

**ALABAMA DEPARTMENT OF TRANSPORTATION
LOCAL TRANSPORTATION BUREAU
Public Transit Section**

**FEDERAL TRANSIT ADMINISTRATION
FEDERAL FISCAL YEAR 2026**

SECTION 5311 APPLICATION



Dissemination Date: November 1, 2024

Due Date: January 31, 2025

**Application must be submitted in the order listed on checklist and
all pages are to be in sequence and consecutively numbered in whole numbers including support documents.**

Application Checklist

Application Deadline: January 31, 2025

Fiscal Year: 2026

Applicant Name:

List Name

Exhibits	Required Application Package	Page No.
1	Applicant Information Sheet	
2	Designated Transit Provider Letter	
3	<p>Current System and Project Description Form</p> <ol style="list-style-type: none"> 1. General description of service area including delineated boundaries <ol style="list-style-type: none"> (a) Service area population (b) Service area square miles (c) System start-up date (d) Brief history of system (e) Mission statement (f) Current year goals and objectives 2. General description of applicant and subcontractors <ol style="list-style-type: none"> (a) Organization chart(s) 3. General description of proposed transportation service <ol style="list-style-type: none"> (a) Eligible users of service (b) Service changes from previous year (c) Planned system changes for next year (d) General description of proposed services to be provided outside of service area <ol style="list-style-type: none"> (i) Support documentation/concurrence letter(s), if applicable (ii) Documentation certifying compliance with crossing state lines, if applicable (e) Specific route information and highlighted map (8½" x 11") of service area(s) 4. Current fare structure <ol style="list-style-type: none"> (a) Description of fare eligibility process <ol style="list-style-type: none"> (i) Copy of fare application form, if applicable (b) Date of last fare increase (c) Planned fare increases (d) Operating recovery ratio 5. Copy of system brochure 6. Describe efforts to market or promote system <ol style="list-style-type: none"> (a) Projected marketing budget 7. Describe your method of implementing and announcing service changes and fare Increases 8. Describe coordination efforts <ol style="list-style-type: none"> (a) Provide directory of local Transportation Steering Committee (b) Provide schedule of Transportation Steering Committee meetings 9. System Safety, Security and Emergency Preparedness Plan (SSEPP) updates as applicable 	

4	Capital Equipment <ol style="list-style-type: none"> 1. Vehicle Inventory Form 2. Vehicle Profile Sheet 3. Non-Expendable Equipment Inventory Form 4. Transit Program Fleet Replacement Form 5. Transit Program Fleet Analysis 	
5	Public Participation Process <ol style="list-style-type: none"> 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 transit provider 	
6	Complaint and Bid Protest Procedures <ol style="list-style-type: none"> 1. Copy of written procedures addressing complaints (excluding Title VI) 2. Copy of Bid Protest Procedures 	
7	Title VI General Reporting Requirements (Civil Rights)	
5311 Grant		
8	5311 Grant Funding Summary	
9	5311 Grant Application Letter	
10	5311 Grant Project Budget Worksheets, if applying <ol style="list-style-type: none"> 1. Line-Item Budget Sheet <ol style="list-style-type: none"> (a) Operation Budget (b) Administration Budget (c) Capital Budget (d) Planning Budget (e) Revenue Budget 2. Source of Budget Funds Sheet <ol style="list-style-type: none"> (a) Operation Source Budget Sheet (50%/50% Funding) (b) Administration Source Budget Sheet (80%/20% Funding) (c) Capital Source Budget Sheet (80%/20% Funding based on Type) (d) Planning Source Budget Sheet (80%/20% Funding) 3. Section 5311 Vehicle Request Budget Form <ol style="list-style-type: none"> (a) Georgia DOAS Bid Vehicle Vendor Sheet (VVS), if applicable 4. Local Match Commitment Letter <ol style="list-style-type: none"> (a) Local Match Documentation Certification 5. Indirect Cost Rate Proposal, if applicable 6. In-Kind Rate Proposal, if applicable 	

11	5311 Grant Local Matching Funds Resolution	
12	5311 Vehicle Depreciation Schedule and Cost Allocation <ol style="list-style-type: none"> 1. Vehicle Depreciation Schedule 2. Chart of Accounts <ol style="list-style-type: none"> (a) Operations Chart of Accounts (b) Administration Chart of Accounts 3. Cost Allocation Matrix for Budget 	
13	5311 Grant Authorizing Resolution	
14	Completed Application* <ol style="list-style-type: none"> 1. Final Document developed should have: <ol style="list-style-type: none"> (a) Grant Coversheet attached (b) Application Checklist correctly completed and attached (c) All Application Checklist questions answered (d) All Application Checklist Items requested are attached and in sequence with question (Attachments must be inserted directly after question.) (e) Final document pages are consecutively numbered in whole numbers and in sequence of checklist including support documents. (f) Follow grant application submission process as indicated in instructions. <p><i>*No instructions or other items not listed on the checklist should be submitted within final application document.</i></p>	

EXHIBIT 1 – Applicant Information Sheet

The current data sheet provides applicant contact and general project information. Read the instructions below and complete the required form that follows:

INSTRUCTIONS

1. Enter date of application.
2. Enter legal name of applicant (County Commission, City, etc.) and address(s).
3. Enter designated transit provider name and address(s).
4. Enter transit provider profile/contact information.
5. Enter SAMS.gov Unique Entity Identifier Number.
6. Enter name of subcontractor(s), if applicable.
7. Enter area {county(ies) or city(ies)} and congressional district(s) to be served by the project.
8. Enter service area population and square miles (numbers only).
9. Enter days and hours of operation.
10. Enter Project Number: RPT-???
11. Enter **total number** of project vehicles which ALDOT holds title to (numbers only). Should match the vehicle inventory form **and what is listed in TMS**.
12. Enter number of back-up vehicles within the number above (number only).
13. Select types of routes transit provider operates.
14. Select grants applying for.

** Complete Applicant Information Sheet using the Excel Spreadsheets. If completed in the Word document, please enter all information in the column on the right.*

5311 Applicant Information Sheet

FISCAL YEAR: 2026

1. Date:	<i>List date</i>
2. Legal Name of Applicant: Mailing Address: <i>(Please include Zip Code plus 4)</i> Physical Address: <i>(Please include Zip Code plus 4)</i>	<i>List Legal Name</i>
3. Designated Transit Provider Name: Mailing Address: <i>(Please include Zip Code plus 4)</i> Physical Address: <i>(Please include Zip Code plus 4)</i>	<i>List Transit Provider Name</i>
4. Transit Provider Contact Person: Title: Telephone: Fax: Email Address:	<i>List Name</i>
5. SAMs.gov Unique Entity Identifier Number: CAGE/NCAGE Number:	<i>Enter UEI Here</i> <i>Enter CAGE/NCAGE Number Here</i>
6. Name of Subcontractor(s):	<i>List Here</i>
7. Area(s) to be Served by Project: Congressional District(s):	<i>List County/Counties</i>
8. Service Area Population: Service Area Square Miles:	<i>Enter Population Here</i> <i>Enter Miles Here</i>
9. Hours of Operation: Days of Operation:	<i>Enter Hours Here</i> <i>Enter Days Here</i>
10. Project Number:	<i>RPT- List Number</i>
11. Total Number of Project Vehicles (Number only):	<i>Enter Total Vehicles including Back-up</i>
12. Number of Back-up Vehicles Within the Number Above (Number Only):	<i>Enter Number of Back-up</i>
13. Types of Routes Operated:	<input type="checkbox"/> Demand Response Route(s) <input type="checkbox"/> Fixed Route(s) <input type="checkbox"/> Deviated/Flex Route(s) <input type="checkbox"/> Commuter Route(s) <input type="checkbox"/> Vanpool Route(s) <input type="checkbox"/> School Tripper Route(s) <input type="checkbox"/> Contract Route(s)
14. Grants Applying For:	<input type="checkbox"/> 5311 Regular <input type="checkbox"/> 5311 (F)

EXHIBIT 2 - Designated Transit Provider Letter

SAMPLE Designated Transit Provider Letter

(Place on Applicant's Letterhead)

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:

Subject: **Letter of Designation**

The **(Applicant Name)** has carefully considered the selection of an implementing agency for its Section 5311 project. We designate **(Designated Transit Provider Name)** as our local implementing transit provider. The principal contact person for this project is **(principal contact)**.

If you have any questions on this designation, please contact **(principal contact)** at **(telephone number)**.

Sincerely,

Name of Designated Official
Title

EXHIBIT 3 - Current System and Project Description Form

Complete the **Current System and Project Description Form**. Each section must reflect complete and accurate information for your transit system.

