GY 2018

SECTION 5310

MOBILITY MANAGEMENT

GRANT APPLICATION PACKET

Prepared by:
WV Department of Transportation
DIVISION OF PUBLIC TRANSIT
Building 5, Room 650
1900 Kanawha Boulevard, East
Charleston, WV 25305-0432
Phone: 304-558-0428
FAX: 304-558-0174
TDD: 1-800-742-6991

www.transportation.wv.gov/publictransit
Toni.R.Boyd@wv.gov
ATTENTION PLEASE!

As you are aware, failure to submit this information on or before the application deadline June 29, 2018, will prevent your application from being considered for funding.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. General Information</td>
<td>A – A-6</td>
</tr>
<tr>
<td>II. Grant Application Packet</td>
<td></td>
</tr>
<tr>
<td>- Application Format</td>
<td>B</td>
</tr>
<tr>
<td>- Calendar for Mobility Management Application</td>
<td>C</td>
</tr>
<tr>
<td>- Application Checklist</td>
<td>D</td>
</tr>
<tr>
<td>- Letter of Intent</td>
<td>E – E-1</td>
</tr>
<tr>
<td>- Instructions for Application Title Page</td>
<td>F</td>
</tr>
<tr>
<td>- Title Page</td>
<td>1</td>
</tr>
<tr>
<td>- Instructions for Authorizing Resolution</td>
<td>G</td>
</tr>
<tr>
<td>- Authorizing Resolution</td>
<td>2 – 3</td>
</tr>
<tr>
<td>- Instructions for Verification Certification</td>
<td>H</td>
</tr>
<tr>
<td>- Verification Certification</td>
<td>4</td>
</tr>
<tr>
<td>- Instructions for Articles of Incorporation</td>
<td>I</td>
</tr>
<tr>
<td>- Instructions for Certifications</td>
<td>J</td>
</tr>
<tr>
<td>- Certifications</td>
<td>5 – 13</td>
</tr>
<tr>
<td>III. Grant Application</td>
<td>Page(s)</td>
</tr>
<tr>
<td>------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>-Questions 1-28</td>
<td>14 - 21</td>
</tr>
<tr>
<td>-Proposed Budget</td>
<td>22</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IV. Appendices</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(A) Appeals</td>
<td>K</td>
</tr>
<tr>
<td>(B) Glossary</td>
<td>L – L-4</td>
</tr>
<tr>
<td>(C) Criteria</td>
<td>M</td>
</tr>
<tr>
<td>(D) Regional Planning and Development Councils and Metropolitan Planning Organizations Addresses</td>
<td>N – N-6</td>
</tr>
<tr>
<td>(E) Example Monthly Section 5310 Expenditure Report Mobility Management/Coordination</td>
<td>O</td>
</tr>
</tbody>
</table>
SECTION I

GENERAL INFORMATION
GENERAL INFORMATION
Mobility Management

Title 49 U.S.C. 5310 (CFDA Number 20.513) amended by MAP 21, authorizes a formula grant assistance program for the enhanced mobility of seniors and individuals with disabilities. The Federal Transit Administration (FTA), as well as the West Virginia Division of Public Transit, refers to this program as “the Section 5310 Program.” FTA, on behalf of the U.S. Secretary of Transportation, apportions the funds appropriated annually to the States based on an administrative formula that considers the number of seniors and individuals with disabilities in each state.

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 special transportation needs of seniors and individuals with disabilities in all areas - urbanized, small urban, and rural. The program requires coordination with other federally assisted programs and services in order to make the most efficient use of Federal resources.

This Application Packet has been prepared to provide agencies requesting funding for Mobility Management with information and guidance on the Section 5310 Program. Included is information on how to comply with program rules and regulations and reimbursement procedures.

FTA regulations require the Division of Public Transit (the Division) to prepare and submit a Statewide Section 5310 Application on behalf of all recommended agencies in the State. Accordingly, the Division is responsible for notifying potential applicants and eligible local entities of funding availability; developing project selection criteria; preparing the application packet; determining applicant’s eligibility; and selecting projects for inclusion in the Statewide Application. Upon FTA approval of the Statewide Application, the Division is required to ensure that all approved agencies comply with Federal requirements.

GY 2018 Section 5310 Program Funds will be awarded during state fiscal year 2019. When applicants are approved by FTA, Federal funds will be provided for 80% of the project cost. Applicant organizations must provide the remaining 20% in cash from non-Federal sources, or if applicable, allowable federal sources.

With limited funds available, it is anticipated that competition for the Section 5310 funds will be intense. It is imperative that each applicant adhere to the established guidelines and the calendar provided in this packet. The Division is unable to guarantee that every request for funds will be met.

MOBILITY MANAGEMENT

Mobility Management projects may be funded to enhance transportation access for populations beyond those served by one agency or organization within a community. For example, a non-profit agency could receive funding to support the administrative cost of sharing services it
provides to its own clientele with other individuals with disabilities and coordinate usage of
vehicles with other non-profits, but **not the operating cost of the service.** Mobility Management
is intended to build coordination among existing public transportation providers and other
transportation service providers with the result of expanding the availability of service.

**Mobility Management projects allow no more than 10% of the grant available to fund indirect costs.**

**ELIGIBLE APPLICANTS**

**PRIVATE** - non-public, to wit: bodies which are not municipalities or other political subdivisions
of states; are not public agencies or instrumentalities of one or more states, are not Indian tribes
(except private non-profits that are formed by Indian tribes); are not public corporations, boards
or commissions established under the laws of any state; or are not subject to control by public
authority, state or municipal.

**NON-PROFIT ORGANIZATION** - a corporation or association determined by the Secretary of
the Treasury to be an organization described by 26 U.S.C. Section 501(c), which is exempt from
taxation under 26 U.S.C. Section 501 (a) or Section 101 or one which has been determined under
state law to be non-profit and for which the designated state agency has received documentation
certifying the status of the non-profit organization.

