**ALABAMA DEPARTMENT OF TRANSPORTATION**

**LOCAL TRANSPORTATION BUREAU**

**Public Transit Section**

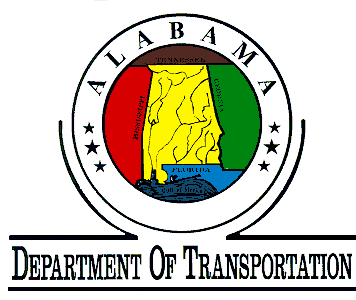
**Enhanced Mobility of Seniors and Individuals with Disabilities Program**

**(Section 5310)**

**STATEWIDE COMPETITIVE CAPITAL**

**AWARD APPLICATION**

**For Fiscal Year 2026**

****

***Dissemination Date: June 9, 2025***

***Due Date to Submit Applications to Regional Planning Councils: July 31, 2025***

***Due Date for Regional Planning Councils to Submit Applications  
 that they Prepare to ALDOT: July 31, 2025***

***Due Date for Regional Planning Councils to Submit the Endorsed   
 Applications to ALDOT: August 8, 2025***

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# **Tentative Schedule for the FY2026 Award Cycle**

| **Date** | **Activity** |
| --- | --- |
| * **June 9, 2025** | * Program announcement and statewide dissemination of Award applications |
| * **July 31, 2025** | * Deadline for applications to be submitted to the Regional Planning Councils (for coordination plan certification letter) * If Regional Planning Councils are applying for funding or closely involved with an applicant’s application, this is the deadline for submitting applications directly to ALDOT *(direct applications)* |
| * **August 8, 2025** | * Deadline for Regional Planning Councils to submit all other applications to ALDOT *(endorsed applications)* |
| * **September 2025** | * Selection committee convenes to review applications and schedule site visits |
| * TBA | * Award Application to FTA via TrAMS |
| * TBA | * Awards Announced |
| * TBA | * Vehicle Orders Placed |
| * TBA | * Vehicle Deliveries |

This Section 5310 application is located on the website page listed below:

Alabama Department of Transportation

Local Transportation Bureau, Transit Section

1409 Coliseum Boulevard

Montgomery, AL 36110

Telephone: (334) 242-6760

Email: [mcinerneyj@dot.state.al.us](mailto:mcinerneyj@dot.state.al.us)

Website: <https://www.altrans.org/ALDOT/Resources/>

Technical Assistance is available upon request.

|  |  |  |
| --- | --- | --- |
| **Lauren Jennings Heikkinen**  **North Regional Manager**  256.658.9691  heikkinenl@dot.state.al.us | **Lora Weaver**  **Central Regional Manager**  256.613.8883  weaverl@dot.state.al.us | **Chandra Middleton**  **Southern Regional Manager**  251-923-6687  [middletonc@dot.state.al.us](mailto:middletonc@dot.state.al.us) |

# **General Information**

**🞺 Introduction:** The 5310 Program is intended to assist private or designated public nonprofit agencies in meeting the transportation needs of older adults and people with disabilities. The Alabama Department of Transportation (ALDOT) is responsible for the management and administration of the **Federal Transit Administration (FTA) Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities Program**. The Public Transit Section, through the Section 5310 Program, provides funds to eligible entities. **Appendix A** provides definitions for common terms used in the Section 5310 Program. Capital assistance is available statewide to applicants.

**🞺 Exhibits:**  The Section 5310 Program Award Application comprises several narrative Exhibits. These Exhibits are described in detail in the following pages. The required Exhibits in the application must appear in the order they are described in these instructions. The blank forms included in this packet may be used to aid in the development of required Exhibits. Examples of several of the required Exhibits are included in this Award application package. The blank forms and examples are for reference only. They are not to be included in the Award application.

## FTA Circular (Section 5310)

Applicants are encouraged to become familiar with the following FTA circular: **FTA Circular 9070.1H: Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities Program**. This FTA Circular can be found at: <https://www.transit.dot.gov/regulations-and-guidance/fta-circulars/enhanced-mobility-seniors-and-individuals-disabilities>

## Designated Recipient

In urbanized areas with populations of less than 200,000 and in rural areas, the State is the designated recipient for receipt and administration of funding under the Section 5310 Program. For these areas, the Governor has designated the Alabama Department of Transportation (ALDOT) to be responsible for administering the program and has officially notified FTA’s Region 4 office in writing of this designation. In urbanized areas with a population of 200,000 or more (except for the City of Huntsville), the Governor, in conjunction with responsible local officials, designates the recipient. Large, urbanized areas with a population of 200,000 or more include Birmingham, Huntsville, Lillian, AL / Pensacola, FL, Mobile, Montgomery, and Phenix City, AL / Columbus, GA. ALDOT is the designated recipient of Section 5310 funds for the Huntsville Urbanized Area.

## Competitive Application Process

All applicants must use this application when applying for Section 5310 Program funding. Projects will be awarded through a statewide competitive selection process. ALDOT, as the designated recipient, is responsible for developing and implementing a competitive selection process to provide for fair and equitable distribution of funds.

***Due to funding limitations, the one-year sit out rule will apply for the FY2026 Section 5310 Program. Therefore, any eligible applicant(s) (see Section 2.6) that applied for and were approved for Section 5310 funding in FY2025 for rolling stock, will not be eligible to apply for FY2026 funding.***

## Project Selection and Award Process

Completeness: Initially, applications will be reviewed for completeness, based on the **Checklist**. Any issues will be identified. Transit Section staff will determine whether an application with issues can be made complete by the applicant, allowing rating to begin. If Transit Section staff determines that an application with issues can be made complete, then the applicant will be offered the opportunity to address issues that are found with the application as it was submitted.

Selection Committee: A screening and selection committee comprised of ALDOT staff and other designees will assign points based on rating criteria **(see Appendix B)**. The selection committee ratings will be averaged and ranked using a point system. Based on the funds allocated for the program, ALDOT will determine the total number of applications to be funded.

Applicants Will Be Notified of Award Status: Each applicant will be notified of the application status (approved or not approved). The notification to each unsuccessful applicant will outline reasons why the application was not approved.

Agreement: Award approval letters will be sent to successful applicants after the Statewide Award has been approved by FTA. ALDOT will prepare an agreement with each successful applicant. After the applicant’s FY2026 agreement is approved and fully executed, the transit provider will become a subrecipient of ALDOT. This formal agreement between the Alabama Department of Transportation and the subrecipient must be executed prior to the obligation of funds. A final list of selected projects will be published on ALDOT’s website.

## The Section 5310 Goal and Alabama’s Objectives

**🞺 Section 5310 Goal:** The goal of the Section 5310 Program is to improve mobility for older adults and people with disabilities throughout the state and to enhance coordination of federally assisted programs and services to encourage the most efficient use of federal resources and achieve the national goal of improved mobility of older adults and people with disabilities. In Alabama, both private and public nonprofit agencies are required to coordinate transportation services with agencies that provide transportation services to the general public.

**🞺 Alabama’s Section 5310 Objectives:**

Ensure that older adults and people with disabilities have the same rights as all people to utilize transportation facilities and services.

Make special efforts in the planning and design of transportation facilities and services to assure older adults and people with disabilities have the availability of transportation services which they can effectively utilize.

Continue to provide for the special needs of older adults and people with disabilities for which general public transportation services are unavailable, insufficient, or inappropriate.

## Eligible Applicants

Private nonprofit agencies for the specific purpose of providing transportation services that meet the special needs of seniors and individuals with disabilities.

Local governmental agencies approved by ALDOT to coordinate service for seniors and individuals with disabilities.

Governmental authorities certifying to ALDOT that no nonprofit organizations are readily available in the area to provide the service.

## Eligible Projects

### Eligible Projects (Traditional)

* Vehicles
  1. Capital acquisition of rolling stock vehicles (Buses, Vans)
* Purchased Transportation Services (Non-Vehicle Capital)
  1. Acquisition of transportation services under a contract (purchased transportation), lease or other arrangement.
* Preventative Maintenance (Non-Vehicle Capital)
  1. Includes all maintenance, both preventative and responsive: Only available for 5309 & 5310 federally funded vehicles which ALDOT is lienholder on. Locally owned vehicles do not qualify for this funding.

### Minimum of 55% Reserved for “Traditional” Capital Projects

At least 55% of program funds must be used on capital “traditional” projects that are:

Public transportation projects planned, designed, and carried out to meet the special needs of seniors and individuals with disabilities when public transportation is insufficient, inappropriate, or unavailable.

The remaining 45% may be used on capital “non-traditional” projects that are:

Public transportation projects that exceed the requirements of the Americans with Disabilities Act (ADA)

Public transportation projects that improve access to fixed-route service and decrease reliance by individuals with disabilities on complementary paratransit.

Alternatives to public transportation that assist seniors and individuals with disabilities.

At least 55% of the available funding will be awarded to “traditional” capital projects. ALDOT reserves the right to increase that percentage up to 100% of project selections, as deemed best suited to meet the mobility needs of seniors and individuals with disabilities where public transit services are unavailable, insufficient, or inappropriate.

## New Freedom Initiative

Moving Ahead for Progress in the 21st Century (MAP-21) merged New Freedom activities (formerly Section 5317: New Freedom Initiative) with the Section 5310 Program. The consolidated program will continue support for nonprofit providers of transportation, and it will continue to make available funds for public transportation services that exceed the requirements of the Americans with Disabilities Act, as previously provided under the New Freedom Program.

## Meal Delivery

Transit service providers receiving assistance under Section 5310 may coordinate and assist in providing meal delivery service for homebound people on a regular basis if the meal delivery services do not conflict with the provision of transit services or result in a reduction of service to transit passengers. The nutrition program is expected to pay the operating costs attributable to meal delivery.

## Charter Service

FTA Awardees are prohibited from using federally funded equipment and facilities to provide charter service except on an incidental basis and when one or more of applicable exceptions as set forth in the charter service regulation at 49 CFR 604.9 (b) applies. Charter service is an allowable activity on an incidental basis if the applicant successfully completes the charter public notice requirements and no “willing and able” private charter providers are available. Applicants must reference Federal Transit Act, as amended 49 CFR 604.11(c). Please refer to **Appendix F** for more details on Charter Service.

## Match Ratios and Sources

### Match Ratios

Capital projects are 80% federal funds / 20% local match. Vehicle-related equipment and facilities required by the Clean Air Act (CAA), or the Americans with Disabilities Act (ADA) are funded at 80% / 20%.

### Eligible Local Match Sources

The local share of eligible capital costs shall be based on the net cost of the activity. Some example local match sources include state or local appropriations; dedicated tax revenues; private donations; revenue from service contracts; transportation development credits; and net income generated from advertising, concessions, and incidental charter service.

In addition, the local share may be derived from federal programs that are eligible to be expended for transportation, other than DOT programs.Examples of types of programs that are potential sources of local match include: employment, training, aging, medical, community services, and rehabilitation services. For more information, see **Appendix E**.

## Section 5310 Requires Coordination

FAST Act requires projects under Section 5310 to be derived from a locally developed, Coordinated Public Transit-Human Services Transportation Plan. Improving transportation coordination is importantin Alabama communities because limited resources and a growing transportation demand exist simultaneously.

**🞺 Coordination and the Regional Planning Councils:** ALDOT has designated the 12 Regional Planning Councils (Councils of Governments) to coordinate transportation services in their regions (see **Appendix C**).All projects funded under this program must be derived from a locally developed, Coordinated Public Transit-Human Services Transportation Planning Process. To be awarded Section 5310 Award funding; successful projects must be derived from the appropriate locally developed, Coordinated Public Transit-Human Services Transportation Plan (“Coordinated Plan”). Applicants are encouraged to familiarize themselves with the plans in their respective regions to ensure their projects are consistent with the same. Additionally, applicants are expected to coordinate with other private, public, nonprofit, and human services transportation providers.

The twelve (12) coordinated plans: 1) identify the transportation needs of individuals with disabilities, older adults, and people with low incomes; 2) provide strategies for meeting local needs; and 3) identify potential projects that will accomplish each strategy.

**Each applicant must address unmet needs and specific strategies as identified in the locally developed, Coordinated Public Transit-Human Services Transportation Plan to be eligible to receive Section 5310 federal funding.**

## Regional Planning Council Review and Endorsement

**🞺 Award Application Review by Regional Planning Councils (Councils of Government):** Completed Award applications must be submitted to the designated Regional Planning Council (Council of Governments) in the respective geographic area of the state in which Section 5310 transportation services are proposed. Each Regional Planning Council must review Award applications to ensure compliance with federal coordination requirements prior to formal submission to ALDOT. Only those Award applications formally submitted to the Regional Planning Councils for review will be considered for ALDOT funding.