Current System and Project Description Form

3.1 General description of the service area, including the geographic location and delineating the geographic boundaries:
<i>Insert description of service area here.</i>
(a) Service Area Population (numbers only):
(b) Service Area Square Miles (numbers only):
(c) System Start-up Date (date transit system began receiving FTA funds):
(d) Brief History of System:
(e) Mission Statement:
(f) Current Year Goals and Objectives (provide at least one <u>measurable</u> goal and at least one <u>measurable</u> objective):
3.2 General description of eligible applicant and any subcontractors:
<i>Insert general description of eligible applicant and list of subcontractors here. If no subcontractors, state such.</i>
(a) Organization Chart
<i>Insert organization chart from upper level downward on the following page.</i>

3.3 General description of proposed transportation service:	
<i>Insert proposed transportation service here. Ex: Contract, Subscription, Commuter Express, Demand Response.</i>	
(a) Eligible users of service:	
(b) Service changes from previous year:	
<i>If not applicable, indicate N/A here.</i>	
(c) Planned system changes for next year:	
<i>If not applicable, indicate N/A here.</i>	
(d) General description of service(s) to be provided outside of service area, including frequency of such service(s).	
<i>Insert description of service provided outside of service area here.</i>	
(i)	Support documentation/concurrence letter(s) for services that are provided outside of your service area from each affected transit provider.
	<i>Insert concurrence letter(s) on the next page, if applicable. If not applicable, indicate N/A here.</i>
(ii)	Documentation certifying compliance with requirements of other states must be provided for services crossing state lines.
	<i>Insert documentation following the concurrence letter(s), if applicable. If not applicable, indicate N/A here.</i>
(e) Specific route information including 8½" x 11" map(s) of service area(s) highlighting area(s) served.	
Insert map(s) below and/or on the following page.	
Such maps may be accessed, downloaded, and printed in PDF format via the link included below: http://alabamamaps.ua.edu/contemporarymaps/alabama/counties/	

3.4 Current fare structure, including Seniors and Disabled (E&D) and/or Americans with Disabilities Act (ADA) fares, if applicable:
<i>Insert current fare structure here.</i>
(a) Description of Fare Eligibility Process:
<i>Insert Fare Eligibility Process, if applicable. If not applicable, indicate N/A here.</i>
(i) Attach copy of fare application form for seniors and disabled and/or Americans with Disabilities Act (ADA) and identification card
<i>Insert form on the following page, if applicable. If not applicable, indicate N/A here.</i>
(b) Date of last fare increase:
(c) Planned fare increase:
<i>If not applicable, indicate N/A here.</i>
(d) Operating Recovery Ratio for Grants:
Enter the calculated percentage using the following formula here. <i>(Farebox + contract + advertising revenues divided by total overall operating costs including preventative maintenance)</i>
3.5 Attach a copy of your system's brochure.
<i>Insert copy of brochure on the following page.</i>

3.6 Describe your efforts to market or promote the system (list type, number, cost of promotional items distributed; describe any newspaper and/or internet advertisements; and clearly describe the type and frequency of other efforts).

(a) Projected marketing budget amount for fiscal year:

3.7 Describe your method of implementing and announcing service changes and fare increases. (Must include number of days' notice to public.)

3.8 Describe your efforts to coordinate with and involve the area transportation providers and human service agencies in the rural transit service including any involvement in the regional human service coordinated transportation planning process.

(a) Provide Directory of Local Transportation Steering Committee

(b) Provide a schedule of Transportation Steering Committee Meetings for FY2026.

3.9 Provide updates to your system's Safety, Security and Emergency Preparedness Plan (SSEPP) since the latest submission as applicable. If there are no updates to your SSEPP, a statement must be submitted stating such. Must include date of last review or frequency of review.

*Insert updates on the following page. If no updates, **provide statement here.***

EXHIBIT 4 - Capital Equipment

This exhibit requires the applicant to provide information on federally funded capital equipment.

*****This exhibit will include all FTA funded vehicles that have been approved by ALDOT for the purpose of being used in the delivery of general public services. *****

Complete the accompanying forms as indicated below:

- 1. Vehicle Inventory Form:** The completed Vehicle Inventory Form includes the vehicle description, vehicle identification number, grant number (5307, 5309, 5339, 5311, etc.), cost, etc. Condition will be listed as excellent, good, fair, or poor. List recent vehicle disposals and vehicles planned for disposal along with estimated disposal dates. List the number and type of mobility device accessible vehicles, and whether or not such vehicles meet ADA accessibility requirements. Vehicle count throughout applications should correspond. Useful life indicators are listed on Vehicle Depreciation Sheet.
- 2. Vehicle Profile Sheet:** The Vehicle Profile Sheet includes the vehicle identification number, vehicle type, mileage accumulation through **date to be provided by applicant transit provider**, seating capacity, tag number, model year, accessibility information, service utilization information, and service description. Vehicle count throughout application should correspond.
- 3. Non-Expendable Equipment Inventory Form:** The Non-Expendable Equipment Inventory Form shall include a list of all items other than vehicles that are not readily exhaustible and meet the following definition: An inventory of an article of non-expendable tangible property having a useful life of more than one year and an acquisition cost of \$5,000 or more. Please note that source grant refers to the FTA Section the equipment was purchased with (5307, 5309, 5339, 5311, etc.). Condition will be listed as new, excellent, good, fair, or poor.
- 4. Transit Program Fleet Replacement Form:** The Transit Program Fleet Replacement Form shall include a list of all federally funded vehicles which meet disposal requirements and will be disposed of in this grant period. The estimated month and year to be taken out of revenue service should indicate this fiscal year of this application. The total vehicles listed on this form should equal the replacement count of all vehicle budget request forms within this application.
- 5. Transit Program Fleet Analysis Form:** The Transit Program Fleet Analysis Form shall include a list of all ALDOT federally funded vehicles. This form is performing an analysis of the utilization of vehicles based on mileage reported. The total vehicles listed on this form should equal the vehicle inventory count within this application.

Vehicle Inventory Form.
List only FTA Funded Vehicles.

Applicant Name: List Name

Fiscal Year: **2026**

	Year	Equipment Description (Make/Model)	Vin Number	Source Grant	Acquisition Date	Cost	% Federal Participation	Title Holder	Location (City)	Condition (Excellent, Good, Fair, or Poor)	Disposal Date	Useful Life	Disposal Price
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													

ALDOT Transit Vehicle Profile Sheet Instructions

The following instructions are provided to assist in completing the Vehicle Profile Sheet. The required form is provided on the next page and is also attached in an Excel version.

VIN Number:	Ensure that this number is correct. The Vehicle Identification Number (VIN) is necessary to link your information to the ALDOT inventory. Remember there is no letter "O" in a VIN number, only zeros.
Funding:	Section 5311, Section 5307, ARRA, CARES Act, etc.
Vehicle Type:	M = Minivan. V = Standard Van, Commuter Van, High Roof Van (Transit Van), Modified Van. CCB = 25' to 35' Light and Medium Duty Cut-A-Way Chassis 17, 21, 25, 30 passenger Bus. B = 30' Heavy Duty Rail & Body on Chassis Bus.
Mileage as of (Insert date):	ALDOT will use this mileage as a baseline for future comparisons.
Seating Capacity:	Enter the actual number of ambulatory seating available (without mobility device)
Tag:	Vehicle's License Plate Number
Model Year:	Year of Chassis Manufacture
Lift:	Is the vehicle lift equipped? Answer Yes or No only.
Stations:	Enter the number of mobility device stations (0, 1, 2, etc.)
Start Time of the Service:	This is the first time of the day that this vehicle is available for revenue service. Use military time (the 24-hour clock). This will allow for calculations later. The clock starts at 0100, which is 1:00 O'clock in the morning. You will type 01 then a colon then 00. (01:00). It will appear in the cell as 1:00. Likewise, for 1:30 in the afternoon you will type 13 then a colon then 30 (13:30) and it will appear in the cell as 13:30.
End Time of the Service:	This is the last time of the day this vehicle is available for revenue service. The rest is the same as above.
Duration:	Hours vehicle is used per day. This field will be calculated in Excel; there is no need for an entry unless the Word version is used.
Usage:	C = Contract Service; DR = Demand Response; FR = Fixed Route or any combination; WR = Work Route; S = Subscription; O = Other (Specify).
Days of the Week:	Indicate the days of the week that the vehicle is available for revenue service.
Description:	Is this a dialysis route? Is it general public/demand response transportation? Is it a scheduled fixed route? Briefly describe the service being provided during the time period.

ALDOT Transit Program Vehicle Profile Sheet

List only FTA Funded Vehicles.

Applicant Name: List Name

Fiscal Year: 2026

	VIN Number	Funding	Vehicle Type	Mileage as of (Insert Date)	Seating Capacity	Tag	Model Year	Lift (Yes/No)	# Mobility Device Stations	Start Time	End Time	Duration	Usage	Sun	M	T	W	T	F	Sat	Description of Service	
1																						
2																						
3																						
4																						
5																						
6																						
7																						
8																						
9																						
10																						
11																						
12																						
13																						
14																						
15																						
16																						
17																						
18																						
19																						
20																						

Transit Program Non-Expendable Equipment Inventory Form

An inventory of an article of non-expendable tangible property having a useful life of more than one year and an acquisition cost of \$5,000 or more.

If not applicable, indicate N/A under Equipment Description.

Applicant Name: List Name

Fiscal Year: **2026**

	Equipment Description	Equipment ID Number	Source Grant	Acquisition Date	Cost	% Federal Participation	Title Holder	Location	Condition (New, Excellent, Good, Fair, or Poor) and Use	Disposal Date
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

Transit Program Fleet Replacement Form

List all vehicles to be replaced with FTA Funding in this application. *List only FTA Funded Vehicles.*

If you are not ordering vehicles in this application insert N/A under Make/Model.

Applicant Name: List Name

Fiscal Year: 2026

	Year	Make/Model	Year of Purchase	Vin Number	Mo/Year Placed in Revenue Service	Accumulated Mileage	Estimated Mo./Yr. to be taken Out of Revenue Service
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Transit Program Fleet Analysis

APPLICANT NAME:

FISCAL YEAR: 2026

List Name

Calculations are based on FY: 2025

#	VIN#	Year	Mileage	Years Old	Average Mileage per year
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

EXHIBIT 5 - Public Participation Process

GUIDANCE ON PROMOTING INCLUSIVE PUBLIC PARTICIPATION. ALDOT subrecipients should seek out and consider the viewpoints of minority, low-income, and Limited English Proficiency (LEP) populations in the course of conducting public outreach and involvement activities in order to comply with the DOT Order on Environmental Justice and the DOT Limited English Proficiency (LEP) Guidance.