**OPERATORS OF PUBLIC TRANSIT SERVICES** - including private operators of
transportation services.

If you are unsure of your eligibility status and would like to request for approval to submit
a Mobility Management Application, please contact the Division of Public Transit for
guidance.

**ELIGIBLE ACTIVITIES**

Mobility Management activities may include but are not limited to:

- The promotion, enhancement and facilitation of access to transportation services,
  including the integration and coordination of services for individuals with disabilities,
  older adults, and low-income individuals;

- Support for short term management activities to plan and implement coordinated
  services;

- Support of State and local coordination policy bodies and councils;

- The operation of transportation brokerages to coordinate providers, funding agencies and
  customers;
The provision of coordinated services, including employer-oriented Transportation Management Organizations’ and Human Service Organizations’ customer-oriented travel navigator systems and neighborhood travel coordination activities such as coordinating individualized travel training trip planning activities for customers;

The development and operation of one-stop transportation traveler call centers to coordinate transportation information on all travel modes and to manage eligibility requirements and arrangements for customers among supporting programs; and

Operational planning for the acquisition of intelligent transportation technologies to help plan and operate coordinated systems inclusive of Geographic Information systems (GIS) mapping, Global Positioning System Technology, coordinated vehicle scheduling, dispatching and monitoring technologies, as well as, technologies to track cost and billing in a coordinated system and single smart customer payment systems (acquisitions of technology is also eligible as a stand-alone capital expense).

**PROJECT SELECTION**

Once an agency has submitted their application to the Division of Public Transit, it is reviewed for completeness. The application is then scored based on existing transportation service(s) for special needs, coordination efforts, fiscal and managerial capabilities and the proposed project.

If an application has missing documentation, the agency is given an opportunity to submit the omitted documents with penalty points being deducted. **Two points will be deducted from an agency’s application score for each piece of missing information.**

Any applications received after the grant application deadline are considered for funding **ONLY** after all other on-time requests have been met. The Division reserves the right not to score or consider late applications.

The application scores are then ranked from highest to lowest and the agencies receiving the highest scores are included in the State's consolidated application submitted to FTA.

**GRANT AWARD/CONTRACT**

Once an agency is approved for funding, the agency is required to enter into a Contract with the West Virginia Division of Public Transit 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 Mobility Management activities/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.
The agency is required to maintain financial and activity records on the project. These records are to be maintained on site and available for inspection by personnel from the Division of Public Transit and/or the Federal Transit Administration during periodic onsite reviews.

**TERMS OF PROJECT**

Activities under awarded contracts are expected to begin July 1, 2018 and run thru June 30, 2019.

**BILLING FORMS**

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

An example of the form is provided in Appendix E.

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

**INDEMNIFICATION**

The approved agency shall indemnify, and hold harmless the State of West Virginia, the Division of Public Transit and its agents, servants and employees from any and all claims, suits, proceedings, losses, expenses, damages and liabilities, including, but not limited to attorney’s fees and court costs caused directly or indirectly by, or arising out of, agency’s use of the equipment purchased with FTA funds. The State of West Virginia shall not be liable for any loss or damage to any cargo or other property, real or personal, left stored, loaded or transported in or upon the equipment funded with FTA funds, at any time or any place, including, without limitation, while located at any garage or other premises operated by the recipient agency and under any circumstances whatsoever, whether or not due to negligence of the Division of Public Transit, and the recipient agency shall waive all claims against the Division of Public Transit by reason thereof and shall indemnify, defend and hold the State of West Virginia or the Division of Public Transit harmless from and against any and all claims, suits, actions or proceedings based upon or arising out of such loss or damage.

**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. Up to date Title VI notices and statutes are to be posted prominently in the agency’s workplaces.
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.

Any transportation services, used as part of a Mobility Management project, shall meet the above requirements. Transportation providers are required to develop ADA Policies and Procedures including complaint processes, and requests for reasonable modification for passengers and employees.
CERTIFICATIONS

In this application packet your agency is signing various certifications. Agencies receiving assistance under the Mobility Management Program are required to abide by the signed certifications.

ON SITE MONITORING REVIEWS

Representatives from the Division of Public Transit and/or the Federal Transit Administration will periodically conduct on site reviews of approved applicants for the purpose of confirming the existence, condition and proper maintenance of funded equipment and that the recipient is in compliance with all rules and regulations and the grant contract governing this funding.

LATE APPLICATION SUBMISSION

Applications that are received after 4:00 p.m. on June 29, 2018, will be considered for funding only after all other agencies on time requests have been met. The Division of Public Transit is NOT responsible for late, lost or misdirected mail. The Division reserves the right not to score or consider late applications.
SECTION II
GRANT APPLICATION PACKET
APPLICATION FORMAT

This application packet has been assembled in a very specific format which the Division of Public Transit hopes will reduce the amount of preparation time and aid in the fair evaluation of each application. **Applications received by the Division that do not follow this format will be returned for revision to the submitting organization which may jeopardize your organization's Mobility Management funding.**

All pages in the application packet that are numbered represent the actual application and may be used as is. All general information, instructions and examples are on pages that have been lettered alphabetically.

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

As soon as possible, an applicant should copy or cc their Regional Planning and Development Council or Metropolitan Planning Organization with their intentions of applying for funding. (Planning organizations need ample time to review your application.)

**Toni Boyd** of the Division is available to answer any questions concerning this application packet and may be reached at (304) 558-0428. **Pay particular attention to the Application Calendar provided on Page C.**

On or before 4:00 p.m., June 29, 2018, please submit one (1) original of your agency's application to the Division, at the following address:

Division of Public Transit  
West Virginia Department of Transportation  
Building 5, Room 650  
1900 Kanawha Boulevard, East  
Charleston, West Virginia  25305-0432  
Phone: (304) 558-0428
APPLICATION CALENDAR FOR GY 2018 MOBILITY MANAGEMENT GRANT

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 in order to ensure proper completion and timely submission of their applications.