**🞺 Regional Planning Council (Council of Governments) Endorsement:** Only applications derived from the locally developed, Coordinated Public Transit-Human Services Transportation Planning Process can be considered for ALDOT funding. Therefore, the Regional Planning Councils must provide project endorsements to ALDOT. Project endorsements will be on Regional Planning Council letterhead and will include the following:

Page Numbers for Unmet Needs and for Strategies: Identify the page number(s) in the locally developed, Coordinated Public Transit-Human Services Transportation Plan for the unmet needs and for the specific strategies that each endorsed application addresses.

Approval Date: Each Regional Planning Council must provide the approval date for the locally developed, Coordinated Public Transit-Human Services Transportation Plan.

**🞺 Applications from Regional Planning Councils (Councils of Governments):** Regional Planning Councils making application directly for Section 5310 funding must meet all eligibility requirements including those relating to coordination. **Award applications from Regional Planning Councils must be formally recommended for funding consideration by personnel other than those directly involved with the proposed Section 5310 transportation program.**

## Responsibilities of Successful Applicants (Subrecipients)

### Record and Reporting Requirements

Section 5310 subrecipients must have the staffing capability to maintain records and reporting requirements for the Section 5310 Program. **Reporting shall be required throughout the duration of the active vehicle service**. The annual reporting period begins October 1st and ends on September 30th. Subrecipients are responsible for submitting quarterly and annual reports to ALDOT, in addition to any other reports as may be required. Reports must be submitted electronically via the Alabama Transit Reporting System (ATRS). Applicants needing access to ATRS must contact ALDOT for an account setup. Reports submitted must be accurate, complete, and timely. **Failure to comply with reporting requirements may affect future funding and result in the loss of approved funding and/or reassignment of project equipment.**

Section 5310 subrecipients must maintain records in accordance with federal and state audit requirements during the period of contractual obligation to ALDOT and for three (3) years following the date of completion of the project. Projects may be audited without notice at any time during this period. ALDOT will conduct on-site management performance reviews at least once every three (3) years. These reviews are carried out to ensure that subrecipients manage and administer the programs in accordance with federal and state requirements.

### Drug and Alcohol Testing

Subrecipients of Section 5310 assistance are not subject to FTA’s Drug and Alcohol testing rules but must comply with requirements of the Federal Motor Carrier Safety Administration (FMCA). FMCA requirements may be accessed via the following link: <http://www.fmcsa.dot.gov/>.

In accordance with the Drug-Free Workplace Act of 1988 and 49 CFR Part 32, ALDOT requires each subrecipient to maintain a drug-free workplace for all employees and to have an anti-drug policy and awareness program.

### Vehicle Replacement

Only those vehicles meeting or exceeding useful life expectancy will be considered for replacement. Vehicle replacement eligibility must be apparent at the time of application submission. ALDOT transit staff will conduct physical inspections of all vehicles for replacement during the application review process as necessary. (See **Appendix D** for vehicle category and useful life expectancy information.)

### Invoicing Procedures

Applicants approved for purchased transportation or preventative maintenance will be required to invoice ALDOT on a cost reimbursement basis. Capital subrecipients may submit one (1) invoice monthly; only the federal share (80%) of the total cost for the awarded project will be reimbursed to the subrecipients each month. Subrecipients will be required to comply with the standard ALDOT invoicing process using standard forms. Subrecipients will be required to submit receipts and other required documentation to ALDOT with invoices.

Applicants approved for vehicle capital funds will facilitate vehicle purchases through a competitive bidding process administered by ALDOT and the State of Alabama Finance Department. Successful applicants will be required to submit local matching funds to ALDOT prior to the placement of vehicle orders. The local match checks should be made payable to the Alabama Department of Transportation.

ALDOT will facilitate a thorough inspection of vehicles in advance of delivery to the Section 5310 subrecipients. ALDOT will be invoiced by the vendor(s) for payment for the vehicles, with ALDOT making payment upon acceptance. Therefore, any problems noted by the subrecipient during delivery should be reported to ALDOT immediately.

### Insurance and Title

Section 5310 Program subrecipients are required to maintain adequate insurance coverage in accordance with federal, state, and local requirements to provide assurance of coverage sufficient to protect the federal/state interest in the funded equipment. Appropriate measures must be taken to safeguard against loss, damage, or theft of equipment. **Subrecipients are required to show proof of insurance for vehicle(s) before the vehicles are released.**

Section 5310 Program subrecipients are responsible for vehicle licensing and title requirements. **Titles will be issued in the name of the subrecipient with the Alabama Department of Transportation listed as first lienholder** **throughout the active service life of all program equipment.**

### Americans with Disabilities Act (ADA)

Subrecipients must comply with the provisions of the Americans with Disabilities Act (ADA) in the delivery of transportation services including, but not limited to: maintenance of accessibility features, procedures to ensure lift availability, lift and securement use, vehicle identification, use of accessibility features, lift deployment at any designated stop, adequate time for vehicle boarding/disembarking, use of service animals, services for persons using respirators or portable oxygen, accessible formats for public information and communication, and training. Compliance with these requirements will be monitored during on-site review visits by ALDOT staff.

### Title VI Program

As a condition of receiving Federal Transit Administration Section 5310 Program funds through ALDOT, subrecipients must comply with the requirements of the U.S. Department of Transportation’s Title VI regulations. The purpose of Title VI is to ensure that no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.

Applicants that are awarded Section 5310 Program funds will become subrecipients of ALDOT. All subrecipients must develop a Title VI Program and submit it to ALDOT consistent with reporting timelines established by ALDOT. The following Title VI items will be required:

* A copy of the subrecipient’s notice to the public that it complies with Title VI and informs members of the public of the protections against discrimination afforded to them by Title VI. Include a list of locations where the notice is posted.
* A copy of the subrecipient’s instructions to the public on how to file a discrimination complaint, including a copy of the complaint form.
* A list of any Title VI investigations, complaints, or lawsuits filed with the subrecipient. This list should include only those investigations, complaints, or lawsuits that pertain to allegations of discrimination on the basis of race, color, and/or national origin in transit-related activities and programs and that pertain to the subrecipient submitting the report, not necessarily the larger agency or department of which the entity is a part.
* A public participation plan that includes an outreach plan to engage minority and limited English proficient populations, as well as a summary of outreach efforts made since the last Title VI Program submission.
* A copy of the subrecipient’s plan for providing language assistance for persons with limited English proficiency that was based on the DOT LEP Guidance.
* A table depicting the racial breakdown of the membership of those transit-related non-elected planning boards, advisory councils or committees, or similar bodies, in which the membership is selected by the subrecipient, and a description of efforts made to encourage the participation of minorities on such committees or councils.
* If the subrecipient has constructed a facility, such as a vehicle storage facility, maintenance facility, operations center, etc., the recipient shall include a copy of the Title VI equity analysis conducted during the planning stage with regard to the location of the facility.
* The Title VI Program must be approved by the applicant’s board of directors or appropriate governing entity or official(s) responsible for policy decisions prior to submission to ALDOT. Recipients shall submit a copy of the board resolution, meeting minutes, or similar documentation with the Title VI Program as evidence that the board of directors or appropriate governing entity or official(s) has approved the Title VI Program.
* Additional information will be requested if a subrecipient is a fixed route transit provider, or a Metropolitan Planning Organization (MPO).

### Certifications and Assurances

In accordance with ALDOT direction, successful applicants will complete the Certifications and Assurances for FY2026 after they are published in the Federal Register.

## Technical Assistance

Technical assistance is available to any Applicant for Section 5310 funds through ALDOT. New Applicants (see definition in **Section 2.16** below) may find it particularly helpful to request technical assistance by calling or sending an email using the contact information in **Section 1**.

## Applicant Types

**New Applicant:** ALDOT defines a “New Applicant” as an entity that has not purchased a vehicle(s) or received federal funds (Purchased Transportation, Preventative Maintenance, etc.) through the Section 5310 Program.

**Current Applicant:** ALDOT defines a “Current Applicant” as an entity that has purchased a vehicle(s), is currently receiving federal funds (Purchased Transportation, Preventative Maintenance, etc.) through the Section 5310 Program and/or is currently operating federally funded vehicles which ALDOT holds title to.

**Previous Applicant:** ALDOT defines a “Previous Applicant” as an entity that previously purchased a vehicle(s) or received federal funds (Purchased Transportation, Preventative Maintenance, etc.) through the Section 5310 Program but is currently inactive and not operating federally funded vehicles which ALDOT holds the title to.

# **3** **Application Instructions and Due Dates**

The forms and required exhibits included in this package provide the Alabama Department of Transportation with the information necessary to select projects and to ensure compliance with State and Federal requirements. The required submissions must be complete and accurate. Applicants should be aware that there are severe penalties and sanctions for furnishing false information to obtain federal awards.

**🞺 Only One (1) Application per Applicant:**

**Submit only one (1) application per applicant, even if the applicant will be applying for assistance at multiple locations.**

If there are multiple locations, it will be necessary to submit multiple originals of some Exhibits (one for each location). For applicants with large geographic service areas and applicants with multiple locations, it may also be necessary to obtain endorsements from more than one (1) Regional Planning Council.

**🞺 Completed Checklist Is Required:**

**The completed application package must be submitted in the order listed on the Checklist.**

On the Checklist, enter the page number corresponding to each Exhibit and return the Checklist with your application to ensure all Exhibits are included in the correct order. The completed Checklist will be placed at the front of the Application (before Exhibit 1).

**🞺 Application Format:**

**One original application must be securely clipped and submitted to the Alabama Department of Transportation’s Local Transportation Bureau.**

Do not staple, bind, or insert into a hard-bound notebook. Do not use dividers. Use a clip or rubber band to attach pages together. The reviewer must be able to easily copy and use each Exhibit as needed.

**\*ONLY items on the Checklist should be included in your grant application submission.**

**\*Remove ALL Instructions and Appendices.**

**\*If an exhibit is to be provided on letterhead, please remove the sample exhibit, and only include the signed document on letterhead.**

**🞺 Text on One Side of Paper Only:**

**Applications should be printed on one side of the paper.**

All pages should be on 8.5ʺ x 11ʺ inch paper. Text on one side of the paper is the only acceptable format. The reviewer must be able to easily copy and use each Exhibit as needed.

**🞺 Page Numbers:**

**Number ALL pages (including attachments) consecutively in whole numbers (example: 1, 2, 3, etc.).**

Page numbers such as 2a, 2b, 2c, etc. will not be accepted. **ALL** Attachments such as Certifications and Assurances, Preventative Maintenance documents, Insurance Policy, Audit Reports/Financial Statements, etc. should have page numbers.

**🞺 Public Hearing:**

**A Public Hearing is required (see Exhibit 8 for details).**

Public Notices should be posted at least seven (7) days prior to the Public Hearing. You MUST include all required documents listed:

1. Copy of the Public Hearing Notice as it appeared in the newspaper
2. Notarized statement verifying publication (publisher’s affidavit)
3. Summary or transcript of the public hearing signed by an official of the applicant

**🞺 Signatures:**

**All signatures must be the originals of the authorized official for the applicant organization or transit provider (for example, mayor, county commission chairman, or executive director).**

Information should be typed and signed in the appropriate areas. Signatures are requested to be in **BLUE INK.**

**🞺 Applicant Name and Transit Provider Name:**

**Public/Governmental Agencies:** In most cases, the agency’s **Applicant Name** is their legal name or the name of their Governing Body. The **Transit Provider Name** is the name of the agency that provides the transportation service. For example, Greene County Commission (Applicant Name) and Greene County Council on Aging (Transit Provider Name).

**Private Agencies:** In most cases, the agency’s **Applicant Name** and **Transit Provider Name** will be the same.

**🞺 System for Award Management (SAM.gov)**

**All applicants must be registered with the System for Award Management (SAM.gov).**

Agencies are **required** to provide their **Unique Entity ID Number** and **CAGE/NCAGE Number** on the Current Data Sheet (Exhibit 2).

