS OR RELATED ACTS

As the authorized representative for the Agency, I certify the Agency acknowledges that the provisions of the Program Fraud Civil Remedies Act of 1986, as amended, 31 U.S.C. §§ 3801 et seq. and U.S. DOT regulations, "Program Fraud Civil Remedies," 49 C.F.R. Part 31, apply to its actions pertaining to this Project. Upon execution of the underlying Project, the Agency certifies or affirms the truthfulness and accuracy of any statement it has made, it makes, it may make, or causes to be made, pertaining to the underlying Project or the Federal Transit Administration (FTA) assisted Project for which the Project work is being performed. In addition to other penalties that may be applicable, the Agency further acknowledges that if it makes, or causes to be made, a false, fictitious, or fraudulent claim, statement, submission, or certification, the Federal Government reserves the right to impose the penalties of the Program Fraud Civil Remedies Act of 1986 on the Agency to the extent the Federal Government deems appropriate.

13. SENSITIVE SECURITY INFORMATION

The Agency agrees that it must protect, and take measures to ensure that its sub agreement at each tier protect, "sensitive security information" made available during the administration of any agreement or any sub agreement to ensure compliance with the Homeland Security Act, as amended, specifically 49 U.S.C. Section 40119(b), and U.S. DOT regulations, "Protection of Sensitive Security Information," 49 C.F.R. Part 15, and with 49 U.S.C. Section 114(s) and U.S. Department of Homeland Security, Transportation Security Administration regulations, "Protection of Sensitive Security Information," 49 C.F.R. Part 1520.

14. ACCESSIBILITY

The Agency agrees that products and services provided shall be in accordance with the 42 U.S.C. Sections 12101, et seq. and DOT regulations, "Transportation Services for Individuals with Disabilities (ADA)," 49 C.F.R. Part 37; and Joint ATBCB/DOT regulations, "American with Disabilities (ADA) Accessibility Specifications for Transportation Vehicles," 36 C.F.R. Part 1192 and 49 C.F.R. Part 38.

15. TRAFFICKING IN PERSONS

The Agency agrees to comply with, and assures the compliance of each sub recipient with, the requirements of the subsection 106(g) of the Trafficking Victims Protection Act of 2000 (TVPA), as amended, 22 U.S.C. § 7104(g), and the provisions of the Trafficking in Persons subsection of the current FTA Master Agreement.

Agency agrees that it and its employees that participate in the any Section 5310 Award, may not:

- 1. Engage in severe forms of trafficking in persons during the period of time that the Section 5310 Award is in effect.
- 2. Procure a commercial sex act during the period of time that the Section 5310 Project Grant Agreement is in effect, or
- 3. Use forced labor in the performance of the Section 5310 Award or sub-agreements thereunder.

Agency agrees to inform the Tri-State Transit Authority of any information it receives from any source alleging a violation of a prohibition listed above. The Division will then inform FTA immediately of any information it receives from any source alleging a violation of the

prohibitions listed above.

16. ACCESS TO SERVICES FOR PERSONS WITH LIMITED ENGLISH PROFICIENCY

To the extent applicable and except to the extent that FTA determines otherwise in writing, Agency agrees to facilitate compliance with the policies of Executive Order No. 13166, "Improving Access to Services for Persons with Limited English Proficiency," 42 U.S.C. § 2000d-1 note, and with the provision of U.S. DOT Notice, "DOT Policy Guidance Concerning Recipients' Responsibilities to Limited English Proficiency (LEP) Persons," 70 Fed. Reg. 74087, December 14, 2005.

17. ENVIRONMENTAL JUSTICE

The Agency agrees to facilitate compliance with the policies of Executive Order No. 12898, "Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations," February 11, 1994, 42 U.S.C. § 4321 note, as well as, facilitating compliance with that Executive Order, U.S. DOT Order 5610.2, "Department of Transportation Actions to Address Environmental Justice in Minority Populations and Low-Income Populations," 62 Fed. Reg. 18377, April 15, 1997, and the most recent edition of FTA Circular 4703.1, "Environmental Justice Policy Guidance for Federal Transit Administration Recipients," August 15, 2012, to the extent consistent with applicable federal laws, regulations, requirements, and guidance.

18. CHARTER SERVICE

The Agency may not engage in Charter Service, except as permitted under federal transit laws, specifically 49 U.S.C. § 5323(d) and (r), FTA regulations, "Charter Service," 49 C.F.R. Part 604, any other Federal Charter Service regulations, or federal guidance.

The only possible exception that would allow a 5310 recipient to provide charter services is if for "program purposes" which is defined in 49 C.F.R. Part 604 as "transportation that serves the needs of either human service agencies or targeted populations" (seniors or individuals with disabilities). The Agency's service only qualifies for the exemption contained in 49 C.F.R. 604.2(e) if the service is designed to serve the needs of targeted populations.

19. SEAT BELT USAGE

Pursuant to Executive Order No. 13043, "Increasing Seat Belt Use in the United States," April 16, 2018, 1997, 23 U.S.C. § 402 note, Agency is required to adopt and promote on-the-job seat belt use policies and programs for its employees and other personnel that operate company-owned vehicles, company-rented vehicles, or personally-operated vehicles and include this provision in third party contracts, third party subcontracts, and sub-agreements entered into under this Project.

20. DISTRACTED DRIVING, INCLUDING TEXT MESSAGING WHILE DRIVING

Pursuant to Executive Order No. 13513, "Federal Leadership on Reducing Text Messaging While Driving," October 1, 2009, 23 U.S.C. § 402 note and DOT Order 3902.10, "Text Messaging While Driving," December 30, 2009. The Agency agrees to adopt and enforce workplace safety policies to decrease crashes caused by distracted drivers, including policies to ban text messaging while using an electronic device supplied by an employer, and driving a vehicle the driver owns or rents, any vehicle an Agency owns, leases, or rents, or a privately-owned vehicle when on official business in connection with the award, or when performing any work for or on behalf of the award.

The Agency agrees to conduct workplace safety initiatives in a manner commensurate with its size, such as establishing new rules and programs to prohibit text messaging while driving, re-evaluating the existing programs to prohibit text messaging while driving, and providing education, awareness, and other outreach to employees about the safety risks associated with texting while driving.

