



Public Transportation Division

Application Instructions  
Section 5311 Formula Grant

## Introduction

The purpose of this document is to provide the reader instructions on how to fill out an application for Federal Transit Act, 49 USC §5311 (Section 5311) funds in the Texas Department of Transportation (TxDOT) electronic grants system (eGrants). Section 5311 is a formula-based program that provides funding to eligible rural transit districts for the purpose of supporting public transportation in rural areas. In order to be eligible to apply, applicants must comply with all applicable federal, state, and local laws and regulations.

TxDOT is a recipient of Section 5311 pass-through funds, which are made available to eligible subrecipients via grants, and an online application process is used when applying for the funds. Eligible activities include operating, administration, planning, and capital expenses.

Additional information regarding Section 5311 funds can be found in Section 43 TAC 31.36, and FTA circular 9040.1G.

## Online Application

The online grant application is divided into four sections or web pages:

- General Information
- Vehicles and Other Capital Project
- Construction and Rehabilitation
- Budget and Milestones

All items with a red asterisk\* indicate a mandatory field and require a response. All fields have their respective character limit and indicate the number of characters used and the number of characters remaining as you type. **All responses should be clear and concise and communicate how the agency will specifically allocate and apply the funds.** Also, applicants should complete all sections of the application completely and thoroughly with the most current agency-related information. For the convenience of the applicant, screen shots of the online application are included in this document for reference.

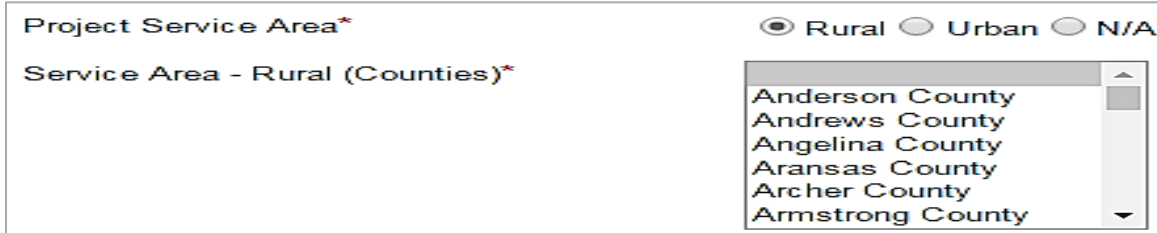
In addition to the online application, we ask all Subrecipients to re-visit their Service Profile and make any updates, as appropriate. For the convenience of the applicant, screen shots of the Service Profile section are included in this document for instruction and reference.

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## **SERVICE PROFILE**

Select the project service area using the radio buttons and highlight the rural service area counties using the vertical scroll bar. (See Figure 1).



The screenshot shows a form titled "Project Service Area\*" with three radio buttons: "Rural" (selected), "Urban", and "N/A". Below this is a section labeled "Service Area - Rural (Counties)\*" which contains a vertical scrollable list of counties: Anderson County, Andrews County, Angelina County, Aransas County, Archer County, and Armstrong County.

Figure 1 : Service Area and Counties

### **Type of Service Provided\***

Select all the types of service that is anticipated to be provided. (See Figure 2).



The screenshot shows a list of service types with checkboxes: Demand Response, Fixed-Route, ADA Complementary Paratransit, Deviated Fixed Route, Regionally Coordinated Transportation Planning, and Other. Below the list is a text input field with a character count of "0 of 2000".

Figure 2: Type of Service Provided

### **Identify all third party contracts and attach a copy of contract.**

Upload a copy of the fully executed contract agreements and provide the following in the available fields:

- Description of Service
- Agency Name
- Physical Address
- City
- State
- Zip Code
- Contact Name
- E-Mail Address

## Hours of Operation

Select start and end times for service. (See Figure 3).

	Start Time				End Time			
Monday	▼	:	▼	▼	▼	:	▼	▼
Tuesday	▼	:	▼	▼	▼	:	▼	▼
Wednesday	▼	:	▼	▼	▼	:	▼	▼
Thursday	▼	:	▼	▼	▼	:	▼	▼
Friday	▼	:	▼	▼	▼	:	▼	▼
Saturday	▼	:	▼	▼	▼	:	▼	▼
Sunday	▼	:	▼	▼	▼	:	▼	▼

Figure 3: Hours of Operation

## Does the agency charge a fare?

Make your selection by clicking on a radio button. (See Figure 4).

A fare is charged.
   
 A donation is requested.
   
 No fees are requested.

Figure 4: Fares

## Fare Type

Enter amount to selected fare type and add comments, as appropriate. Include the date of the last fare change. (See Figure 5).

	Amount	Comments:
Regular Fare		
Senior Fare		
Persons with Disabilities (non-paratransit)		
Personal Care Attendant		
Paratransit		
Student Fare		
Monthly Pass		
Tickets or Tokens		
No Fare Charged		
Other		

Date of last fare change

Figure 5: Fare Type

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### How is the public notified of a fare change?

Select all methods used to notify the public of fare changes. (See Figure 6).

Newspaper	<input type="checkbox"/>
Radio	<input type="checkbox"/>
Public Hearing	<input type="checkbox"/>
TV/Cable	<input type="checkbox"/>
Social Media	<input type="checkbox"/>
Flyer	<input type="checkbox"/>
Other	<input type="checkbox"/>
If "Other" is selected, please enter a description.	
0 of 2000	<input type="text"/>

Figure 6: Fare Change Notification

### How are vehicles stored?

Select all methods used to store the vehicles. (See Figure 7).

Garage	<input type="checkbox"/>
Secured Lot	<input type="checkbox"/>
On-site in unsecured lot	<input type="checkbox"/>
Off-site location in unsecured lot	<input type="checkbox"/>
Staff takes home vehicle daily	<input type="checkbox"/>

Figure 7: Vehicle Storage

### How soon in advance does a passenger need to schedule a trip?

Select the time frame for scheduling a trip. (See Figure 8).

72 hours or greater in advance	<input type="radio"/>
24-48 hours in advance	<input type="radio"/>
Same day as needed	<input type="radio"/>
Other	<input type="radio"/>

Figure 8: Scheduling a Trip

### Are trips scheduled on a first come first serve basis?

Select the appropriate radio button for response. (See Figure 9).

<input type="radio"/> Yes <input type="radio"/> No
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Figure 9: Trip Scheduling

### How is dispatching accomplished?

Select all methods used for dispatching. (See Figure 10).

Two-way radio	<input type="checkbox"/>
Cell Phone	<input type="checkbox"/>
Mobile Data Terminal	<input type="checkbox"/>
Other	<input type="checkbox"/>

If "Other" is selected, please enter a description.

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Figure 10: Dispatching

### How is service marketed?

Select all methods used to market services provided. (See Figure 11).

Newspaper	<input type="checkbox"/>
Radio	<input type="checkbox"/>
Public Hearing	<input type="checkbox"/>
TV/Cable	<input type="checkbox"/>
Social Media	<input type="checkbox"/>
Flyer	<input type="checkbox"/>
Other	<input type="checkbox"/>

If "Other" is selected, please enter a description.

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Figure 11: Marketing

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## **GENERAL INFORMATION**

Provide primary contact information in the available fields. (See Figure 12).

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

Figure 12: Contact Person

The *Obligation Certification* document is a certification that is filled out by the applicant and signed by an official or designee with signature authority then uploaded to eGrants. (See Figure 13).

Click <a href="#">here</a> to download an Obligation Certification	
Obligation Certification *	<input type="button" value="Choose File"/> No file chosen

Figure 13: Obligation Certification Upload

The applicant confirms that the agency *Service Profile* is accurate by checking the box as shown in image below. The *Service Profile* is located in the “*Administrative Requirements Menu*” under “*Supplementals.*” (See Figure 14).

By checking this box, you are indicating that the service profile for this organization is accurate. *	<input type="checkbox"/>
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Figure 14: Service Profile Certification

Since Section 5311 funds are for rural projects, applicants must click the “Rural” radio button. If the service area is not rural, the applicant should contact the designated TxDOT Public Transit Coordinator (PTC) for guidance. (See Figure 15).

Project Service Area *	<input type="radio"/> Urban <input type="radio"/> Rural
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Figure 15: Project Service Area Selection

## General Information

All responses should be supported with qualitative and quantitative data, citing sources as appropriate. See the questions and their respective guidance below.

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

- *Type of service – Demand Response, Fixed Route, ADA Complementary, Paratransit, and/or Deviated Fixed Route.*
- *Service Area – cities and/or counties.*
- *Hours of Operation – days of week, hours of day, holidays if applicable.*

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

- *Should relate back to information provided in Question 1.*
- *Include current state qualitative and quantitative data used to determine the need/demand for each Type of Service, Service Area and Hours of Operation.*

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

- *Include the population that will benefit from Type of Service, Service Area and Hours of Operation, as described in Question 1.*

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4. Identify and describe methods to procure goods and/or services related to this project. \*

- *If the agency will procure goods or services or would like to use a contract for goods or services, which has been previously procured and approved by PTN, identify the type of procurement and document steps taken to procure the goods or services.*

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5. If vendors have been previously selected, complete the following (press the [SAVE] button for additional rows). \* (See Figure 16).

Vendor Name	Description of goods/services
<input type="text"/>	<input type="text"/>

Figure 16: Vendor Name Services

- Provide the vendor name for any goods or services for which a vendor was previously selected along with a short description of the goods or services.
- If a vendor has previously been selected, responses to questions 4 and 5 must be consistent.

6. Is the proposed project consistent with continuing, cooperating, and comprehensive regional transportation planning implemented in accordance with 49 U.S.C. §5301? \* (See Figure 17).

Yes  No

Figure 17: 49 USC §5301 Certification

- General policies for receiving federal funds are identified in 49 U.S.C. §5301. Agencies must certify the information.

## **VEHICLES 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 “No” is selected then proceed to question 5; questions 2 – 4 will be hidden as they are not applicable.*
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. \*

- *Provide specific details as to how the Section 5311 funds will be used for vehicle capital expenses.*

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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 Figure 18).

Vehicle Project Description	Description of Project Need, Selection and Benefit

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**Figure 18: 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

*Other Capital* includes, but is not limited to:

- Shop equipment.
- Communication.
- Computer equipment.
- Hardware.
- Software.
- Preventive maintenance.
- Purchase of service.
- Other miscellaneous equipment.

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

- *If "Yes" is selected, proceed to questions 6 and 7, as they will appear.*
- *Other Capital expenses includes but is 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. \*

- *Provide a response that is clear, concise and specifically identifies the other capital expenses that will be incurred under the Section 5311 program.*

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7. Describe the need for the *Other Capital* project. Specifically, identify how the project was selected and what service improvements and/or project benefits are to be addressed. \*

- *Provide a response that is clear, concise and uses qualitative and quantitative data to document how the project was selected, the service improvements and/or other project benefits.*

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## Attachments

Upload any additional documents relevant to this application.

**At minimum**, a map or bus schedule for each service area should be attached. 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 for upload of multiple documents. (See Figure 19).

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

Figure 19: Attachments

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## **CONSTRUCTION AND REHABILITATION PROJECTS**

Responses should be supported with qualitative and quantitative data, citing sources as appropriate, specifically related to how the Section 5311 funds will be used for construction and/or rehabilitation related expenses.

### **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 20).

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

**Figure 20: Project Phase Selection**

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

*Document the scope of the project and include details such as quantitative and qualitative data, the description of the project, the work to be performed, the significant milestones, timeframes for delivery, reports, pricing, deliverables, roles and responsibilities and end products that are to be provided.*

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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. \*

*Document how the need for the project was determined using quantitative and qualitative data. Include information pertaining to the project selection process, the service improvements that will be made and/or the project benefits.*

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5. Provide the facility location, if available. (See figure 21).

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

Figure 21: Facility Location Address

6. Describe the facility including the facility function. \*

- *Document facility location if available.*
- *Identify the facility type (Administrative, maintenance, etc.) and provide a description of the proposed facility.*

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## **BUDGET AND MILESTONES**

The budget and milestones page contains information how the agency will spend the Section 5311 funds, on a per line item basis.

At this time, in order to expedite this application, please limit line item budget to Project Administration, Operating, Preventive Maintenance, and Capital Cost of Contracting. If Preventive maintenance is budgeted at this time TDC cannot be used as match.

When additional apportionments become available, an amendment to add the Vehicle Miles award will be made, which will allow for all other budget line items (i.e. capital) as well as TDC to be requested to match capital items.

### **Does this budget include indirect costs?\***

- If “Yes” is selected, type in the percentage in fill box. (See Figure 22)
- 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.

<b>If yes, please enter the Indirect Rate</b>	<input type="text"/>	%
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Figure 22: Indirect Cost Rate

### **Attachments**

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

Upload PTN-143 form plus supporting documentation when in-kind funds will be used as match. (See Figure 23).

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

Figure 23: In-Kind Documentation Upload

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**Line Items**

Complete a row then press the [Save] button for additional rows.

Column Heading	Comments
Description	Choose the description from the pre-populated drop-down list
Scope	Field is locked and does not need to be completed.
Suffix #	Field is locked and does not need to be completed
TPN	Field is locked and does not need to be completed
Fuel Type	Choose the fuel type from the drop-down list
Cost Per Unit	Enter the dollar cost associated with the project description
# of Units	<ul style="list-style-type: none"> <li>Enter the number of units associated with the project description.</li> <li>For operating or project administration the total fund amount should be entered</li> </ul>
Total Cost	eGrants system will calculate.
Award Amount	Federal amount requested by subrecipient
State Match	Agency documents the amount
Local Match	Agency documents the amount
In-Kind Match	Agency documents the amount, support documents and amount entered in this field must concur
Total Funds	eGrants system will calculate.
TDCs?	Check the box if requesting TDC (TDC are available for capital items, excluding capital cost of contracting)
Match Ratio	Field is locked and does not need to be completed
TDC	Completed by grant program manager
Estimated RFP/IFB Issued	Date must be entered for all capital item and any contracted services by the Subrecipient.
Estimated Contract Award	Date must be entered for all line items by the Subrecipient. For project administration and operating enter the date the agency will begin using the funds.
Estimated First Vehicle Delivered	Vehicle projects only. To be filled out by the Subrecipient.
Estimated Last Vehicle Delivered	Vehicle projects only. To be filled out by the Subrecipient.
Estimated Contract Complete	Date when all funds will be expended for that line item. To be filled out by the Subrecipient.