**🞺 Application Due Dates:**

**Direct Applications:** Councils of Governments who either apply directly for funding or who apply for funding on behalf of other entities/organizations must submit applications directly to ALDOT. Applications must be received at the ALDOT Local Transportation Bureau no later than **5:00 p.m. on July 31, 2025.**

**Endorsed Applications:** The deadline for submitting applications to the Regional Planning Councils (Councils of Governments) is **5:00 P.M. on July 31, 2025.** The Regional Planning Councils must in turn submit all endorsed applications to the ALDOT Local Transportation Bureau no later than **5:00 p.m. on August 8, 2025.**

**Fiscal Year 2026 Section 5310 Application Checklist**

**Application Deadlines:**

**July 31, 2025, to the Regional Planning Council**

**July 31, 2025, to ALDOT (for Regional Planning Council-Prepared Applications)**

**August 8, 2025, to ALDOT (for Regional Planning Council-Endorsed Applications)**

***Place completed “Checklist” in front of Exhibit 1***

**Application must be submitted in the order listed on the checklist, and all pages are to be in sequence**

**and consecutively numbered in whole numbers including support documents.**

|  |  |
| --- | --- |
| **Applicant Legal Name:** |  |

|  |  |  |
| --- | --- | --- |
| **Exhibit** | **Required Application Documents** | **Page No.** |
| 1 | **Section 5310 Application Cover Page** |  |
| 2 | **Section 5310 Applicant Information Sheet (Statewide)** |  |
| 3 | **Vehicle Inventory and Funding Requests** |  |
| 3.1 | Vehicle Inventory Form |  |
| 3.2 | Vehicle Request Budget Form |  |
| 3.3 | Fleet Replacement Form |  |
| 3.4 | Non-Vehicle Funding Request Form |  |
| 4 | **Scope of Services (Statewide)** |  |
| 4.1 | **Overview** |  |
|  | 1. Describe applicant purpose and programs |  |
|  | 1. Describe transportation provided/purchased or to be provided/purchased by your agency |  |
|  | 1. Describe transportation provided by other providers in the area |  |
|  | 1. Describe sensitivity training |  |
|  | 1. Describe unmet transportation needs this project seeks to address |  |
|  | 1. Identify coordinated plan strategies this project seeks to address |  |
| 4.2 | **Summary of Transportation Services (for Applicants Requesting Vehicles)** |  |
| 4.3 | **Show Need for Replacement Vehicle(s)** |  |
| 4.4 | **Show Need for Expansion Vehicle(s)** |  |
| 4.5 | **Show Need for New Transportation Service** |  |
| 4.6 | **Describe Purchased Transportation Non-Vehicle Capital Requested** |  |
| 4.7 | **Describe Preventative Maintenance Non-Vehicle Capital Requested** |  |
| 5 | **Fiscal, Managerial, and Operational Capacity** |  |

**Fiscal Year 2026 Section 5310 Application Checklist (continued)**

***Place completed “Checklist” in front of Exhibit 1***

|  |  |
| --- | --- |
| **Applicant Legal Name:** |  |

|  |  |  |
| --- | --- | --- |
| **Exhibit** | **Required Application Documents** | **Page No.** |
| 6 | Section 5310 Application Letter |  |
| **7** | **Section 5310 Authorizing Resolution** |  |
| 8 | **Public Participation Requirements** \* Copy of the **Public Hearing Notice** as it appeared in the newspaper\* Notarized statement verifying publication (publisher’s affidavit) \* Summary or transcript of the Public Hearing signed by an official of the  applicant |  |
| 9 | **Certification of Vehicle and Equipment Maintenance Plan and Maintenance Inspection Program** |  |
| 10 | **Current Certifications and Assurances (New applicant - please state NEW APPLICANT on Exhibit 10)** |  |
| 11 | **Title VI** |  |
| 12 | **Applicant’s Documentation of Involvement in the Coordination and Planning Process** |  |
| 13 | **Regional Planning Council Coordinated Plan Endorsement Letter** |  |
| 14 | **Agency Certification of No Readily Available Service Providers** |  |
| 15 | **State of Alabama Disclosure Statement** |  |
| 16 | **E-Verify Enrollment - Memorandum of Understanding (MOU)** |  |
| 17 | **Application Certification** |  |
| 18 | **Copy of Federal Identification Number Letter** |  |
| 19 | **Insurance Carrier, Amounts of Coverage, and Premium Rate (if applicable)** |  |
| 20 | **Audit Report for the Most Recent Fiscal Year** |  |
| 21 | **Copy of Articles of Incorporation and Bylaws (if applicable)** |  |

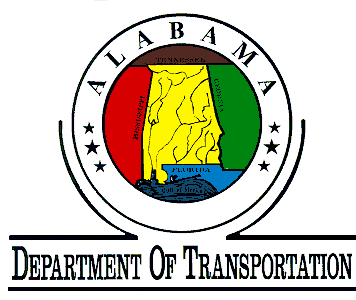
|  |
| --- |
| **FOR OFFICIAL USE ONLY** |
| * **Regional Managers shall provide a printed copy of the SAM.gov Enrollment Verification along with the application. Please use the applicant’s SAM’S number at the following website to verify that the applicant’s enrollment is active with no exclusions:** <https://www.sam.gov/SAM/pages/public/searchRecords/search.jsf>. * If the verification is not available, the applicant will be notified by their Regional Manager. |

# **Exhibits**

Exhibit 1: Statewide Section 5310 Application Cover Page

ALABAMA DEPARTMENT OF TRANSPORTATION

**FY2026**

****

***Enhanced Mobility of Seniors and Individuals with Disabilities Program (Section 5310)***

**APPLICATION**

|  |  |
| --- | --- |
| ***Applicant’s Legal Name:*** |  |

|  |  |
| --- | --- |
| ***Transit Provider Name:*** |  |

|  |  |  |
| --- | --- | --- |
| Check Applicant’s Status: | Nonprofit |  |
|  | Public |  |
|  | Private for Profit |  |
|  | Indian Tribal Nation |  |

|  |  |
| --- | --- |
| **Deadline to Submit Application to the Regional Planning Council: July 31, 2025** | |
| **Date Received by ALDOT:** |  |

Exhibit 2: Section 5310 Applicant Information Sheet (Statewide)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Application Information:** | | | | | | | | | | | | | | | |
| **Legal Name of Applicant:** | | | |  | | | | | | | | | | | |
| Mailing Address:  (Please include Zip Code plus 4) | | | |  | | | | | | | | | | | |
| Physical Address:  (Please include Zip Code plus 4) | | | |  | | | | | | | | | | | |
| **Transit Provider Name:** | | | |  | | | | | | | | | | | |
| Mailing Address:  (Please include Zip Code plus 4) | | | |  | | | | | | | | | | | |
| Physical Address:  (Please include Zip Code plus 4) | | | |  | | | | | | | | | | | |
| SAM.gov Unique Entity ID Number: | | | |  | | | | | | | | | | | |
| SAM.gov CAGE/NCAGE Number: | | | |  | | | | | | | | | | | |
| Website Address: | | | |  | | | | | | | | | | | |
| First Contact Name & Title: | | | |  | | | | | | | | | | | |
| Email: | | | |  | | | | | | | | | | | |
| Phone: | | | |  | | | | | | | | | | | |
| Cellphone: | | | |  | | | | | | | | | | | |
| Second Contact Name & Title: | | | |  | | | | | | | | | | | |
| Email: | | | |  | | | | | | | | | | | |
| Phone: | | | |  | | | | | | | | | | | |
| Cellphone: | | | |  | | | | | | | | | | | |
| 1. **Check Status Below *(check all that apply)*:** | | | | | | | | | | | | | | | |
|  |  | Current 5309 Recipient | | |  | | | Previous 5309 Recipient | | |  | | New Applicant | | |
|  |  | Current 5310 Recipient | | |  | | | Previous 5310 Recipient | | |  | |  | | |
|  |  | Current 5311 Recipient | | |  | | | Previous 5311 Recipient | | |  | |  | | |
| 1. **Project Request *(check all that apply)*:** | | | | | | | | | | | | | | | |
|  |  | Vehicles (80% of Project Cost) | | | | | | | | | | | | | |
|  |  | Purchased Transportation Services (Non-Vehicle Capital – 80% of Project Cost) | | | | | | | | | | | | | |
|  |  | Preventative Maintenance (Non-Vehicle Capital – 80% of Project Cost) | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | |
| 1. **Project Information:** | | | | | | | | | | | | | | | |
| Population of Area to be served: | | | | | |  | | |  | | | | | | |
| Number of Seniors: | | | | | |  | | |  |  | | As % of Total Area Population | | | |
| Number of Individuals with Disabilities: | | | | | |  | | |  |  | | As % of Total Area Population | | | |
|  | | | | | | | | | | | | | | | |
| **This Application is for *(check all that apply)*:** | | | | | | | | | | | | | | | |
|  |  | | An Urbanized Area with population size of 50,000 or more. | | | | | | | | | | | | |
|  |  | | A Non-Urbanized (Rural) Area with population below 50,000. | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| County/Counties of proposed project(s): | | | | | | |  | | | | | | | |  |
|  | | | | | | | | | | | | | | | |
| **5310 Federal Amount Requested** (Capital + Purchased Trans + Preventative Maintenance): **(Round Amount)** | | | | | | | | | | | | | | **$** | |
| **Total Local Match Funds: (Round Amount)** | | | | | | | | | | | | | | **$** | |
| **Total Cost of Project:** | | | | | | | | | | | | | | **$** | |

Exhibit 3: Vehicle Inventory and Funding Requests

Description of Forms:

**Vehicle Inventory Form:** The completed Vehicle Inventory Form includes the Year, Make/Model, Vehicle Identification Number, Current Miles, Lift (yes or no), Condition, Replacement (Yes or No), and Funding Source (5307, 5309, 5310, and 5311). Condition will be listed as new, excellent, good, fair, poor, or out of service. Include vehicles planned for disposal or those waiting to be transferred to another transit provider. List only FTA funded vehicles with ALDOT as the current lienholder. **All applicants will include this form. If you do not currently have vehicles that ALDOT holds the title to, write N/A on the form.**

**\*\*\*The “Vehicle Inventory Form” will include all vehicles that have been approved by ALDOT for the purpose of being used in the delivery of transportation services for seniors and individuals with disabilities. \*\*\***

**Vehicle Request Budget Form:** The completed Vehicle Request Budget Form describes the vehicle purchases that are requested. The number, cost, and proposed use (replacement, expansion, or new service) will be entered on this form. The source(s) of local match will be listed. Vehicle Floor plans are available at <https://www.altrans.org/ALDOT/Resources/>. **Vehicle types and pricing may vary depending on the active approved vehicle contracts at time of grant award. All applicants will include this form. If no vehicles are requested, write N/A on the form.**

**Fleet Replacement Form** The completed Fleet Replacement Form includes information reported to the Federal Transit Administration for the vehicles being removed from service.

**Non-Vehicle Funding Request Form:** The completed Non-Vehicle Funding Request Form describes non-vehicle capital purchases that are requested, including purchased transportation and preventative maintenance. The cost of each type of desired item will be entered on this form. **All applicants will include this form. If you are not requesting purchased transportation and/or preventative maintenance, write N/A on the form.**

Include the following as **Exhibit 3**:

* 3.1 Vehicle Inventory Form
* 3.2 Vehicle Request Budget Form
* 3.3 Fleet Replacement Form
* 3.4 Non-Vehicle Funding Request Form *(for Purchased Transportation and/or Preventative Maintenance)*

**Exhibit 3.1** **FY2026 Transit Program Vehicle Inventory Form**

*List only FTA Funded Vehicles with ALDOT as Lienholder.*

|  |  |
| --- | --- |
| **Applicant Name:** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Year** | **Make / Model** | **VIN** | **Current Miles** | **Lift (Yes or No)** | **\*Condition (New, Excellent, Good, Fair, Poor, or Out of Service)** | **Funding Source (Sec.5309, 5310, 5307, 5311)** |
| 1. |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |  |
| 9. |  |  |  |  |  |  |  |
| 10. |  |  |  |  |  |  |  |
| 11. |  |  |  |  |  |  |  |
| 12. |  |  |  |  |  |  |  |
| 13. |  |  |  |  |  |  |  |
| 14. |  |  |  |  |  |  |  |
| 15. |  |  |  |  |  |  |  |

|  |
| --- |
| Condition: Specify the mechanical/physical condition of the vehicle based on the following: |
| New [N] = Less than 2,500 miles. |
| Excellent [E] = Low mileage in relation to age and no visible mechanical flaw. |
| Good [G] = Average mileage in relation to age and only minor mechanical flaws. |
| Fair [F] = High mileage and/or noticeable mechanical flaws. Repairs are beginning to exceed normal maintenance schedules. |
| Poor [P] = High mileage and major mechanical flaws. Major repairs such as engine or transmission overhaul needed to keep vehicle in service. |
| Out of Service [O] = Vehicle is unreliable or is completely inoperable. Vehicle has been pulled from service due to mechanical or body/chassis flaws that create unsafe operating conditions. |