March 14 Applications available; DPT Workshop on GY 2018 Grant.

April 16 Letters of Intent to be received by DPT and Regional Planning Council or MPO. (See Appendix D)

June 29 Applications Due*

July Division reviews applications, appeals are resolved, projects are selected for inclusion in the State Consolidated Application to FTA.

July State Consolidated Application submitted to FTA

*A positive Local Intergovernmental Review must be included with application when submitted.
APPLICATION CHECKLIST

_____ Letter of Intent
_____ Title Page
_____ Authorizing Resolution (SIGNED IN BLUE INK)
_____ Verification Certification (SIGNED IN BLUE INK)
_____ Articles of Incorporation (IRS Tax Exemption letter is not acceptable)*
_____ Positive Local Intergovernmental Review (Mandatory at Time of Submission)
_____ Certifications (SIGNED IN BLUE INK)
_____ Questions 1-28
_____ Proposed Operating Budget of Project
_____ Proof of Necessary Local Matching Funds
_____ Copy of Active sam.gov registration for your agency
_____ Title VI Nondiscrimination and Limited English Proficiency Plan

(New applicants and applicants with plans over three years old need to use Section 5310 WV Title VI Program Template located at https://transportation.wv.gov/publictransport, Select 5310 Grant Program tab, under Section 5310 Documents, select Section 5310 WV Title VI Program Template.)

Other Required Attachments

♦ Letter of Support from Other Transportation Provider(s)
  In Proposed Service Area
♦ Other Types of Letters of Support from potential passengers, local governments, etc.
♦ Map of Proposed Service Area
♦ Other information directly related to the project

* Only applies to non-profits
LETTER OF INTENT

A Letter of Intent will be required from all prospective Mobility Management Applicants. These letters are due to the Division of Public Transit by April 16, 2018, with a copy sent to your Local Planning and Development Council or Metropolitan Planning Organization. A sample of the Letter of Intent has been included on the following page. Letters of Intent must be typed on your agency's letterhead.
LETTER OF INTENT
TO BE TYPED ON YOUR AGENCY'S LETTERHEAD

Director
Division of Public Transit
Building 5, Room 650
1900 Kanawha Boulevard, East
Charleston, West Virginia  25305-0432

Dear Director:

The ________________________________ is hereby applying
(NAME OF AGENCY)

for Federal funding for a Mobility Management Project.

(Describe Proposed Project)

It is my understanding that failure to submit the application on or before June 29, 2018, will mean that my organization may not be funded under the GY 2018 Mobility Management Program.

All correspondence and questions may be directed to (name of contact person who has been designated to represent the applicant in this matter). He/she may be reached at (address, telephone, agency, fax number, email address).

Very truly yours,

(Name and address)

cc:  Local Planning & Development Council
    or Metropolitan Planning Organization
Complete the following page by filling in the necessary blanks. It is not necessary to retype this page as this sheet will be the first page of your application.
The ________________________________________________ (Name of Your Agency)

located at ________________________________________________ (Street Address)

________________________________________________________ (City) (State) (Zip)

is hereby applying for funding under the Section 5310 Capital Assistance Grant Program for Mobility Management Funding.

◆◆◆◆◆◆◆◆◆◆◆◆

Person(s) Completing Application:

____________________________________________________________
(Name) (Title) (Email) (Phone)

____________________________________________________________
(Name) (Title) (Email) (Phone)

DUNS Number: ___________________ FEIN: ___________________

GY 2018 Grant Program
AUTHORIZING RESOLUTION

On the following page 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 blue ink.
AUTHORIZING RESOLUTION
CERTIFICATE

I, ________________________________, do hereby certify that I am the duly qualified and
Name of Certifying Officer
acting __________________________ of the ________________________________
Title of Certifying Officer Name of Applicant
and as such, I am 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
______________________________ 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
Unanimously By Majority Vote
accordance and conformity with the ________________________________ or ________________________________
By-Laws of the Applicant Statutes of the
______________________________ (check one of the blanks) as made and provided, and that the following
State of West Virginia
is a complete and true copy of the pertinent provisions of said Resolution:

"BE IT RESOLVED by the ________________________________ of the ________________________________"
Governing Body Name of Applicant

1. That an application be made to the West Virginia Department of Transportation, Division of
   Public Transit, for a Federal Mobility Management Grant 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 reasonably be required by the Federal Transit
Administration or the West Virginia Department of Transportation, Division of Public Transit, in connection with the
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 ____________, ________.

Name of Applicant

__________________________________________
Signature

__________________________________________
SEAL

__________________________________________
Title
VERIFICATION CERTIFICATION

Sign the following verification using blue ink.
VERIFICATION CERTIFICATION
ASSURANCE OF AUTHORITY OF THE APPLICANT AND ITS REPRESENTATIVE

For (Name of Applicant): ________________________________________________

The authorized representative of the Applicant who signs these certifications, assurances, and agreements affirms that both the Applicant and its representative have adequate authority under applicable state and local law and the Applicant’s by-laws or internal rules to:

(1) Execute and file the application for Federal assistance on behalf of the Applicant; and
(2) Execute and file the required certifications, assurances, and agreements on behalf of the Applicant binding the Applicant

Signature: ____________________________________________________________

Date: ________________________________________________________________

Name: ________________________________________________________________
ARTICLES OF INCORPORATION
(Only applicable to Non-Profits)

Submit a copy (must be on 8½ x 11 size paper) of your organization's Articles of Incorporation.

Note that a tax exempt statement from the IRS is not acceptable.

The Articles of Incorporation should be inserted directly following the Verification Assurance when submitting your application.
LOCAL INTERGOVERNMENTAL REVIEW
ALL APPLICANTS

As soon as your organization has completed its application, immediately submit a copy of the application to the appropriate Regional Planning and Development Council or Metropolitan Planning Organization and request a local intergovernmental review for your application. The Division of Public Transit and the Federal Transit Administration will not accept any applications that do not have a positive local intergovernmental review.