An agency's public participation strategy shall offer early and continuous opportunities for the public to be involved in the identification of social, economic, and environmental impacts of proposed transportation decisions.

*** Effective Practices for Fulfilling the Inclusive Public Participation Requirement.** Subrecipients have wide latitude in determining how, when, and how often specific public involvement measures should take place, and what specific measures are most appropriate. Subrecipients should make these determinations based on the composition of the population affected by the recipient's action, the type of public involvement process planned by the recipient, and the resources available to the agency. Efforts to involve minority and low-income people in public involvement activities can include both comprehensive measures, such as placing public notices at all stations and in all vehicles, and measures targeted to overcome linguistic, institutional, cultural, economic, historical, or other barriers that may prevent minority and low-income people from effectively participating in a subrecipient's decision-making process. Effective practices include:

- Coordinating with individuals, institutions, or organizations and implementing community-based public involvement strategies to reach out to members in the affected minority and/or low-income communities;
- Providing opportunities for public participation through means other than written communication, such as personal interviews or the use of audio or video recording devices to capture oral comments;
- Using locations, facilities, and meeting times that are convenient and accessible to low-income and minority communities;
- Using different meeting sizes or formats, or varying the type and number of news media used to announce public participation opportunities, so that communications are tailored to the particular community or population;
- Implementing DOT's policy guidance concerning subrecipients' responsibilities to LEP persons to overcome barriers to public participation.

Further guidance in this regard may be accessed via the following link to **FTA Circular 4702.1 (series)**: http://www.fta.dot.gov/legislation_law/12349_14792.html.

Eligible applicants must ensure that the public is aware of the rural transit project and has adequate input into the project. Eligible applicants must, therefore, initiate a public participation process as part of their rural transit program application requirements.

Public Hearing Required: The public participation process must comprise of, at a minimum, conducting a public hearing. The public hearing must be advertised at least seven (7) days prior to the hearing. A

public hearing must be held to allow all persons, including private transportation providers and new business entrants, equal opportunity to comment on the proposed transportation service. For operating applications, the service description must clearly indicate all service to be provided including open door contract service and any proposed service or fare changes. For capital applications, the capital items to be purchased and a short description of construction projects must be included.

The hearing must be advertised by public notice once in the local newspaper of widest circulation at least seven (7) days prior to the hearing.

****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.**

Translation services must be provided free of charge to limited English speaking individuals.

**If provider meets the Safe Harbor Threshold: At a minimum the statement: "If information is needed in another language, then contact [telephone number]"—should be stated in English and in any other language(s) spoken by LEP populations that meet the Safe Harbor Threshold.*

A sample Public Hearing Notice is included in this section.

Include the following as Exhibit 5:

- 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 transit provider.**

The public hearing notice and the application preparations require immediate and simultaneous attention.

The Public Hearing Notice must be prepared so it can be published **at least seven (7) days** prior to the public hearing (see next page for a sample Public Hearing Notice).

*****If no Local Newspaper is available, please refer to the ALDOT Public Involvement Plan for Statewide Transportation Planning at the following link:***

<https://www.dot.state.al.us/news/pdf/AldotPipFinalNov2021.pdf>

(Items in Blue will require individualized updates based on Applicant, and Notice must be published in newspaper at least seven (7) days prior to the listed public hearing date.)

SAMPLE Public Hearing Notice

The Applicant Name (Transit Provider Name) is applying to the Alabama Department of Transportation for an Operational, Administration, Capital, and Planning assistance award under 49 U.S.C. Section 5311 of the Federal Transit Laws. This grant funding will provide financial assistance for public transportation service for the residents of XYZ County/City.

The service is provided for general public and currently operates Monday-Friday, 6 a.m. to 6 p.m. All residents including mobility device users, must schedule 24 hours in advance. Fares range from \$1.00 to \$100.00 per one-way trip. No service or fare changes are planned for FY2026 or planned service and fare changes for FY2026 are...

Copies of detailed budgets, and service description may be obtained via website, email request, and/or at Transit Provider Name and physical address.

This grant funding will provide federal financial assistance for Operational, Administration, Capital, and Planning Expenses. Capital funding will be used to purchase four (4) transit vehicles with mobility device securements, two (2) laptops, and to construct one (1) transit hub located at XYZ.

A public hearing will be held on date at time in the meeting room at the facility name and address for public comment. If there are questions or comments or if information is needed in another language or alternative format, contact:

John Doe
Transit Director
Transit Provider Name
Telephone Number
Email Address

Transit Provider Name does not discriminate against any individual on the basis of race, color, or national origin.

SAMPLE Public Hearing Transcript
XYZ Commission (Transit Provider Name)
Public Hearing Transcript

RE: FY2026 Section 5311 Grant Application

Date: [Enter Date](#)

Time: [Enter Time](#)

Location: [Enter Physical address.](#)

The hearing was designed to receive public comments concerning the goal of continuing to provide public transportation to our citizens. Transit staff were prepared and available to present grant application information and answer questions.

The following were in attendance:

- 1.
- 2.
- 3.
- 4.
- 5.

[No one from the public attended the hearing.](#)

[John Doe](#)

[Transit Director](#)

[Transit Provider Name](#)

[Date](#)

Exhibit 6 – Complaint and Bid Protest Procedures

Applicants must have written procedures describing the local mechanism for resolving private operator and passenger complaints as well as procedures addressing questions dealing with the fairness of local procurement procedures and decisions.

The Complaint Procedures must include all of the following:

- ◆ Provide a step-by-step timeframe for responding to and resolving the complaint.
- ◆ Identify the responsible parties at the local level to ensure a fair and independent review of the complaint.
- ◆ Include a requirement for documenting in writing the complaint and its resolution.

Sample “Complaint Policy and Procedures” and “Bid Protest Procedures” follow.

Note: The final step of both procedures must include the following statement: ***All complaints unresolved at the local level will be submitted to ALDOT for final resolution, to the attention of:***

Mr. Bradley B. Lindsey, P. E.
State Local Transportation Engineer
Local Transportation Bureau
Alabama Department of Transportation
1409 Coliseum Boulevard
Montgomery, Alabama 36110

Requirements of Exhibit 6 include:

- 1. Complaint Policies and Procedures**
- 2. Bid Protest Procedures**

SAMPLE POLICIES

COMPLAINT POLICY AND PROCEDURES FOR (TRANSIT PROVIDER NAME)

It is the policy of the (Transit Provider Name) to operate the public transportation program in an open and fair manner for employees, passengers, other transit providers, and the general public. No employee, passenger, other transit provider, or the general public will be discriminated against or suffer any reprisals from making a complaint. Complaints must be in writing and specific. Vague or general charges of unfairness that are not substantiated by facts will not be processed. When an allegation is made that a specific violation, misinterpretation, or inappropriate act has occurred, the following steps should be taken to resolve the issue. (Transit Provider Name) will resolve the complaint within fifteen (15) business days of the date of receipt of the written complaint.

1. Employee Complaint Policy

If an employee has issue with another employee, passenger, or other member of the general public, he or she should bring the matter to the attention of the Operations' Coordinator (OC) or similar authority within three (3) days of the occurrence. *Complaints must be specific and in writing.* If the complaint involves the Operations' Coordinator or similar authority, the employee should address the issue with the (Transit Provider Name) Director. The OC or similar authority will listen to all parties involved in the situation, investigate with outside sources if necessary, and resolve the matter within fifteen (15) business days of the receipt of the written complaint. If the OC or similar authority cannot resolve the matter, it will be brought to the (Transit Provider Name) Director for resolution. If the matter is not satisfactorily resolved at this point, the Department Head or next higher authority will be consulted. If the employee does not feel the matter has been resolved at this point, the Personnel Director or similar authority should be consulted, and the matter brought before the Personnel Board or similar authority, if necessary.

2. Passenger Complaint Policy

If a passenger has issue with a (Transit Provider Name) employee, another passenger, or other member of the general public, he or she should bring the matter to the attention of the Operations' Coordinator (OC) or similar authority within three (3) days of the occurrence. Complaints must be specific and in writing. If the complaint involves the Operations' Coordinator or similar authority, the passenger should address the issue with the (Transit Provider Name) Director. The OC or similar authority will listen to all parties involved in the situation, investigate with outside sources, if necessary, and resolve the matter within fifteen (15) business days of the receipt of the written complaint. If the OC or similar authority cannot resolve the matter, it will be brought to the (Transit Provider Name) Director for resolution. If the matter is not satisfactorily resolved at this point, the Department Head or next higher authority will be consulted. If the passenger does not feel the matter has been resolved at this point, the (Transit Provider Name) Liaison or similar authority should be consulted, and the matter brought before the entire (Governing Authority), if necessary.

3. Private Transit Operator Complaint Policy

If a private transit operator has issue with (Transit Provider Name), he or she should address the matter with the (Transit Provider Name) Director within three (3) days of the occurrence. *Complaints must be specific and in writing.* The (Transit Provider Name) Director will investigate and resolve the matter within fifteen (15) business days of the receipt of the written complaint. If the matter is not satisfactorily resolved at this point, the (Next Higher Authority) will be consulted. If the private operator does not feel the matter has been resolved at this point, the (Transit Provider Name) Liaison should be consulted, and the matter brought before the entire (Governing Authority), if necessary.

4. General Complaint Policy

If a member of the general public has a complaint with a (Transit Provider Name) employee, policy, or other issue, he or she should bring the matter to the attention of the Operations' Coordinator (OC) or similar authority within three (3) days of the occurrence. *Complaints must be specific and in writing.* If the complaint involves the Operations' Coordinator or similar authority, the member of the general public should address the issue with the (Transit Provider Name) Director. The OC or similar authority will listen to all parties involved in the situation, investigate with outside sources, if necessary, and resolve the matter within fifteen (15) business days of the receipt of the written complaint. If the OC or similar authority cannot resolve the matter, it will be brought to the (Transit Provider Name) Director for resolution. If the matter is not satisfactorily resolved at this point, the Department Head will be consulted. If the member of the general public does not feel the matter has been resolved at this point, the (Transit Provider Name) Liaison or similar authority should be consulted, and the matter brought before the entire (Governing Authority), if necessary.

ALL complaints unresolved at the local level will be submitted to the Alabama Department of Transportation for final resolution, to the attention of:

Mr. Bradley B. Lindsey, P. E.
State Local Transportation Engineer
Local Transportation Bureau
Alabama Department of Transportation
1409 Coliseum Boulevard
Montgomery, Alabama 36110

SAMPLE Bid Protest Procedures for (Transit Provider Name)

The following bid protest procedures have been written in compliance with the Federal Transit Administration (FTA) Third-Party Contracting Guidelines (FTA Circular 4220.1F). Parties that wish to file a bid protest should review these procedures in conjunction with FTA's Circular 4220.1F. These procedures also address complaints or appeals regarding the funding of unsolicited proposals and other protests unrelated to the solicitation process and contract award decisions. (Transit Provider Name's) protest procedures will be referenced in the bid documents in order that interested parties will know their rights under these protest procedures.

1. Protests Pertaining to the Contract Solicitation Process or Contract Award Decision

The following procedures and time requirements shall be applied uniformly in processing all protests. Protests may be made by active or prospective bidders whose direct economic interest would be affected by a solicitation, proposed award, or award of a contract. Protests must be submitted in writing to:

Jane/John Doe, Director
Transit Provider Name
0000 Your Choice Parkway
Anywhere, AL 00000

(Transit Provider Name) will consider all written protests made within the timelines stated in this document. Protest submissions should be concise, logically arranged, clearly state the grounds for the protest, and must include at least the following information:

1. Name, address, and telephone number of protestor
2. Solicitation or contract name and/or number
3. A detailed statement of the legal and factual grounds for the protest, including copies of all relevant documents or information
4. A statement of relief requested

Only written protests received within the timelines stated in these procedures will be considered. Upon receipt of a protest, (Transit Provider Name) will notify the protestor that the protest has been received by mail within five (5) working days. (Transit Provider Name) may request additional information from the protesting party, which must be submitted in writing to (Transit Provider Name) within five (5) working days from the date of (Transit Provider Name's) request.

Within twenty (20) working days of receipt of a written protest, (Transit Provider Name) shall either:

1. Issue a final written decision which responds in detail to each issue raised in the protest and includes a rationale for the decision rendered, or
2. Conduct, at (Transit Provider Name's) discretion, an informal hearing to allow the interested participating parties an opportunity to present their positions and supporting facts, documents, justification, and technical information. (Transit Provider Name) will advise all interested parties of the final decision in writing no later than five (5) working days from the date of the informal hearing.

2. Protests before Proposal Solicitation

Bid protests alleging restrictive specifications or improprieties, which are apparent prior to bid or proposal opening, must be submitted in writing to (Transit Provider Name) and must be received at least five (5) working days prior to bid/proposal opening. Bids will not be opened until five (5) working days after resolution of the protest unless (Transit Provider Name) determines that:

1. The items to be procured are urgently required;
2. Delivery or performance will be unduly delayed by failure to make award promptly; or
3. Failure to make award will otherwise cause undue harm to (Transit Provider Name).

If the written protest is not received by the time specified, bids or proposals may be received, opened, and awarded in the normal manner unless (Transit Provider Name) determines that it is in the best interest of all concerned to delay any step.

3. Protests after Opening of Proposal Solicitation and Prior to Award

Protests against the making of an award may be made after bid opening and prior to award. Such protests must be submitted in writing to (Transit Provider Name) and must be received by (Transit Provider Name) within five (5) working days of the bid opening. If (Transit Provider Name) decides to withhold the award pending resolution of the protest, (Transit Provider Name) will notify all bidders whose bids or proposals might become eligible for award and offer them the option to extend or withdraw the bid or proposal beyond the 120-day validity period. Awards will not be made until at least five (5) working days after resolution of the protest unless (Transit Provider Name) determines that:

1. The items to be procured are urgently required;
2. Delivery or performance will be unduly delayed by failure to make award promptly; or
3. Failure to make award will otherwise cause undue harm to (Transit Provider Name) or the federal government.

4. Protests after Award

Protests received after announcement of an award or after a contract has been executed will only be considered if (Transit Provider Name) determines that the matter is in the public interest, or the protest presents clear and convincing evidence of fraud, misrepresentation, other illegality, or gross impropriety in the selection of a bid/proposal. If a protest is under consideration, (Transit Provider Name) shall

evaluate the bid/proposal at issue a second time in its entirety and use the same evaluation criteria and rating factors applied in the initial review of the bid/proposal. The bid/proposal will be evaluated by a panel designated by the (Transit Provider Name).

If a protest involving an executed contract is under consideration, (Transit Provider Name) will notify the selected contractor of the protest and its basis and may, at its discretion, order the contractor to suspend all (Transit Provider Name) work activities. If the awarded contractor has not executed the contract as of the date the protest is received by (Transit Provider Name), the contract will not be executed until five (5) working days after resolution of the protest unless (Transit Provider Name) determines that:

1. The items to be procured are urgently required;
2. Delivery or performance will be unduly delayed by failure to make award promptly; or
3. Failure to make award will otherwise cause undue harm to (Transit Provider Name).

5. Protests Pertaining to the Funding of Unsolicited Proposals

The submission of unsolicited proposals is inconsistent with (Transit Provider Name's) policy to promote a full and open competition among interested parties for FTA contract funds. The filing of unsolicited proposals, therefore, will be deemed inappropriate by (Transit Provider Name) and returned to the sender; complaints or appeals calling for reconsideration of such proposals will not be accepted.

ALL complaints unresolved at the local level will be submitted to the Alabama Department of Transportation for final resolution, to the attention of:

Mr. Bradley B. Lindsey, P. E.
State Local Transportation Engineer
Local Transportation Bureau
Alabama Department of Transportation
1409 Coliseum Boulevard
Montgomery, Alabama 36110

Exhibit 7 - Title VI General Reporting Requirements (Civil Rights)

ANNUAL TITLE VI REPORTING REQUIREMENTS FOR RURAL PUBLIC TRANSIT PROVIDERS

General Reporting Requirements:	
Transit Provider Name: _____	
Title VI Coordinator: _____	
Mailing Address: _____	
Telephone Number: _____	
Email Address: _____	
1. Are new employees trained on Title VI before beginning service? Yes _____ No _____ If yes, how (orientation, newsletter, brochures, posters, etc.)? _____	
2. Are current copies of the Title VI of the Civil Rights Act of 1964 available and accessible to your unit? Yes _____ No _____	
Record Keeping:	
1. Are Title VI Posters displayed in areas where services are provided? Yes _____ No _____	
2. Are posters or program brochures available in languages other than English, as needed? Yes _____ No _____	
3. Is information about Title VI disseminated to contractors and/or subcontractors? Yes _____ No _____ If yes, how? _____	
4. Are Title VI rules and regulations included in your planning, scheduling, contracts, etc.? Yes _____ No _____	
5. Are your contracts monitored for non-discrimination? Yes _____ No _____ If yes, how? _____	
Planning Boards or Commissions:	
1. Does your transit provider have an appointed or non-appointed board or commission? Yes _____ No _____	
2. Number of minorities serving on your Commission or Advisory Board: _____	

Racial Demographics of Board Members and Gender (Number of):

___ African American Male	___ African American Female
___ Caucasian Male	___ Caucasian Female
___ Hispanic Male	___ Hispanic Female
___ Native American Male	___ Native American Female
___ Other Male (Specify):	___ Other Female (Specify):

Complaints and/or Lawsuits:

1. List of all active lawsuits and/or complaints against recipient containing the date of filing, summary of allegation(s), and pending status.

If not applicable, indicate N/A here.

2. Description of pending applications for state assistance and assistance currently being provided from other state agencies.

If not applicable, indicate N/A here.

3. Summary of any civil rights reviews conducted within the last year including the purpose for the review, name of the agency or organization performing the review, findings and recommendations and status and/or disposition of findings and recommendations.

If not applicable, indicate N/A here.

Assurances:

Signed standard DOT Title VI Assurances, including those with **ALDOT, FHWA and FTA**. – **No action is required at this time. The Assurances will be requested later if approved for funding.**

Projects:

If a construction project is presently proposed or to be completed within the last year, a fixed-facility analysis summarizing the effect on minority communities that includes:

- The potential impact on minority communities and businesses during and after construction
- The potential negative environmental impact
- Detailed list of minority-owned businesses and households to be affected
- Any significant changes or impacts on minority communities
- Description of measures adopted to mitigate any identified adverse social, economic, or environmental effects

If not applicable, indicate N/A here.

Exhibit 8 – 5311 Funding Summary

5311 FUNDING SUMMARY

Amounts should correspond to source funding sheets and budget sheets for 5311 Funding. (Row 5: A. Federal Funds + B. Local Funds + C. Contract Revenue + D. Advertising/Other Revenue + E. Farebox = F. Total) & (For all columns: 1. Operating + 2. Administration + 3. Capital + 4. Planning = 5. Total)

PROJECT COUNTY: List County
 FISCAL YEAR: 2026
 PROJECT NUMBER: RPT- List Number

APPLICANT NAME: List Name

Budget Category	A. Federal Funds	B. Local Funds	C. Contract Revenue	D. Advertising/ Other Revenue	E. Farebox	F. Total
1. Operations (50%/50%)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2. Administration (80%/20%)	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
3. Capital (Varies)	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
4. Planning (80%/20%)	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
5. Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Current Escrow Account Balance		As of (Date) _____
---------------------------------------	--	-----------------------

Indicate N/A in box if transit provider does not have an Escrow Account.

Expense Ratio:

Operations/Prev. Maint: _____ Administration: _____

EXHIBIT 9 – Section 5311 Application Letter

This letter must state that the grant applicant is applying for public transportation Operations, Administration, Capital, and Planning assistance in accordance with Federal Transit Laws (as codified, 49 USC Section 5311, Financial Assistance for rural areas). This exhibit must be on **Applicant's Letterhead** and must include the following information:

- * State amount of rural transit (Federal) funds requested.
- * 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 principal contact person and telephone number.
- * Include signature of the person designated by the applicant's governing body to be responsible for administration of the grant.

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.

Section 5311 Application Letter

Place on Applicant's Letterhead. Make sure amounts correspond with Funding Summary.
(A. Federal Funds) & (Local Assistance equals total B. Local Funds + C. Contract Revenue + D.
Advertising/Other Revenue, + E. Farebox)

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 5311 (RURAL) TRANSIT PROGRAM APPLICATION

The **(Applicant Name)** is hereby applying for a Section 5311 **(Operations, Administration, Capital and Planning)** grant under 49 USC Section 5311, to assist in the operation of the **(Transit Provider Name)** for the period covering October 1, 2025, to September 30, 2026. The project application has been reviewed and approved by the **(Applicant's Governing Authority)**. The requested amount of Federal assistance is as follows:

Federal Operations Assistance:	\$ _____
Federal Administration Assistance:	\$ _____
Federal Capital Assistance:	\$ _____
Federal Planning Assistance:	\$ _____

Local assistance in the amount of \$ _____ will be used as the non-federal match. 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 **(principal contact)** at **(telephone number)**.

Respectfully,

Name of Designated Official
Title

EXHIBIT 10 - Section 5311 Project Budget Worksheets

All applicants must submit project budget data showing detailed Operations, Administration, Capital, and Planning expenses and revenue. This information demonstrates the availability of adequate funding to operate and maintain project equipment or vehicles. The budget line items identify specific operational and administration expenses eligible for Section 5311 funding. Please follow the format of the samples provided. *** Requests for sole source procurements shall be submitted and reviewed during the application process.

Budget sheets are now standardized for all applicants applying, and applicant will need to indicate expenses in the closest description to the actual expense. If you are not sure where expense should be shown, contact your regional manager for assistance.

Indirect Costs: Title 2 CFR 200 Subpart E-Cost Principles (Super Circular) establishes Federal guidelines for identifying costs that can be reimbursed using Federal funds. According to these guidelines, an approved Cost Allocation Plan (CAP) and/or Indirect Cost Rate (ICR) is required when requesting reimbursement for indirect costs using Federal funds.

Approved Indirect Cost Rate (ICR) proposals must accompany budget submissions. Applicants awaiting cognizant agency approval of indirect cost rate proposals must submit copies of correspondence requesting such approval in lieu of the actual approval correspondence. If instances exist in which cognizant agencies no longer require annual indirect cost rate plan submissions, such plans must be submitted to ALDOT for review and/or evaluation. The proposal and related supporting documentation must be maintained for audit.

Please note that the Super Circular consolidates and eliminates the duplicative guidance found in eight (8) OMB circulars. Additional information may be accessed via the following links:

<https://www.fhwa.dot.gov/cfo/2cfr200guidance.cfm>

<https://www.transit.dot.gov/regulations-and-guidance/regulations-and-guidance>

Match and Other Requirements: All applicants must provide documentation of local matching funds including written commitments from each local funding source (indicating amount of funds authorized and committed as local match for the project). Documentation should be in the form of letters, certifications, or resolutions signed by authorized officials. *(See also Exhibit Description below).*

In-Kind Match: In-kind contributions (donation of equipment, supplies, property, and/or services that are beneficial and used by the applicant) must have a documented cash value. In-kind match can include the services of volunteers. Such non-cash sources of local match are eligible only if the value of each is formally documented and supported in accordance with 49 CFR Part 18. ALDOT reserves the right to reject or disallow in-kind contributions as local share if the estimated cash value cannot be determined independently.

Exhibit Description: This Exhibit comprises a Line-Item Budget Sheet, Source of Budget Funds Sheet, Section 5311 Vehicle Request Budget Form, and Sources of Local Match documentation. Local Match is documented by a Local Match Commitment Letter and a Local Match Certification and the required "Resolution Authorizing Local Matching Funds". The approved Cost Allocation Plan or Indirect Cost Rate Proposal is included (if applicable).

Requirements for Exhibit 10:

- 1. Line-Item Budget Sheets**
- 2. Source of Budget Funds Sheets**
- 3. 5311 Vehicle Request Budget Form (if applicable).** *If not ordering vehicles, indicate N/A.*
- 4. Georgia DOAS Vehicle Vendor Sheet (if applicable).** *If not ordering vehicles, indicate N/A.*
- 5. Local Match Commitment Letter**
- 6. Approved Indirect Cost Rate Proposal (if applicable).** *If not applicable, indicate N/A here.*
- 7. Approved In-Kind Cost Proposal (if applicable).** *If not applicable, indicate N/A here.*

5311 LINE-ITEM BUDGET SHEET

PROJECT COUNTY: [List County]
FISCAL YEAR: 2026

PROJECT NUMBER: RPT- [List Number]

ORIGINAL: x

APPLICANT NAME: [List Name]

OPERATIONS

Operating Salaries (Non-Driver & Non-Mechanic)	\$0.00
Mechanic Salaries	\$0.00
Drivers Salaries	\$0.00
FICA/Social Security	\$0.00
Unemployment Compensation	\$0.00
Workmen's Compensation	\$0.00
Health Insurance	\$0.00
Life Insurance	\$0.00
Retirement	\$0.00
Overtime	\$0.00
Safety Incentive Programs	\$0.00
Longevity Pay	\$0.00
Disability	\$0.00
Substitute Drivers/Temps	\$0.00
Travel	\$0.00
Training	\$0.00
Uniforms	\$0.00
Alcohol/Drug Testing	\$0.00
Background Checks	\$0.00
Physical Examinations	\$0.00
Radio Communications	\$0.00
Employee Recruitment	\$0.00
Fuel/Oil	\$0.00
Tires	\$0.00
Vehicle Maintenance/Repairs	\$0.00
Vehicle Cleaning and Sanitation	\$0.00
Personal Protective Equipment	\$0.00
Towing	\$0.00
Purchased transportation	\$0.00
Licenses/Tags	\$0.00
Non-Revenue (Service) Vehicles	\$0.00
Supplies	\$0.00

Vehicle Insurance	\$0.00
Vehicle Insurance Deductibles	\$0.00
Vehicle Rental	\$0.00
GPS Monitoring/Vehicle Data Plan	\$0.00
Operating Building Maintenance/Repairs	\$0.00
Operating Building Equipment	\$0.00
Utilities	\$0.00
Space/Rent	\$0.00
Storage	\$0.00
Pest Control	\$0.00
Groundskeeping	\$0.00
Cleaning & Janitorial	\$0.00
Operating Building Insurance	\$0.00
Shop Building Maintenance/Repairs	\$0.00
Shop Equipment	\$0.00
Shop Equipment Maintenance/Repairs	\$0.00
Equipment Rental	\$0.00
Shop Supplies	\$0.00
Small Tools	\$0.00
Insurance - Non-Vehicle	\$0.00
Insurance Deductibles - Non-Vehicle	\$0.00
Indirect Cost	\$0.00
Fees (Non-Penalty)	\$0.00
<hr/>	
TOTAL	\$0.00

5311 LINE-ITEM BUDGET SHEET

PROJECT COUNTY: [List County]

FISCAL YEAR: 2026

PROJECT NUMBER: RPT- [List Number]

ORIGINAL: x

APPLICANT NAME: [List Name]

ADMINISTRATION

Administrative Salaries (Non-Director)	\$0.00
Director Salary	\$0.00
State Unemployment Insurance	\$0.00
FICA/Social Security	\$0.00
Unemployment Compensation	\$0.00
Workmen's Compensation	\$0.00
Health Insurance	\$0.00
Life Insurance	\$0.00
Retirement	\$0.00
Overtime	\$0.00
Safety Incentive Programs	\$0.00
Longevity Pay	\$0.00
Disability	\$0.00
Payroll Processing	\$0.00
Alcohol/Drug Testing	\$0.00
Employee Recruitment	\$0.00
Physical Examinations	\$0.00
Background Check	\$0.00
Travel	\$0.00
Training	\$0.00
Uniforms	\$0.00
Insurance - Commercial Property	\$0.00
Insurance - General Liability	\$0.00
Insurance - Contents and Property	\$0.00
Insurance - Employee Dishonesty & Notary	\$0.00
Insurance - Directors & Officers Lib.	\$0.00
Vehicle Insurance	\$0.00
Tags/Titles	\$0.00
Building Maintenance/Repairs	\$0.00
Cleaning & Janitorial	\$0.00
Pest Control	\$0.00

Groundskeeping	\$0.00
Space/Rent	\$0.00
Security System	\$0.00
Storage Rental	\$0.00
Telephone/Internet	\$0.00
Cellphone/Data Communication	\$0.00
Utilities	\$0.00
Equipment Lease	\$0.00
Supplies	\$0.00
Office Equipment	\$0.00
Postage/P.O. Box	\$0.00
Advertising/Marketing	\$0.00
Professional Services	\$0.00
Dues/Membership/Registration Fees	\$0.00
Fees (Non-Penalty)	\$0.00
Software	\$0.00
Information Systems / Repairs	\$0.00
Cyber Liability Insurance	\$0.00
Indirect Costs	\$0.00
<hr/>	
Total	\$0.00

5311 LINE-ITEM BUDGET SHEET

PROJECT COUNTY: List County/City

FISCAL YEAR: 2026

ORIGINAL: X

PROJECT NUMBER: RPT-

APPLICANT NAME: List Name

Capital

Vehicle Capital \$0.00

Non-vehicle Capital (List in Detail)

	Preventative Maintenance	\$0.00
	Mobility Management	\$0.00
	Support Equip. (Insert Description)	\$0.00
	Scheduling Software New Purchase	\$0.00
	Sole Source Purchases	\$0.00
	<i>Insert Description</i>	\$0.00
	<i>Insert Description</i>	\$0.00
TOTAL		\$0.00

Note:

- ▶ All dispatch/scheduling software new purchases, including initial year's annual maintenance, should be listed in non-vehicle capital budget.
- ▶ All dispatch/scheduling software annual maintenance after initial year's purchase should be listed as software in administration budget.
- ▶ Any sole source purchase request (if applicable) shall have supporting documentation included with the Section 5311 Application. Sole source procurement must be approved by ALDOT in advance of the execution of any contracts and/or securement of services or the agency will be responsible for all expenses associated with the sole source purchase.
- ▶ A purchase of an item having a useful life of more than one year and an acquisition cost of \$5,000 or more should be listed in non-vehicle capital budget.
- ▶ Preventative Maintenance 5311 funding is only available for 5311 federally funded vehicles which ALDOT is lienholder on. Locally owned vehicles don't qualify for this funding.

Planning

Planning \$0.00

	<i>Insert Description</i>	\$0.00
--	---------------------------	--------

TOTAL **\$0.00**

5311 REVENUE BUDGET SHEET

PROJECT COUNTY: List County

FISCAL YEAR: 2026

ORIGINAL: X

PROJECT NUMBER: RPT- List Number

APPLICANT NAME: List Name

Estimated Yearly Revenue For:

Farebox	\$0.00
Advertising	\$0.00

Contracts

<u>Agency Name</u>	<u>Estimated Yearly Contract Amount</u>
Insert Agency Name	\$0.00
Total	\$0.00

Apply Contract Revenue to:

Operations:	\$0.00
Administration:	\$0.00
Capital:	\$0.00
Planning:	\$0.00
Total:	\$0.00

5311 SOURCE OF BUDGET FUNDS SHEET
 (Total budget amounts should match budget sheets.)

PROJECT COUNTY: [List County]
 FISCAL YEAR: 2026

PROJECT NUMBER: RPT- [List Number]

ORIGINAL: x

APPLICANT NAME: [List Name]

Capital

Total Capital Budget:	\$0.00
Total Non-Vehicle Capital Budget:	\$0.00
<hr/>	
TOTAL	\$0.00

Less Federal Funding Share (80%): **\$0.00**

Total Local Funding Share (20%): **\$0.00**

Local Share Funds

Contracts:	\$0.00
Applicant Share:	\$0.00
<hr/>	
Total Local Share:	\$0.00

Planning

Total Planning Budget:	\$0.00
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<hr/>	
TOTAL	\$0.00

Less Federal Funding Share (80%): **\$0.00**

Total Local Funding Share (20%): **\$0.00**

Local Share Funds

Contracts:	\$0.00
Applicant Share:	\$0.00
<hr/>	
Total Local Share:	\$0.00

5311 VEHICLE REQUEST BUDGET FORM

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

Applicant Name: List Name

Fiscal Year: 2026

<i>Vehicle Type Price ranges are estimates and subject to change. Prices include mobility device stations only. Other options are not included.</i>	<i>Designed Seating Capacity</i>	<i>Number of Mobility Device Stations Per Vehicle</i>	<i>Engine Type G-Gas or D-Diesel</i>	<i>Number of Each Type Vehicle Needed</i>	<i>Overall Total Cost</i>	<i>Intended Use R-Replacement N-New Service E-Expansion Service</i>
Mini Van - (Rear Ramp) \$90,000	7	1	Gas only	0	\$0.00	
Mini Van - (Side Ramp) \$90,000	7	1	Gas only	0	\$0.00	
Transit Van No HAP \$97,000	12	0	Gas only	0	\$0.00	
Transit Van (Rear or Side Load) HAP 1 \$105,000	8	1	Gas only	0	\$0.00	
Transit Van (Rear or Side Load) HAP 2 \$105,000	6	2	Gas only	0	\$0.00	
Georgia DOAS Bid Option*						
Enter Vehicle Description from VVS.				0	\$0.00	
Enter price on the next line below.						
\$0.00						
Georgia DOAS Bid Option*						
Enter Vehicle Description from VVS.				0	\$0.00	
Enter price on the next line below.						
\$0.00						
TOTALS				0	\$0.00	
<p>Note: All vehicle capital requests will be evaluated by ALDOT. The number and types of vehicles awarded are contingent upon available funding. <u>Replacement</u> – an applicant requesting to replace vehicles funded through ALDOT. <u>Expansion</u> – an applicant currently has vehicles funded by ALDOT and desires to purchase new vehicles to meet service needs. <u>New Service</u> – an applicant that has not purchased vehicles through ALDOT.</p> <p align="center"><i>Some vehicles are currently pending contract renewal.</i></p> <p align="center"><i>*All Georgia DOAS Bid vehicle requests must include the Vehicle Vendor Sheet (VVS) from Model 1. See next page for details.</i></p> <p><i>If Ordering Expansion Vehicles, please explain Expansion Vehicle needs:</i></p>						

10.3.(a)

If Grant applicant reviews application and a vehicle listed doesn't match agency's needs, you may take the below steps to see if another type of vehicle is available on the Georgia DOAS Contract:

1. Contact Eric Weimer with Model 1 at (601) 622-4044 or eweimer@model1.com.
 - a. Obtain in-stock available vehicle information, projected delivery date, and select vehicle.
 - b. Obtain Vehicle Vendor Sheet (VVS) for selected vehicle with description and pricing of vehicle.
2. Grant applicant will complete required grant application documents.

Examples of other vehicles available on Georgia bid are 15 passenger and larger capacity cutaways.

Georgia DOAS Bid Vehicle Vendor Sheet (VVS)
<i>Insert Georgia DOAS Bid Vehicle Vendor Sheet below, if applicable. If not applicable, indicate N/A here.</i>

5311 Local Match Commitment Letter

**Place on Applicant's Letterhead. Make sure amounts correspond with Funding Summary.
(Local Assistance equals total B. Local Funds + C. Contract Revenue + D. Advertising/Other Revenue +
E. Farebox.)**

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:

Subject: FY2026 Section 5311 Local Match Commitment

The **(Applicant Name)** is applying for a Section 5311 **(Operations, Administration, Capital, and Planning)** grant to aid in the operation of the **(Transit Provider Name)**. The administration, operating, capital, and planning expenses requested in this project have been reviewed and approved by the **(Applicant Name)** of **(Applicant's County/City)**. We are requesting federal assistance in the amount of \$_____ for operations, \$_____ for administration, \$_____ for capital, and \$_____ for planning expenses. Local assistance in the amount of \$_____ will be used as the non-federal match.

The **(Applicant Name)** hereby acknowledges the local matching requirements for the referenced project and affirms assistance in the amount set forth above.

If you have any questions on this request, please contact **(principal contact)** at **(phone number)**.

Sincerely,

Name of Designated Official
Title

5311 Local Match Certification

(Include Farebox Revenue as part of General Fund or in an Appropriate Line Item, Because Farebox Revenue Makes the Project "Whole". Amounts should correspond with Funding Summary.)

5311 Local Match Certification

We, the undersigned representing, **(Applicant Name)** do hereby certify to the Alabama Department of Transportation that the required local funds for the **(Provider Name)** System are available from the following source(s):

General Fund:	\$ _____
Contracts:	\$ _____
Advertising/Other:	\$ _____
Total:	\$ _____

These funds will be available as of **(Enter Date)**.

Name of Applicant: _____

Name of Authorized Official: _____ Date: _____

Signature: _____

Title: _____

10.4.

Insert Indirect Cost Rate Proposal (No Sample Provided)

Indirect Cost Rate Proposal
<i>If applicant has an <u>approved</u> Indirect Cost Rate Proposal insert ALDOT approval letter below. If applicant has a <u>non-approved</u> Indirect Cost Rate Proposal, insert full proposal below for approval. If not applicable, indicate N/A here.</i>

10.5.

Insert In-Kind Proposal (No Sample Provided)

In-Kind Proposal
<i>If applicant has an <u>approved</u> In-Kind Proposal insert ALDOT approval Letter below. If applicant has a <u>non-approved</u> In-Kind Proposal, insert full proposal below for approval. If not applicable, indicate N/A here.</i>

EXHIBIT 11 – 5311 Resolution Authorizing Local Matching Funds

(Amount should equal total B. Local Funds + C. Contract Revenue + D. Advertising/Other Revenue + E. Farebox on 5311 Funding Sheet)

RESOLUTION NO. _____

"SECTION 5311 RURAL AREA PUBLIC TRANSPORTATION"

WHEREAS the **(Applicant Name)** recognizes the need for a public transportation program; and

WHEREAS the **(Applicant Name)** is recognized as a member of the **(Transit Provider Name)** Transportation Steering Committee; and

WHEREAS the **(Applicant Name)** recognizes that the requirements to obtain Section 5311 funds from the Alabama Department of Transportation include a local match of 50% for operating expenses and 20% for administration, planning, and capital expenses; and

WHEREAS the **(Applicant Name)** recognizes that the local match will be a shared cost with other participating municipalities being responsible for providing an appropriate allocation of local non-federal funds to secure the operating of the Section 5311 Rural Area Public Transportation Program.

NOW, THEREFORE, BE IT RESOLVED, that the **(Applicant Name)** hereby commits the amount of \$_____ as local non-federal match for operations, administration, planning, and capital expenditures under the Section 5311 Rural Area Public Transportation Program during Fiscal Year 2026.

Adopted this _____ day of _____, 20 _____

Elected Official: _____

Attest: _____

Name: _____

Name: _____

Title: _____

Title: _____

EXHIBIT 12 - Cost Allocation and Vehicle Depreciation Schedule

*****Total should equal all administration budgets plus all operations budgets applied for plus depreciation schedule. *****

All Section 5311 operators will utilize this Cost Allocation for FY2026 Third-Party Contracts. Cost allocation is the transit provider's total expenditures divided among three categories: hours, miles and overhead. The hours and miles categories include all budget items that are attributable to vehicle operations and are used to calculate, in part, the "cost" to be recovered from all third-party contracts and allowable incidental charter services.

Vehicle depreciation is attributable to vehicle operations and must be included in full cost recovery calculations. Vehicle depreciation may be derived through straight-line depreciation methodology (i.e., Total Cost of Vehicle Divided by Service Life of Vehicle = Rate Per Year) satisfying requirements of the Federal Transit Administration.

Vehicle depreciation costs must be included in the computation of third-party transportation service rates and incidental charter service rates. Service contracts and incidental charter services must accomplish full cost recovery.

The overhead category includes all the administration items. It is not necessary to include these overhead costs in third-party contracts or incidental charter service rates. Compute fixed cost percentage as described in this exhibit.

The Resource Variables are calculated from the Quarterly Management Report.

For Hours: Passenger Service Hours from October to last month reported divided by the total number of months for the average then multiplied by 12 for a projected yearly total.

For Miles: Passenger Service Miles from October to last month reported divided by the total number of months for the average then multiplied by 12 for a projected yearly total.

Samples of the following items follow:

1. Sample Vehicle Depreciation Schedule
2. Sample Chart of Accounts
3. Sample Cost Allocation Matrix

Use the Excel worksheets provided with the Application to develop the following items:

1. Vehicle Depreciation Schedule
2. Chart of Accounts
3. Cost Allocation Matrix Based on Budget

FY2026 VEHICLE DEPRECIATION SCHEDULE

Depreciation amounts should equal on Chart of Accounts, Cost Allocation Matrix, and Vehicle Depreciation Schedule. All vehicles on Inventory Form should be shown on this form, some will have a zero value if they have depreciated completely.

Applicant Name: [List Name]

Fiscal Year: 2026

Count	Vehicle Year	Vehicle Vin #	Aggregate Cost of Vehicle	Mileage	Seating Capacity	Useful Life Years	Single Year Value	Age of Vehicle	Depreciation Value
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
			\$0.00	Grand Total Depreciation					\$0.00

ALDOT has designated the following useful life standards for rolling stock purchases:

Type	Vehicle	FTA Defined Useful Life	Exhausted Useful Life Year/ Zero Depreciation Value
Bus	30' Heavy duty transit bus (includes Body on Chassis)	10 Years or 350,000 Miles	2014 or Older
Cutaway	25' - 35' Light duty (Cutaway Chassis)	5 Years or 150,000 Miles	2019 or Older
	30' - 35' Medium duty (Cutaway Chassis)	7 Years or 200,000 Miles	2017 or Older
Van	Modified Van, High Roof Van (Transit Van)	5 Years or 100,000 Miles	2019 or Older
Minivan	Minivans	5 Years or 100,000 Miles	2019 or Older

Budget Chart of Accounts

PROJECT COUNTY: List County

FISCAL YEAR: 2026

PROJECT NUMBER: RPT- List Number

APPLICANT NAME: List Name

Account	Amount	Assigned Category
OPERATIONS		
Operating Salaries (Non-Driver & Non-Mechanic)	\$0.00	Hours
Mechanic Salaries	\$0.00	Hours
Drivers Salaries	\$0.00	Hours
FICA/Social Security	\$0.00	Hours
Unemployment Compensation	\$0.00	Hours
Workmen's Compensation	\$0.00	Hours
Health Insurance	\$0.00	Hours
Life Insurance	\$0.00	Hours
Retirement	\$0.00	Hours
Overtime	\$0.00	Hours
Safety Incentive Programs	\$0.00	Overhead
Longevity Pay	\$0.00	Hours
Disability	\$0.00	Hours
Substitute Drivers/Temps	\$0.00	Hours
Travel	\$0.00	Overhead
Training	\$0.00	Overhead
Uniforms	\$0.00	Hours
Alcohol/Drug Testing	\$0.00	Hours
Background Checks	\$0.00	Hours
Physical Examinations	\$0.00	Hours
Radio Communications	\$0.00	Miles
Employee Recruitment	\$0.00	Hours
Fuel/Oil	\$0.00	Miles
Tires	\$0.00	Miles
Vehicle Maintenance/Repairs	\$0.00	Miles
Vehicle Cleaning and Sanitation	\$0.00	Miles
Personal Protective Equipment	\$0.00	Hours
Towing	\$0.00	Miles
Purchased transportation	\$0.00	Miles
Licenses/Tags	\$0.00	Miles
Non-Revenue (Service) Vehicles	\$0.00	Miles
Supplies	\$0.00	Miles

Vehicle Insurance	\$0.00	Miles
Vehicle Insurance Deductibles	\$0.00	Overhead
Vehicle Rental	\$0.00	Miles
GPS Monitoring/Vehicle Data Plan	\$0.00	Overhead
Operating Building Maintenance/Repairs	\$0.00	Overhead
Operating Building Equipment	\$0.00	Overhead
Utilities	\$0.00	Overhead
Space/Rent	\$0.00	Overhead
Storage	\$0.00	Overhead
Pest Control	\$0.00	Overhead
Groundskeeping	\$0.00	Overhead
Cleaning & Janitorial	\$0.00	Overhead
Operating Building Insurance	\$0.00	Overhead
Shop Building Maintenance/Repairs	\$0.00	Overhead
Shop Equipment	\$0.00	Miles
Shop Equipment Maintenance/Repairs	\$0.00	Miles
Equipment Rental	\$0.00	Miles
Shop Supplies	\$0.00	Miles
Small Tools	\$0.00	Miles
Insurance - Non-Vehicle	\$0.00	Overhead
Insurance Deductibles - Non-Vehicle	\$0.00	Overhead
Indirect Cost	\$0.00	Overhead
Fees (Non-Penalty)	\$0.00	Overhead
TOTAL	\$0	
PREVENTATIVE MAINTENANCE TOTAL		
	\$0	Miles

Budget Chart of Accounts

PROJECT COUNTY: [List County]

FISCAL YEAR: 2026

PROJECT NUMBER: RPT- [List Number]

APPLICANT NAME: [List Name]

ADMINISTRATION		
Administrative Salaries (Non-Director)	\$0.00	Overhead
Director Salary	\$0.00	Overhead
State Unemployment Insurance	\$0.00	Overhead
FICA/Social Security	\$0.00	Overhead
Unemployment Compensation	\$0.00	Overhead
Workmen's Compensation	\$0.00	Overhead
Health Insurance	\$0.00	Overhead
Life Insurance	\$0.00	Overhead
Retirement	\$0.00	Overhead
Overtime	\$0.00	Overhead
Safety Incentive Programs	\$0.00	Overhead
Longevity Pay	\$0.00	Overhead
Disability	\$0.00	Overhead
Payroll Processing	\$0.00	Overhead
Alcohol/Drug Testing	\$0.00	Hours
Employee Recruitment	\$0.00	Hours
Physical Examinations	\$0.00	Hours
Background Check	\$0.00	Hours
Travel	\$0.00	Overhead
Training	\$0.00	Overhead
Uniforms	\$0.00	Hours
Insurance - Commercial Property	\$0.00	Overhead
Insurance - General Liability	\$0.00	Overhead
Insurance - Contents and Property	\$0.00	Overhead
Insurance - Employee Dishonesty & Notary	\$0.00	Overhead
Insurance - Directors & Officers Lib.	\$0.00	Overhead
Vehicle Insurance	\$0.00	Miles
Tags/Titles	\$0.00	Miles
Building Maintenance/Repairs	\$0.00	Overhead
Cleaning & Janitorial	\$0.00	Overhead
Pest Control	\$0.00	Overhead
Groundskeeping	\$0.00	Overhead
Space/Rent	\$0.00	Overhead
Security System	\$0.00	Overhead