**Exhibit 3.2 FY2026 5310 Vehicle Request Budget Form**

*All applicants will complete this Form. If no vehicles are requested, Indicate N/A under Intended Use.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Applicant Name:** |  | | | | **Fiscal Year:** | **2026** |
|  |  |  |  |  |  |  |
| ***Vehicle Type  Price are estimates and subject to change. Prices include mobility device stations only. Other options are not included.*** | ***Designed Seating Capacity*** | ***Number of Mobility Device Stations Per Vehicle*** | ***Engine Type G-Gas or D-Diesel*** | ***Number of Each Type Vehicle Needed*** | ***Overall Total Cost*** | ***Intended Use R-Replacement N-New Service E-Expansion Service*** |
| Mini Van - (Rear Ramp) – Non-CDL | 7 | 1 | Gas only |  |  |  |
| **$73,156** |
| Mini Van - (Side Ramp) – Non-CDL | 7 | 1 | Gas only |  |  |  |
| **$76,965** |
| Transit Van - Non-CDL | 14 | 0 | Gas only |  |  |  |
| No HAP (Only available if a Handicap accessible vehicle is in current fleet) |
| **$97,368** |
| Transit Van (Rear or Side Load) - Non-CDL | Rear Lift: 9 Side Lift: 10 | 1 | Gas only |  |  |  |
| HAP 1 |
| **$105,713** |
| Transit Van (Rear or Side Load) - Non-CDL | 7 | 2 | Gas only |  |  |  |
| HAP 2 |
| **$105,808** |
| Transit Bus Doors Gamechanger Wheelchair Entrance - Non-CDL - 6-4A | 7 | 1 | Gas only |  |  |  |
| HAP 1 |
| **$123,658** |
| Transit OEM Slide Door Gamechanger Wheelchair Entrance - Non-CDL - 6-4B | 7 | 1 | Gas only |  |  |  |
| HAP 1 |
| **$109,843** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Low Floor BraunAbility Promaster - Non-CDL - 6-3A | 9 | 2 | Gas only |  |  |  |
| HAP 2 |
| **$163,029** |
| Cutaway - All Passenger - Non-CDL - 4-5A | 14 | 0 | Gas only |  |  |  |
| No HAP (Only available if a Handicap accessible vehicle is in current fleet) |
| **$121,066** |
| Cutaway - Non-CDL - 4-5A | 14 | 2 | Gas only |  |  |  |
| HAP 2 |
| **$131,633** |
| Cutaway - Non-CDL - 4-5A | 12 | 4 | Gas only |  |  |  |
| HAP 4 |
| **$137,445** |
| Cutaway - All Passenger - CDL Required - 4-6B | 25 | 0 | Gas only |  |  |  |
| No HAP (Only available if a Handicap accessible vehicle is in current fleet) |
| **$144,380** |
| Cutaway - CDL Required - 4-6B | 20 | 2 | Gas only |  |  |  |
| HAP 2 |
| **$142,516** |
| Cutaway - CDL Required - 4-6B | 24 | 2 | Gas only |  |  |  |
| HAP 2 |
| **$147,054** |
| Cutaway - CDL Required - 4-8B - Gas | 30 | 2 | Gas only |  |  |  |
| HAP 2 |
| **$196,327** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Cutaway - CDL Required - 4-8B - Diesel | 30 | 2 | Diesel only |  |  |  |
| HAP 2 |
| **$220,292** |
|  |  |  | **TOTALS:** |  |  |  |
| **Note**: All vehicle capital requests will be evaluated by ALDOT. The number and types of vehicles awarded are contingent upon available funding. | | | | | | |
| **Replacement**–an applicant requesting to replace vehicles funded through ALDOT. | | | | | | |
| **Expansion**–an applicant currently has vehicles funded by ALDOT and desires to purchase new vehicles to meet service needs. | | | | | | |
| **New Service**–an applicant that has not purchased vehicles through the Section 5310 Program. | | | | |  |  |
| ***Vehicle types and pricing may vary depending on the active approved vehicle contracts at time of grant award.***  Vehicle Floor plans are available at <https://www.altrans.org/ALDOT/Resources/>. | | | | | | |
| List Sources of Local Funds (below). 20% Local Match is Required for all Vehicles Requested. | | | | | | |
| Round Local Match Amounts to Whole Number. | | | | | | |
| **Name of Organization:** |  |  |  | **Amount:** |  |  |
| **Name of Organization:** |  |  |  | **Amount:** |  |  |
|  |  |  |  |  |  |  |

**Exhibit 3.3 FY2026 ALDOT Transit Program Replacement Form**

*List* ***ONLY*** *FTA Funded Vehicles with ALDOT as Lienholder to be Replaced. Indicate N/A under Make if not Applicable.*

|  |  |
| --- | --- |
| **Applicant Name:** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Year** | **Make/Model** | **Year of Purchase** | **Vehicle ID Number (VIN)** | **Mo./Yr. Placed in Revenue Service** | **Accumulated Mileage** | **Estimated Mo./Yr. to be taken Out of Revenue Service** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Exhibit 3.4 FY2026 Non-Vehicle Funding Request Form**

*All applicants will complete this form. If you are not requesting purchased transportation*

*and/or Preventative Maintenance, indicate N/A on the form under total cost by each.*

|  |  |
| --- | --- |
| **Applicant Name:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **Federal Cost (80%)** | **Local Cost (20%)** | **Total Cost** |
| Purchased Transportation |  |  |  |
| Preventative Maintenance\* |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Totals:** |  |  |  |
| *Note:* All non-vehicle capital funding requests will be evaluated by ALDOT. The non-vehicle funding awarded is contingent upon available funding.  \*Preventative Maintenance (Non-Vehicle Capital) 5310 funding is only available for 5309 & 5310 federally funded vehicles which ALDOT is lienholder on. Locally owned vehicles don't qualify for this funding.  ***Round Amounts to Whole numbers.*** | | | |

Exhibit 4. Scope of Services (Statewide)

This Exhibit will provide an overview of your agency as well as details on the purpose of the award application.

Definitions of “Expansion Vehicle”, “Replacement Vehicle”, and “New Service Applicant” are provided in **Appendix A**.

Description of Forms:

Applicants will include all Exhibit 4 forms. Please mark yes or no to the question at the top of each Exhibit. This will inform the ALDOT staff of the types of capital (if any) you are requesting in your application.

Include the following as **Exhibit 4**:

* Exhibit 4.1: Overview
* Exhibit 4.2: Summary of Transportation Services
* Exhibit 4.3: Show Need for Replacement Vehicle(s)
* Exhibit 4.4: Show Need for Expansion Vehicle(s)
* Exhibit 4.5: Show Need for New Transportation Service
* Exhibit 4.6: Describe Purchased Transportation
* Exhibit 4.7: Describe Non-Vehicle Preventative Maintenance Requested

Exhibit 4.1 Overview

(All Applicants Must Fully Complete Exhibit 4.1)

|  |
| --- |
| 1. **Describe your agency’s purpose and programs. Insert supporting documentation such as transit provider brochures and newspaper articles directly after this question.** |
|  |

Exhibit 4.1 Overview (continued)

(All Applicants Must Fully Complete Exhibit 4.1)

|  |
| --- |
| 1. **Describe the transportation provided/purchased and/or that will be provided/purchased by your agency. Include a description of your agency’s clientele, your client selection process, current or potential types and number of trips, current or potential route schedules, estimated miles, and estimated hours.** |
|  |
| 1. **Describe transportation currently provided to seniors and individuals with disabilities by other providers in your area. Include days and hours of service, trip purposes, frequency of service, and fares.** |
|  |
| 1. **Describe the sensitivity training program provided to your employees on how to effectively interact with seniors and individuals with disabilities. Include a schedule of pre-employment, on-the-job training, and incremental training provided or to be provided. Describe sensitivity training only.** |
|  |

Exhibit 4.1 Overview (continued)

(All Applicants Must Fully Complete Exhibit 4.1)

|  |
| --- |
| 1. **Describe the unmet transportation needs within the Coordinated Public Transit-Human Service Transportation Plan the proposed project seeks to address. List page number(s) from the Coordinated Plan where the unmet need(s) are found.** |
|  |
| 1. **Identify which strategy(ies) within the Coordinated Public Transit-Human Services Transportation Plan that the proposed project addresses. List page number(s) from the Coordinated Plan where the strategy(ies) are found.** |
|  |

**Exhibit 4.2 Summary of Transportation Services (for Applicants Requesting Vehicles)**

*(All Applicants Requesting Vehicles Must Fully Complete Exhibit 4.2)*

*All other applicants will mark “No” to the following question and then include this form in their application.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Are you requesting replacement, expansion, or new service vehicle(s)?** | **Yes** |  | **No** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Provide detailed information on the type of service(s) to be provided. Please double-check your math for accuracy. Provide estimates where necessary.** **Refer to Appendix A for definitions of replacement, expansion, and new service vehicles.** **Complete all items.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Average monthly number of clients to be served (unduplicated): | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  |
| *(Unduplicated means to count each client only once, even if he or she receives several agency services.)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Select type of clients to be transported: | | | | | | | | Seniors | | |  | Children | | | |  | | All Ages | | | |  | | Disabled | | | | | |  | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. List of days of proposed use: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| *(Example: Monday-Friday or Tuesday-Thursday)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Hours per week vehicle(s) will be used: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Number of miles clients will be transported daily (service mile average per vehicle): | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Number of passenger trips per week: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| *(A passenger trip is each time a passenger boards and exits a vehicle. A round trip is counted as two (2) passenger trips.)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Select trip types: | Medical | |  | | Education | | | |  | Work | | |  | Nutrition | | |  | | | Recreation | | | | | |  | Other | | | |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Do you have any proposed agreements to coordinate transportation services with other agency(ies)? | | | | | | | | | | | | | | | | | | | Yes | |  | | No | | | | |  |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Do you currently have any existing agreements to coordinate transportation services with other agency(ies)? | | | | | | | | | | | | | | | | | | | Yes | |  | | No | | | | |  |  | | | |
| If yes, list agency(ies). | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Exhibit 4.3 Show Need for Replacement Vehicle(s); Describe Preventative Maintenance of Vehicle(s) to be Replaced**

*(All Applicants Requesting Replacement Vehicles Must Fully Complete Exhibit 4.3).*

*All other applicants will mark “No” to the following question and then include this form in their application.*

**A replacement vehicle must have reached its “useful life expectancy”. Refer to Appendix A and Appendix D for more information.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Are you requesting replacement vehicle(s) for a current federally funded vehicle which ALDOT is a lienholder?** | **Yes** |  | **No** |  |

|  |
| --- |
| 1. **Explain the need for replacement vehicle(s).** |
|  |
| 1. **Provide documentation of the most recent scheduled preventative maintenance performed on each vehicle you are requesting to be replaced.** |
|  |

**Exhibit 4.4 Show Need for Expansion Vehicle(s)**

*(Current Applicants Requesting Expansion Vehicle(s) Must Fully Complete Exhibit 4.4)*

*All other applicants will mark “No” to the following question and then include this form in their application.*

**An expansion vehicle is added to the applicant’s fleet to expand service and will not replace any vehicle(s).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Are you requesting expansion vehicle(s)?** | **Yes** |  | **No** |  |

|  |
| --- |
| 1. **Explain the need for expansion vehicle(s).** |
|  |
| 1. **Provide documentation of new routes, extended hours, longer trips, and/or new or improved services that show the need for additional vehicle(s).** |
|  |
| 1. **Provide documentation of the most recent scheduled preventative maintenance performed on the most recent Section 5310 vehicle(s) awarded to your agency *(no more than five).* Please attach the invoices from work performed directly following this page.** |
|  |

**Exhibit 4.5 Show Need for New Transportation Service**

*(Only New Service Applicants Will Fully Complete Exhibit 4.5).   
All other applicants will mark “No” to the following question and then include this form in their application.*

**ALDOT defines a “New Service Applicant” as an entity that has not purchased a vehicle or vehicles through the Section 5310 Program or the agency currently does not have a federally funded vehicle which ALDOT is a lienholder of.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Are you a new transportation service applicant?** | **Yes** |  | **No** |  |

|  |
| --- |
| 1. **Explain the need for your agency to become a transit provider for seniors and individuals with disabilities through ALDOT.** |
|  |
| 1. **If awarded, describe the main use and purpose of the vehicle or purchased service requested?** |
|  |
| 1. **Provide documentation supporting your agency’s transportation experience.** |
|  |
| 1. **List and describe any federally funded programs your agency has managed. (If your agency has managed many federally funded programs, it is acceptable to describe only those managed in the last five (5) years). For each program described include the following items: 1) the awarding agency name, 2) the length of time your agency managed the program, and 3) the amount of funds managed.** |
|  |