See Appendix D for addresses of the planning organizations throughout the State.

It is not necessary for your local planning organization to submit your local intergovernmental review to the State Clearinghouse. The Division of Public Transit will do this for you.

A positive local intergovernmental review must accompany your application when submitted to the Division of Public Transit on or before June 29, 2018, or it will not be considered for funding. Your agency is responsible for insuring that a local intergovernmental review is forwarded to the Division of Public Transit, not the local planning organization.

It is the applying agency's responsibility to ensure that it allows the local planning organizations adequate time to review the application. Most planning organizations take 30 to 45 days to review an application.
CERTIFICATIONS

Read and sign the following certifications using blue ink. 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 from non-Federal sources needed for the requested Mobility Management Funding.

It is my understanding that failure to comply with this stipulation will result in the Division of Public Transit’s cancellation of any issued contract to provide Mobility Management services.

2. CIVIL RIGHTS REQUIREMENTS

Agree that the applicant 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 any other applicable Federal statutes that may be signed into law or regulations that may be promulgated.

Equal Employment Opportunity. Agree that the applicant 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 law 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 Vendor 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

Applicant 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. §§ 8221 et seq.

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

The applicant 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 applicant, 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 applicant, I hereby certify that, based on my experience with the applicant and a review of the applicant’s records that the applicant 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 Applicant shall note that federal, state and local requirements may change and the changed requirements will apply to this Project as required.

Federal Regulation Changes - Applicant 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 WV Department of Transportation, Division of Public Transit and FTA, as they may be amended or promulgated from time to time during the term of this Project. The Applicant’s failure to so comply shall constitute a material breach of this Project.
8. ACCESS TO RECORDS

The agency hereby certifies that it shall permit the Division, 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 applicant, 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 applicant 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 applicant 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 WV Division of Public Transit, Applicant, 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 applicant, I certify the applicant 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 Applicant 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 Applicant 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 that may be applicable, the Applicant 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 Applicant to the extent the Federal Government deems appropriate.

13. SENSITIVE SECURITY INFORMATION

The applicant 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 applicant 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 applicant 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 DIVISION 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


17. ENVIRONMENTAL JUSTICE


18. CHARTER SERVICE


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 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. AUDITS

The applicant agrees to report any audit findings that involve Section 5310 funded Mobility Management Activities immediately to the Division of Public Transit.

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 C.F.R. 37.77, 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


(Federal Transit Administration)

__________________________________________, (the "Recipient") AGREES THAT,

Name of Applicant

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,

Name of Applicant

as a condition of receiving Federal financial assistance from the Federal Transit Administration (FTA), Section 5310 Program, 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 a timely manner Title VI information required by FTA Circular 4702.1 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

Name of Applicant

public that 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.

______________________________________ DATE: __________________
NAME AND TITLE
OF AUTHORIZED OFFICIAL

______________________________________
SIGNATURE OF
AUTHORIZED OFFICIAL
TITLE VI REPORT

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.

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

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.
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
CERTIFICATION OF RESTRICTIONS ON LOBBYING

The undersigned (Grantee) certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influence or attempt to influence an officer or employee of any Federal agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress regarding the award of a Federal grant, loan (including a line of credit), cooperative agreement, loan guarantee, or loan insurance, or the extension, continuation, renewal, amendment, or modification of any Federal grant, loan (including a line of credit), cooperative agreement, loan guarantee, or loan insurance.

2. If any funds other than Federal appropriated funds have been or will be paid to any person to influence or attempt to influence an officer or employee of any Federal agency, a Member of Congress, an officer or employee of Congress, or any employee of a Member of Congress in connection with any application for a Federal grant, loan (including a line of credit), cooperative agreement, loan guarantee, or loan insurance, the undersigned assures that it will complete and submit Standard Form-LLL, “Disclosure of Lobbying Activities,” Rev. 7-97; and

3. The undersigned understands that the language of this certification shall be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, subagreements, and contracts under grants, loans (including a line of credit), cooperative agreements, loan guarantees, and loan insurance.

Undersigned understands that this certification is a material representation of fact upon which reliance is placed by the Federal government and that submission of this certification is a prerequisite for providing a Federal grant, loan (including a line of credit), cooperative agreement, loan guarantee, or loan insurance for a transaction covered by 31 U.S.C. § 1352. The undersigned also understands that any person who fails to file a required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

The (Grantee) _______________________________________, certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the (Grantee) understands and agrees that the provisions of 31 U.S.C. §§ 3801, et seq., apply to this certification and disclosure.

________________________________________
Date

________________________________________
Authorized Signature

________________________________________
Title
SECTION III

GRANT APPLICATION

Complete the following application using the pages provided
AGENCY NAME: _______________________________________

Mobility Management Application

Application Part 1: Applicant Information

1) Name and type of applicant or agency requesting funding:
   - [ ] Private Non-Profit
   - [ ] Transit Authority
   - [ ] Other / Private Operator of Public Transit
     (Specify_________________________________)  

2) Address:
   City/State/ Zip Code:
   Telephone:
   Fax:
   Email:
   Website:

3) Is your organization a recipient under any of the following programs?  
   (Mark the appropriate box or boxes.)
   - [ ] Section 5311
   - [ ] Section 5310
   - [ ] Section 5339
   - [ ] Section 5307
   - [ ] Other FTA or federal programs (Please indicate):

4) Are there any other federal or state funding sources utilized by your organization?  If so, please list.
5) Provide a description of your agency. Include a mission statement if available.
Application Part 2: Service Area and Demographics

Please cite the source and the year for your demographic data for questions six (6) through eleven (11).

