



Public Transportation Division

**FY 2020 Application Instructions:
State Rural and State Urban Grants**

Posted: June 7, 2019
Due: June 28, 2019

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SECTION ONE – INTRODUCTION

Introduction

This document contains instructions on how to fill out the application for State Rural or State Urban funds. As described in the Transportation Code, Chapter 456, the State funding program is formula based providing State grant funds to designated rural and urban transit districts for public transportation projects in rural and urban areas.

The State Rural or State Urban application is the process to apply for the State funds. Eligible activities include operating, administration, planning and capital expenses. Entities receiving funds for multiple urbanized areas as defined in the minute order must complete one application per area.

Online Application

The online grant application is divided into five sections or web pages in eGrants:

- General Information
- Vehicles and Other Capital Projects
- Construction and Rehabilitation Projects
- Obligation Certification
- Budget and Milestones

All items with a red asterisk* indicate a mandatory field and require a response. All responses need to be clear and concise and communicate how the agency will allocate and apply the funds. Applicants are required to complete all sections of the application completely and thoroughly with the most current agency-related information.

For the convenience of the applicant, the instructions contain fillable text fields. Upon running a grammar check, spell-check, and word\character count, the applicant can copy and paste the text into the appropriate online application field.

In addition to the filling out the online application, we ask all applicants to revisit their *Service Profile* and make updates as needed, to verify the information is current.

SECTION TWO – GENERAL INFORMATION

General Information

Provide primary contact information in the available fields. (See Figure 1)

Person to be contacted regarding this application	
First Name *	<input type="text"/>
Last Name *	<input type="text"/>
Phone Number *	<input type="text"/>
Email Address *	<input type="text"/>

Figure 1: Contact Person

The applicant confirms that the agency *Service Profile* is accurate by checking the box as shown in image below. (See Figure 2).

NOTE: The *Service Profile* can be located by clicking on the “*Supplementals*” link then clicking on the “*Supplementals Types*” dropdown arrow.

By checking this box, you are indicating that the service profile for this organization is accurate. *	<input type="checkbox"/>
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Figure 2: Service Profile Certification

Project Service Area Selection

Document the agency’s service area by choosing one of the radio buttons (Urban or Rural). (See Figure 3).

Project Service Area *	<input type="radio"/> Urban <input type="radio"/> Rural
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Figure 3: Project Service Area

General Information

All applicants are required to provide a response for the questions outlined in the fillable text fields below.

1. *Describe the proposed project(s) for which the funds will be used. **

Click here to enter text.

Provide the following:

- *Type of service*
- *Service area (cities and counties)*
- *Hours of operation when the service is available*
- *Budgeted line items broken down by ALIs.*

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2. *Describe how the need/demand for the proposed project(s) was determined. **

Click here to enter text.

Provide the following:

- *Type of service provided as part of the need/demand*
- *Service area to be served based on trend and need*
- *Hours of operation based on trend and need*
- *Identification of ridership audience (i.e. general public, elderly, disabled, veteran, etc.)*

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3. *Describe the anticipated benefits of the project. **

Click here to enter text.

Provide the following:

Based on the trend data, document how riders or communities benefit from the service

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SECTION THREE – VEHICLE AND OTHER CAPITAL PROJECTS

VEHICLE AND OTHER CAPITAL PROJECTS

The number of questions will depend on the responses to questions 1 and 5.

Vehicle Projects

Vehicle projects include the purchase, rebuild and overhaul of vehicles.

1. Are Vehicle Capital expenses part of the proposed project? *
 - If you click on the “No” radio button then proceed to question 5 (questions 2 – 4 will be hidden)
2. Describe the scope of the project: for the purchase of a vehicle, identify if the vehicles will be used for expansion or replacement; for rebuild or overhaul, identify the vehicles to be rebuilt/overhauled or describe them by vehicle type. *

Click here to enter text.

Provide the following:

- The number of vehicles; whether the project is for new, replace, rebuild, overhaul, etc.
- VIN number for each replaced vehicle
- Year and type of vehicle
- Description of replaced vehicle

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3. For each separate vehicle project, describe the need for the project. Specifically, identify how the project was selected and what service improvements and/or project benefits are to be addressed (press the save button for additional rows). * (See Table 2).