**Exhibit 4.6 Describe Purchased Transportation Non-Vehicle Capital Requested**

*All Applicants Requesting Purchased Transportation Services Must Fully Complete Exhibit 4.6.*

*All other applicants will mark “No” to the following question and then include this Form in their application****.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Are you requesting purchased transportation?** | **Yes** |  | **No** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Provide detailed information on the type of service(s) to be provided. Your response should be as accurate as possible. Provide estimates where necessary. Complete all items.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Number of clients to be served? | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Select type of client trips to be purchased: | | | | | | | | | Seniors | | |  | | | Children | | | | |  | All Ages | | | |  | | Disabled | |  | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. List the names of current and/or potential | | | | | | | | | 1. | | | | | | | | | | | | | | | | | | | | | |  | |
| public and/or private transportation provider(s) | | | | | | | | | 2. | | | | | | | | | | | | | | | | | | | | | |  | |
| your agency will purchase services from. | | | | | | | | | 3. | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. How will services be purchased? | | | | | | 3rd Party Agreements | | | | | | |  | | Daily Tickets | | | | | | |  | Monthly Passes | | | | | |  | |  | |
| If Other, please explain. | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Estimate the number of 3rd Party Agreements your agency will enter into: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Select Service Area: | | | City | |  | | | County | | |  | | Region | | | | | |  | | | State | | | |  | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Estimate the average number of daily trips to be purchased using the categories below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Trip Purpose** | | **Average Number of Daily Trips** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | Medical/Dental | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | Shopping | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | Nutritional | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | Personal | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | Employment | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | Other Purposes (specify) | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  |  | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  |  | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  |  | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | Total | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Exhibit 4.7 Describe Preventative Maintenance Non-Vehicle Capital Requested**

*All Applicants Requesting Preventative Maintenance Must Fully Complete Exhibit 4.7*

*All other applicants will mark “No” to the following question and then include this form in their application.*

*Preventative Maintenance (Non-Vehicle Capital) 5310 funding is only available for 5309 & 5310 federally funded vehicles which ALDOT is lienholder on. Locally owned vehicles do not qualify for this funding.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Are you requesting Preventative Maintenance?** | **Yes** |  | **No** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Provide detailed information on the type of service(s) to be provided. Your response should be as accurate as possible. Provide estimates where necessary. Complete all items.** | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Average monthly number of clients to be served (unduplicated): | | | | | | | | | | | | |  | | | | | | | | | | | |  | |
| *(Unduplicated means to count each client only once, even if he or she receives several agency services.)* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Select type of clients to be transported: | | | | | | Seniors | |  | | Children | | | |  | | | All Ages | | |  | Disabled | | |  |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Select Service Area: | | | City |  | County | | | |  | | Region | | | |  | | | State | | | |  |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. How many vehicles will be maintained? | | | | | | |  | | | | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. How will the request enhance or improve current transportation services that are provided? | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Will vehicle maintenance be performed in-house? | | | | | | | | | Yes | |  | No | | | |  | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Will vehicle maintenance be outsourced? | | | | | | | | | Yes | |  | No | | | |  | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Exhibit 5: Fiscal, Managerial, and Operational Capacity**

*(All Applicants Must Fully Complete this Exhibit)*

|  |
| --- |
| **In this section, the applicant must demonstrate that it has the fiscal, managerial, and operational capabilities to manage transportation funds for the duration of the project. Information provided will be verified during site visits. Include all requested information. Use a narrative format.**  **Narrative should include the following items:**   1. **Number of years of experience providing transportation.** 2. **Experience of project managers (number of years of experience, other relevant information).** 3. **Experience with managing awards (list sources of award funds and number of years of experience).** 4. **Experience of transportation coordinator (or similar title) and drivers.** 5. **Availability of experienced employees to manage program funds and program equipment.** |
|  |

Exhibit 6 Sample Section 5310 Application Letter

Instructions

The Application Letter must state that the Award applicant is applying for public transportation Section 5310 funding in accordancewithFederal Transit Laws, as codified (49 USC Section 5310), Enhanced Mobility of Seniors and Individuals with Disabilities. This Exhibit must be on **Applicant’s Letterhead** and must include the following information:

* State name of applicant and list counties of service (or proposed service).
* Sample Letter’s Sentence 2 will need to be customized to list the number and type of vehicles (if applicable) and Purchased Transportation (if applicable). Some Applicants may request both vehicle purchase and Purchased Transportation. Take care to accurately complete Sentence 2.
* The last sentence in Paragraph 1 confirms the source of local match and operating expenses.
* Include applicant's statement that, to the best of its knowledge, all the information contained within the application is true and correct.
* State name of designated contact person and telephone number.
* Include signature of the person designated by the applicant’s governing body to be responsible for administration of the Award.

This letter (on applicant’s letterhead) must be addressed to:

Mr. Bradley B. Lindsey, P.E.

State Local Transportation Engineer

Local Transportation Bureau

Alabama Department of Transportation

1409 Coliseum Boulevard

Montgomery, Alabama 36110

A sample application letter follows.

Exhibit 6 Sample Section 5310 Application Letter

*(All Applicants Must Complete This Exhibit)*

***Submit on Applicant’s Letterhead***

Confirmation for Local Match and Operating Expenses

Date

Mr. Bradley B. Lindsey, P. E.

State Local Transportation Engineer

Local Transportation Bureau

Alabama Department of Transportation

1409 Coliseum Boulevard

Montgomery, Alabama 36110

Dear Mr. Lindsey:

FY2026 SECTION 5310 TRANSIT PROGRAM APPLICATION (STATEWIDE)

The **[Applicant]** is hereby applying for a Section 5310 Capital Assistance Award to provide transportation services for the seniors and individuals with disabilities in **[list county 1, county 2, etc.].** The **[Applicant]** is requesting **[list number of vehicles]** **[list type of vehicle or vehicles]** **[and/or** **purchased transportation and/or preventative maintenance, if applicable]**. The required local match is **[amount]**. The **[Applicant]** will provide the local match and cover all operating expenses.

The applicant attests that all information contained within this application is true and correct and that the applicant has the legal, financial, and technical capacity to carry out the proposed project. If you have questions or need further information, please contact **[designated contact person]** at **[telephone number including area code]**.

Respectfully,

Signature of Designated Official

Title

Exhibit 7: Section 5310 Authorizing Resolution

(Must Submit Original Signatures)

Section 5310 Authorizing Resolution

**RESOLUTION NO. \_\_\_\_\_\_\_\_\_\_**

**WHEREAS,** Federal financial assistance as authorized under Section 5310 of the Federal Transit Act Amendments of 1991, is available through the Alabama Department of Transportation to provide transportation services to meet the special needs of seniors and individuals with disabilities; and

**WHEREAS,** the submission of an application for said financial assistance is deemed necessary to aid in addressing the transportation needs of seniors and individuals with disabilities residents of **(Enter City, County(ies), or Urbanized Area)**, and

**WHEREAS,** any agreement for capital financial assistance with the State of Alabama, acting by and through its Alabama Department of Transportation, will impose certain obligations upon the applicant, including the provision by it of the local share of project costs; and

**WHEREAS,** it is the goal of the applicant to provide the best transit project that can be provided with the funds available.

**NOW, THEREFORE,** be it resolved by the **(Enter Board, Council, or County Commission)**

of (**Enter Applicant Legal Name)** as follows:

That the **(Enter Title of Authorized Official)** is authorized to execute, file an award application,

and enter into an agreement with the Alabama Department of Transportation for aid in the financing of a Section 5310 transportation assistance project.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Adopted this |  | day of |  | , 20 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature: |  |  | Attest: |  |
| Name: |  |  | Name: |  |
| Title: |  |  | Title: |  |

Exhibit 8: Public Participation Requirements

Instructions

🞺 **Public Hearing Required:** The public participation process must comprise of, at a minimum, conducting a public hearing. A public hearing must be held to allow all persons, including private transportation providers and new business entrants, equal opportunity to comment.

**The hearing must be advertised by public notice in the local newspaper of widest circulation at least seven (7) days prior to the hearing. The “Notice” must be advertised a minimum of one (1) time.**

**\*\*\* Please note: A copy of the Public Hearing Notice must be placed in the reception desk area, meeting rooms, transit facilities, and on the vehicles to allow all individuals including Limited English Proficiency (LEP) individuals an opportunity to participate in this hearing**. \*\*\*

A sample Public Hearing Notice is shown on the next page. Customize the “Notice” as necessary. Be sure to include the address of the public hearing location as well as the contact information in your “Notice”.

Exhibit 8: Public Participation Requirements

All Applicants must include the following in Exhibit 8:

* *Copy of the Public Hearing Notice as it appeared in the newspaper*
* *Notarized statement verifying publication (publisher’s affidavit)*
* *Summary or transcript of the public hearing signed by an official of the applicant*

|  |
| --- |
| **PUBLIC HEARING NOTICE** |
| The **(Enter Applicant Name)** is applying to the Alabama Department of Transportation for a federal capital funding award under Section 5310 of the Federal Transit Act. This funding is for capital assistance to help meet the transportation needs of seniors and individuals with disabilities in **(Enter County 1, County 2, etc.)**.  A public hearing will be held on **(Enter Date)** at **(Enter Time)** in the **(Enter Meeting Room)** at the **(Enter Facility Name)** at **(Enter Address Including Locality Name)** for public comments.  Contact Information:  **(Enter Contact Person’s Name)**  **(Enter Contact Person’s Title)**  **(Enter Applicant Name)**  **(Enter Telephone Number)**  **(Enter Email Address)** |

Exhibit 9: Certification of Vehicle and Equipment Maintenance Plan and Maintenance Inspection Program

(All Applicants Requesting Vehicles or Currently Operating Federally Funded Vehicles with ALDOT as the Lienholder Must Fully Complete Exhibit 9.)  
All other applicants will mark “No” to the following question and then include this form in their application.

Applicant does not need to supply Vehicle Maintenance Plan within application.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Are you requesting vehicles or currently operating federally funded vehicles with ALDOT as the lienholder?** | **Yes** |  | **No** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Certification of Vehicle and Equipment Maintenance Plan***  ***And Maintenance Inspection Program*** | | | | | |
| The **(Enter Applicant Name)**, hereby certifies it has or will develop and implement a **Section 5310 Vehicle and Equipment Maintenance Plan** that contains the following:  A schedule of maintenance inspections and servicing that will be performed and documented according to the guidelines for the vehicle and/or equipment manufacturer.  Upon the distribution of a 5310 Vehicle Award, the **(Enter Applicant Name)** further certifies that to demonstrate compliance with the Vehicle Maintenance Plan, it will develop and submit the following components of the plan:   1. An **Inspection Checklist** which, at a minimum, specifies vehicle service items to be checked and the frequency of the checks. 2. An **Inspection Procedure Manual** describing inspection procedures for items on the checklist, indicating standards for each item checked, and describing corrective actions taken for any problem identified. | | | | | |
| Name of Designated Official: |  | | Date: |  |  |
| Signature of Designated Official: | |  | | |  |
|  | |  | | |  |

**Exhibit 10: Current Certifications and Assurances**

*Current Recipients - Please insert a copy of the current Certifications and Assurances (C&A) for Exhibit 10.*

*New Applicants – Please insert N/A for this exhibit.*

**FTA Link to Certifications and Assurances: (utilize the most recent copy)**

<https://www.transit.dot.gov/funding/grantee-resources/certifications-and-assurances/certifications-assurances>

*Only submit the last 3 pages of the Certifications and Assurances link above which includes the certification selection and signatures.*

*Mark on the form the following:*

*The applicant certifies to the applicable provisions of all categories: \_X\_*

Exhibit 11: Title VI

*(****Only Current ALDOT Subrecipients*** *Will Fully Complete This Exhibit)*

*All other applicants will mark “No” to the following question and then include this form in their application.*

**ANSWER QUESTIONS ONLY. DO NOT INCLUDE YOUR AGENCY'S FULL TITLE VI PLAN.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Are you a current ALDOT Subrecipient?** | **Yes** |  | **No** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **List all active lawsuits or complaints against the transit provider alleging discrimination on the basis of race, color, age, disability, or national origin with respect to service or other transit benefits. Explain if pending or closed and the actions taken.** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 1. **Describe all pending applications for financial assistance currently provided by other Federal agencies to the applicant.** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 1. **Summarize all civil rights compliance reviews conducted by other local, state, or federal agencies during the last three years.** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 1. **Is [Applicant] considered a minority organization?** | | | | | | | **Yes** |  | **No** |  |  | | | | | |
| **If yes, check all categories that apply.** | | | | | | | | | | | | | | | | |
|  |  | | Black American |  |  | Sub-Continent Asian-American | | | | | | | | | | |
|  |  | | Hispanic American |  |  | Asian-Pacific American | | | | | | | | | | |
|  |  | | Native American |  |  | Other | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 1. **Does the [Applicant] provide transportation services to minority communities?** | | | | | | | | | | | | **Yes** |  | **No** |  |  |
| **If yes, check all categories that apply.** | | | | | | | | | | | | | | | | |
|  |  | | Black American |  |  | Sub-Continent Asian-American | | | | | | | | | | |
|  |  | | Hispanic American |  |  | Asian-Pacific American | | | | | | | | | | |
|  |  | | Native American |  |  | Other | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 1. **Has your Title VI Coordinator/EEO Officer changed during the reporting period or since your last Title VI Plan was approved?** | | | | | | | | | | | | **Yes** |  | **No** |  |  |
| **If yes, provide the name and contact information for the new Title VI Coordinator/EEO Officer.** | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | |

Exhibit 11: Title VI (continued)

*(****Only Current ALDOT Subrecipients*** *Will Fully Complete This Exhibit)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Has [Applicant] had any projects and/or service changes that have Title VI, Limited English Proficiency (LEP), or Environmental Justice (EJ) impacts?** | | | **Yes** |  | **No** |  |  |
| **If yes, please complete the following items:** | | | | | | | |
| 1. Provide a brief description of these projects/service changes. | | | | | | | |
|  | |  | | | | |  |
| 1. What did you do to ensure that populations affected by the project and/or service change had meaningful access to and involvement in the development process? | | | | | | | |
|  | |  | | | | |  |
| 1. What is the number and percentage of LEP and/or EJ populations affected by the project and/or service change? | | | | | | | |
|  | |  | | | | |  |
|  | | | | | | | |
| 1. **Describe how your employees were educated about Title VI and about their responsibility to ensure non-discrimination in your programs, services, and/or activities.** | | | | | | | |
|  | | | | | | | |

**Exhibit 12: Applicant’s Documentation of Involvement in the Coordination and Planning Process**

*(All Applicants Will Submit this Exhibit* ***with Original Signature.****)*

*Submit One Exhibit for each Regional Planning Council (RPC) in your service area.   
If your service area covers more than one Regional Planning Council, submit one Exhibit from each RPC.*

***Submit on Applicant Letterhead.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Documentation of Involvement in Coordination and Planning Process*** | | | | | |
| The (**Enter Applicant Name)** certifies as a requirement of the Fixing America’s Surface Transportation Act (FAST Act) that this project is derived from a locally developed, Coordinated Transit-Human Services Transportation Plan. Our agency is included in the **(Enter Name of Regional Planning Commission)**  Coordinated Plan that identifies the transportation needs of individuals with disabilities, seniors, and people with low incomes, provides strategies for meeting those local needs, and prioritizes transportation services for funding and implementation. | | | | | |
| Name of Authorized Official: |  | | Date: |  |  |
| Signature of Designated Official: | |  | | |  |
|  | |  | | |  |

**Exhibit 13: Regional Planning Council Coordinated Plan Endorsement Letter**

Required for All Applicants. Obtain from designated Regional Planning Council.

***Submit on Regional Planning Council’s Letterhead***

Must Submit Original Signature

**This letter from the local Regional Planning Council verifying endorsement must be included in the award application. (Submit One Exhibit for each Regional Planning Council if your service area covers more than one Regional Planning Council). A list of Regional Planning Councils (Councils of Governments) is included in Appendix C.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Coordinated Plan Endorsement Letter*** | | | | | |
| The **(Enter Name of Regional Planning Commission)** certifies that the **(Enter Applicant Name)** project is derived from the locally developed, Coordinated Transit-Human Services Transportation Plan as required by the Fixing America’s Surface Transportation Act (FAST Act). The Coordinated Plan identifies the transportation needs of individuals with disabilities, seniors, and people with low incomes, provides strategies for meeting those local needs, and prioritizes transportation services for funding and implementation.  The components addressing the unmet needs this application addresses are found on page number(s) \_\_\_\_\_ and the specific strategies this application addresses are found on page number(s) \_\_\_\_\_\_ of this region’s most recent Coordinated Transit-Human Services Transportation Plan. The Coordinated Plan was approved on: **(Enter Day, Month, and Year).** | | | | | |
| Name of Authorized Official: |  | | Date: |  |  |
| Signature of Designated Official: | |  | | |  |
|  | |  | | |  |

Exhibit 14: Public Agency Certification of No Readily Available Service Providers

Governmental and Public Agencies Must Fully Complete Exhibit 14.

Submit on Governmental or Public Agency’s Letterhead

*All other applicants will mark “No” to the following question and then include this form in their application.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Are you a governmental body or public agency?** | **Yes** |  | **No** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Public Agency Certification of No Readily Available Service Providers*** | | | | | |
| The public agency, **(Enter Name of Governmental or Public Agency)** hereby certifies that there  are no nonprofit agencies readily available to provide the service proposed in this application. | | | | | |
| Name of Authorized Official: |  | | Date: |  |  |
| Signature of Designated Official: | |  | | |  |
|  | |  | | |  |

Exhibit 15: State of Alabama Disclosure Statement

All Applicants will Complete

Must Submit Original Signature

***Complete all lines as indicated. If an item does not apply, denote N/A (not applicable). If you cannot include required information in the space provided, attach additional sheets as necessary.***

***The form must be signed, dated, and notarized prior to grant submission.***

Disclosure Statement Information and Instructions:

Act 2001-955 requires the disclosure statement to be completed and filed with all proposals, bids, contracts, or grant proposals to the State of Alabama in excess of $5,000. The disclosure statement is not required for contracts for gas, water, and electric services where no competition exits, or where rates are fixed by law or ordinance. In circumstances where a contract is awarded by competitive bid, the disclosure statement shall be required only from the person receiving the contract and shall be submitted within ten (10) days of the award.

A copy of the disclosure statement shall be filed with the awarding entity and the Department of Examiners of Public Accounts and if it pertains to a state contract, a copy shall be submitted to the Contract Review Permanent Legislative Oversight Committee. The address for the Department of Examiners of Public Accounts is as follows: 50 N. Ripley Street, Room 3201, Montgomery, Alabama 36130-2101. If the disclosure statement is filed with a contract, the awarding entity should include a copy with the contract when it is presented to the Contract Review Permanent Legislative Oversight Committee.

The State of Alabama shall not enter into any contract or appropriate any public funds with any person who refuses to provide information required by Act 2001-955.

Pursuant to Act 2001-955, any person who knowingly provides misleading or incorrect information on the disclosure statement shall be subject to a civil penalty of ten percent (10%) of the amount of the transaction, not to exceed $10,000.00. Also, the contract or grant shall be voidable by the awarding entity.

Definitions as Provided in Act 2001-955

Family Member of a Public Employee - The spouse or a dependent of the public employee.

Family Member of a Public Official - The spouse, a dependent, an adult child and his or her spouse, a parent, a spouse's parents, a sibling and his or her spouse, of the public official.

Family Relationship - A person has a family relationship with a public official or public employee if the person is a family member of the public official or public employee.

Person - An individual, firm, partnership, association, joint venture, cooperative, or corporation, or any other group or combination acting in concert.

Public Official and Public Employee - These terms shall have the same meanings ascribed to them in Sections 36-25-1(23) and 36-25-1(24), Code of Alabama 1975, (see below) except for the purposes of the disclosure requirements of this act, the terms shall only include persons in a position to influence the awarding of a grant or contract who are affiliated with the awarding entity. Notwithstanding the foregoing, these terms shall also include the Governor, Lieutenant Governor, members of the cabinet of the Governor, and members of the Legislature.

Section 36-25-1(23), Code of Alabama 1975, defines a public employee as any person employed at the state, county or municipal level of government or their instrumentalities, including governmental corporations and authorities, but excluding employees of hospitals or other health care corporations including contract employees of those hospitals or other health care corporations, who is paid in whole or in part from state, county, or municipal funds. For purposes of this chapter, a public employee does not include a person employed on a part- time basis whose employment is limited to providing professional services other than lobbying, the compensation for which constitutes less than 50 percent of the part-time employee's income.

Section 36-25-1(24), Code of Alabama 1975, defines a public official as any person elected to public office, whether or not that person has taken office, by the vote of the people at state, county, or municipal level of government or their instrumentalities, including governmental corporations, and any person appointed to a position at the state, county, or municipal level of government or their instrumentalities, including governmental corporations. For purposes of this chapter, a public official includes the chairs and vice-chairs, or the equivalent offices of each state political party as defined in Section 17-16-2, Code of Alabama 1975.

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AI-generated content may be incorrect.State of Alabama

Disclosure Statement

(Required by Act 2001-955)

ENTITY COMPLETING FORM

ADDRESS

CITY, STATE, ZIP TELEPHONE NUMBER

( )

STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS, SERVICES, OR IS RESPONSIBLE FOR GRANT AWARD

ADDRESS

CITY, STATE, ZIP TELEPHONE NUMBER

( )

This form is provided with:

Contract Proposal Request for Proposal Invitation to Bid Grant Proposal

□

□

□

□

□

Have you or any of your partners, divisions, or any related business units previously performed work or provided goods to any State Agency/Department in the current or last fiscal year?

Yes No

□

□

If yes, identify below the State Agency/Department that received the goods or services, the type(s) of goods or services previously pro- vided, and the amount received for the provision of such goods or services.

**STATE AGENCY/DEPARTMENT TYPE OF GOODS/SERVICES AMOUNT RECEIVED**

Have you or any of your partners, divisions, or any related business units previously applied and received any grants from any State Agency/Department in the current or last fiscal year?

Yes No

□

□

If yes, identify the State Agency/Department that awarded the grant, the date such grant was awarded, and the amount of the grant.

**STATE AGENCY/DEPARTMENT DATE GRANT AWARDED AMOUNT OF GRANT**

1. List below the name(s) and address(es) of all public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

**NAME OF PUBLIC OFFICIAL/EMPLOYEE ADDRESS STATE DEPARTMENT/AGENCY**

1. List below the name(s) and address(es) of all family members of public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the public officials/public employees and State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME OF** |  | **NAME OF PUBLIC OFFICIAL/** | **STATE DEPARTMENT/** |
| **FAMILY MEMBER** | **ADDRESS** | **PUBLIC EMPLOYEE** | **AGENCY WHERE EMPLOYED** |

If you identified individuals in items one and/or two above, describe in detail below the direct financial benefit to be gained by the public officials, public employees, and/or their family members as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

Describe in detail below any indirect financial benefits to be gained by any public official, public employee, and/or family members of the public official or public employee as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

List below the name(s) and address(es) of all paid consultants and/or lobbyists utilized to obtain the contract, proposal, request for proposal, invitation to bid, or grant proposal:

**NAME OF PAID CONSULTANT/LOBBYIST ADDRESS**

***By signing below, I certify under oath and penalty of perjury that all statements on or attached to this form are true and correct to the best of my knowledge. I further understand that a civil penalty of ten percent (10%) of the amount of the transaction, not to exceed $10,000.00, is applied for knowingly providing incorrect or misleading information.***

Signature Date

Notary’s Signature Date Date Notary Expires

*Act 2001-955 requires the disclosure statement to be completed and filed with all proposals, bids, contracts, or grant proposals to the State of Alabama in excess of $5,000.*

Exhibit 16: E-Verify Enrollment – Memorandum of Understanding (MOU)

All Applicants will Complete

Must Enroll on website: <https://www.e-verify.gov/employers/enrolling-in-e-verify>

The Enrollment Process for MOU:

This enrollment is completed online at the above stated weblink. When enrolling your company in E-Verify, you need basic information about your company and agree to the rules of our program. During the enrollment process, you will:

1. Set up the Enrollment Point of Contact account
2. Determine your account access
3. Select your Employer category
4. Enter your company information
5. Enter your company addresses
6. Provide hiring site information
7. Add E-Verify users and Memorandum of Understanding (MOU) signatory
8. Review the information you entered
9. Review the MOU
10. Agree to the Terms of Use
11. Submit enrollment
12. Save or print your electronically signed MOU
13. Insert MOU into grant application

Exhibit 17: Application Certification

All Applicants will Complete

Submit on Applicant’s Letterhead

Must Submit Original Signature

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***Application Certification*** | | | | | | | |
| The information in this application is public record. Therefore, the applicant should not include information regarded as confidential.   |  |  |  | | --- | --- | --- | | This certification confirms the applicant *(initial each item):* |  | Initial | | * Submitted only one (1) application for the Fiscal Year. |  |  | | * Application is not stapled, bound, or in hard-bound notebook upon submission. |  |  | | * Application text is one sided and legible. |  |  | | * Application Checklist is completed as required and the Exhibits and Supporting Documents listed are included in sequence with Exhibit questions. |  |  | | * All Application Instructions and Appendices have been removed from Final Submission. |  |  | | * All Application Sample Documents have been removed and replaced with executed/signed documents on Applicant Letterhead. |  |  | | * All Application Exhibits and Support Documents pages are consecutively numbered in whole numbers. |  |  | | * Public Hearing Notice was published at least seven(7) days prior to holding the Public Hearing. |  |  | | * Systems for Award Management (SAMS.gov) registration is active. |  |  |   To the best of my knowledge and belief, all data in this application are accurate and correct. The applicant will comply with all state and federal requirements if federal financial assistance is awarded. | | | | | | | |
| Name of Applicant: | | |  | | | |  |
| Name of Authorized Official: | | | |  | Date: |  |  |
| Signature: | |  | | | | |  |
| Title: |  | | | | | |  |
|  | | | | | | | |

**Exhibit 18: Copy of Federal Identification Number Letter *(No Sample Provided)***

***Insert Federal Identification Number Letter in sequence with Exhibits*** ***and number consecutively in whole numbers.***

**Exhibit 19: Insurance Carrier, Amounts of Coverage, Premium Rate, and list of VINs of federally funded vehicles which ALDOT is a lienholder on, if applicable**

***(No Sample Provided)***

***Insert Insurance Policy in sequence with Exhibits*** ***and number each page consecutively in whole numbers.***

**Exhibit 20: Audit Report/Financial Statements for the most recent fiscal year *(No Sample Provided)***

***Insert most recent Audit Report or Financial Statement in sequence with Exhibits and number each page consecutively in whole numbers.***

**Exhibit 21: Copy of Articles of Incorporation and Bylaws, if applicable *(No Sample Provided)***

***Insert most recent Articles of Incorporation and Bylaws in sequence with Exhibits and number each page consecutively in whole numbers.***

# **Appendices**

* Appendix A. Definitions
* Appendix B. Rating Criteria
* Appendix C. Regional Planning Councils (Councils of Governments)
* Appendix D. Policy and Procedures for the Disposition of Project  
   Vehicles and Equipment
* Appendix E. Local Match from Other Federal Programs
* Appendix F. Charter Service

APPENDIX A: Definitions

This section identifies common terms and definitions as they pertain to the Section 5310 Program.

**🞺 Coordinated Public Transit-Human Services Transportation Plan (Coordinated Plan):** This is a locally developed, coordinated transportation plan that identifies the transportation needs of individuals with disabilities, seniors, and people with low incomes, provides strategies for meeting those needs, and prioritizes transportation services for funding and implementation.

**🞺 Expansion Vehicle:** The applicant currently has vehicles funded by ALDOT and desires to purchase new vehicles to meet service needs. The proposed vehicle(s) will be added to the applicant’s fleet and will not be used to replace any vehicle(s) currently in the fleet.

**🞺 Individual with Disability:** Any individual who, by reason of illness, injury, age, congenital malfunction, or other permanent or temporary incapacity or disability (including an individual who is a mobility device user or has semi-ambulatory capability), is unable to use a public transportation service or a public transportation facility effectively without special facilities, planning, or design.

**🞺 Minority:** Socially and economically disadvantaged groups including: African Americans, Hispanic Americans, Asian Pacific Americans, Subcontinent Asian Americans, and Native Americans.

**🞺 New Service Applicant:** ALDOT defines a “New Service Applicant” as an entity that has not previously received federal dollars to support agency activities through this office. New Service Applicants may find it helpful to call or email, using the contact information in **Section 1,** to request technical assistance.

**🞺 Nonprofit Corporation:** An organization which is incorporated under the laws of the State of Alabama as a nonprofit corporation.

**🞺 Nonurbanized Area (Non-UZA) or Rural Area:** An area encompassing a population of fewer than 50,000 people that has not been designated in the most recent decennial census as an urbanized area by the Secretary of Commerce.

**🞺 Program of Projects:** A list of projects to be funded in an award application submitted to FTA by a state or designated recipient. The program of projects (POP) lists the subrecipients and indicates whether they are nonprofit agencies or local governmental authorities, designates the areas served (including rural areas), and identifies any tribal entities. In addition, the POP 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 percent allowed.

**🞺 Replacement Vehicle:** The applicant currently has vehicle(s) funded by ALDOT and desires to replace vehicle(s) that have reached or exceeded their useful life expectancy (see **Appendix D** for information on “Useful Life”). Each proposed vehicle will “replace” a vehicle in the fleet on a one-for-one basis.

**🞺 Senior:** An individual who has reached or surpassed 65 years of age.

**🞺 Small Urbanized Area (UZA):** An area in the state designated as an urbanized area by the U.S. Bureau of Census within boundaries fixed by responsible state and local officials in cooperation with each other, and subject to approval by the U.S. Secretary of Transportation. A small, urbanized area has a population of at least 50,000 but less than 200,000. There are eight (8) small, urbanized areas in Alabama: Anniston-Oxford, Auburn, Daphne-Fairhope, Decatur, Dothan, Florence, Gadsden, and Tuscaloosa.

**🞺 Traditional Section 5310 Projects:** These are public transportation capital projects planned, designed, and carried out to meet the special needs of seniors and individuals with disabilities when public transportation is insufficient, inappropriate, or unavailable.

**🞺 Tribes:** Federally recognized Indian tribes and other tribal governments are eligible ALDOT subrecipients under the Section 5310 Program. A tribe may also apply directly to FTA for Section 5310 funds that a state or designated recipient has awarded to the tribe.

APPENDIX B: Rating Criteria

The Alabama Department of Transportation will evaluate all applications for capital funding based on the following criteria:

**Evaluation Categories Maximum Points Available = 100**

**FINANCIAL AND MANAGEMENT CAPABILITY:** ***Maximum Points: 15 points***

Applicants must possess the necessary fiscal, managerial, and operational capacity to implement and manage the proposed project. Other factors considered will be funding availability and current or previous experience in the operation of passenger transportation.

**NEED FOR SERVICE:** ***Maximum Points: 20 points***

Applicants must demonstrate the need for the proposed service. Applicants will describe the target population to be served, service area (city, county, region, or statewide), and the number and types of clients in the service area.

**UTILIZATION OF REQUESTED SERVICE:** ***Maximum Points: 35 points***

Applicants must list the days and hours of service as well as the daily number of service miles. Sensitivity training (includes pre-employment, on-the-job, and incremental) on the needs of seniors and individuals with disabilities that has been provided to employees will be considered. If no sensitivity training for employees has been conducted, the willingness to provide the training at a future time will be considered.

**PROPOSED SERVICE CHARACTERISTICS:** ***Maximum Points: 15 points***

Applicants will explain how the requested capital will be used in the transportation service to meet the needs of the proposed clients. Information will include the number and type of trips that will be provided during the operational period.

**SERVICE COORDINATION: *Maximum Points: 15 points***

Applicants will provide supporting documentation to verify the transportation program is derived from a locally developed, Coordinated Transit-Human Services Transportation Plan (“Coordinated Plan”). The proposed transportation services must address unmet needs and specific strategies as identified in the Coordinated Plan. Proposed and existing service coordination agreements will be considered.

**Agency NON-Compliance: *Application Not Graded***

Applications for existing subrecipient applicants that are not current with all compliance related activities, documents and reports will not be graded or considered for funding for the current application cycle.

APPENDIX C: Regional Planning Councils (Councils of Governments)

Rural communities that are not a part of the urbanized areas of MPOs are included in the Regional Planning Councils (Councils of Governments or COGs). COGs provide a planning process to ensure that federal and state regulations and guidelines for transportation planning in rural areas are met. Among their many duties, each COG is responsible for providing a public forum and serving as an advisory board to review funding applications from local applicants within its region and prioritizing projects for ALDOT review.

The COGs are members of the Alabama Association of Regional Councils (AARC). More information can be found on the AARC website at: [**http://www.alarc.org**](http://www.alarc.org)

|  |  |
| --- | --- |
| **Region 1: NACOLG**  Northwest Alabama Council of Local Governments  P. O. Box 2603  Muscle Shoals, AL 35662-2603  (256) 389-0500  [http://www.nacolg.org/](http://www.nacolg.org/%20)  Counties: Colbert, Franklin, Lauderdale, Marion, and Winston | **Region 2: WARC**  West Alabama Regional Commission  4200 Highway 69 North, Suite 1 P.O. Box 509 Northport, AL 35476-0509  (205) 333-2990 <http://warc.info/>  Counties: Bibb, Fayette, Greene, Hale, Lamar, Pickens, and Tuscaloosa |
| **Region 3: RPCGB**  Regional Planning Commission of Greater Birmingham  2 Twentieth Street N., Suite 1200  Birmingham, AL 35203  (205) 251-8139  <http://www.rpcgb.org/>  Counties: Blount, Chilton, Jefferson, Shelby, St. Clair, and Walker | **Region 4: EARPDC**  East Alabama Regional Planning and Development Commission  P.O. Box 2186  Anniston, AL 36202-2186  (256) 237-6741  <http://www.earpdc.org/>  Counties: Calhoun, Chambers, Cherokee, Clay, Cleburne, Tallapoosa, Coosa, Etowah, Randolph, and Talladega |
| **Region 5: SCADC**  South Central Alabama Development Commission  5900 Carmichael Place  Montgomery, AL 36117-2345  (334) 244-6903  <http://scadc.net/>  Counties: Bullock, Butler, Crenshaw, Lowndes, Macon, and Pike | **Region 6: ATRC**  Alabama-Tombigbee Regional Commission  107 Broad Street  Camden, AL 36726-1701  (334) 682-4234  <http://www.atrcregion6.org/>  Counties: Choctaw, Clarke, Conecuh, Dallas, Marengo, Monroe, Perry, Sumter, Washington, and Wilcox |

APPENDIX C: Regional Planning Councils (Councils of Governments)

(continued)

|  |  |
| --- | --- |
| **Region 7: SEARP&DC**  Southeast Alabama Regional Planning and Development Commission  P. O. Box 1406  Dothan, AL 36302-1406  (334) 794-4093 ext. 1409  <http://www.searpdc.org/>  Counties: Barbour, Coffee, Covington, Dale, Geneva, Henry, and Houston | **Region 8: SARPC**  South Alabama Regional Planning Commission  P. O. Box 1665  Mobile, AL 36633-1665  (251) 433-6541  <http://sarpc.org/>  Counties: Mobile, Baldwin, and Escambia |
| **Region 9: CARPDC**  Central Alabama Regional Planning and Development Commission  430 South Court Street  Montgomery, AL 36104  (334) 262-4300  <http://carpdc.com/>  Counties: Autauga, Elmore, and Montgomery | **Region 10: LRCOG**  Lee-Russell Council of Governments  2207 Gateway Drive  Opelika, AL 36801  (334) 749-5264  <http://www.lrcog.com/>  Counties: Lee and Russell |
| **Region 11: NARCOG**  North-Central Alabama Regional Council of Governments  P. O. Box C  Decatur, AL 35602  (256) 355-4515  <http://www.narcog.org/>  Counties: Cullman, Lawrence, and Morgan | **Region 12: TARCOG**  Top of Alabama Regional Council of Governments  5075 Research Drive NW  Huntsville, AL 35805  (256) 830-0818  <http://tarcog.us/>  Counties: DeKalb, Jackson, Limestone, Madison, and Marshall |

APPENDIX D: Alabama Department of Transportation: Policy and Procedures for the Disposition of Project Vehicles and Equipment

GENERAL:

The Alabama Department of Transportation (ALDOT), as prime Awardee of federal funds for the State, is responsible for maintaining an accurate inventory of all capital equipment purchased at least in part with federal funds. For information about the disposition of project vehicles, please contact your regional manager to obtain a copy of the current Disposition Procedures.

Information about the transfer of Project Vehicles, Local Match, and the Useful Life of Vehicles is detailed below.