6) What is the proposed geographic area served to be served by your agency (County or counties, cities and towns)? (Submit a map or maps as an Attachment.)

7) Total population (number of persons) in your proposed service area?

8) What is the percentage of persons below poverty level in your proposed service area?

9) What is the percentage of unemployment in your proposed service area?

10) What is the percentage of the minority populations in your proposed service area for the following groups?

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

11) What is the percentage of the disabled population in your proposed service area?

Application Part 3: Existing / Current Transportation Services

12) Describe the current transportation service(s) that your organization provides:
13) If your organization does have a written vehicle maintenance plan, does it meet the manufacturer’s minimum requirements?

☐ Yes
☐ No

(For questions 14-16), answer the questions that apply to your organization.)

14) Description of service(s) currently provided to meet the needs of the elderly:

15) Description of service(s) currently provided to meet the needs of the disabled:

16) Description of efforts made to address the needs of low-income communities:
Application Part 4: Existing Operations of your Agency
(Staffing and Capacity)

17) Indicate the hours and days of operation:

18) Total full-time employees:

19) Number of full-time drivers:

20) Other than drivers, please describe the position and duties of other full-time employees:

21) Do you employ any part-time employees? If so, list positions below with a brief description of their duties:

22) Do you utilize volunteers? If so, how many and for what kinds of service or projects:
23) Please Identify in the table below **ALL** other transportation providers (public and private) in the proposed geographic area or areas that you serve.

<table>
<thead>
<tr>
<th>Name and Address of Provider</th>
<th>Contact Person &amp; Phone Number</th>
<th>Service Area</th>
<th>Number of Vehicles</th>
<th>Frequency &amp; Type of Service Provided</th>
<th>Wheelchair Accessible (Yes/No)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Application Part 5: Project Description

24) Project Name:

25) Does your project address any issues or areas derived from your locally developed Coordinated Public Transit-Human Services Transportation Plan?

☐ Yes
☐ No

26) Describe the project:

27) Describe the consultation process with the public and the level of involvement of the community to be served (public assistance recipients, low-income residents, persons with disabilities, elderly, etc.)
Provide information identified below to support your application

28) Factors - Resource Identification: Mark the appropriate box or boxes and fully describe the attributes that contribute to your program. Use additional space to detail your response.

☐ Mobility Manager

☐ Innovative Approaches- identify any innovative techniques and approaches that contribute to the proposed project.

☐ Use of Transit Based Strategies-Describe any commitment by transit providers that will contribute to the success of the project.

☐ Linkages to Other Community Resources and Services-identify available support services that complement the transportation activities and are critical to ensuring that the community gets adequate access to transportation services.

☐ Other Strategies- Describe other locally-specific actions strategies and linkages, about which FTA/DOT should be aware, that were not captured in the preceding criteria.
Application Part 6: Budget Federal and Local Match

PROPOSED BUDGET

AGENCY: _____________________________________________________

Direct Labor Costs:

Salaries: Manager __________
Others __________
Fringe Benefits __________
Marketing __________
Contractual Services __________
Printing/Copying __________
Travel __________
Telecommunications __________

Miscellaneous (Specify Below):
______________________________ __________
______________________________ __________

Indirect Costs: can be no higher than 10%
Overhead (Rent & Others) __________
Other Indirect Costs (explain) __________

Total Project Cost __________

Source(s) of Match

<table>
<thead>
<tr>
<th>Local Contribution Source(s)</th>
<th>Amounts</th>
<th>Date Funds Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>____________________________</td>
<td>_______</td>
<td>____________________</td>
</tr>
<tr>
<td>____________________________</td>
<td>_______</td>
<td>____________________</td>
</tr>
<tr>
<td>____________________________</td>
<td>_______</td>
<td>____________________</td>
</tr>
</tbody>
</table>

Total Local Contributions __________

Total Local Contributions Divided by Total Project Cost __________ (Must be at least 20%)
Local match may be derived from any Non U.S. Department of Transportation Federal Program, State Programs, Local Contributions or Grants.

Attach documentation of match funds immediately behind this page. Proof may consist of, but not be limited to: written statements from county commissions, state agencies, city managers, mayors, town councils, organizations, accounting firms and financial institutions.

Other Required Attachments

♦ Letter of Support from Other Transportation Provider(s) In Proposed Service Area
♦ Other Letters of Support
♦ Maps of Service Area
♦ Other information directly related to the project
♦ Copy of active registration of your agency from sam.gov
APPENDIX A

APPEALS
WVDPT Appeal Process

If an application is not funded based on committee recommendations, the applicant may appeal the outcome by using the following process:

To Initiate the appeal process, the applicant must submit a written appeal to:

Executive Director
WV/DOT Division of Public Transit
Building 5, Room 650
1900 Kanawha Boulevard. East
Charleston WV 25305-0432

A letter of appeal from the applicant must clearly state the organization name, contact person, address, phone number, project description and grounds for appeal.

A letter of appeal must be postmarked no later than fourteen (14) calendar days from the postmarked date of WV DOT, Division of Public Transit’s notice of the applicant’s funding status.

The Division of Public Transit will review the appeal and provide a written response within ten (10) working days of receipt of the appeal.
APPENDIX B

GLOSSARY OF TERMS
GLOSSARY OF TERMS

**Accessible Taxi:** An accessible taxi is a vehicle that is used by a private provider of on-demand transportation service to the public that is regulated and licensed for such use by the municipality, county or other government entity. An accessible taxi is one which has the capacity to accommodate a passenger who uses a wheelchair 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”, while remaining in his/her personal mobility device inside the vehicle.

**Americans with Disabilities Act (ADA):** Public Law 336 of the 101st Congress, enacted July 26, 1990. The ADA prohibits discrimination and ensures opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation.