21. TERMINATION

(a) Termination for Convenience

If approved for funding, the Agency understands that Tri-State Transit Authority may terminate any contract, in whole or in part, at any time by written notice to the Agency when it is in the area's best interest. The Agency shall be paid for transportation services rendered up to the time of termination. The Agency shall promptly submit a termination claim to the Tri-State Transit Authority to be paid to the Agency. If the Agency has any property in its possession belonging to the Tri-State Transit Authority, the Agency will account for the same, and dispose of it in the manner Tri-State Transit Authority directs.

(b) Termination for Default (Breach or Cause)

If the Agency does not deliver transportation services in accordance with the contract, or the Agency fails to perform in the manner called for in the contract, or if the Agency fails to comply with any other provisions of the contract, the Tri-State Transit Authority may terminate the contract for default. Termination shall be affected by serving a notice of termination on the Agency setting forth the manner in which the Agency is in default. The Agency will only be paid for transportation services provided in accordance with the manner of performance set forth in the contract.

If it is later determined by the Tri-State Transit Authority that the Agency had an excusable reason for not performing, such as a strike, fire, or flood, events which are not the fault of or are beyond the control of the Agency, the Tri-State Transit Authority, after setting up a new performance schedule, may allow the Agency to continue providing transportation services, or treat the termination as a termination for convenience.

(c) Opportunity to Cure

The Tri-State Transit Authority, in its sole discretion may, in the case of a termination for breach or default, allow the Agency an appropriately short period of time in which to cure the defect. In such case, the notice of termination will state the time period in which cure is permitted and other appropriate conditions.

If Agency fails to remedy to the Tri-State Transit Authority's satisfaction the breach or default or any of the terms, covenants, or conditions of the Contract, within ten (10) days after receipt by Agency of written notice from the Tri-State Transit Authority setting forth the nature of said breach or default, the Tri-State Transit Authority shall have the right to terminate the Contract without any further obligation to Agency. Any such termination for default shall not in any way operate to preclude the Tri-State Transit Authority from also pursuing all available remedies against Agency and its sureties for said breach or default.

(d) Waiver of Remedies for Any Breach

In the event that the Tri-State Transit Authority elects to waive its remedies for any breach by Agency of any covenant, term or condition of the Contract, such waiver by the Tri-State Transit Authority shall not limit the Tri-State Transit Authority remedies for any succeeding breach of that or of any other term, covenant, or condition of this Contract.

22. HOLD HARMLESS

If approved for funding, the Agency agrees to protect, defend, indemnify and hold the Tri-State Transit Authority, its officers, employees and agents free and harmless from and against any and all losses, penalties, damages, settlements, costs, charges, professional fees or other expenses or liabilities of every kind and character arising out of or relating to any and all claims, liens, demands, obligations, actions, proceedings or causes of action of every kind and character in connection with or arising directly or indirectly out of this Contract and/or the performance hereof. Without limiting the generality of the foregoing, any and all such claims, etc. relating to personal injury, infringement of any patent, trademark, copyright (or application for any thereof) or of any other tangible or intangible personal or property rights, or actual or alleged violation of any other tangible or intangible personal or property rights, or actual or alleged violation of any applicable statute, ordinance, administrative order, rule or regulation, or decrees of any court, shall be included in the indemnity hereunder. The Agency further agrees to investigate, handle, respond to, provide defense for and defend any such claims, etc. at his/her sole expense and agrees to bear all other costs and expenses related thereto, even if such claim is groundless, false or fraudulent.

23. FTA TERMS

The preceding provisions include, in part, certain Standard Terms and Conditions required by Federal Transit Administration, Department of Transportation (FTA/DOT) whether or not expressly set forth in the preceding contract provisions. All contractual provisions required by (FTA/DOT), as set forth in FTA Circular 4220.1F, dated November 1, 2008, are hereby incorporated by reference. Anything to the contrary herein notwithstanding, all FTA mandated terms shall be deemed to control in the event of a conflict with other provisions contained in this Contract. The Agency shall not perform any act, fail to perform any act, or refuse to comply with any Tri-State Transit Authority requests that would cause the Tri-State Transit Authority to be in violation of the FTA terms and conditions.

24. AUDITS

The Agency agrees to report any audit findings that involve Section 5310 funded Purchase of Transportation Services (contracted services) immediately to the Tri-State Transit Authority.

I declare that the foregoing certifications are true and correct.

Executed on _____ at _____.
(Date) (City and State)

(Signature of Official) (Title)

CERTIFICATION OF EQUIVALENT SERVICE

The _____
(Name of Applicant)

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 area;
- (4) Hours and days of service;
- (5) Restrictions on trip purpose;
- (6) Availability of information and reservation capability; and
- (7) Constraints on capacity or service availability.

In accordance with 49 CFR 37.27, public entities operating demand responsive systems for the general public which receive financial assistance under Sections 5310 or 5311 of the Federal Transit Act, as amended, must file this certification with the appropriate state program office before procuring any inaccessible vehicle. Such public entities not receiving Federal Transit Act funds shall also file the certification with the appropriate state program office. Such public entities receiving Federal Transit Act funds under any other Section of the Federal Transit Act must file the certification with the appropriate Federal Transit Administration regional office. This certification is valid for no longer than one year from its date of filing.

Typed Name & Title of Authorized Official

Signature

Date

ASSURANCE CONCERNING NONDISCRIMINATION ON THE BASIS OF DISABILITY IN FEDERALLY-ASSISTED PROGRAMS AND ACTIVITIES RECEIVING OR BENEFITING FROM FEDERAL FINANCIAL ASSISTANCE IMPLEMENTING THE REHABILITATION ACT OF 1973, AS AMENDED, AND THE AMERICANS WITH DISABILITIES ACT OF 1990 (FEDERAL TRANSIT ADMINISTRATION)

_____, (the "Recipient"/Applicant) agrees that as a condition to the approval or extension of any Federal financial assistance from the Federal Transit Administration (FTA) to construct any facility, obtain any rolling stock or other equipment, undertake studies, conduct research or to participate in or obtain any benefit from any program administered by the FTA, no otherwise qualified person with a disability shall, solely by reason of his or her disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives or benefits from Federal financial assistance administered by the FTA or any entity within the United States Department of Transportation (DOT).

Specifically, the Recipient GIVES ASSURANCE that it will conduct any program or operate any facility so assisted in compliance with all applicable requirements imposed by DOT regulations implementing the Rehabilitation Act of 1973, as amended, and the Americans with Disabilities Act of 1990 (any subsequent amendments thereto) set forth at 49 C.F.R. Parts 27, 37, and 38, as well as all applicable regulations and directives issued pursuant thereto by other Federal departments or agencies.

(Date)

(Legal Name of Applicant)

BY: _____
(Signature of Authorized Official)

**FEDERAL TRANSIT ADMINISTRATION (FTA)
CIVIL RIGHTS ASSURANCE**

The _____ HEREBY CERTIFIES THAT, as a condition
(Name of Applicant)

of receiving Federal financial assistance under the Federal Transit Administration (FTA) Transportation Act of 1964, as amended, it will ensure that:

1. No person on the basis of race, color, or national origin will be subjected to discrimination in the level and quality of transportation services and transit related benefits.
2. The _____ will compile, maintain, and submit in
(Name of Applicant)

a timely manner Title VI information required by FTA Circular 4702.1B and in compliance with the Department of Transportation's Title VI regulation, 49 C.F.R. Part 21.9.
3. The _____ will make it known to the public that
(Name of Applicant)
those person or persons alleging discrimination on the basis of race, color, or national origin as it relates to the provision of transportation services and transit-related benefits may file a complaint with the Federal Transit Administration and/or the U.S. Department of Transportation.

The person or persons whose signature appears below are authorized to sign this assurance on behalf of the grant applicant or recipient.

(Typed Name/Title of Authorized Official)

(Date)

(Signature of Authorized Official)

TITLE VI REPORT

1. List any active lawsuits or complaints naming the applicant which allege discrimination on the basis of race, color, or natural origin with respect to service or other transit benefits. The list should include: date the lawsuit or complaint was filed; a summary of the allegation; and the status of the lawsuit or complaint; including whether the parties to a lawsuit have entered into a consent decree. **If none, please state.**

2. A description of all pending applications for financial assistance and all financial assistance currently provided by other federal agencies. **If none, please state.**

3. A summary of all civil rights compliance review activities conducted in the last three years. The summary should include: the purpose or reasons for the review; the name of the agency or organization that performed the review; a summary of the findings and recommendations of the review; and a report on the status and/or disposition of such findings and recommendations. **If none, please state.**

SCHOOL TRANSPORTATION OPERATIONS AGREEMENT

Name of Applicant: _____

A. As required by 49 U.S.C. 5323 (f) and FTA regulations, —School Bus Operations, at 49 CFR 605.14, the Applicant agrees that it will:

(1) Engage in school transportation operations in competition with private school transportation operators only to the extent permitted by an exception provided by 49 U.S.C. 5323(f), and implementing regulations, and:

(2) Comply with the requirements of 49 CFR Part 605 before providing any school transportation using equipment or facilities acquired with Federal assistance authorized by 49 U.S.C. Chapter 53 or Title 23 U.S.C. awarded by FTA for transportation projects.

B. The Applicant understands that the requirements of 49 CFR Part 605 will apply to any school transportation it provides, the definitions of 49 CFR Part 605 apply to this school Transportation agreement, and a violation of this agreement may require corrective measures and the imposition of penalties, including debarment from the receipt of further Federal assistance for transportation.

(Typed Name & Title of Authorized Official)

(Signature)

(Date)

CERTIFICATION OF PRIMARY PARTICIPANT REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS

The Primary Participant (applicant for an FTA grant or cooperative agreement, or potential contractor for a major third-party contract), _____ (NAME OF APPLICANT) certifies to the best of its knowledge and belief, that it and its principals:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
2. Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
3. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (2) of this certification; and
4. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

If the primary participant (applicant for an FTA grant, or cooperative agreement, or potential third-party contractor) is unable to certify to any of the statements in this certification, the participant shall attach an explanation to this certification.)

THE PRIMARY PARTICIPANT (APPLICANT FOR AN FTA GRANT OR COOPERATIVE AGREEMENT, OR POTENTIAL CONTRACTOR FOR A MAJOR THIRD-PARTY CONTRACT), _____, 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. ARE APPLICABLE THERETO.

(Signature and Title of Authorized Official)

Appendix A

Section 5310 Program Requirements

Program Overview

KYOVA and TTA intend to purchase transportation services described in this Application Packet based upon a unit rate that is predetermined by the proposing agency and concurred with by KYOVA and TTA. Projects will be awarded for a period of three years. The funding will be allocated annually. The annual funding level and unit rate will be subject to renegotiation each year of the contract term.

Statement of Financial Assistance

All contracts awarded under this program are subject to a financial assistance agreement between KYOVA, TTA, and the Federal Transit Administration (FTA).

As a condition of award, approved agencies under this program must comply with the federal requirements identified in the application packet and complete the assurances and certifications included in the packet.

Contract

Once an agency is approved for funding, the agency is required to enter into a Contract with TTA which states the terms and conditions under which the services are to be provided. The Contract ensures grant compliance. Some of the significant requirements are:

1. The agency is responsible for providing the transportation services as proposed in their application packet.
2. The agency is required to adhere to all the federal and state requirements as certified to in the application packet and any additional requirements that may surface.
3. The agency is required to maintain insurances that covers the project appropriately.
4. The agency is required to maintain financial, maintenance and operating records on the project. These records are to be maintained on site and available for inspection by personnel from KYOVA, TTA, and or the Federal Transit Administration (FTA) during periodic onsite reviews.

Technical Assistance Available

Technical assistance is available from KYOVA and TTA. This assistance includes, but is not limited to:

- Program Development
- Project Implementation
- Financial Management
- Compliance with contract terms and federal and state regulations
- Training for passenger transportation employees

Terms of Projects

Services under contracts awarded will run for one year from the beginning of the service.

Eligible Agencies

Agencies eligible to submit proposals are limited to:

- Private Non-Profit agencies that have secured 501(c)(3) non-profit status and are registered with the Secretary of State's Office as a non-profit.
- Public Bodies that certify to the Governor that no non-profit corporations or associations are readily available in an area to provide service; and public bodies approved by the state to coordinate services for seniors and individuals with disabilities.

Local public bodies eligible to apply for Section 5310 funds as coordinators of services for seniors and individuals with disabilities are those designated by the state to coordinate human service activities in a particular area. Examples of such eligible public bodies are a county agency on aging or a public transit provider which the state has identified as the lead agency to coordinate transportation service funded by multiple Federal or state human service programs.

Approval to apply for Section 5310 funding by a public body must be given by KYOVA and TTA prior to the body completing an application packet. Public Bodies interested should contact Terri Sicking or Bethany Wild of KYOVA at 304-523-7434.

Eligible Services

Only passenger services provided to seniors and individuals with disabilities will be eligible under this program. Services are to be provided that are appropriate for the passenger receiving the service, including supplying wheelchair accessible vehicles. After the needs of seniors and individuals with disabilities are met, if space is available, services can be provided to the general public.

Services must be provided regardless of trip purpose and on a first come first served basis. However, approved agencies may limit long distance trips to specific days of the week and/or specific cities, so long as the trips are coordinated to include the maximum number of passengers possible.

Note: Services must be open to all seniors and individuals with disabilities (regardless of age). Projects intended to provide trips to an exclusive clientele are not eligible.

Local Matching Requirement

Agencies applying for funding must make a local contribution (match) of at least 20% of the total project cost. Local contributions greater than 20% will be accepted. However, this will have no effect on project selection. The local matching percentage identified in the applying agency's application, will be incorporated into the contract and shall remain in effect the entire term of the project.

Note: Local match can be derived from non-U.S. Department of Transportation Federal Programs including, but not limited to: Title III-B of the Older Americans Act or certain Health and Human Resources programs; state programs, local contributions or grants.

Project Payments

Project payments will be based on a unit rate that is identified by the proposing agency and concurred with by KYOVA and TTA. The unit rate must be based upon one of the following service elements:

- cost per service mile
- cost per service hour
- cost per passenger trip

Unit Rate and Matching Calculations

In the application packet, your agency is required to prepare a cost price analysis to determine the unit rate and total project cost. The total cost divided by the units of service to be provided, becomes the unit rate. In addition, you will identify the local funds that will support the project. The local funds identified are divided by the total project cost to establish the local matching ratio.

Payment Calculations

Approved applicants will be paid based on the unit rate multiplied by the number of service units provided during the billing period. The local matching ratio is then calculated and deducted from the sum of the previous calculation. The balance will be billed monthly to TTA.

Billing Forms

Approved agencies will submit Monthly Section 5310 Expenditure Report Forms, supplied by TTA, to receive payment. All information on the forms must be completed before payment will be issued to the agency.

The reports will include the following information:

- Total Passenger Trips (broken down by Elderly, Disabled, Other)
- Total Trip Purposes (broken down by category)
- Number of service miles provided
- Number of service hours provided
- Coordination Activities

Note: Additional information, such as project implementation and marketing efforts, may be requested during the course of the project.

Records

Approved agencies will be required to keep adequate financial and service records to evidence the actual project costs and service levels provided under the project. The actual project costs shall have no effect on the unit rate during the same calendar year. However, the information may be used to re-negotiate the subsequent year's unit rate and funding level.

Waiver Agreement

KYOVA and TTA shall evaluate all applications received and determine which application(s) are in the best interest of the Huntington, WV-KY-OH Urbanized Area and the communities to be served. KYOVA and TTA at its sole discretion, reserves the right to accept or reject any and all applications submitted and to waive minor informalities and irregularities, as determined, and as is consistent with the best interest of the Huntington, WV-KY-OH Urbanized Area. TTA will enter into contracts with successful applicants within 90 days of the application acceptance date, or will exercise the right to reject all applications.

Out of State Transportation Services

Agencies receiving assistance under the Section 5310 Program are to provide transportation services to seniors and individuals with disabilities within the geographical area described in the agency's Section 5310 Application. **Out of state trips are strictly forbidden under the Section 5310 Program.**

Note: For agencies located in border counties, a 50-mile radius is allowed for "incidental" trips.

Agencies providing transportation services across state lines could be required to be licensed by the Federal Motor Carrier Safety Administration, as well as, meet other requirements even for the 50-mile radius. For more information on these requirements, an agency can contact the Federal Motor Carrier Safety Administration's Charleston Office at 304-347-5935 or visit their website at www.fmcsa.dot.gov.

Project Selection

Contracts will be awarded to selected eligible agencies located in the Huntington, WV-KY-OH Urbanized Area based upon the selection criteria using available federal funds. Once an agency has submitted their application to KYOVA and TTA, it is reviewed for completeness. The application is then scored based on:

- Demonstration of need for the services in the service area identified in the application and how well the proposed services will meet those needs.
- Commitment to access for individuals with disabilities (regardless of age).
- Reasonable funding to implement the project and the security of the matching funds identified.
- Coordination efforts with potential customers, funding sources and other transportation providers in the service area. Inclusion in locally developed coordinated public transit- human services transportation plans.

If an application has missing documentation, the agency is given an opportunity to submit the omitted documents with penalty points being deducted. ***No application is considered for funding without a positive Local Intergovernmental Review (IGR).***

Any applications received after the grant application deadline are considered for funding ONLY after all other on-time requests have been met.

The application scores are then ranked from highest to lowest and the agencies receiving the highest scores are included in the Huntington, WV-KY-OH Urbanized Area consolidated application submitted to FTA.

Pre-Award Review

As a condition of award, agencies submitting applications may be subject to a pre-award review. The purpose of the review is to ensure that the applicant has the ability to:

- Provide the services described in the application
- Operate the equipment necessary to provide ADA accessible services
- Comply with federal regulations identified in the application packet
- Maintain adequate financial records and verify the financial information provided in the proposal
- Maintain required passenger and service records, including maintenance of vehicle records, associated with the application

Grant Award

Approved agencies will sign a contract agreeing to provide transportation services as described in application packet. Approved agency agrees to abide by all Federal, State and grant requirements.

Approved agencies will submit the Monthly Section 5310 Expenditure Report to request reimbursement for monthly services and provide monthly service statistics.

Requirements for Approved Applicants Providing the Proposed Transportation Services

Driver Training

The Americans with Disabilities Act (ADA) requires that all drivers be trained in the safe and proper ways to transport individuals with disabilities. In order to meet this requirement, KYOVA and TTA require all drivers to be trained and certified in Passenger Service and Safety (PASS). This program is a nationally recognized driver training program that teaches the safe and proper ways of transporting people. All applicants must meet this qualification before funding will be provided.

Funded agencies must maintain certified drivers. All new hires are to be PASS certified within 60 days of employment. Vehicles operated utilizing Section 5310 funding may only be operated by persons who have the required training.

Valid Driver's License

Each agency is responsible for ensuring that all drivers have valid and appropriate driver's license as required by the applicant's State Motor Vehicles Office.

Commercial Driver License (CDL)

A Commercial Driver License (CDL) is required when a vehicle is designed to transport 16 or more persons (including the driver).

Class D License Program

The West Virginia Division of Motor Vehicles requires a Class D License if an individual meets the following:

- Any person eighteen (18) years and older with at least one-year driving experience who operates motor vehicles which transport persons or property for compensation. This affects individuals whose primary job, duty or function would be the operation of a motor vehicle.
- Class D vehicles must have a gross vehicle weight rating (GVWR) of less than 26,001 pounds, a passenger capacity of 15 or less passengers, including the driver, and cannot transport hazardous materials that require the vehicle to be placarded.

NOTE: Anyone who operates motor vehicles which transport persons or property on a volunteer basis are **NOT** required to obtain the Class D License, nor are individuals who operate emergency vehicles, such as ambulances, rescue equipment, law enforcement and firefighters.

Those persons for which the operation of a motor vehicle is incidental to their job duties or functions would NOT be required to obtain a Class D License.

West Virginia applicants should contact the WV Division of Motor Vehicles at 1-800-642-9066 concerning the West Virginia Class D License.

Drug and Alcohol Testing

Any driver holding a CDL license could be required to submit to Drug and Alcohol Testing under the Omnibus Transportation Employee Testing Act of 1991. For **drugs**, the testing required is: pre-employment; reasonable suspicion; post-accident; random; return-to-duty and follow-up. For **alcohol**, the testing required is: reasonable suspicion; post-accident; random; return-to-duty and follow-up.

Individuals who are required to possess CDL's according to State or local law or by employer policy, but not by Federal regulation, are not subject to the provisions of these regulations.

Any person who operates a commercial motor vehicle less than 26,001 GVWR is not required to be tested for controlled substances and/or alcohol under these rules unless the vehicle is designed to transport 16 or more passengers including the driver or is required to be placarded for hazardous materials transportation under Federal law. For additional information, contact your State Motor Vehicles Office.

Properly Maintained Vehicle

Approved agencies shall be responsible for maintaining all equipment, used to provide the proposed transportation services, in the best working condition possible, allowing for normal wear and tear. An approved agency shall establish a preventative maintenance program that at least meets the manufacturer's minimum requirements. The preventative maintenance program shall be utilized and maintained by the agency, in a file, on site, available for review by personnel from KYOVA, TTA, WVDPT, KYTC OTD, ODOT Office of Transit or the FTA during periodic on-site monitoring reviews.

Daily Vehicle Inspection Reports

Drivers are required to perform a daily inspection of their vehicle which includes the cycling of the wheelchair lift. ***Inspections are to be performed utilizing the Daily Vehicle Inspection Report Form.*** Vehicles should meet an acceptable level of both interior and exterior cleanliness. Completed forms shall be maintained by the agency, in a file, on site, available for review by personnel from KYOVA, TTA or the FTA during periodic on-site reviews. Required forms are provided by TTA to an approved applicant.

Comprehensive Maintenance Records

A *Comprehensive Maintenance Record Form* is to be maintained for each piece of equipment used to provide services utilizing Section 5310 funds. All preventative maintenance, as well as repairs, etc. shall be recorded on the ***Comprehensive Maintenance Record Form*** thereby providing a complete history of the equipment's maintenance and repairs. Copies of invoices for preventative maintenance and repairs shall be maintained with the form. Completed forms shall be maintained by the agency, in a file, on site, available for review by personnel from KYOVA, TTA or the FTA during periodic on-site reviews. Required forms are provided by TTA to approved applicants.

Written Emergency Procedures

Each approved agency is to develop and implement written emergency procedures for use by vehicle operators in the event of a vehicle accident, breakdown, or other emergency situations. KYOVA and TTA recommends the Safety & Security Planning Information Directed to Effective Response (SPIDER) kit be utilized to develop the procedures. The kit can be accessed at www.transportation.wv.gov/publictransit/safety.

Report of Accident/Incident

Each approved agency is to immediately report to TTA when equipment is involved in an accident or an incident. The verbal report shall be followed by a written report. Records are to be maintained in the agency's files regarding all accidents or incidents for review by personnel from KYOVA, TTA, or the FTA during periodic on-site reviews.

Compliance with Title VI of the Civil Rights Act

Approved agencies must comply with Title VI of the Civil Rights Act. Agencies cannot discriminate on the grounds of race, color, creed, national origin, sex, age or disability. Clients cannot be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program. Efforts are to be made to assure that the benefits of the agency's programs are not systematically denied to minorities.

As part of the application packet, each agency must complete the Title VI Program provided in Appendix B. This is a specific Title VI Program covering transportation services. Your agency must utilize the format provided, complete the program, have it approved by your Board and submit with your application packet. No application will be funded without the completed Title VI Program as provided. Up to date Title VI notices and statutes are to be posted prominently in the agency's workplaces utilizing the format as provided. Adopted Title VI Plans are valid for three years. If you have an adopted plan, submit a copy with application.

Americans With Disabilities Act (ADA) Requirements

Agencies providing transportation services to individuals with disabilities, including individuals who use wheelchairs, must ensure that the service offered is equivalent to the level and quality of service offered to individuals without disabilities. Equivalent service takes into consideration response time, fares, hours and days of operation, restrictions on trip purpose, geographic service area and constraints on capacity or service availability.

Agencies providing transportation services must ensure that they meet the following service provisions as required by the ADA.

1. Maintain lifts/ramps and other accessibility equipment in operative condition. **To achieve this, lifts/ramps must be cycled and tie downs checked daily.**
2. Require drivers to use accessibility features and provide assistance to passengers in the use of the equipment.
3. Deploy lifts/ramps at any designated stops.
4. Provide service to persons using respirators or portable oxygen or other mobility aids.
5. Provide service to individuals who use wheelchairs to board and ride accessible vehicles. A wheelchair is defined as "a mobility aid belonging to any class of three- or more-wheeled devices, usable indoors, designed or modified for and used by individuals with mobility impairments, whether operated manually or powered". If the wheelchair lift/ramp and vehicle can accommodate a mobility device that does not meet the definition, agencies should still provide the service.
6. Allow adequate time for vehicle boarding/disembarking.
7. Transport service animals. (Passengers are not required to provide any type of certification.)
8. Train personnel to proficiency so that they operate vehicles and equipment safely and properly and treat individuals who use the service in a respectful and courteous way.
9. Display blue accessibility symbol on all accessible vehicles.
10. Make information available in an accessible format upon request and have adequate telephone capacity, both voice and TDD.

11. Allow standees use of lifts or ramps upon request.

Applying agencies must take the above ADA regulations into consideration when deciding the type of equipment needed as well as the proposed service to be provided.

Approved agencies are required to develop ADA Policies and Procedures including complaint and reasonable modification processes for passengers and employees.

Certifications

In this application packet your agency is signing various certifications. Agencies receiving equipment or providing services utilizing funding from the Section 5310 Program are required to abide by the signed certifications regarding areas such as the **Americans With Disabilities Act - Certification of Equivalent Service; Certification of Compliance With Title VI of the Civil Rights Act, as amended; Equal Employment Opportunities; Certification of Special Efforts to Provide Transportation That Handicapped Persons Can Use; Assurance Concerning Nondiscrimination on the Basis of Disability in Federally-Assisted Programs and Activities Receiving or Benefiting from Federal Financial Assistance; School Transportation Operations Agreement; Energy Conservation; No Federal Government Obligations to Third Parties; Program Fraud and False or Fraudulent Statements or Related Acts; Debarment, Suspension, and Other Responsibility Matters, etc.**

Any complaints received by an approved agency regarding the above shall be reported to TTA.

Agency Fiscal and Managerial Capabilities

Each agency must demonstrate on an ongoing basis their fiscal and managerial capability to implement and carry out the project, which includes but is not limited to:

1. Demonstrating the financial and technical capacity to carry out the program including the safety and security aspects of the project.
2. Providing administrative and management support of the project implementation including sufficient administrative oversight to ensure that vehicles are being properly maintained and operated in a safe manner.
3. Ensuring that personnel are adequately trained in the safe operation of the equipment.
4. Accounting for project property and maintaining property inventory cards that contain all required information.
5. Demonstrating and retaining satisfactory continuing control over the use of project property.
6. Preparing and submitting required reports in a timely manner insuring accuracy of the information.
7. Ensuring compliance with all FTA, federal requirements, and TTA requirements that are applicable to the project.
8. Ensuring local match funds are available for the life of the project and that operating funds are available for the life of the project.

9. Updating and retaining required reports and records for availability during audits or oversight reviews.
10. Documenting that equipment is in good working order and is being maintained in accordance with the manufacturer's recommendations.
11. Ensuring periodic reviews by project supervisor or agency management that maintenance procedures are being followed.
12. Ensuring that ADA equipment is in good working order and documentation is maintained verifying that the lifts/ramps and tie downs are in good working order.
13. Develop and implement sound financial procedures ensuring that the agency has an adequate financial system.
14. Keeping expenditures within the latest approved budget in accordance with project guidelines and eligible expense, if applicable.

Annual Audit

Approved agencies are required to obtain an audit for each fiscal year. The audit should have the Section 5310 purchase of transportation services funding spelled out verifying that the funds were utilized to provide transportation services for seniors and individuals with disabilities.

On Site Monitoring Reviews

Representatives from KYOVA, TTA, and/or the Federal Transit Administration will periodically conduct on site reviews of approved applicants to verify reported service levels and compliance with contract provisions. Condition and proper maintenance of equipment being used to provide the purchased services will also be reviewed to verify that all requirements are being met.

During such reviews, the agency will be required to produce their:

- financial records;
- passenger and service records;
- preventative maintenance schedules (vehicle, lift/ramp, tiedowns);
- completed Daily Vehicle Inspection Report Forms;
- completed Comprehensive Maintenance Record Forms with invoice backup;
- current proof of insurance;
- agency's written safety plan documenting procedures to be followed in the event of an accident or situation; and
- the actual equipment being used to provide the services will be inspected to verify their condition.

Late Application Submission

Applications that are received after **4:00 p.m. on Friday, April 3, 2026**, will be considered for funding only after all other agencies on time requests have been met. KYOVA and/or TTA **WILL NOT** be responsible for late, lost, or misdirected mail.

APPENDIX B

TITLE VI NONDISCRIMINATION AND LIMITED ENGLISH PROFICIENCY REQUIREMENTS

*Each subrecipient must have its own program. To help you develop a Title VI program, TTA has provided this questionnaire, after which reviewed and accepted by TTA, will become your Title VI program. **Prior to submitting with 5310 Application, you will be required to submit the completed questionnaire to your Board or council for approval and then provide evidence of the approval (copy of Board or council minutes approving and adopting plan) to TTA.***

The Federal Transit Administration (FTA) requires all recipients of FTA assistance to develop a Title VI program. For more information concerning Title VI requirements go to Title VI Circular 4702.1B, "Title VI Requirements and Guidelines for FTA Recipients": [https://www.transit.dot.gov/sites/fta.dot.gov/files/docs/FTA Title VI FINAL.pdf](https://www.transit.dot.gov/sites/fta.dot.gov/files/docs/FTA_Title_VI_FINAL.pdf)

Adopted Title VI Plans are good for three years. If you have an adopted plan, submit copy with application.

Title VI Program

(Insert Agency Name Here)

(Insert Date Adopted Here)

TITLE VI REPORTING

Please complete the form using the number of transportation clients served. An individual client may be reported as both a low-income and minority client. Only report the transit system's clients served. DO NOT report US Census percentages or passenger trips. Use your client database to determine the number of low-income and/or minority clients. If you don't have that information, provide your best estimate and footnote how you arrived at that estimate at the bottom of the page. Please use the most recent data available.

Transportation Clients Served	Category
	<u>Low-Income:</u> a person whose median household income is at or below the Department of Health and Human Services' poverty guidelines
<u>Minority Persons</u> include the following:	
	American Indian and Alaska Native – refers to people having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
	Asian – refers to people having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent
	Hispanic or Latino – includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture origin, regardless of race
	Native Hawaiian and Other Pacific Islander – refers to people having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

TITLE VI PROGRAM QUESTIONNAIRE

NOTICE TO THE PUBLIC

FTA requires that each grantee notify the public of its rights under Title VI and include the notice and where it is posted in the Title VI program. The notice must include:

- *A statement that the agency operates programs without regard to race, color, and national origin*
- *A description of the procedures that members of the public should follow in order to request additional information on the grantee's nondiscrimination obligations*
- *A description of the procedures that members of the public should follow in order to file a discrimination complaint against the grantee*

*The notice can be a separate document, such as a posted sign, a statement that is in another document, or a stand-alone document, such as a Title VI brochure. A sample Title VI notice is provided in **Attachment A**.*

1. Please provide a copy of **your** Title VI notice(s).
2. Where are the notices posted?

3. Please provide a copy of your agency's complaint form and procedures.

COMPLAINT INSTRUCTIONS AND FORM

*FTA requires each grantee to have instructions for the public to follow and a form for the public to use for filing a Title VI complaint. TTA has provided for you the form and procedures for filing a Title VI complaint. **Attachment B** presents the sample form and procedures.*

TITLE VI COMPLAINTS, INVESTIGATIONS AND LAWSUITS

FTA requires that the Title VI program include a list of transit-related Title VI complaints, investigations, and lawsuits. TTA obtains this information with grant applications. Please note that EEO and ADA complaints are not Title VI complaints so do not list them. If you are part of a city, county, or human service agency, only list Title VI complaints, investigations, or lawsuits related to transportation services.

4. Have you had any Title VI complaints, investigations, or lawsuits related to your transportation services? If yes, please complete the following table:

Type	Date	Summary	Status	Action(s) Taken
Complaints				
Investigations				
Lawsuits				

PUBLIC PARTICIPATION ELEMENT

FTA requires that the Title VI program include a public participation plan that includes an outreach plan to engage minority and limited English proficient (LEP) populations. The plan may include other constituencies that are traditionally underserved, such as people with disabilities, low- income populations, and others. Applicants to TTA for FTA assistance are required to comply with several requirements that help meet this Title VI requirement. These requirements include the published notice of intent to apply to TTA for FTA assistance and participation in the public transit- human services transportation coordinated plan development. Other public participation methods include open Board/ council meetings, council meetings of cities and counties that provide local funding, advisory committees, public involvement efforts for transportation services, passenger surveys, marketing efforts, such as booths at fairs, and presentations to service and other organizations.

5. Describe the mechanism for disseminating information to the public. Provide a summary of public outreach and involvement activities undertaken and a description of the steps taken to ensure minority, low-income, and Limited English Proficiency populations have meaningful access to these activities.

LIMITED ENGLISH PROFICIENCY (LEP) ELEMENT

FTA requires that the Title VI program include a plan for providing language assistance to LEP persons. An LEP person is someone who speaks English less than very well.

6. Do you have a mechanism in place to ensure meaningful access to the benefits, services, information, and other important portions of your programs and activities for individuals who are Limited English Proficiency? Please explain.

PLANNING AND ADVISORY BOARDS

FTA requires that the Title VI program present the racial make-up of all transit related, non-elected planning boards, advisory councils or committees, or similar committees, the membership of which is selected by the recipient, and a description of the efforts to encourage the participation of minorities on such committees.

7. List all of your transit-related advisory boards and committees (if any) and the purpose of each.

8. What is the racial makeup of each board and committee?

9. What efforts are undertaken to encourage participation of minorities on these committees?

Attachment A

Title VI Notice to the Public

[Agency] operates its programs and services without regard to race, color, or national origin in accordance with Title VI of the 1964 Civil Rights Act. Any person who believes that she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with our agency.

Any such complaint must be in writing and filed with this agency within 180 days following the date of the alleged discriminatory occurrence. For information on our nondiscrimination obligations or how to file a complaint, please contact [Agency's name] by any of the methods listed below.

Agency Name and Address

Phone

Fax

Email

If this information is needed in another language, please contact us.

Attachment B Title VI Complaint Form and Procedures

SAMPLE

(Agency Name) TITLE VI COMPLAINT FORM

"No person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

If you feel that you have been discriminated against in the provision of transportation services, please provide the following information to assist us in processing your complaint. Should you require any assistance in completing this form or need information in alternate formats, please contact us.

Please mail or return this form to:

[Director]

[Agency Name]

[Address]

[Email and Fax number]

1. Complainant's Name:

- a. Address: _____
- b. City: _____ State: _____ Zip Code: _____
- c. Telephone (Home ☐ or Cell ☐): _____
- d. Telephone Work: _____ (Please include area code)
- e. E-Mail Address: _____

Do you prefer to be contacted via this e-mail address? ☐ Yes ☐ No

2. Accessible Format of Form Needed? ☐ Large Print ☐ Audio Tape ☐ TDD ☐ Other (please specify):

3. Are you filing this complaint on your own behalf? ☐ Yes If YES, please go to Question 7

☐ No If no, please go to question 4

4. If you answered NO to question 3 above, please provide your name and address.

- a. Name of Person Filing Complaint: _____
- b. Address: _____
- c. Telephone (Home ☐ or Cell ☐): _____
- d. Telephone Work: _____ (Please include area code)
- e. E-Mail Address: _____

Do you prefer to be contacted via this e-mail address? ☐Yes ☐No

5. What is your relationship to the person for whom you are filing the complaint?

6. Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. ☐Yes, I have permission. ☐No, I do not have permission.

7. I believe that the discrimination I experienced was based on (check all that apply)

☐ Race ☐ Color ☐ National Origin (Classes protected by Title VI) ☐ Other (please specify)

8. Date of Alleged Discrimination (Month, Day, Year):

9. Where did the Alleged Discrimination take place?

10. Explain as clearly as possible what happened and why you believe that you were discriminated against. Describe all of the persons that were involved. Include the name and contact information of the person(s) who discriminated against you (if known). *Use the back of this form or separate pages if additional space is required.*

11. Please list any and all witnesses' names and phone numbers/contact information. *Use the back of this form or separate pages if additional space is required.*

12. What type of corrective action would you like to see taken?

13. Have you filed a complaint with any other Federal, State, or local agency, or with any Federal or State court? ☐Yes **If yes, check all that apply** ☐No

a. ☐ Federal Agency (List agency's name)

b. ☐ Federal Court (Please provide location)

c. ☐ State Court

d. ☐ State Agency (Specify Agency)

e. ☐ County Court (Specify Court and County)

f. ☐ Local Agency (Specify Agency)

14. Please provide information about a contact person at the agency/court where the complaint was filed.

Name:

Title:

Agency: Telephone:

Address:

City/State/Zip Code:

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date are required:

Signature

Date

If you completed Questions 4, 5 and 6, your signature and date is required

Signature

Date

Attachment B – Continued

Title VI Complaint Form and Procedures

SAMPLE

(Your agency's name)

Title VI Procedures Title VI of the 1964 Civil Rights Act requires that —No person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.

Any person who believes that he/she has been aggrieved by an unlawful discriminatory practice on the basis of race, color or national origin by (insert your agency's name) may file a complaint by completing and submitting (your agency's name) Title VI Complaint form.

How do you file a complaint?

You may download the (your agency's name) Title VI Complaint Form at (give web address), or request a copy by writing or phoning (list your agency's full name, address and phone number). You may file a signed, dated and written complaint no more than 180 days from the date of the alleged incident. The complaint should include:

- Your name, address and telephone number. (See Question 1 of the Complaint Form)
- How, why, and when you believe you were discriminated against. Include as much specific, detailed information as possible about the alleged acts of discrimination, and any other relevant information. (See Questions 7, 8, 9, and 10 of the Complaint Form)
- The names of any persons, if known, whom the director could contact for clarity of your allegations. (See Question 11 of the Complaint Form)

Please submit your complaint form to address listed below:

Director

Your agency's name and address

How will your complaint be handled?

(Your agency's name) investigates complaints received no more than 180 days after the alleged incident. (Your agency's name) will process complaints that are complete. Once a completed complaint is received, (Your agency's name) will review it to determine if acknowledgement letter informing her/him whether the complaint will be investigated by (your agency's name).

Attachment B – Continued
Title VI Complaint Form and Procedures

(Your agency's name) will generally complete an investigation within 90 days from receipt of a completed complaint form. If more information is needed to resolve the case, **(your agency's name)** may contact the complainant. Unless a longer period is specified by **(your agency's name)**, the complainant will have ten (10) days from the date of the letter to send requested information to the **(your agency's name)** investigator assigned to the case. If **(your agency's name)** investigator is not contacted by the complainant or does not receive the additional information within the required timeline, **(your agency's name)** may administratively close the case. A case may be administratively closed also if the complainant no longer wishes to pursue their case.

After an investigation is complete, **(your agency's name)** will issue a letter to the complainant summarizing the results of the investigation, stating the findings and advising of any corrective action to be taken as a result of the investigation. If a complainant disagrees with **(your agency's name)** determination, he/she may request reconsideration by submitting a request in writing to **(your agency's name)** director **(or the appropriate title)** within seven (7) days after the date of **(your agency's name)** letter, stating with specificity the basis for the reconsideration. The director **(or the appropriate title)** will notify the complainant of his decision either to accept or reject the request for reconsideration within 10 days. In cases where reconsideration is granted, the director **(or the appropriate title)** will issue a determination letter to the complainant upon completion of the reconsideration review.

A person may also file a complaint directly with the Federal Transit Administration, at FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590. If information is needed in another language, then contact **(your agency's name)** at **(phone number)**.

APPENDIX C
EXAMPLES OF MONTHLY SECTION
5310
EXPENDITURE REPORT FORMS

EXAMPLE REIMBURSEMENT RATE PER HOUR
MONTHLY SECTION 5310 EXPENDITURE REPORT FORM

For the Period: _____ Year _____

Agency: _____

TOTAL PASSENGER TRIPS

Total Elderly	-	
Total Disabled	-	
a.) Wheelchair Users	-	
b.) Non-Wheelchair Users	-	
Total Other Passengers	-	

Trip Purposes:

Adult Day Care	_____
Education	_____
Employment	_____
Medical	_____
Mental Health	_____
Nutrition	_____
Shopping/Personal	_____
Social/Recreation	_____
Other:	_____

TOTAL SERVICE HOURS: _____ 0.00

TOTAL SERVICE MILES: _____



REIMBURSEMENT RATE PER HOUR: _____ -

LESS 20% MATCH: Source: _____ \$ -

_____ \$ -

_____ \$ -

FUNDS REQUESTED: _____ -

COORDINATION EFFORTS:

List any examples of coordination regarding providing transportation services for this month:

***CERTIFICATION:** "I certify that this report represents accurately the statistical information for the period covered and conforms to the terms and conditions of the referenced grant agreement. All documentation in support of expenses and statistics is available for review at our office. No other funding sources have been utilized to pay for the same miles/trips/hours except for requested match."*

Name & Title	Signature	Date
--------------	-----------	------

Name & Title	Signature	Date
--------------	-----------	------

FOR DPT USE ONLY - REVIEWED BY:			
Name	Date	Name	Date

EXAMPLE REIMBURSEMENT RATE PER MILE

MONTHLY SECTION 5310 EXPENDITURE REPORT FORM

For the Period: _____ Year _____

Agency: _____

TOTAL PASSENGER TRIPS

Total Elderly	_____	-	_____
Total Disabled	_____	-	_____
a.) Wheelchair Users	_____	-	_____
b.) Non-Wheelchair Users	_____	-	_____
Total Other Passengers	_____	-	_____

Trip Purposes:

Adult Day Care	_____
Education	_____
Employment	_____
Medical	_____
Mental Health	_____
Nutrition	_____
Shopping/Personal	_____
Social/Recreation	_____
Other:	_____

TOTAL SERVICE MILES:

REIMBURSEMENT RATE PER MILE: _____

LESS 20% MATCH:	Source:	_____	\$	-
		_____	\$	-
		_____	\$	-

FUNDS REQUESTED: _____

COORDINATION EFFORTS:

List any examples of coordination regarding providing transportation services for this month:

CERTIFICATION: "I certify that this report represents accurately the statistical information for the period covered and conforms to the terms and conditions of the referenced grant agreement. All documentation in support of expenses and statistics is available for review at our office. No other funding sources have been utilized to pay for the same miles/trips except for requested match."

Name & Title	Signature	Date
--------------	-----------	------

Name & Title	Signature	Date
--------------	-----------	------

FOR DPT USE ONLY - REVIEWED BY:

Name	Date	Name	Date
------	------	------	------

EXAMPLE REIMBURSEMENT RATE PER TRIP
MONTHLY SECTION 5310 EXPENDITURE REPORT FORM

For the Period: _____ Year _____

Agency: _____

TOTAL PASSENGER TRIPS

Total Elderly	-	
Total Disabled	-	
a.) Wheelchair Users	-	
b.) Non-Wheelchair Users	-	
Total Other Passengers	-	

Trip Purposes:

Adult Day Care	_____
Education	_____
Employment	_____
Medical	_____
Mental Health	_____
Nutrition	_____
Shopping/Personal	_____
Social/Recreation	_____
Other:	_____

TOTAL SERVICE MILES:



REIMBURSEMENT RATE PER TRIP: _____

LESS 20% MATCH:	Source:	\$	-
		\$	-
		\$	-

FUNDS REQUESTED: _____

COORDINATION EFFORTS:

List any examples of coordination regarding providing transportation services for this month:

***CERTIFICATION:** "I certify that this report represents accurately the statistical information for the period covered and conforms to the terms and conditions of the referenced grant agreement. All documentation in support of expenses and statistics is available for review at our office. No other funding sources have been utilized to pay for the same miles/trips except for requested match."*

Name & Title	Signature	Date
--------------	-----------	------

Name & Title	Signature	Date
--------------	-----------	------

FOR DPT USE ONLY - REVIEWED BY:			
Name	Date	Name	Date