Storage Rental	\$0.00	Overhead
Telephone/Internet	\$0.00	Overhead
Cellphone/Data Communication	\$0.00	Overhead
Utilities	\$0.00	Overhead
Equipment Lease	\$0.00	Overhead
Supplies	\$0.00	Overhead
Office Equipment	\$0.00	Overhead
Postage/P.O. Box	\$0.00	Overhead
Advertising/Marketing	\$0.00	Overhead
Professional Services	\$0.00	Overhead
Dues/Membership/Registration Fees	\$0.00	Overhead
Fees (Non-Penalty)	\$0.00	Overhead
Software	\$0.00	Overhead
Information Systems / Repairs	\$0.00	Overhead
Cyber Liability Insurance	\$0.00	Overhead
Indirect Costs	\$0.00	Overhead
Depreciation	\$0.00	Miles
TOTAL	\$0.00	
GRAND TOTAL	(Operations, Preventative Maint. & Administration)	\$0.00

COST ALLOCATION MATRIX

APPLICANT NAME: [List Name]

Fiscal Year: 2026

EXPENSE ACCOUNT	HOURS	MILES	OVERHEAD	TOTAL COST
LABOR				
Operating Salaries (Non-Driver & Non-Mechanic)	\$0.00			\$0.00
Mechanic Salaries	\$0.00			\$0.00
Drivers Salaries	\$0.00			\$0.00
Substitute Drivers/Temps	\$0.00			\$0.00
Administrative Salaries (Non-Director)			\$0.00	\$0.00
Director Salary			\$0.00	\$0.00
FRINGE BENEFITS				
FICA/Social Security	\$0.00		\$0.00	\$0.00
Unemployment Compensation	\$0.00		\$0.00	\$0.00
Workmen's Compensation	\$0.00		\$0.00	\$0.00
Health Insurance	\$0.00		\$0.00	\$0.00
Life Insurance	\$0.00		\$0.00	\$0.00
Retirement	\$0.00		\$0.00	\$0.00
Overtime	\$0.00		\$0.00	\$0.00
Safety Incentive Programs	\$0.00		\$0.00	\$0.00
Longevity Pay	\$0.00		\$0.00	\$0.00
Disability	\$0.00		\$0.00	\$0.00
State Unemployment Insurance			\$0.00	\$0.00
SERVICES				
Travel			\$0.00	\$0.00
Training			\$0.00	\$0.00
Uniforms	\$0.00			\$0.00
Alcohol/Drug Testing			\$0.00	\$0.00
Physical Examinations			\$0.00	\$0.00
Background Checks			\$0.00	\$0.00
Radio Communications		\$0.00		\$0.00
Employee Recruitment	\$0.00			\$0.00
Vehicle Rental	\$0.00			\$0.00
GPS Monitoring/Vehicle Data Plan			\$0.00	\$0.00
Operating Building Maintenance/Repairs			\$0.00	\$0.00
Operating Building Equipment			\$0.00	\$0.00
Utilities			\$0.00	\$0.00
Space/Rent			\$0.00	\$0.00
Storage			\$0.00	\$0.00
Pest Control			\$0.00	\$0.00
Groundskeeping			\$0.00	\$0.00
Cleaning & Janitorial			\$0.00	\$0.00
Shop Building Maintenance/Repairs	\$0.00			\$0.00
Shop Equipment Maintenance/Repairs		\$0.00		\$0.00
Indirect Cost			\$0.00	\$0.00
Fees (Non-Penalty)			\$0.00	\$0.00
Payroll Processing			\$0.00	\$0.00

Building Maintenance/Repairs			\$0.00	\$0.00
Security System			\$0.00	\$0.00
Telephone/Internet			\$0.00	\$0.00
Cellphone/Data Communication			\$0.00	\$0.00
Professional Services			\$0.00	\$0.00
Dues/Membership/Registration Fees			\$0.00	\$0.00
Software			\$0.00	\$0.00
Information Systems / Repairs			\$0.00	\$0.00
LIABILITY				
Vehicle Insurance		\$0.00		\$0.00
Vehicle Insurance Deductibles			\$0.00	\$0.00
Operating Building Insurance			\$0.00	\$0.00
Insurance - Non-Vehicle			\$0.00	\$0.00
Insurance Deductibles - Non-Vehicle			\$0.00	\$0.00
Insurance - Commercial Property			\$0.00	\$0.00
Insurance - General Liability			\$0.00	\$0.00
Insurance - Contents and Property			\$0.00	\$0.00
Insurance - Employee Dishonesty & Notary			\$0.00	\$0.00
Insurance - Directors & Officers Lib.			\$0.00	\$0.00
Cyber Liability Insurance			\$0.00	\$0.00
				\$0.00
MATERIALS/SUPPLIES				\$0.00
Fuel/Oil		\$0.00		\$0.00
Tires		\$0.00		\$0.00
Vehicle Maintenance/Repairs		\$0.00		\$0.00
Vehicle Cleaning and Sanitation		\$0.00		\$0.00
Personal Protective Equipment	\$0.00			\$0.00
Towing		\$0.00		\$0.00
Purchased transportation		\$0.00		\$0.00
Licenses/Tags		\$0.00		\$0.00
Non-Revenue (Service) Vehicles		\$0.00		\$0.00
Supplies		\$0.00	\$0.00	\$0.00
Shop Equipment		\$0.00		\$0.00
Equipment Rental		\$0.00		\$0.00
Shop Supplies		\$0.00		\$0.00
Small Tools		\$0.00		\$0.00
Equipment Lease			\$0.00	\$0.00
Office Equipment			\$0.00	\$0.00
Postage/P.O. Box			\$0.00	\$0.00
Advertising/Marketing			\$0.00	\$0.00
				\$0.00
VEHICLE DEPRECIATION				\$0.00
DEPRECIATION		\$0.00		\$0.00
				\$0.00
TOTAL	\$0.00	\$0.00	\$0.00	\$0.00

Basis of Assignment	Total Expenses Assigned	Percentage of Total Costs	Resource Variables	AVERAGE UNIT COST
	-			
Hours	\$0.00	\$0.00	0	\$0.00
Miles	\$0.00	\$0.00	0	\$0.00
Fixed Cost Percentage (Overhead) (Total OVH divided by total costs)	\$0.00	\$0.00		
TOTAL	\$0.00			

Exhibit 13 – Section 5311 Authorizing Resolution

Resolution No. _____

Resolution authorizing the filing of an application with Department of Transportation, United States of America, and the Alabama Department of Transportation for a grant under the Federal Transit Act.

WHEREAS the Secretary of U.S. Department of Transportation and Director of the Alabama Department of Transportation are authorized to make grants for a public transportation program;

WHEREAS the contract for financial assistance will impose certain obligations upon the Applicant, including the provision of its local share of the project costs in the program;

WHEREAS it is required by the U.S. Department of Transportation in accord with the provisions of Title VI of the Civil Rights Act of 1964, that in connection with the filing of an application for assistance under 49 USC Section 5311 the applicant gives an assurance that it will comply with Title VI of the Civil Rights Act of 1964 and other pertinent directives and the U.S. Department of Transportation requirements thereunder; and

WHEREAS, it is the goal of the Applicant that disadvantaged business enterprises (minority business enterprises and woman business enterprises) be utilized to the fullest extent possible in connection with this/these project(s), and that definite procedures shall be established and administered to ensure that disadvantaged business enterprises (DBEs) shall have the maximum feasible opportunity to compete for contracts and purchase orders when procuring construction contracts, supplies, equipment contracts, or consultant and other services.

NOW, THEREFORE, BE IT RESOLVED BY (Governing Body of Applicant)

1. That (Title of Designated Official) is authorized to execute and file (an) application(s) on behalf of (Legal Name of Applicant) with the Alabama Department of Transportation to aid in the financing of administration, planning, capital and/or operating assistance projects pursuant to 49 USC Section 5311, the Alabama Public Transportation Grant Program, and the Alabama Seniors and Disabled Transit Fare Assistance Program.
2. That (Title of Designated Official) is authorized to execute and file with such applications an assurance, or any other document required by the U.S. Department of Transportation and the Alabama Department of Transportation effectuating the purpose of Title VI of the Civil Rights Act of 1964.
3. That (Title of Designated Official) is authorized to furnish such additional information as the U.S. Department of Transportation and the Alabama Department of Transportation may require in connection with the application for the Program of Projects submitted to FTA.
4. That (Title of Designated Official) is authorized to set forth and execute affirmative disadvantaged business enterprise policies in connection with any procurements made as part of the project.
5. That (Title of Designated Official) is authorized to execute grant agreements on behalf of (Legal Name of Applicant) with the Alabama Department of Transportation for aid in the financing of the administration, planning, capital, and/or operating assistance projects.

CERTIFICATION

The undersigned duly qualified and acting (Title of Designated Official) of the (Legal Name of Applicant) certifies that the foregoing is a true and correct copy of a resolution, adopted at a legally convened meeting of the (Governing Body of Applicant) held on _____, 20_____.

If applicant has an official seal, impress here.

Signature of Recording Officer

Title of Recording Officer

Date

Exhibit 14 – COMPLETED APPLICATION

Ensure all steps for grant have been completed.

Final Document Developed should have:

1. Grant Coversheet Attached
2. Application Checklist Correctly Completed and Attached
3. All Application Checklist Questions Answered
4. All Application Checklist Items Requested are Attached and in Sequence with Question.
(Attachments/Supporting documents must be inserted directly after question.)
5. Final Document Pages are Consecutively Numbered in Whole Numbers and in Sequence of Checklist Including Support Documents
6. Follow Grant Application Submission Process as Indicated in Instructions.

No Instructions or Other Items Not Listed on the Checklist Should Be Submitted Within Final Application Document.