**Capital Equipment:** Is usually a tangible item that has a useful life of more than one year.

**Competitive Selection Process:** A process to choose which projects will be funded based on standard evaluation criteria applied to each project. Projects are not guaranteed funding year to year. As the Designated Recipient of FTA funds, the process is conducted by WVDOT/DPT for small urban and nonurbanized areas in the State of West Virginia. The projects selected must be derived from a Locally Developed, Coordinated Public Transit-Human Services Transportation Plan.

**DPT:** The Division of Public Transit, West Virginia Department of Transportation (WVDOT) is the designated state agency to carry out the day-to-day administration of the Section 5310 Program.

**Demand Responsive Service:** Service which operates in response to calls from passengers to the transit operator. Vehicles are dispatched to pick up passengers and transport them to their destinations. The vehicles do not operate over a fixed route or on a fixed schedule. Routes change every day depending on the demand.

**Designated Recipient:** In nonurbanized areas and urbanized areas with a population of less than 200,000, the recipient is the State agency designated by the Governor to receive and apportion amounts under Section 5310. In the State of West Virginia, the WVDOT/DPT is the designated recipient.

**Dial-A-Ride:** Dial-A-Ride is a term that has been applied to a variety of shared-ride services operated by the private sector. These services utilize vans, small buses, or other vehicles larger than a taxi cab, but in many respects, they resemble a shared-ride taxi service in that they provide door-to-door service. However, most Dial-A-Ride services do not pick up in response to hailing in the street.
**Disabled Person:** Any individual who due to a physical or mental impairment is substantially limited in one or more of the major life activities; has a record of such an impairment; or is regarded as having such an impairment.

**Elderly Person:** Any person at least 65 years of age.

**Eligible Subrecipients:** For purposes of the WVDOT/DPT Section 5310 Program, eligible subrecipients can be any local governmental authority, non-profit organization, or operator of public transportation services that receives a grant under the Section 5310 Program indirectly through a recipient.

**Fixed Route Service:** Designated public transportation service in which a vehicle is operated along a prescribed route according to a fixed schedule.

**FTA:** Federal Transit Administration

**Grantee:** An eligible subrecipient, which submitted, and received approval of, a Section 5310 Program application to the WVDOT/DPT.

**Human Service Transportation:** Transportation services provided by or on behalf of a human service agency to provide access to agency services and/or to meet the basic, day-to-day mobility needs of transportation-disadvantaged populations, especially individuals with disabilities, older adults, and people with low incomes.

**Locally Developed, Coordinated Public Transit-Human Services Transportation Plan:** A locally developed plan that identifies the transportation needs of individuals with disabilities, older adults, and people with low incomes, provides strategies for meeting those local needs, and prioritizes transportation services for funding and implementation. The plan must include an area no smaller than a county. All Mobility Management projects must be derived from these locally developed Coordination Plans.

**Local Funds or Local Share:** Refers to the match for Section 5310 Federal dollars. Local match may be derived from any Non U.S. Department of Transportation Federal Funds, State Program Funds, Local Contributions or Grants.

**Local Intergovernmental Review:** A process whereby all levels of government are notified of proposed projects involving Federal funds. It is intended to assure that conflicting projects or projects not in the best interest of the community are identified early in the planning phase. This review can be done by the regional planning and development council or metropolitan planning organization.

**Modified Fixed Route/ Demand Responsive:** Vehicles that operate on a fixed route, but will detour from the route to pick up or drop off passengers. After the passenger is served, the vehicle will return to the fixed route.
**Mobility Management:** Eligible capital expenses consisting of short-range planning and management activities and projects for improving coordination among public transportation and other transportation-service providers carried out by a grantee through an agreement entered into with a person, including a government entity. **Mobility Management does not include operating public transportation services.**

**Non-Profit Organization:** A corporation or association determined by the Secretary of the Treasury to be an organization describe by 26 U.S.C. 501(c) that is exempt from taxation under 26 U.S.C. 501(a) or one that has been determined under State law to be non-profit and for which the designated State agency has received documentation certifying the status of the non-profit organization.

**Nonurbanized Areas:** A rural area with a population density of less than 500 people per square mile or small urban area with a population of less than 50,000 people.

**Operating Assistance:** Financial assistance for transit operation (not capital expenditures) which originates at the local level.

**Operating Expenses:** Any costs incurred while running the project, such as salaries, fuel, maintenance, insurance, training, etc.

**Paratransit:** Comparable transportation service required by the ADA for individuals with disabilities who are unable to use fixed route transportation systems.

**Passengers:** The number of one-way passenger trips, a round trip taken by the same individual should be counted as two passengers.

**Private:** Private means non-public, to wit: bodies which are not municipalities or other political subdivision of States; are not public agencies or instrumentalities of one or more States, municipalities or political subdivision of States; are not Indian tribes (except private non-profits that were formed by Indian tribes); are not public corporations, boards, or commissions established under the laws of any state; or are not subject to control by public authority, State or municipal.

**Pass-Through Recipient:** An entity participating in a FTA project that would receive FTA funds from an eligible subrecipient, which would be responsible for ensuring that the pass-through recipients complied with all State and Federal requirements required under FTA Program.

**Program of Projects:** A list of projects to be funded in a grant application submitted to FTA by a designated recipient. The program of projects lists the subrecipients and indicates whether they are private non-profit agencies, public bodies, or private providers of transportation service, and designates the areas served (including rural counties). In addition, the program of projects includes a brief description of the projects, total project cost, and Federal share for each project, and the amount of funds used for program administration from the 10% allowed.
**Route:** A fixed path traversed by a transit vehicle in accordance with a predetermined schedule.

**Run:** One transit vehicle trip in one direction from the beginning of a route to the end of it. When a transit vehicle makes a round trip on one route, it has completed two runs.

**Section 5311 Program:** A federal transportation program that provides operating and capital assistance to agencies that provide public transportation services in the small urban and rural areas of the State. The Division of Public Transit is the State administering agency.

