

FEDERAL TRANSIT ADMINISTRATION (FTA)
NONURBANIZED AREA FORMULA PROGRAM | SECTION 5311
SUBRECIPIENT FOUR (4) YEAR GRANT APPLICATION
JULY 1, 2016 - JUNE 30, 2020



MARCH 2016
CONNECTICUT DEPARTMENT OF TRANSPORTATION
OFFICE OF TRANSIT AND RIDESHARING
ROOM 1137 NE
P.O. BOX 317546
NEWINGTON, CT 06131-7546
www.ct.gov/dot

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OVERVIEW

The Connecticut Department of Transportation (CTDOT) is the agency designated to apply for, receive and administer funds under the Federal Transit Administration (FTA) Section 5311 Nonurbanized Area Formula Program. The Section 5311 Program makes federal funds available for the development, implementation, and promotion of public transportation systems in rural and small urban areas.

This application has been developed to assist eligible subrecipients in applying for operating, administrative, capital, and/or technical assistance under this program. The information provided by the applicant is intended to justify their request for funding. It is used by CTDOT to evaluate all proposed projects and to complete its annual application to FTA.

ELIGIBLE SUBRECIPIENTS

Eligible subrecipients of Section 5311 funding may include: State Agencies, Local Public Bodies, Transit Districts, Private Nonprofit Organizations, Regional Planning Agencies, Indian Tribes and Groups, and Operators of Public Transportation Services. Private for-profit operators of transit or paratransit services may participate in the program through contracts with eligible applicants.

NEW ELIGIBLE SERVICES

Current CTDOT's Section 5311 Subrecipients providing transit services previously funded under the Section 5316 Job Access and Reverse Commute (JARC) Program and Governor Service Initiative (GSI) Program should include these transit services in their Section 5311 Application. They will now be funded with Section 5311 funds. Each project's budget and operation statistics should continue to be tracked separately from other services.

TECHNICAL ASSISTANCE

The Office of Transit and Ridesharing (OTR) is comprised of a staff of program management, operational, planning, and financial specialists who are available to provide a wide range of technical assistance to eligible subrecipients. Additionally, the OTR may draw upon other resources within CTDOT as well as contracted professional services to provide technical assistance in such areas as legal, purchasing, accounting, auditing, and civil rights.

Questions regarding the application contents or requests for technical assistance may be directed to Ms. Joanna Juskowiak at (860) 594-2835 joanna.juskowiak@ct.gov Applicants may also contact their regional planning agency for assistance with the Section 5311 application.

Additional information on how CTDOT administers the Section 5311 Program can be found in its State Management Plan (SMP) dated July 2015 located at www.ct.gov/dot/cwp/view.asp?a=1386&q=464108

APPLICATION INSTRUCTIONS

Please read and follow all directions carefully. Complete the entire application, provide responses to all the questions and do not leave any blank spaces. Do not remove pages from the application.

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Simply write "N/A" if an item does not apply. When formulating your responses strong, concise statements are preferred over lengthy, vague descriptions. Attach additional sheets if necessary. For your convenience the areas requiring your response are highlighted in yellow. Submittal of an incomplete application or after the deadline will delay the review of your application.

Please use the [CHECKLIST](#) at the end of this application to ensure each section is completed, all required documentation is included, and all signatures are in place as requested. This will allow the earliest approval of your application.

TIMELINE

It is imperative that the applicant complete its draft application prior to the [Public Notification Process \(section 8.0\)](#). In order to assist the applicant in this endeavor, listed below is the recommended timeline in which the applicant may follow to complete each task. CTDOT encourages the applicant to begin reviewing and preparing its application as soon as possible to meet the application due date of Friday, May 20, 2016.

CTDOT will periodically communicate with the applicant via phone and/or E-mail to determine the progress being made on the completion of its application. In addition, each applicant can request an on-site technical assistance from CTDOT.

#	Task	Suggested Completion Date	
1	Complete sections 1.0 through 7.0 and 9.0 through 13.0 of the application.	Friday, April 8, 2016	
2	Prepare public notice and notification letter(s).	Monday, April 11, 2016	
3	Draft application is completed and available for viewing.	Monday, April 11, 2016	
4	Public Notification Process	Publish a public notice identifying the service(s) being proposed to meet the transportation needs of the rural public.	Wednesday, April 13, 2016
5		Notify transportation providers in your service area of intent to apply for federal assistance.	Wednesday, April 13, 2016
6		Hold a public hearing in order for the public to express their views relative to the proposed grant application.	Thursday, April 28, 2016
7		Receive written comments/E-mails regarding draft application.	Friday, May 13, 2016
8		Complete section 8.0 of application.	Tuesday, May 17, 2016
9	Submit completed application to CTDOT.	Friday, May 20, 2016	

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APPLICATION DUE DATE & SUBMITTAL

The completed application, including all supporting documentation, is due to CTDOT's Office of Transit and Ridesharing by Friday, May 20, 2016.

Please E-mail the completed application package to the following address: joanna.juskowiak@ct.gov

The following documentation which does not require original signatures can also be submitted via E-mail as pdf attachments:

- 1) Organizational Chart
- 2) Full Set of Bus Schedules
- 3) [Attachment E - Four \(4\) Year Operating Budget Form](#)
- 4) [Attachment G - Capital Project Description Sheets](#)
- 5) Copies of Public Notices
- 6) Copies of Notification Letters
- 7) Copies of Certified Mail Receipts
- 8) Copies of Minutes of Public Hearings
- 9) Copies of Written Comments/E-mails
- 10) Marketing and Survey Samples

The following documentation which requires original signatures must be mailed:

- 1) [Attachment F - Federal Assistance Forms 424](#)
- 2) Authorizing Resolution
- 3) Opinion of Counsel
- 4) [CHECKLIST](#)

Please mail documentation to the following address:

Ms. Joanna Juskowiak, Transportation Planner 2
Connecticut Department of Transportation
Office of Transit and Ridesharing
Room 1137 NE
P.O. Box 317546
Newington, CT 06131-7546

Please refer to the [CHECKLIST](#) at the end of this application to ensure all required documentation has been completed and submitted. An applicant submitting an incomplete application will be notified by CTDOT and required to resubmit its application with any necessary revisions. Failure on the part of the applicant to meet the submission due date of Friday, May 20, 2016 or provide supplemental information and/or documentation, as requested by CTDOT, may delay the review of the application and may constitute the applicant ineligible for future operating, administrative, capital, and/or technical assistance.

CTDOT will review the final application and notify the applicant of its approval or disapproval by Friday, June 24, 2016.

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1.0 | APPLICANT INFORMATION

Organization Name	
Mailing Address	
City, State, Zip	
Phone Number	
Fax Number	
Website	
Contact Person, Title	
Contact E-mail Address	
FEIN Number	

Applicant Status (check one)	New	<input type="checkbox"/>
	Current	<input type="checkbox"/>

Funds Applying For (check all that are applicable)	Operating	<input type="checkbox"/>
	Capital	<input type="checkbox"/>
	Technical Assistance (RTAP)	<input type="checkbox"/>

Years of Experience Providing Public Transportation (check one)	No Experience	<input type="checkbox"/>
	Less than 5	<input type="checkbox"/>
	Between 5 and 10	<input type="checkbox"/>
	More than 10	<input type="checkbox"/>

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2.0 | DESCRIPTION OF ORGANIZATION

1. Please describe the structure and staffing of your organization. Please list all key personnel (names and titles) along with their assigned responsibilities for your organization's transportation related activities. Please attach your organizational chart.

APPLICANT RESPONSE:

2. Please give a detailed description of your organization's fiscal capabilities in such financial management areas as budgeting, forecasting, cash management, cost allocation, and fiscal analysis.

APPLICANT RESPONSE:

3. Please give a detailed description of your organization's managerial capabilities in such matters as human resources (i.e., development of personnel policies, employee supervision), operations (i.e., transit service policies, customer service), and grants management (i.e., procurement processes).

APPLICANT RESPONSE:

4. Please describe the management steps your organization has taken to minimize transportation-related costs during the past twelve months.

APPLICANT RESPONSE:

5. Please give a description of your organization's legal capabilities.

APPLICANT RESPONSE:

6. Please give a description of your organization's jurisdiction.

APPLICANT RESPONSE:

7. Please describe your organization's hiring practices for drivers. Please explain the steps (i.e., reviewing application, conducting background check(s), interview(s), and training) involved in the process.

APPLICANT RESPONSE:

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8. Please describe the process (steps) that your organization follows in order to monitor, evaluate, and improve aspects of your organization's transportation program. Please include efforts (i.e., advisory groups, monthly meetings, public hearings) made by organizational personnel to inform its board members and the general public of this process.

APPLICANT RESPONSE:

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9. Please list, in the table below, all training your organization’s employees (i.e., administrative staff, drivers, supervisors) have received during the last three (3) years (January 2013 through December 2015). Please list the dates and locations of these workshops, conferences, and seminars attended along with the names of the employees that attended.

	Type of Training (i.e., workshop, conference, seminar)	Date(s)	Location	Employee Name	Employee Title (i.e., general manager, bus driver)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
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28					
29					
30					

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10. Training and educational programs are vital components in an organization’s ability to administer its transportation services to the general public. It is imperative that an organization take a proactive approach in continually identifying, promoting, and developing its employees’ skills.

Please list, in the table below, the types of training courses, workshops, conferences, and seminars that your organization’s employees anticipate to attend in the next four (4) fiscal years (July 2016 through June 2020). Also, please indicate whether the training will be a refresher course for the employee attending.

	Type of Training (i.e., workshop, conference, seminar)	Targeted Audience (i.e., administrative staff, bus drivers, dispatcher)	Estimated cost (\$)	Refresher Course
1			\$	<input type="checkbox"/>
2			\$	<input type="checkbox"/>
3			\$	<input type="checkbox"/>
4			\$	<input type="checkbox"/>
5			\$	<input type="checkbox"/>
6			\$	<input type="checkbox"/>
7			\$	<input type="checkbox"/>
8			\$	<input type="checkbox"/>
9			\$	<input type="checkbox"/>
10			\$	<input type="checkbox"/>
11			\$	<input type="checkbox"/>
12			\$	<input type="checkbox"/>
13			\$	<input type="checkbox"/>
14			\$	<input type="checkbox"/>
15			\$	<input type="checkbox"/>
16			\$	<input type="checkbox"/>

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17			\$	<input type="checkbox"/>
18			\$	<input type="checkbox"/>
19			\$	<input type="checkbox"/>
20			\$	<input type="checkbox"/>
21			\$	<input type="checkbox"/>
22			\$	<input type="checkbox"/>
23			\$	<input type="checkbox"/>
24			\$	<input type="checkbox"/>
25			\$	<input type="checkbox"/>
26			\$	<input type="checkbox"/>
27			\$	<input type="checkbox"/>
28			\$	<input type="checkbox"/>
29			\$	<input type="checkbox"/>
30			\$	<input type="checkbox"/>

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3.0 | DESCRIPTION OF TRANSPORTATION SERVICES

1. Please give a description of all the transportation services¹ (i.e., fixed route, shuttle, dial-a-ride) by program (i.e., Section 5311, Job Access and Reverse Commute) your organization currently provides to the general public.

Route Designation (Name) Origin/Destination	Type of Service (e.g. Fixed, ADA)	Program (e.g. 5311, MGP, Job Access)	Days	Hours	Provider (In-House or Third Party Contractor Name)

¹ Please note Section 5311 funded transportation services must be open and available to the general public at all times on a regular and continuing basis and have publicly advertised and posted service hours.

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2. Please list the name, address and contact information for any third party contractors providing transit services on your organization's behalf indicating the type of contract in place.

	Third Party Contractor 1	Third Party Contractor 2	Third Party Contractor 3
Name			
Address			
Website			
Contact Person			
Email			
Phone			
Fax			
Type of Contract			

3. Please complete the following tables showing your organization's current fare structure.

One Trip Ticket						
	Fixed Route	Deviated Fixed Route	Off Route	Dial-A-Ride	Other (please specify)	Other (please specify)
Service Description ¹						
Regular						

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Senior						
Student						
ADA						
Other (please specify)						
Other (please specify)						
Transfers provided (Y/N)						

Passes - Please specify the type of passes (e.g. 10-trip, daily, monthly, etc.)						
	Fixed Route	Deviated Fixed Route	Off Route	Dial-A-Ride	Other (please specify)	Other (please specify)
Service Description ¹						
Regular						
Senior						
Student						

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ADA						
Other (please specify)						
Other (please specify)						

¹Insert the name of actual service (route)
 If you do not provide a specific fare type listed above, please enter N/A (do not leave blank)

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4. Please complete the following table(s) showing your organization's annual operating statistics (i.e., expenses, revenues, passengers) for each of the projects (services) subsidized with Section 5311 funds covering the period of State Fiscal Year (SFY) 2014 through SFY 2016 (July 1, 2013 through June 30, 2016).

Transit Service 1 - Description			
	SFY 2014 (post audit)	SFY 2015 (post audit)	SFY 2016 (projections)
EXPENSES			
Operation	\$	\$	\$
Administration	\$	\$	\$
TOTAL	\$	\$	\$
REVENUES			
Farebox	\$	\$	\$
Other	\$	\$	\$
TOTAL	\$	\$	\$
DEFICIT			
TOTAL	\$	\$	\$
Federal Share	\$	\$	\$
State Share	\$	\$	\$
Local Share	\$	\$	\$
TOTAL	\$	\$	\$
Linked Passengers			
Transfers			
Unlinked Passengers			
Miles			
Hours			
Days of Operation			

Transit Service 2 - Description			
	SFY 2014 (post audit)	SFY 2015 (post audit)	SFY 2016 (projections)
EXPENSES			
Operation	\$	\$	\$
Administration	\$	\$	\$
TOTAL	\$	\$	\$
REVENUES			
Farebox	\$	\$	\$
Other	\$	\$	\$
TOTAL	\$	\$	\$
DEFICIT			
TOTAL	\$	\$	\$
Federal Share	\$	\$	\$

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State Share	\$	\$	\$
Local Share	\$	\$	\$
TOTAL	\$	\$	\$
Linked Passengers			
Transfers			
Unlinked Passengers			
Miles			
Hours			
Days of Operation			

Transit Service 3 - Description			
	SFY 2014 (post audit)	SFY 2015 (post audit)	SFY 2016 (projections)
EXPENSES			
Operation	\$	\$	\$
Administration	\$	\$	\$
TOTAL	\$	\$	\$
REVENUES			
Farebox	\$	\$	\$
Other	\$	\$	\$
TOTAL	\$	\$	\$
DEFICIT			
TOTAL	\$	\$	\$
Federal Share	\$	\$	\$
State Share	\$	\$	\$
Local Share	\$	\$	\$
TOTAL	\$	\$	\$
Linked Passengers			
Transfers			
Unlinked Passengers			
Miles			
Hours			
Days of Operation			

Transit Service 4 - Description			
	SFY 2014 (post audit)	SFY 2015 (post audit)	SFY 2016 (projections)
EXPENSES			
Operation	\$	\$	\$
Administration	\$	\$	\$
TOTAL	\$	\$	\$

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REVENUES			
Farebox	\$	\$	\$
Other	\$	\$	\$
TOTAL	\$	\$	\$
DEFICIT			
TOTAL	\$	\$	\$
Federal Share	\$	\$	\$
State Share	\$	\$	\$
Local Share	\$	\$	\$
TOTAL	\$	\$	\$
Linked Passengers			
Transfers			
Unlinked Passengers			
Miles			
Hours			
Days of Operation			

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5. Please complete the following table showing your organization’s current vehicle fleet inventory. Please include all types of vehicles (i.e., bus, supervisory, truck) in your fleet.

	Vehicle Model	VIN (last 5 digits)	Year	Passenger Capacity	Service Type (i.e., fixed route, paratransit)	Vehicle Use (i.e., peak, spare)	Current Mileage	Replacement Schedule (year)
1								
2								
3								
4								
5								
6								
7								
8								
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10								
11								
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13								
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28								

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29								
30								
31								
32								
33								
34								
35								

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6. Please describe the personnel and activities (i.e., meetings) involved in your organization’s attempts to maintain its transit vehicles. Please summarize your organization’s preventative maintenance plan.

APPLICANT RESPONSE:	
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4.0 | DESCRIPTION OF SERVICE AREA

1. Please list all the towns in the geographical service area including the population total(s) in which your organization provides public transportation.

	Town	Population
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
	Source of above information ->	

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2. Please describe the characteristics of your service area which might have an impact on the necessity of providing public transportation (e.g., population, terrain, tourism, economy and/or business climate, etc.).

APPLICANT RESPONSE:	
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3. Please provide the percentage of population served in your service area.

Population Type	Service Area Population		Transit Service Users	
	Total	%	Total	%
Minorities				
Low Income				
Elderly and Disabled				
Source of above information ->				

*Minority - Black/African American, Hispanic, Asian, Native American, other.

5.0 | TITLE VI

1. Please describe your understanding of Title VI of the Civil Rights Act of 1964 as it pertains to your organization providing public transportation.

APPLICANT RESPONSE:	
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2. Who would be responsible for coordinating and ensuring that future Title VI Program requirements, Equal Employment Opportunity (EEO) requirements and Disadvantaged Business Enterprise Program (DBE) requirements are fulfilled by your organization?

APPLICANT RESPONSE:	
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3. Does your organization have a Title VI Plan in place which includes the following documents;

- a) Title VI Policy Statement?

APPLICANT RESPONSE:	
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- b) Limited English Proficiency (LEP) Plan?

APPLICANT RESPONSE:	
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4. What steps has your organization taken to ensure meaningful access to the benefits, services, information, and other important portions of your programs and activities for individuals who are limited English proficient?

APPLICANT RESPONSE:

5. How does your organization notify the public of their rights under Title VI?

APPLICANT RESPONSE:

6. How does your organization identify, investigate and track Title VI complaints?

APPLICANT RESPONSE:

7. Do these procedures afford the public due process for resolving complaints?

APPLICANT RESPONSE:

8. Please describe how the transportation services currently provided by your organization meet the needs of the Elderly and Disabled, Minorities, and Low Income Individuals?

APPLICANT RESPONSE:

9. Please provide a concise description of any lawsuits or complaints alleging discrimination in service delivery filed against your organization within the past three (3) years (January 2013 through December 2015) and describe the status or outcome of each lawsuit or complaint.

APPLICANT RESPONSE:

10. Please describe the process (steps) that your organization follows in order to evaluate the impact of (1) proposed major service changes and (2) proposed fare changes on minority and low-income populations. Please specify what your organization considers a "major service change."

APPLICANT RESPONSE:

11. Please describe what service monitoring activities are undertaken by your organization to compare the level and quality of service provided to predominantly minority areas with service provided in other areas to ensure so that the end result of policies and decision making is equitable service. Please explain how often these activities are conducted by your organization.

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APPLICANT RESPONSE:

6.0 | JUSTIFICATION

1. Please provide an explanation supporting your organization's request for funding. Please explain why these services including any capital funding and/or technical assistance are necessary.

APPLICANT RESPONSE:

2. Please describe the benefits that the public would receive from the transportation services your organization would provide in the next four (4) fiscal years (July 1, 2016 through June 30, 2020).

APPLICANT RESPONSE:

7.0 | FOUR (4) YEAR BUDGET

1. For Operating Assistance please complete the Operating Budget Form ([Attachment E](#)) for each project (service) in which your organization is seeking Section 5311 operating funds during the period of July 1, 2016 through June 30, 2020.

Please provide the breakdown of local subsidies (i.e., towns, in-kind, Title III) for each of the transit services to be received by your organization in SFY 2017. The total amount should be reflected in the Operating Budget Form ([Attachment E](#)) in the Local Subsidy line item under the "Subsidies" section.

APPLICANT RESPONSE:

2. For Capital Assistance please complete the Federal Assistance Form 424 ([Attachment F](#)) and Capital Project Description Sheets ([Attachment G](#)) for each year in which your organization is seeking capital funds during the period of July 1, 2016 through June 30, 2020.

8.0 | PUBLIC NOTIFICATION PROCESS

Public Involvement - A public notice notifying the general public of the applicant's intent to apply for federal assistance under the Section 5311 program must be issued. An applicant is required to publish a public notice at least fifteen (15) days prior to the date of the public hearing regarding its application, and it should be published in a newspaper of general circulation in the geographic area the project will serve². To assist the applicant in completing this task, a sample Public Notice ([Attachment A](#)) is included in this application. Copy(ies) of the public notice, minutes of

² FTA Circular 9040.1F, Chapter X, Page X-2, Paragraph 4 (Public Hearing Requirements)

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the public hearing, and any comments received from the public must be included in this application.

Private Enterprise Involvement - All private transportation providers (private, public, for profit and non-profit) in the applicant's service area must be notified of the applicant's intent to apply for federal assistance under the Section 5311 program. To assist the applicant in completing this task, a sample Notification Letter ([Attachment B](#)) is included in this application. The notification letter(s) must be prepared on the applicant's letterhead and sent by certified mail.

All transit providers must be given thirty (30) calendar days to respond. Copies of your letters, certified mail receipts, and all comments received from other providers as a result of the letters must be included in this application. Please be aware that any conflicts arising between the applicant and another transit operator in the service area as a result of the applicant's grant request must be addressed.

9.0 | COORDINATION

1. Please describe your organization's efforts during the last three (3) years (January 2013 through December 2015) to coordinate its system with other public and private transportation providers and users, including social service agencies capable of purchasing service. Identify the providers and social agencies your organization initiated coordination with, describe their response and the type of agreement (written/oral) and explain general provisions contained in each agreement such as service area, ridership, etc. If your organization did not initiate any coordination activities please provide justification.

APPLICANT RESPONSE:	

2. Has your organization been approached by any other public or private non-profit agencies during the last three (3) years (January 2013 through December 2015) to coordinate services? If so, please describe the coordination request(s) and your organization's response(s).

APPLICANT RESPONSE:	

10.0 | PRIVATE ENTERPRISE INVOLVEMENT

1. Describe the existing private mass transportation companies (e.g. Intercity Bus Companies, charter and taxi companies) in the service area covered by your services. If the project to be funded by Section 5311 provides service in competition with, or supplementary to, service provided by an existing mass transportation company, the description must outline how the financially assisted service is essential and how the recipient, to the maximum extent feasible, provides for the participation of the private mass transportation companies. This description should include efforts made to include private transportation providers and other forms of private enterprise in the mass transit program.

APPLICANT RESPONSE:	

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11.0 | MARKETING

1. An organization must demonstrate that its service(s) has/have been marketed as a public transportation service (e.g. vehicles operated by your organization must be open to the general public at all times and be clearly marked for public use). Marketing may include but is not limited to the use of schedules, social media, newspaper and web ads, radio spots, and notices at area town offices.

Please describe all marketing efforts during the last three (3) years (January 2013 through December 2015) showing how your organization has made its transportation services known and available to the general public. Please cite dates of public notices, radio and television interviews/ads, public speaking engagements, frequency of newspaper articles/advertisements, public service announcements made, etc. Please include locations of flyers that were placed making the general public aware of these services. Please also include efforts made by your organization to market its services to disabled and Limited English Proficiency (LEP) individuals. Please include samples.

APPLICANT RESPONSE:	
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2. Please describe any customer surveys conducted by your organization during the last three (3) years (January 2013 through December 2015). Please describe the results and attach samples of these surveys.

APPLICANT RESPONSE:	
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12.0 | AUTHORIZING RESOLUTION

Authorizing Resolution - An original signed authorizing resolution by the applicant's Board of Directors (Selectman) authorizing the Chairman (or other designated signatory) to file an application on behalf of the applicant must be attached to your completed application. To assist the applicant in completing this task, a sample Authorizing Resolution ([Attachment C](#)) is included in this application. The authorizing resolution must be prepared on the applicant's letterhead.

13.0 | OPINION OF COUNSEL

Opinion of Counsel - An Opinion of Counsel establishes the legal eligibility of your organization: a) to apply for and receive a Federal grant, and b) to execute the project. It should be up-to-date and contain a certification by an attorney that there is no pending or threatened litigation or other action which might adversely affect the execution of the proposed project and that there is no legal impediment to the responsible official making application for assistance. To assist the applicant in completing this task, a sample Opinion of Counsel ([Attachment D](#)) is included in this application.

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SAMPLE

Attachment A

PUBLIC NOTICE

Notice is hereby given that the Applicant intends to apply for a federal grant for operating, administrative, capital, and/or technical assistance to provide Rural Public Transportation for fiscal years 2017 - 2020. The application for federal assistance is pursuant to the Federal Transit Administration (FTA) Section 5311 Nonurbanized Area Formula Program and will be submitted to the Connecticut Department of Transportation (CTDOT).

The Applicant will hold a public hearing on the proposed grant application on Public Hearing Date at Time, Location Address. During the public hearing the public may express their views relative to the application.

A copy of the application is available for viewing at the Applicant office. Written comments regarding this application must be sent by Due Date (no later than fifteen (15) days after the Public Hearing Date) to Applicant Contact Person, Applicant Address. The Applicant may also be contacted by calling Applicant Phone Number or sending an E-mail to Applicant E-mail Address. Comments received will be considered by Applicant for inclusion in the final application submittal to CTDOT.

This hearing is accessible to persons with disabilities. Deaf or hearing impaired persons or individuals with speaking a language other than English, wishing to attend this hearing and requiring an interpreter may make arrangements by contacting the Applicant at Applicant Phone Number (VOICE ONLY), or TTY Phone Number (TTY), or via E-mail Applicant E-mail address at least five (5) days prior to the hearing.

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SAMPLE

Attachment B

NOTIFICATION LETTER

Date

Name and
Address of Transit Provider

Dear Transit Provider:

The Applicant intends to apply for a federal grant for operating, administrative, capital, and/or technical assistance to provide Rural Public Transportation for fiscal years 2017 - 2020. The application for federal assistance is pursuant to the Federal Transit Administration (FTA) Section 5311 Nonurbanized Area Formula Program and will be submitted to the Connecticut Department of Transportation (CTDOT).

Applicant provides rural public transportation for the towns of (list of all towns served). We operate list days of operation and offer the following services to the general public: list all types of service provided.

To ensure that our services coordinate with the services that may be provided by your company in our region, Applicant will hold a public hearing on the proposed grant application on Public Hearing Date at Time, Location Address. Written comments regarding the application must be sent by Due Date (no later than fifteen (15) days after the Public Hearing Date) to Applicant Contact Person, Applicant Address.

If you would like a copy of the application or have any comments, please contact me at Applicant Phone Number or Applicant E-mail Address.

Sincerely,

Signature of Applicant Contact Person
Title

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SAMPLE

Attachment C

AUTHORIZING RESOLUTION

I, Name of Applicant Officer, Title, of the Applicant, do hereby certify that the following is a true and correct copy of a resolution adopted at a legally convened meeting of the Applicant held on the _____ day of Month 2016, a quorum being present:

NOW, THEREFORE, BE IT RESOLVED, that Name of Applicant's Authorized Signatory, Title, is authorized to act on behalf of the Applicant, in filing an application with the Connecticut Department of Transportation under the Federal Transit Administration (FTA) Section 5311 Nonurbanized Area Formula Program **and** negotiating and executing agreements/contracts, and all appropriate and necessary contractual instruments for the aid in the financing of operating, administrative, capital and/or technical assistance projects with the Connecticut Department of Transportation.

I further certify that the above noted resolution has not been in anyway altered, amended or repealed, and is now in full force and effect.

IN WITNESS WHEREOF, I have set my hand and affixed the Applicant's seal (if available) on the _____ day of Month 2016.

Applicant

Signature of Applicant Officer

STAMP OF APPLICANT SEAL

Name of Applicant Officer, Title

City, Connecticut

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SAMPLE

Attachment D

OPINION OF COUNSEL

Date

Name and
Address of Applicant

Dear Ms. Juskowiak:

This communication will serve as the requisite opinion of counsel to be filed with the Connecticut Department of Transportation in connection with applications of (Applicant) for financial assistance pursuant to the provisions of Section 5311 Program. The legal authority for (Applicant) ability to carry out financial projects directly, by lease, contract, or otherwise is set forth below:

1. (Applicant) is authorized under (cite and quote from legal authority) to provide and assist public transportation by acquisition, construction, and operation of existing or additional transit facilities. This assistance may be provided directly by (Applicant) or by lease agreements with other parties.
2. The authority of (Applicant) to provide for its share of project funds is set forth in (city source and provide a copy of, for example, local ordinance passed by City Council making local funds available for the Section 5311 projects). NOTE If the applicant is not providing local share, a description of the anticipated sources (s) of local funding should be provided).
3. I have reviewed the pertinent federal, state, and local laws, and I am of the opinion that there is no legal impediment to your making for Section 5311 financial assistance. Furthermore, as a result of my examinations, I find that there is no pending or threatened litigation which might in any way adversely affect the proposed projects, or the ability of (Applicant) to carry out such projects.

Sincerely,

Signature of Legal Counsel

Title

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Attachment E - Four (4) Year Operating Budget Form



Four (4) Year
Operating Budget Form

Attachment F - Federal Assistance Forms 424



SFY 2017 Federal



SFY 2018 Federal



SFY 2019 Federal



SFY 2020 Federal

Assistance Form 424. Assistance Form 424. Assistance Form 424. Assistance Form 424.

Attachment G - Capital Project Description Sheets



Capital Project 1 -
Description Sheet.doc



Capital Project 2 -
Description Sheet.doc



Capital Project 3 -
Description Sheet.doc



Capital Project 4 -
Description Sheet.doc



Capital Project 5 -
Description Sheet.doc



Capital Project 6 -
Description Sheet.doc



Capital Project 7 -
Description Sheet.doc



Capital Project 8 -
Description Sheet.doc



Capital Project 9 -
Description Sheet.doc



Capital Project 10 -
Description Sheet.doc

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CHECKLIST

Section	Description	Completed	Documentation	Attached
1.0	APPLICANT INFORMATION	<input type="checkbox"/>		
2.0	DESCRIPTION OF ORGANIZATION	<input type="checkbox"/>	Organizational Chart	<input type="checkbox"/>
3.0	DESCRIPTION OF TRANSPORTATION SERVICES	<input type="checkbox"/>	Full Set of Bus Schedules	<input type="checkbox"/>
4.0	DESCRIPTION OF SERVICE AREA	<input type="checkbox"/>		
5.0	TITLE VI	<input type="checkbox"/>		
6.0	JUSTIFICATION	<input type="checkbox"/>		
7.0	FOUR (4) YEAR BUDGET	<input type="checkbox"/>	Four (4) Year Operating Budget Forms	<input type="checkbox"/>
			Federal Assistance Forms 424 (Original Signature)	<input type="checkbox"/>
			Capital Project Description Sheets	<input type="checkbox"/>
8.0	PUBLIC NOTIFICATION PROCESS	<input type="checkbox"/>	Public Notices	<input type="checkbox"/>
			Notification Letters	<input type="checkbox"/>
			Certified Mail Receipts	<input type="checkbox"/>
			Minutes of Public Hearing	<input type="checkbox"/>
			Written Comments/E-mails	<input type="checkbox"/>
9.0	COORDINATION	<input type="checkbox"/>		
10.0	PRIVATE ENTERPRISE INVOLVEMENT	<input type="checkbox"/>		
11.0	MARKETING	<input type="checkbox"/>	Surveys	<input type="checkbox"/>
12.0	AUTHORIZING RESOLUTION	<input type="checkbox"/>	Authorizing Resolution (Original Signature)	<input type="checkbox"/>
13.0	OPINION OF COUNSEL	<input type="checkbox"/>	Opinion of Counsel (Original Signature)	<input type="checkbox"/>

 Signature of Authorized Applicant Representative

 Date