Vehicle Project Description Description of Project Need, Selection and Benefit

Click here to enter text.	Click here to enter text.
<i>Describe purchase of vehicle information.</i>	
Click here to enter text.	
<i>Describe purchase of vehicle information.</i>	

Table 2: Vehicle Project Description

4. *If vehicles are proposed to be purchased, will the vehicles be ADA accessible? **

- *A non-accessible vehicle requires a “waiver” with the Public Transportation Coordinator’s endorsement prior to entering into a grant agreement*
- *All fixed route service vehicles are required by FTA to be accessible and will not be granted waivers*

Other Capital

5. *Are Other Capital expenses part of the proposed project description? **

- *If you click on the “Yes” radio button, then questions 6 and 7 become visible.*

NOTE: Other Capital expenses include but are not limited to:

- *Preventive maintenance,*
- *Purchase of service,*
- *Communication and computer equipment,*
- *Hardware and/or software, and*
- *Other miscellaneous equipment used to support the project.*

6. *Describe the scope of the Other Capital project in detail. **

Click here to enter text.

Provide the following:

- *Describe whether scope include shop equipment, communication, hardware; etc.*
- *Provide quantities and types; include the make and models for hardware, and titles for software*
- *Requested dollar amount and any match amount*

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7. *Describe the need for the Other Capital project. Specifically, document how the project was selected and what service improvements and/or project benefits will addressed. **

Click here to enter text.

Provide the following:

- *How the funds will be used based on the selection of project*
- *Selection criteria used to determine selection and benefits*
- *What services are being provided*

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Attachments

Upload any additional documents relevant to this application.

NOTE: A map or bus schedule for each service area **MUST BE ATTACHED**, no exceptions. If available, attach service brochures as well. Any additional attachments not specifically identified in other sections of the application should be attached on this page.

All attachments should include a descriptive title; i.e. "*Route Map or Bus Schedule*". eGrants allows the upload of multiple documents. (See Figure 5).

Information documented in agency bus schedule(s) should be current and aligned to the applicant's Service Profile, sections: Hours of Operation, Fare Type, other pertinent information.

Description	Upload
<input type="text"/>	<input type="button" value="Choose File"/> No file chosen

Figure 5: Attachments

SECTION FOUR – CONSTRUCTION AND REHABILITATION PROJECTS

Construction and Rehabilitation Projects

Construction and Rehabilitation Projects can include the following phases:

- *Planning*
- *Preliminary Engineering (including environmental review)*
- *Final Design and Real Estate Acquisition*
- *Construction/Rehabilitation*

1. *Are Construction and/or Rehabilitation related expenses part of the proposed project? **

- If "Yes" is selected, then proceed to questions 2 – 6. *Construction and Rehabilitation Projects* include, but are not limited to:
 - *Construction related planning and procurement*
 - *Preliminary engineering*
 - *Environmental review*
 - *Real estate acquisition*
 - *Final design*
 - *Construction*
 - *Other related activities*

2. *Identify the Construction and Rehabilitation project phases that will be included as part of the proposed project. *(See Figure 6).*

A. Planning	<input type="checkbox"/>
B. Preliminary Engineering (including environmental review)	<input type="checkbox"/>
C. Final Design and Real Estate Acquisition	<input type="checkbox"/>
D. Construction/Rehabilitation	<input type="checkbox"/>

If C or D are selected above, please upload a copy of your FTA Region 6 Categorical Exclusion Worksheet (if this project is not eligible as a categorical exclusion please contact your PTC).

FTA Region 6 Categorical Exclusion Worksheet No file chosen

Figure 6: Project Phase Selection

3. Describe the scope of the Construction and Rehabilitation project in detail. *

Click here to enter text.

Provide the following:

- Approval authority to construct or rehabilitate a facility
- Construction type; i.e. facility, maintenance, fueling station, access road, etc.
- Work to be performed, pricing, etc.

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4. Describe the need for the Construction and Rehabilitation project. Specifically, identify how the project was selected and what service improvements and/or project benefits are to be addressed. *

Click here to enter text.

Provide the following:

- See question for details

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5. Provide the facility location, if available. (See figure 7).

N/A	<input type="checkbox"/>
Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip	<input type="text"/>

Figure 7: Facility Location Address

6. Describe the facility including the facility function. *

Click here to enter text.

Provide the following:

- Facility type (Administrative, maintenance, etc.)
- Description of the proposed facility

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NOTE: Agencies must receive consultation with PTN prior to Construction and Rehabilitation projects. Consultation is necessary prior to the inclusion of Construction and Rehabilitation projects in a PGA.

SECTION FIVE – OBLIGATION CERTIFICATION

Obligation Certification

The *Obligation Certification* online form must be certified by clicking on the check box. The applicant certifies the statements and that the person checking the box is an official or designee has the authority to sign the online document. (See Figure 8).

<u>OBLIGATION CERTIFICATION</u>		
As an authorized official of		
I certify to the following:		
1. The information presented in the application is true and accurate to the best of my knowledge.		
2. I have not intentionally made any misstatements or misrepresented the facts.		
3. The organization has the resources and technical capacity to support the project.		
4. The organization has the resources and technical capacity to provide the required match.		
5. The organization uses generally accepted accounting standards for its financial recordkeeping functions.		
6. The organization will participate in a continuous, comprehensive dialogue throughout the life of the project.		
This includes but is not limited to:		
• On-Site monitoring by TxDOT personnel		
• Timely submission of required reports		
• Timely written notification of events that will affect the outcome of the project		
7. The organization will comply with all applicable federal, state, and local laws and regulations.		
This includes but is not limited to:		
• Annual Certifications and Assurances		
• Master grant agreements		
• Project grant agreements		
• Applicable federal program circulars and similar federal and state guidance		
8. Applicant Affirmation: Compensation has not been received for participation in the preparation of the specifications for this call for projects.		
<input type="checkbox"/> By checking and completing this document I certify that the above statements are true and that I have the authority to sign this document.		
Name	Title	Date

Figure 8: Obligation Certification

SECTION SIX – BUDGET AND MILESTONES

BUDGET AND MILESTONES

The budget and milestones page contains information how the agency will spend the State funds. (See Figure 9).

Comment [LH1]: ???

NOTE: Sub-recipients that have not previously had a negotiated indirect cost rate may elect for a 10% de minimus rate of modified total direct cost without negotiating an indirect cost rate or submitting an indirect cost rate agreement plan.

NOTE: If the applicant is charging indirect cost (beyond the 10% De Minimus rate) then supporting documents must be provided in the eGrants Administrative Requirements – Forms, Compliance Forms page, line 4. Indirect Cost Allocation Plans (ICAP) and Indirect Costs Rates. Only the applicant's Certificate of Indirect Cost is needed.

You are here: > [Application/PGA Menu](#) > [Forms Menu](#) > Budget Forms

BUDGET AND MILESTONES

Agency Name
Program Type

Does this budget include indirect costs? * Yes No

If yes, please enter the Indirect Rate %

Attachments
You may upload additional documentation here.
(If this budget includes In-Kind funds you are required to upload supporting documentation.)

Description	Upload
	<input type="button" value="Choose File"/> No file chosen

Figure 9: Indirect Cost Rate

Attachments

The applicant may upload additional documentation here. (If this budget includes In-Kind funds, the applicant is required to upload supporting documentation.)

Line Items

When entering budget line items, fill out a row and then press the [SAVE] button for additional rows.

Column Heading	Comments
<i>Description</i>	Choose the description from the pre-populated drop-down list <i>(Required to be filled out by the applicant.)</i>
<i>Scope</i>	Not applicable for this application
<i>Suffix #</i>	Not applicable for this application
<i>TPN</i>	Not applicable for this application
<i>Fuel Type</i>	For vehicles, choose the fuel type from the drop-down list
<i># of Units</i>	Enter the number of units associated with the project description for capital items. <i>(Required to be filled out by the applicant.)</i>
<i>Award Amount</i>	State amount requested by applicant <i>(Required to be filled out by the applicant.)</i>
<i>State Match</i>	Not applicable for this application
<i>Local Match</i>	Not applicable for this application
<i>In-Kind Match</i>	Not applicable for this application
<i>Total Funds</i>	eGrants will calculate.
<i>TDCs?</i>	Not applicable for this application
<i>Match Ratio</i>	Field is locked and does not need to be completed
<i>TDC</i>	Not applicable for this application
<i>Estimated RFP/IFB Issued</i>	Date must be entered for all capital item and any contracted services by the applicant. <i>(Required to be filled out by the applicant, if applicable.)</i>
<i>Estimated Contract Award</i>	Date must be entered for all line items by the applicant. For project administration and operating enter the date the agency will begin using the funds. <i>(Required to be filled out by the applicant.)</i>
<i>Estimated First Vehicle Delivered</i>	Vehicle projects only. <i>(Required to be filled out by the applicant, if applicable.)</i>
<i>Estimated Last Vehicle Delivered</i>	Vehicle projects only. <i>(Required to be filled out by the applicant, if applicable.)</i>
<i>Estimated Contract Complete</i>	Date when all funds will be expended for line item. <i>(Required to be filled out by the applicant, if applicable.)</i>