**Section 5311 Recipient:** Those agencies that receive Section 5311 funds.

**Service Area:** Geographic area over which the project is operating and the area whose population is served by the project including adjacent areas affected by it.

**Small Urbanized Areas:** An area with a population between 50,000 and 200,000.

**Spare:** Reserve vehicle to be used only when regular van(s) cannot be operated, (i.e., breakdown, emergency, etc.).

**State Transportation Improvement Program (STIP):** A statewide document that includes all projects to be implemented within a four year period in an urbanized area with a population over 50,000.

**Subscription Bus:** A transit service operating on specified schedules on fixed routes (although such routes can be modified), but not available to the general public.

**Transportation Improvement Program (TIP):** A local approved short range transportation plan that reflects the program of publicly funded transportation improvements for the Metropolitan Planning Organization region.

**Urbanized Area (UZA):** An area defined by the U.S. Census Bureau with a population of 50,000 or greater and a population density of at least 1,000 people per square mile in a central city and 500 per square mile in the surrounding area.

**Urban Transit Authorities:** Those transit authorities operating in the urbanized areas of Beckley, Charleston, Huntington, Martinsburg, Morgantown, Parkersburg, Weirton, and Wheeling.
APPENDIX C

CRITERIA
## Evaluation Criteria

<table>
<thead>
<tr>
<th>Applicant Information</th>
<th>Poorly ( )</th>
<th>Somewhat ( )</th>
<th>Significantly ( )</th>
<th>Fully ( )</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Clearly meets eligible criteria</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Existing FTA /DPT recipient</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Description of agency supports Mobility Management objectives</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Area and Demographics</td>
<td>Poorly ( )</td>
<td>Somewhat ( )</td>
<td>Significantly ( )</td>
<td>Fully ( )</td>
</tr>
<tr>
<td>• Clearly defined service area</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Local/regional poverty documented</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Unemployment for the service area shown</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Special needs population documented</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Existing Need for Enhanced Transportation Service</td>
<td>Poorly ( )</td>
<td>Somewhat ( )</td>
<td>Significantly ( )</td>
<td>Fully ( )</td>
</tr>
<tr>
<td>• Demonstrated need for enhanced coordination</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Lack of transportation services for special needs in the applicant’s service area</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Has adequate resources for program delivery</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Additional resources/ other service providers identified and linked to the project</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project Description</td>
<td>Poorly ( )</td>
<td>Somewhat ( )</td>
<td>Significantly ( )</td>
<td>Fully ( )</td>
</tr>
<tr>
<td>• Project addresses objectives of Mobility Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Project utilizes resources and stakeholders Identified through the coordination process</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• The applicant was an active participant in the coordinated plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• The project clearly identifies why the applicant is best suited to provide the proposed service</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Budget and Fiscal Management</td>
<td>Poorly ( )</td>
<td>Somewhat ( )</td>
<td>Significantly ( )</td>
<td>Fully ( )</td>
</tr>
<tr>
<td>• The applicant has obtained local or other sources of funds for the project (Match)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• The project demonstrates reasonableness and detail of budget line items</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL FOR EACH COLUMN**

Overall Total: ______________________ /100
APPENDIX D

REGIONAL PLANNING
AND
DEVELOPMENT COUNCILS
AND
METROPOLITAN PLANNING ORGANIZATIONS
ADDRESSES
REGIONAL PLANNING AND DEVELOPMENT COUNCILS AND
METROPOLITAN PLANNING ORGANIZATIONS

REGION I

Region I Planning and Development Council

Consisting of: McDowell, Mercer, Monroe, Raleigh, Summers and Wyoming Counties

Executive Director: Jason Roberts
Suite 5, 1439 East Main Street
Princeton, West Virginia 24740
PH: (304) 431-7225
FAX: (304) 431-7235
Email: jasonroberts@regiononepdc.org

MPO – Fayette/Raleigh Metropolitan Planning Organization

Consisting of: Fayette and Raleigh Counties

REGION II

Region II Planning and Development Council

Consisting of: Cabell, Lincoln, Logan, Mason, Mingo and Wayne Counties

Executive Director: Chris Chiles
400 Third Avenue
P. O. Box 939
Huntington, West Virginia 25712-0939
PH: (304) 523-7434
FAX: (304) 529-7229
Email: chiles@region2pdc.org

Contact: Kathy Elliott, Senior Project Administrator/Deputy Director
Email: kkelliott@region2.pdc.org

MPO - KYOVA Interstate Planning Commission

Consisting of: Huntington, WV, Ashland, KY and Ironton, OH (Cabell and Wayne Counties, WV, Boyd and Greenup Counties, KY and Lawrence County, OH)

Contact: Saleem A. Salameh, Deputy Executive Director
Same address and phone information
Email: ssalameh@kyovaipc.org
REGION III

MPO - Regional Intergovernmental Council

Consisting of: Charleston Metropolitan Area (Kanawha and Putnam Counties) and

Region III – BCKP Regional Intergovernmental Council

Consisting of: Boone, Clay, Kanawha, and Putnam Counties

Executive Director: Colt Sandoro
315 “D” Street
South Charleston, West Virginia 25303
PH: (304) 744-4258
FAX: (304) 744-2534
Email: colt@wvregion3.org

REGION IV

MPO – Fayette/Raleigh Metropolitan Planning Organization

Consisting of: Fayette and Raleigh Counties

Region IV Planning and Development Council

Consisting of: Fayette, Greenbrier, Nicholas, Pocahontas and Webster Counties

Executive Director: John Tuggle
885 Broad Street, Suite 100
Summersville, West Virginia 26651
PH: (304) 872-4970
FAX: (304) 872-1012
Email: jturtle@reg4wv.org
REGION V

Mid-Ohio Valley Regional Council

Consisting of: Calhoun, Jackson, Pleasants, Ritchie, Roane, Tyler, Wirt and Wood Counties