🞺 **Transfer to Another Transit Provider:** In the case of a transfer of vehicles or equipment to another transportation program, no handling fee may be collected; however, fair market value must be established. The transit provider to which the vehicle or equipment is being transferred shall, in effect, buy out the original transit provider’s local interest. Please refer to the current **State Management Plan** for additional information.

🞺 **Match:** Any project equipment purchased with FTA Sections 5307, 5309, 5310, or 5311 funds involves an 80% federal/20% local match.

🞺 **Useful Life Policy:** Disposition of the project equipment should occur after the vehicle or equipment has reached its useful life expectancy or is no longer needed for its originally intended purpose and disposal approval from ALDOT is obtained. For general purposes, the useful life expectancy for vehicles is as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| TYPE OF VEHICLE | | VEHICLE | FTA- DEFINED USEFUL LIFE |
| **Van** (5 – 15 passenger) | | High Roof Van, Modified Van | 5 years or 100,000 miles |
| **Mini Van** (5-7 passenger) | | Mini Van | 5 years or 100,000 miles |
| **Cut-a-way** | Small Bus (16 – 21 passenger) | 25’-35’ light duty Cutaway Chassis | 5 years or 150,000 miles |
| Small Bus (25-30 passenger) | 30’-35’ medium duty Transit Bus | 7 years or 200,000 miles |
| **Bus** (30+ passengers) | | 30’ heavy duty Transit Bus (includes Body on Chassis) | 10 years or 350,000 miles |

APPENDIX E: Local Match from Other Federal Programs

Local match may be derived from other federal programs that are eligible to be expended for transportation, other than funds from DOT programs. To be eligible for local match for FTA funds, the other federal funds must be used for activities included in the total net project cost of the project. Expenditure of other federal funds for transportation outside of the scope of the project cannot be applied as a credit for local match in the project. Specific program information for other types of federal funding is available from the FTA Coordinating Council on Access and Mobility (CCAM) website at <https://www.transit.dot.gov/ccam/about/initiatives>

Some Non-DOT federal programs supporting transportation are:

* **U.S. Department of Agriculture**
* Food and Nutrition Service
* **U.S. Department of Education**
* Office of Elementary and Secondary Education
* Office of Innovation and Improvement
* Office of Special Education and Rehabilitative Services
* **U.S. Department of the Interior**
* Bureau of Indian Affairs
* **U.S. Department of Health and Human Services**
* Health Resources and Services Administration
* Centers for Medicare and Medicaid Services
* Administration on Aging
* Substance Abuse and Mental Health Services
* Administration for Children and Families
* **U.S. Department of Labor**
* Employment Standards Administration
* Veterans’ Employment and Training Service
* Employment and Training Administration
* **U.S. Department of Veterans Affairs**
* Veterans Benefits Administration
* Veterans Health Administration

APPENDIX F: Charter Service

**Charter Service**: Charter service regulations (49 CFR Part 604) can be found on FTA’s website: <https://www.transit.dot.gov/regulations-and-guidance/access/charter-bus-service/charter-bus-service-regulations>.

FTA Awardees are prohibited from using federally funded equipment and facilities to provide charter service except on an incidental basis and when one or more of applicable exceptions as set forth in the charter service regulation at 49 CFR 604.9 (b) applies. Charter service is an allowable activity on an incidental basis if the applicant successfully completes the charter public notice requirements and no “willing and able” private charter providers are available. Applicants must reference Federal Transit Act, as amended 49 CFR 604.11(c).

The charter service regulations provide guidance regarding exemptions and exceptions and can be found in 49 CFR Parts 604.2 and 604.6. Exemptions, which are not considered charter service, require no notification to registered Charter providers, record-keeping, quarterly reporting, or other requirements. Exceptions are considered charter service and have administrative, recordkeeping, and reporting requirements. Records for each charter service event must be retained for at least three (3) years.

Incidental use may include meal and parcel delivery, restricted client services, and FTA allowable charters. **All allowable incidental charter service must be fully allocated with no charge to federally funded programs. No mileage, trips, and hours associated with allowable incidental charter shall be represented in the subrecipient’s annual operating statistics.**

ALDOT reviews compliance with charter rules during periodic on-site visits. Historically, ALDOT has neither obtained any information nor reported on any charter services to FTA. If, in the future, a charter service is performed under an allowable exception, the subrecipient must notify their regional manager. For each charter service performed in accordance with an allowable exception, the subrecipient will complete the ALDOT *Charter Service Reporting Form* (provided in the current **State Management Plan**) and email it to their regional manager. ALDOT’s Transit Section will review and coordinate any subrecipient requests for charter service exception (including all supporting documentation) prior to submission to FTA.

ALDOT will review all complaints of charter service violations in accordance with 49 CFR Part 604. On receiving a written complaint alleging that a violation has occurred, ALDOT shall investigate and determine whether a violation has occurred. The State will look to the subrecipient to remedy any claims against the subrecipient in association with charter service in violation of 49 CFR 604.

Section 5310 subrecipients are exempt from the FTA charter rule provided the service is for program purposes only. “Program purposes” is defined as transportation that serves the needs of either human service agencies or targeted populations (such as seniors, individuals with disabilities, and low-income individuals).

APPENDIX F: Charter Service (continued)

“Program purposes” does not include exclusive service for other groups formed for purposes unrelated to the special needs of these targeted populations. Thus, Section 5310 subrecipients who intend to provide charter service that is outside their program purposes must follow the guidelines outlined.

Section 5310 subrecipients doing any charter service under any of the allowable exceptions must file quarterly electronic reports with ALDOT utilizing the ALDOT *Charter Service Reporting Form* (provided in the current **State Management Plan**) within 15 days of the end of each quarter, listing each charter service provided and providing the specified detail in those cases where such is required. All such services must also be reported as charters on quarterly and year-end statistics reported as requested or required.

🞺 **Exemptions:** The charter service regulation **exempts** the following services:

* Transportation of Employees, Contractors, and Government Officials: Subrecipients are allowed to transport their employees, other transit system employees, transit management officials, transit contractors and bidders, government officials and their contractors, and official guests to or from transit facilities or projects within its geographic service area or proposed geographic service area for the purpose of conducting oversight functions such as inspection, evaluation, or review.
* Private Charter Operators: The prohibitions do not apply to private charter operators that receive, directly or indirectly, federal financial assistance under the over-the-road bus accessibility program or to non-FTA funded activities of private charter operators that receive, directly or indirectly, FTA financial assistance.
* Emergency Preparedness Planning and Operation: Subrecipients are allowed to transport their employees, other transit system employees, transit management officials, transit contractors and bidders, government officials and their contractors, and official guests for emergency preparedness planning and operations.
* Section 5310 and 5311 Recipients: The prohibitions do not apply to subrecipients that use federal financial assistance from FTA for program purposes, that is, transportation that serves the needs of either human service agencies or targeted populations (older adults and individuals with disabilities) under Section 5310 or 5311. Program purposes do not include exclusive service for other groups formed for purposes unrelated to the special needs of the identified targeted populations.
* Emergency Response: Subrecipients are allowed to provide service for up to 45 days for actions directly responding to an emergency declared by the President, governor, or mayor or in an emergency requiring immediate action prior to a formal declaration.

APPENDIX F: Charter Service (continued)

* Recipients in Non-Urbanized Areas: Subrecipients in non-urbanized areas may transport employees, other transit systems’ employees, transit management officials, and transit contractors and bidders to or from transit training outside its geographic service area.

🞺 **Exceptions:** The charter regulation **excepts** the following community-based charter services:

* Government Officials: A subrecipient is allowed to provide charter service (up to 80 charter service hours annually) to government officials (federal, state, and local) for official government business, which can include non-transit related purposes, if the subrecipient:

1. Provides the service in its geographic service area
2. Does not generate revenue from the charter service, except as required by law

*Record-Keeping After Providing Charter Service*: Government organization’s name, address, phone number, and email address; the date and time of service; the number of passengers (also the number of government officials); the origin, destination, and trip length (miles and hours); fee collected if any; and the vehicle number for the vehicle used to provide service.

The subrecipient may petition ALDOT to petition FTA for additional charter service hours (more than 80 charter service hours annually). Refer to §604.6 for additional information.

* Qualified Human Service Organization (QHSO):

A subrecipient is allowed to provide charter service to a QHSO for the purpose of serving persons:

1. With mobility limitations related to advanced age
2. With disabilities
3. With low income

If the QHSO receives funding, directly or indirectly, from the programs listed in Appendix A of the regulation, the QHSO is not required to register on the FTA’s charter registration website. Otherwise, the QHSO is required to register. The subrecipient may provide service only if the QHSO is registered at least 60 days before the date of the first request for charter service.

*Record-Keeping After Providing Charter Service*: QHSO’s name, address, phone number, and email address; the date and time of service; the number of passengers; the origin, destination, and trip length (miles and hours); fee collected, if any; and the vehicle number for the vehicle used to provide service.

* Leasing of Equipment and Driver: A subrecipient is allowed to lease its FTA funded equipment and drivers to registered charter providers for charter service only if all the following conditions exist:

APPENDIX F: Charter Service (continued)

1. The private charter operator is registered on the FTA charter registration website.
2. The registered charter provider owns and operates buses or vans in a charter service business.
3. The registered charter provider received a request for charter service that exceeds its available capacity either of the number of vehicles operated or the number of accessible vehicles operated by the registered charter provider.
4. The registered charter provider has exhausted all of the available vehicles of all registered charter providers in the subrecipient’s geographic service area.

*Record-Keeping After Providing Charter Service*: Registered charter provider’s name, address, phone number, and email address; the number, types, and vehicle identification numbers for all vehicles leased; and support documentation for conditions (shown as letters a.-d. herein).

* No Response by Registered Charter Provider: A subrecipient is allowed to provide charter service, on its own initiative or at the request of a third party, if no charter provider registered on the FTA’s website responds to the notice issued by email to registered charter providers in the geographic service area (pursuant to 604.14):

1. Within 72 hours for charter service requested to be provided in less than 30 days, or
2. Within 14 calendar days for charter service requested to be provided in 30 days or more.

The subrecipient is not allowed to provide charter service under this exception if a registered charter provider indicates an interest in providing the charter service described in the notice and the registered charter provider has informed the subrecipient of its interest in providing the service.

This is true even if the registered charter provider does not ultimately reach an agreement with the customer.

If the subrecipient is interested in providing charter service under this exception, the subrecipient shall provide email notice to registered charter providers in the subrecipient’s geographic service area by the close of business on the day the subrecipient received the request unless the request was received after 2:00 pm, in which case the notice shall be sent by the close of business the next business day.

*Record-Keeping After Providing Charter Service*: Group’s name, address, phone number, and email address; the date and time of service; the number of passengers; the origin, destination, and trip length (miles and hours); fee collected, if any; and the vehicle number for the vehicle used to provide service.

* Agreement with All Registered Charter Providers: The subrecipient is allowed to provide charter service directly to a customer consistent with an agreement entered with all.

APPENDIX F: Charter Service (continued)

registered charter providers in the subrecipient’s service area. The subrecipient is allowed to provide charter service up to 90 days without an agreement with a newly registered charter provider in the geographic service area subsequent to the initial agreement. Any parties to an agreement may cancel the agreement after providing a 90-day notice to the subrecipient.

* Petitions to the Administrator: The subrecipient may petition ALDOT to petition the Administrator for an exception to the charter service regulations to provide charter service directly to a customer for:

1. Events of regional or national significance. The petition shall describe how registered charter providers were consulted and will be utilized and include a certification that the subrecipient has exhausted all the registered charter providers in its service area. The petition must be submitted at least 90 days before the first day of the event.
2. Hardship (only for non-urbanized areas under 50,000 in population or small urbanized areas under 200,000 in population). The exception is only available if the registered charter providers have deadhead time that exceeds total trip time from initial pick-up to final drop-off, including wait time. The petition shall describe how the registered charter provider’s minimum duration would create a hardship on the group requesting the charter service.
3. Unique and time sensitive events (e.g., funerals of local, regional, or national significance) that are in the public’s interest. The petition shall describe why the event is unique and time sensitive and would be in the public’s interest.

The subrecipient must retain records of each charter service provided for at least three (3) years. Charter service hours include time spent transporting passengers, time spent waiting for passengers, and “deadhead” hours (time spent getting from the garage to the origin of the trip and then the time spent from trip’s ending destination back to the garage). All subrecipients that provide charter services are required to submit a charter service report to ALDOT within 15 days after charter services are performed for the applicable exceptions.

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