Executive Director: Carol Jackson
709 Market Street
Parkersburg, West Virginia 26101  - or -
P.O. Box 247
Parkersburg, West Virginia 26102
PH: (304) 422-4993
FAX: (304) 422-4998
Email: carol.jackson@movrc.org

MPO - Wood Washington Wirt Interstate Planning Commission

Consisting of: Parkersburg, WV, Marietta and Belpre, OH (Wood County, WV and Washington County, OH)

Contact: Randy Durst, Transportation Planning Director
Same address and phone number (Ext. 125)
Email: randy.durst@movrc.org
**REGION VI**

Region VI Planning and Development Council

Consisting of: Doddridge, Harrison, Marion, Monongalia, Preston and Taylor Counties

Executive Director: Sheena Hunt  
34 Mountain Park Drive  
White Hall, West Virginia 26554  
PH: (304) 366-5693  
FAX: (304) 367-0804  
Email: sheenahunt@regionvi.com

MPO - Morgantown/Monongalia Metropolitan Planning Organization

Consisting of: Morgantown/Monongalia County

Executive Director: Bill Austin, AICP  
243 High Street, Room 110  
Morgantown, West Virginia 26505  
PH: (304) 291-9571  
FAX: (304) 291-9573  
Email: baustin@labyrinth.net

**REGION VII**

Region VII Planning and Development Council

Consisting of: Barbour, Braxton, Gilmer, Lewis, Randolph, Tucker and Upshur Counties

Executive Director: Shane Whitehair  
99 Edmiston Way, Suite 225  
Buckhannon, West Virginia 26201  
PH: (304) 472-6564  
FAX: (304) 472-6590  
Email: swhitehair@regionvii.com
REGION VIII

Region VIII Planning and Development Council

Consisting of: Grant, Hampshire, Hardy, Mineral and Pendleton Counties

Executive Director: Terry Lively
131 Providence Lane
Petersburg, West Virginia 26847
PH: (304) 257-2448; (304) 257-1221
FAX: (304) 257-4958
Email: mail@regioneight.org
tlively@regioneight.org

REGION IX

Eastern Panhandle Regional Planning and Development Council

Consisting of: Berkeley, Jefferson and Morgan Counties

Executive Director: Bill Clark
Suite 301, 400 West Stephen Street
Martinsburg, West Virginia 25401
PH: (304) 263-1743
FAX: (304) 263-7156
Email: bclark@region9wv.com

MPO – Hagerstown/Eastern Panhandle Metropolitan Planning Organization

Consisting of: Washington (MD), Franklin (PA), Berkeley and Jefferson (WV) Counties

Executive Director: Matthew T. Mullenax
33 West Washington Street
4th Floor, Suite 402
Hagerstown, MD 21740
PH: (240) 313-2080
FAX: (240) 313-2084
Email: mmullenax@hepmpo.net
REGION X

Bel-O-Mar Regional Council and Interstate Planning Commission

Consisting of: Marshall, Ohio and Wetzel (WV) Counties and Belmont (OH) County

Executive Director: Scott Hicks
105 Bridge Street Plaza
P.O. Box 2086
Wheeling, West Virginia 26003
PH: (304) 242-1800
FAX: (304) 242-2437
Email: hicks@belomar.org

Contact: Rakesh Sharma, MPO Transportation Study Director
rsharma@belomar.org

REGION XI

MPO - Brooke-Hancock-Jefferson Metropolitan Planning Commission

Consisting of: Brooke and Hancock Counties, WV and Jefferson County, (OH)

Executive Director: Michael Paprocki
Second Floor – 124 North Fourth Street
Steubenville, Ohio 43952
PH: (740) 282-3685, Ext. 209
FAX: (740) 282-1821
Email: mikepap@bhjmpc.org

Contact: Dave Snelting, MPO Transportation Study Director
Email: dsnelting@bhjmpc.org
PH: (740) 282-3685, Ext. 205

and

Brooke-Hancock Regional Planning and Development Council

Consisting of: Brooke and Hancock Counties (WV)

Executive Director: Michael Paprocki
P. O. Box 82
Weirton, WV 26062
PH: (304) 797-9662
FAX: (740) 282-1821
Email: mikepap@bhjmpc.org
APPENDIX E

Example

Monthly Section 5310
Expenditure Report
Mobility Management/Coordination
Monthly Section 5310 Expenditure Report
Mobility Management/Coordination

For the Period: ____________________________ FY __________

Agency Name: ____________________________

(1) TOTAL MONTHLY EXPENSES (Itemize)
Salaries $ ________ -
Manager 
Others 
Fringe Benefits 
Marketing 
Contractual Services 
Printing/Copying 
Travel 
Telecommunications 
Miscellaneous (Specify Below) $ ________ -
Indirect Costs (no higher than 10%) $ ________ -
Rent 
Utilities 
Other Indirect (explain) 

(1) TOTAL MONTHLY EXPENSES $ ________ -

(2) FUNDS REQUESTED $ ________ -

CERTIFICATION: "I certify that this report represents accurately the expenses for the period covered and conforms to the terms and conditions of the referenced grant agreement. All documentation in support of this report is available at our office."

Name & Title ____________________________ Signature ________ Date ________

Name & Title ____________________________ Signature ________ Date ________

FOR DPT USE ONLY - REVIEWED BY:

Name ____________________________ Date ________ Name ____________________________ Date ________ 7/1/2018
SECTION 5310 MOBILITY MANAGEMENT REPORTING REQUIREMENTS

For the Period: ____________________________ FY 2019

Transit System: ____________________________

PROGRAM IMPACT:

Actual or estimated number of rides (one-way) provided as a result of your Mobility Management Program for the following:

Total Elderly

Total Low Income

Total Disabled
  a.) Wheelchair Users
  b.) Non-Wheelchair Users

Total Other Passengers

Monthly Total

Number of contacts made with other transportation providers

Number of transportation providers providing transportation services

Names of transportation providers providing services: