Memorandum

TO: Human Services and Transit Providers

FROM: Reginald Simmons, Deputy Executive Director / Transportation Director

DATE: March 13, 2018

SUBJECT: **Section 5310 Call for Projects**

The Central Midlands Council of Governments (CMCOG), as the designated recipient for the Large Urban Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities Program funds in the Columbia Metropolitan Region, is announcing a call for projects. Project proposals are now being accepted for funding consideration through the Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities Program. This Federal Transit Administration Program provides funding for transit related services that assist targeted population groups. This call for projects extends to any transit provider within the Census Designated Urbanized Area, which includes portions of Richland, Lexington Newberry, Fairfield, Calhoun, and Kershaw Counties (See urbanized area map in the application package). The following organizations are eligible to submit a proposal:

- Private nonprofit organizations;
- Governmental authorities that certify to the Governor of South Carolina that no non-profit corporations or associations are readily available in an area to provide the service; and
- Governmental authorities approved by the state to coordinate services for Enhanced Mobility of Seniors and Individuals with Disabilities Program.

The available FY 2016 funds are $414,518. This program requires a 50% matching requirement for operating costs and a 20% matching requirement for capital costs. The application package, as well as details concerning specific requirements and allowable activities can be found on our website at www.centralmidlands.org.

Letter of Intent Deadline (Part 1): April 5, 2018
Original Letter to CMCOG

Full Application Deadline (Part 2): April 19, 2018

This call for projects applies to Section 5310 applications for the metropolitan area only. For more information on the Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities Program within the rural area, please contact Johnny Mmanuike (737-0831), at the South Carolina Department of Transportation Office of Public Transit.

Please note to all transit providers within the CMCOG region, ***if you are not yet familiar with the Central Midlands Human Services Transportation Coordination Plan,*** *please download this plan from our website.*

If you have any questions or need additional information, please contact Reginald Simmons at 803-744-5133 or send an email to rsimmons@centralmidlands.org. Thank you for your interest in this matter.

E:\Section 5310 PMP\Call for Projects 2016\Call for Projects FY 2016.doc

COATS MPO ENHANCED MOBILITY OF SENIORS AND INDIVIDUALS WITH DISABILITIES PROGRAM

SECTION 5310 APPLICATION

The Central Midlands Council of Governments (CMCOG) is pleased to announce the Federal Fiscal Year (FFY) 2018–2019 Section 5310 (Enhanced Mobility of Seniors and Individuals with Disabilities Program) Call for Projects.

Large Urban Section 5310

Enhanced Mobility of Seniors and Individuals with Disabilities Program

(Federal Funding Fiscal Year 2016)

Application Form

Federal Fiscal Year 2018-2019

Name of Applicant:_____

Amount Requested: **$**_____

Type of Request:_____

Capital

(Purchase of Service or Vehicle)

County Where Service to be Provided_____

Agency DUNS Number:_____

Return To: Attention: Reginald Simmons

Central Midlands Council of Governments

236 Stoneridge Drive

Columbia, South Carolina 29212

803-744-5133

www.centralmidlands.org

Letter of Intent Deadline: April 5, 2018 @ 2 p.m.

Full Application Deadline: April 19, 2018 @ 2 p.m.

INTRODUCTION

The Central Midlands Council of Governments (CMCOG) is pleased to announce the Fiscal Year (FY) 2018–2019 Section 5310 (Enhanced Mobility of Seniors and Individuals with Disabilities Program) Call for Projects. In order to improve the application and contracting timeline and process, ***the application is in two parts.***

1. ***A mandatory Letter of Intent (part 1) is required from all agencies submitting an application and is due no later than April 5, 2018.***

2. ***The full Application (part 2) is due no later than April 19, 2018 and should support the information included in the Letter of Intent.***

Your agency will not be considered for funding if you do not submit the Letter of Intent because the funds will already be committed.

This Program Announcement utilizes the Federal Transit Administration's (FTA) Federal Fiscal Year (FFY) 2016 funding authorized under the Fixing America's Surface Transportation (FAST) Act and as appropriated by the United States Congress. This Announcement reflects federal funding based on the full apportionment for FFY 2016 funding levels as published by FTA, less allowable program administration. The amounts shown below will support Enhanced Mobility of Seniors and Individuals with Disabilities Program, and will be allocated for new and existing transit related projects in the Columbia Urbanized Area:

FFY 2016: $414,518

AUTHORITY FOR THE PROGRAM

The Governor of South Carolina has designated the Central Midlands Council of Governments, as the designated recipient for the Large Urban Section 5310 Federal Transit Administration (FTA) funds in the Columbia Urbanized Area, to administer in accordance with state and federal laws, statutes, and regulations. As it relates to the Enhanced Mobility of Seniors and Individuals with Disabilities Program; CMCOG is responsible for administering the Large Urban apportionments. The rural and small urbanized areas are administered through the South Carolina Department of Transportation

This program is authorized under the provisions set forth in the Fixing America's Surface Transportation (FAST) Act. The FAST-Act continues the consolidation of Section 5310 and Section 5317 programs as previously defined by MAP-21 and the same 55/45 rules apply.

PROGRAM OBJECTIVES

The Enhanced Mobility of Seniors and Individuals with Disabilities Program provides funds to:

- Serve the special needs of transit-dependent populations beyond traditional public transportation service, where public transportation is insufficient, inappropriate, or unavailable.
- Projects that exceed the requirement of the Americans with Disabilities Act (ADA)
- Projects that improve access to fixed route service and decrease reliance on complementary paratransit and
- Projects that are alternatives to public transportation
- Program has expanded eligibility provisions to include operating expenses

CMCOG's Eligible Expenses Capital, for transportation services that address the needs of seniors and individuals with disabilities. 55 percent of the funds available for this program must be used for projects planned, designed and carried out to meet the special needs of seniors and individuals with disabilities when public transportation is insufficient, inappropriate, or unavailable, typically carried out by non-profit agencies. The 55 percent is the minimum percentage that may be allocated for such project.

CMCOG may utilize more or all of the Section 5310 funds for these types of projects. Remaining funds may be used for:

- Public transportation projects that exceed the requirements of the Americans with Disabilities Act (ADA)
- Public transportation projects that improve access to fixed route service and decrease reliance by individuals with disabilities on complementary paratransit or
- Alternatives to public transportation that assist and individuals with disabilities.
- The acquisition of public transportation services (Purchase of Service – POS) and vehicles remain eligible capital expenses.

ELIGIBLE APPLICANTS

There are three categories of eligible subrecipients of Section 5310 Program funds:

1. Private non-profit organizations. A non-profit organization is a corporation or association determined by the U. S. Department of Treasury to be an organization described by 26 U.S.C. 501(c) which is exempt from taxation under 26 U.S.C. 501(a) or one which has been determined under state law to be non-profit and for which the designated state agency has received documentation certifying the status of the non-profit organization;
2. Governmental authorities that certify to the Governor of South Carolina that no non-profit corporations or associations are readily available in an area to provide the service; and
3. Governmental authorities approved by the state to coordinate services for Enhanced Mobility of Seniors and Individuals with Disabilities Program.

Local governmental authorities eligible to apply for Section 5310 Program funds, as coordinators of services for Enhanced Mobility of Seniors and Individuals with Disabilities, are those designated by the state to coordinate human service activities in a particular area. Examples of such eligible governmental authorities are area agencies for aging or public transit providers, which the state has identified as lead agencies to coordinate transportation services funded by multiple federal or state human service programs.

FEDERAL/LOCAL MATCH REQUIREMENTS

The matching requirements remain the same; capital assistance is provided on an 80 percent federal share, 20 percent local share. Operating assistance is provided on a 50 percent federal share, 50 percent local share. MAP-21 eliminated the provision for the sliding scale match under FHWA programs to be used in this program. Funds provided under other federal programs (other than those of the Department of Transportation, with the exception of the Federal Lands Transportation Program and Tribal Transportation Program established by Sections 202 and 203 of title 23 U,S,C.) may be used for local match for funds provided under Section 5310, and revenue from service contracts may be used as local match. Please list the name of the matching source.

PROJECT SELECTION CRITERIA AND PROCESS

CMCOG shall prioritize the applications based on: a) the standards set forth within the Regional Coordination Plan; b) the percentage of elderly and disabled individuals served; and c) the following Section 5310 Program criteria approved on October 18, 2007, by the SCDOT Commission.

SELECTION CRITERIA

Description of Project	Evaluation Criteria
1. Statement of Need and Organizational Capacity (20 Points)	
• Describe the unmet transportation need that the proposed project seeks to address. Relate this to the Coordination Plan. • Describe the specific population this project will serve. As appropriate, add tables, charts, maps and data to support this project. Will the project also help meet transportation needs outside this population? (Explain how) • Estimate the number of people within the target population the project will serve and briefly describe the rationale for the projection – total number of individuals to be served and average number of one-way trips provided (if applicable) per month. If this is building upon an existing service, provide the current number of passenger trips served.	• Does the project address a recognized need in the community? • What unmet need(s) are identified in relation to the regional Coordinated Public Transit-Human Services Transportation Plan? • Which strategy(ies) does the project focus on from the Plan? • Does the project increase or enhance availability of transportation of the targeted population? • Does the project help meet transportation needs outside this population?
2. Project Budget and Cost Effectiveness (20 Points)	
• Provide a budget for the proposed project. Clearly indicate all funding sources, especially the local share for the project. • Provide evidence of financial capability and the stability of the local share. • Identify reasonable sources for on-going funding – clearly indicate all funding sources if there is more than one.	• Was a clearly defined budget submitted for each of the proposed projects? • Does the project budget list the source(s) of local share? Is the local share stable? • Does the applicant report a long-term commitment to the project to continue the effort beyond the availability of the requested grant resources?
3. Coordination and Program Outreach (20 Points)	
• Coordination among agencies is very important, describe how the project will be coordinated with other social service programs and/or transit providers in the area. This could include: ➢ Share vehicles with other agencies; ➢ Share dispatching or scheduling duties; ➢ Share in maintenance costs; ➢ Coordinate client trips; ➢ Coordinate staff training programs; ➢ Other strategies. • Were private sector providers included in developing the project? If so, how? • In addition to the Coordinated Public Transit-Human Services Transportation Plan, provide ways which will continue to involve key stakeholders on a consistent basis.	• What coordination efforts did the project employ? (More points should be awarded for multiple shared activities – program planning, operations, communications and/or planning) • Does the project involve multiple partners? (More points awarded for greater partnership) • Was private sector involvement explored? • Does the project indicate how stakeholders will be involved throughout the project?

Description of Project	**Evaluation Criteria**
4. Implementation Plan (20 Points)	
• Provide an operational plan for providing service. Include time tables and route maps (if applicable) showing the service coverage from the project. • Provide a description on how the agency intends to implement the project – describe process. Include a timeline for project implementation. • Explain how the project relates to other services or programs provided by the agency and demonstrate how it can be achieved within the agency's technical ability. • Description on how the agency will market the project to the target population and promote public awareness of the program.	• Does the operational plan correspond with the project goals/objectives? • Does the implementation plan seem feasible? • Does the timeline seem feasible?
5. Customer Service and Accessibility (20 Points)	
• Provide the number of years the applicant has provided services for its targeted clientele (elderly, low-income populations, and/or individuals with disabilities). • Provide information on the number of personnel – existing drivers and administrative staff to support the project. Will the agency hire additional personnel to support the project? • List the training courses and the drivers who have completed these courses. • Describe the agency's vehicle maintenance program (if applicable), addressing the following: ➢ Pre-trip inspections ➢ Preventive maintenance ➢ Routine maintenance ➢ Contingency plan for when equipment is out of service	• Does the applicant display sufficient experience in providing services for the targeted clientele? • Does the agency have adequate staff resources to handle the project? • If applicable, are drivers properly trained? • If applicable, does the agency display the ability to maintain vehicles?

Although each applicant may apply for funding for more than one project, it is possible that awards may be made for one proposed activity and not another. Furthermore, because of limited funds, project(s) may not be fully funded up to the dollar amount requested by the applicant. CMCOG may identify contingency projects (noted as alternates) that could be funded, should any competitively selected project be deleted from the program of projects or funds returned to the grant.

GRIEVANCE OR PROTEST PROCEDURES

The aggrieved agency shall submit a notice of complaint to CMCOG, in writing, within ten working days of notification of a funding decision.

CMCOG shall review the complaint and make a decision, in writing, within ten working days. Copies of all documents relating to material facts of the complaint shall be forwarded to FTA within ten working days of the resolution for filing.

If the aggrieved agency is not satisfied with the CMCOG's decision at the local level, the agency shall file a direct appeal to FTA, in writing, within ten working days of receiving the CMCOG's decision. CMCOG's Executive Director shall investigate the appeal and issue a written statement of finding within ten working days. This will complete the appeal process.

AWARD REQUIREMENTS

Applicants selected for funding under the Enhanced Mobility of Seniors and Individuals with Disabilities Program shall enter into an agreement with CMCOG. **No funds may be drawn down by successful applicants until a signed executed contractual agreement is in place and include. Purchase of Service or Vehicle procurement information must be approved by CMCOG prior to starting the service or ordering the vehicle.**

PUBLIC NOTICE/PUBLIC HEARING

Agencies applying for Section 5310 funds must provide an adequate opportunity for public review and comment on a proposed Section 5310 Purchase of Service or Vehicle Purchase project. Notice shall include a concise description of the proposed project and shall be published in a newspaper of general circulation in the geographic area the project will serve. A public hearing must be held only if requested of the applicant during the Public Notice period. A sample Public Notice is included in this document as Appendix B. If a public hearing is requested, minutes from that hearing must be included with the application for funding. **A copy of the official Public Notice is required and must be provided with the Certification and Assurances, if your project is selected.**

CERTIFICATIONS AND ASSURANCES/AUTHORIZING RESOLUTION

Subrecipients of Section 5310 Program funds are required to comply with all FTA requirements. Specifically, the applicant is required to sign FTA's "Certifications and Assurances" for the specific funding programs for which its organization is applying after receiving notification of award. An authorizing resolution between the governing body and CMCOG is also required following notification of award.

The "Certifications and Assurances" are based on federal and state requirements, and may not be altered in any way. Therefore, these documents shall be submitted by the applicant as originally signed in hardcopy only. In addition and where noted, the "Certifications and Assurances" must be signed and dated by the local attorney and the agency's authorized official.

Organizations unable to complete these certifications and assurances will not receive funding and should not apply for funding.

PRE-AWARD AND POST-DELIVERY REVIEWS

Successful applicants, who are eligible to acquire vehicles, are encouraged to purchase vehicles through the South Carolina State Contract following receipt of an executed subagreement and notice to proceed from CMCOG. CMCOG shall conduct a pre-award review of all vehicles purchased using federal funds, as well as an on-site, post-delivery review of all vehicles received. The review will include inspection of complete certifications, compliance with bid specifications, Buy America, and the Federal Motor Vehicle Safety Standards (FMVSS) requirements.

VEHICLE MAINTENANCE AND DISPOSAL

Successful applicants are required to certify that equipment purchased under the Section 5310 Program shall be used for transportation services-related activities only. In addition, subrecipients are required by CMCOG to have a comprehensive maintenance plan detailing the agency's maintenance procedures. All vehicles used for services beyond ADA must meet requirements set forth in the former Section 5317 circular.

At the end of a vehicle's useful life, Section 5310 Program subrecipients may dispose of the equipment, after notifying and receiving disposition instructions from CMCOG.

APPLICATION FOR FUNDING THE ENHANCED MOBILITY OF SENIORS AND INDIVIDUALS WITH DISABILITIES (SECTION 5310 PROGRAM)

Due to the volume of applicants, please make sure all information is submitted with the original application. No late applications will be accepted. Please review your application prior to submitting for consideration. **Certification & Assurances are required for all project awards. If your project is approved for funding, your Certification & Assurances are due to CMCOG no later than August 30, 2018. If your agency does not submit these documents by the due date, your funds may be cancelled and redistributed to an alternate project.**

APPLICATION
"Part One"

(Original due to CMCOG April 5, 2018)

To assist us with expediting the application review process. **We are requesting a mandatory Letter of Intent from ALL Section 5310 Applicants**. Part One, the Letter of Intent is due to CMCOG by **April 5, 2018**. Part Two, the complete application is due to CMCOG by 2 p.m. on **April 19, 2018**.

Letter of Intent

This document should advise CMCOG of your agency's intent to apply for Section 5310 Urban funds as applicable. If your agency intends to apply for multiple projects, you are required to send two separate letters of intent. The letters should include the following:

- Name of Agency
- Contact Person
  - Please include contact information
- Amount of Request
- Local Match
  - Statement regarding the agency's ability to provide the required local match
  - Type of Match (County, State DSN, OAA, etc.)
    - FTA now requires us to provide specific information regarding the type of match.
- Project Category
  - Capital
  - Operations

- Project Type
  - Purchase of Service
    - Approximate number being served
  - Purchase of Vehicle
    - 17 Passenger cut-a-way
    - 14 Passenger cut-a-way
    - ADA Mini-Van
    - Other _____
    - Expansion (Yes or No)
    - Replacement (Provide Information Below)
      - Vin Number _____
      - Make _____
      - Model _____
      - Mileage _____
      - SCDOT owned (Yes or No)

- Project Scope
  - 1-2 page detailed description of your project. Please list if this is an existing project or new service. The agency's mission should not be used as your project description. Example: The agency may serve over 200 individuals, but this specific project may only serve 12. You must also provide information related to the area the project serves (service boundary). This is determined by the origination of the client service, not the location of the agency. (Please see page 13 in official application for additional guidance.)

- Project Budget
  - Please use the budget form that's included in the main application.
  - You must also include a statement advising that your agency has the appropriate local match to cover the total project cost.

- Signature
  - Must be signed by the Executive Director

APPLICATION
"Part Two"

(Original due to CMCOG by April 19, 2018)

Please submit part two of the application in narrative proposal format. Each applicant must provide information for each area listed below. Please provide detailed, clear and concise information not exceeding 15 pages (this does not include the actual announcement pages). Information should be directly related to the Section 5310 project and how this project will enhance the proposed clients served. Do not forget to complete the front of the application including Agency name and other important information.

MPO: Columbia Area Transportation Study

Primary Service Area: Large Urban (Please review the Columbia Urbanized Area Map in Appendix C)

1. Agency Name:_____

Agency DUNS:_____

Required for All Applicants

Point of Contact:_____

Title:_____

Address:_____

City:_____

9-digit Zip Code:_____

Phone:_____

FAX:_____

E-mail:_____

Web Site Address (if any):_____

2. Agency Type:

_____Private Non-Profit (501(c)(3))

_____Public

_____Tribal Government or Community

_____Other Agency (Specify):

3. Applicant Status:

_____New Applicant

_____Continuing Applicant (List Contract Number_____)

4. This application contains funding requests for:

_____Purchase of Service (POS) $_____

_____Expansion Capital Equipment

• ADA Accessible Cut-A-Way $_____

• ADA Mini Van $_____

• Purpose Built $_____

_____Replacement Capital Equipment (Must Complete this information)

• ADA Accessible Cut-A-Way $_____

• ADA Mini Van $_____

• Purpose Built $_____

Please provide information regarding the vehicle that's being replaced

- Make of Vehicle:_____
- Model of Vehicle:_____
- VIN:_____
- Current Mileage:_____
- Who holds title to vehicle?_____

_____Mobility Management: $_____

Mobility Management is an innovative approach for managing and delivering coordinated transportation services to our customers. Mobility management focuses on meeting individual customer needs through a wide range of transportation options and service providers. It also focuses on coordinating these services and providers in order to achieve a more efficient transportation service delivery system. Mobility Management Services under Section 5310 must coordinate transportation services for older adults and individuals with disabilities. The project must serve more than one agency within the region and must be able to provide performance measures to include:

1. Number of Individuals served per invoice period (month);
2. Number of Individuals connected to a ride or transportation related services;
3. Summary of Project to include success of project

Eligibility: (Briefly describe the individuals the agency serves and whether they are elderly and or have disabilities). Please provide who the agency will be serving. This should not be the Project Scope. This information should be describe the type of clients your agency serves.

_____

_____

_____

_____

_____

_____

_____

Letter of Intent Deadline: April 5, 2018 @ 2 p.m.

Full Application Deadline: April 19, 2018 @ 2 p.m.

NARRATIVE REQUIREMENTS

Applicant Overview

- Provide specific information related to the agency.
- Its mission and how this request will impact the region to include service area.
- Add any information related to how this project(s) will meet the needs of the applicants clients.

Detailed Project Narrative/Scope

- Clearly define the project, including as much detail as possible.
- Identify the service area and type of services provided.
- Distinguish what portion of the service area is urban.
- Provide factors or data validating the number of clients served based on urban boundaries. These measures will assist with distribution of funds for each proposal and will also identify the number of clients being impacted by this funding source.
- If you serve multiple counties, please identify the type of services and number of clients to be served per county.
- If the county you are serving is outside our region, please state that in your application.

Project Budget

Please insert your budget including the local match amounts. **Please provide specific information regarding the actual source of the Local Match.** If you are requesting operations and capital, please show a break out of the overall project amount. A sample CMCOG budget is included. Please make sure to include the source of your match.

APPLICATION REQUIREMENTS

- **Submit (1) ORIGINAL and (2) COPIES** to Attention: Reginald Simmons, Deputy Executive Director/Transportation Director. That's a total of 3 documents.
- If the applicant is applying for a project outside of the region, it is the responsibility of the applicant to obtain a letter of approval from the benefiting COG advising of the project;
- The project must be included in the local Transportation Improvement Plan (TIP) and the SCDOT Statewide Transportation Improvement Program (STIP) prior to sub-agreement execution.
- Public Notice-This document is a federal requirement. If the notice has not been published at the time of submittal, please include proof of advertisement. A receipt or copy of submittal will suffice. Please send copy of original document with your Certification and Assurances. All agencies are required to fulfill this requirement.
- **A Hard copy of the application is required. Please do not send in electronic format because an original signature is required.**

LOCAL MATCH IDENTIFICATION FOR SECTION 5310 FUNDING

_____

(Legal Name of Applicant)

Requested Section 5310 Program Funding Amounts

Project	**Total Amount**	**Local Share**
Purchase of Service	**$ _____**	**$ _____ (20%)**
ADA Vehicle	**$ _____**	**$ _____ (20%)**
Operations	**$ _____**	**$ _____ (50%)**
TOTAL	**$ _____**	**$ _____**
	Total Funding Requests	Total Local Match Required

The Local Match for the Section 5310 Program funds will be available from the following sources:

Source of Funds

Name	**Amount**
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
TOTAL	**$ _____**

I, the undersigned representing *(legal name of agency)* _____ do hereby certify to the Central Midlands Council of Governments that the required local match for the FFY 2015 and FFY 2016 Section 5310 Program, which has a period of performance of July 1, 2018 – June 30, 2019, will be available by **October 1, 2018**.

_____

Name/Title of Authorized Official

_____ _____

Signature of Authorized Official **Date**

Instructions - Application for Federal Assistance **(**Form 424)

This is a standard form used by CMCOG to obtain and review comments on the application from other local agencies. Complete Form 424 as directed and send the original form to CMCOG.

OMB Number: 4040-0004
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424

* 1. Type of Submission:
- ☐ Preapplication
- ☐ Application
- ☐ Changed/Corrected Application

* 2. Type of Application:
- ☐ New
- ☐ Continuation
- ☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

* b. Employer/Taxpayer Identification Number (EIN/TIN):

* c. Organizational DUNS:

d. Address:

* Street1:

Street2:

* City:

County:

* State:

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code:

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

Title:

Organizational Affiliation:

* Telephone Number:

Fax Number:

* Email:

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

*** 15. Descriptive Title of Applicant's Project:**

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding ($):

* a. Federal

* b. Applicant

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☐ a. This application was made available to the State under the Executive Order 12372 Process for review on .

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Applicant Federal Debt Delinquency Explanation**

☐ Yes ☐ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

☐ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

Item:	Entry:
1.	**Type of Submission:** (Required): Select one type of submission in accordance with agency instructions. • Pre-application • Application • Changed/Corrected Application – If requested by the agency, check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this to submit changes after the closing date.
2.	**Type of Application: (**Required) Select one type of application in accordance with agency instructions. • New – An application that is being submitted to an agency for the first time. • Continuation -An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals. • Revision -Any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided. A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify)
3.	**Date Received:** Leave this field blank. This date will be assigned by the Federal agency.
4.	**Applicant Identifier:** Enter the entity identifier assigned buy the Federal agency, if any, or the applicant's control number if applicable.
5a.	**Federal Entity Identifier:** Enter the number assigned to your organization by the Federal Agency, if any.
5b.	**Federal Award Identifier:** For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award identifier number. If a changed/corrected application, enter the Federal Identifier in accordance with agency instructions.
6.	**Date Received by State:** Leave this field blank. This date will be assigned by the State, if applicable.
7.	**State Application Identifier:** Leave this field blank. This identifier will be assigned by the State, if applicable.
8.	**Applicant Information:** Enter the following in accordance with agency instructions: a. **Legal Name: (**Required): Enter the legal name of applicant that will undertake the assistance activity. This is that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website. b. **Employer/Taxpayer Number (EIN/TIN):** (Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your

	organization is not in the US, enter 44-4444444. c. **Organizational DUNS:** (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website. d. **Address:** Enter the complete address as follows: Street address (Line 1 required), City (Required), County, State (Required, if country is US), Province, Country (Required), Zip/Postal Code (Required, if country is US). e. **Organizational Unit:** Enter the name of the primary organizational unit (and department or division, (if applicable) that will undertake the assistance activity, if applicable. f. **Name and contact information of person to be contacted on matters involving this applicant required),** organizational affiliation (if affiliated with an organization other on: Enter the name (First and last name than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.
9.	**Type of Applicant**: (Required) Select up to three applicant type(s) in accordance with agency instructions. A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority M. Nonprofit N. Nonprofit O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify)
10.	**Name Of Federal Agency:** (Required) Enter the name of the Federal agency from which assistance is being requested with this application.
11.	**Catalog Of Federal Domestic Assistance Number/Title:** Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable.
12.	**Funding Opportunity Number/Title:** (Required) Enter the Funding Opportunity Number and

	title of the opportunity under which assistance is requested, as found in the program announcement.
13.	**Competition Identification Number/Title:** Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable. C. Increase Duration D. Decrease Duration E. Other (specify)
14.	**Areas Affected By Project:** List the areas or entities using the categories (e.g., cities, counties, states, etc.) specified in agency instructions. Use the continuation sheet to enter additional areas, if needed.
15.	**Descriptive Title of Applicant's Project:** (Required) Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For pre-applications, attach a summary description of the project.
16.	**Congressional Districts Of:** (Required) 16a. Enter the applicant's Congressional District, and 16b. Enter all District(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5th district, CA012 for California 12th district, NC-103 for North Carolina's 103rd district. • If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. • If nationwide, i.e. all districts within all states are affected, enter US-all. • If the program/project is outside the US, enter 00-000.
17.	**Proposed Project Start and End Dates:** (Required) Enter the proposed start date and end date of the project.
18.	**Estimated Funding:** (Required) Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.
19.	**Is Application Subject to Review by State Under Executive Order 12372 Process?** Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State.
20.	**Is the Applicant Delinquent on any Federal Debt?** (Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include: But may not be limited to; delinquent audit disallowances, loans and taxes. If yes, include an explanation in an attachement.
21.	**Authorized Representative:** (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant. A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)

APPENDIX A – SUGGESTED SOURCES OF NON-DOT FEDERAL MATCH

U.S. Department of Agriculture

- Food and Nutrition Service

U.S. Department of Education

- Office of Elementary and Secondary Education
- Office of Innovation and Improvement
- Office of Special Education and Rehabilitative Services

U.S. Department of the Interior

- Bureau of Indian Affairs

U.S. Department of Health and Human Services

- Health Resources and Services Administration
- Centers for Medicare and Medicaid Services
- Administration on Aging
- Substance Abuse and Mental Health Services
- Administration for Children and Families

U.S. Department of Housing and Urban Development

- Community Development Block Grant (CDBG)

U.S. Department of Labor

- Employment Standards Administration
- Veterans' Employment and Training Service
- Employment and Training Administration

U.S. Department of Veterans Affairs

- Veterans Benefits Administration
- Veterans Health Administration

APPENDIX B - SAMPLE PUBLIC NOTICE

This is to inform the public of the opportunity to attend a public hearing on the proposed **FY 2018 – 2019** Section 5310, Enhanced Mobility of Seniors and Individuals with Disabilities Program Application to be submitted to the Central Midlands Council of Governments no later than _____ ***(Date).***

Those interested in attending a public hearing on this application should contact _____*(name, title)* in writing on or before_____. The public hearing will be held on _____*(date)* before the _____ *(body hosting public hearing).* The contact address is: .

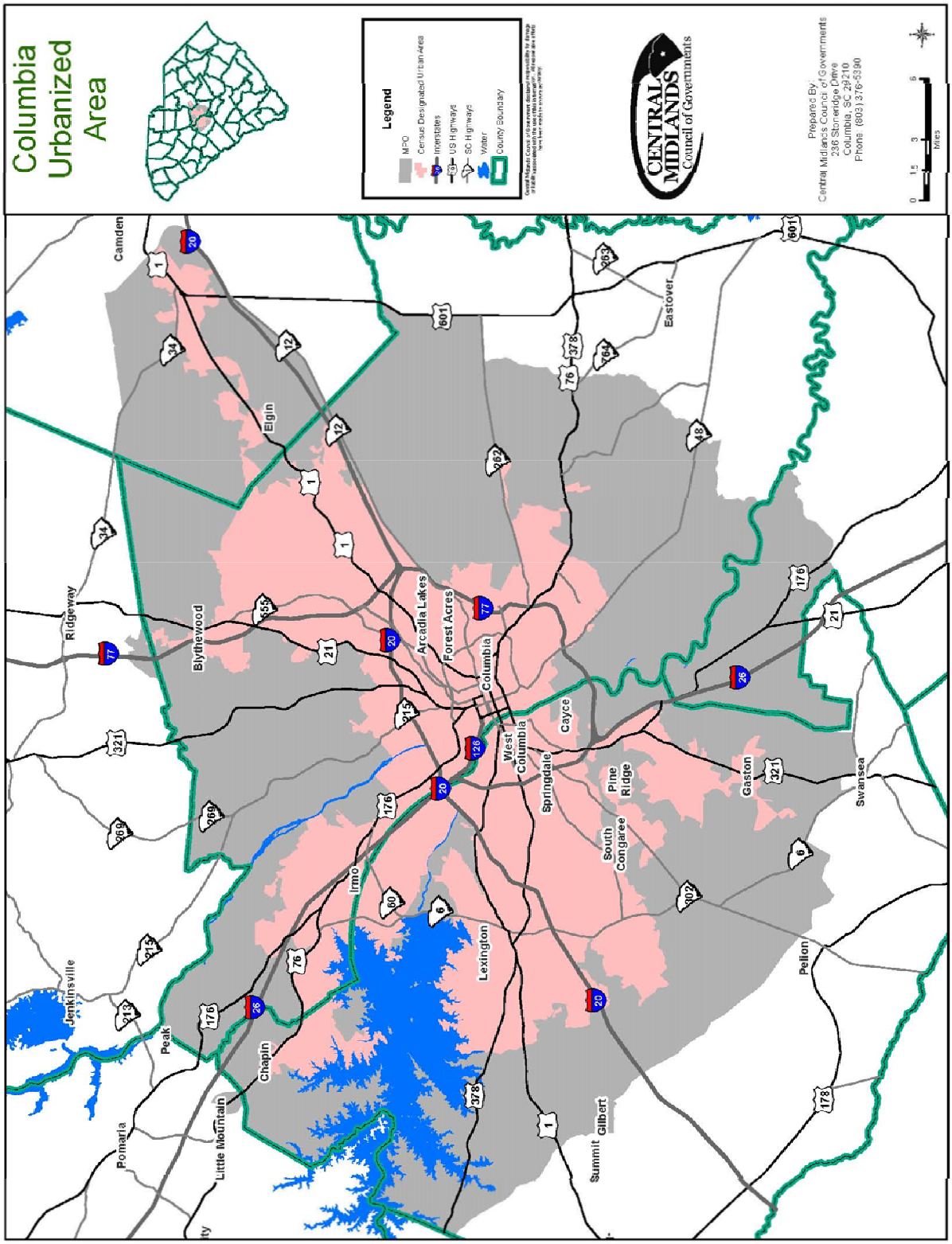
The Enhanced Mobility of Seniors and Individuals with Disabilities Program provides capital assistance for transportation options and services for the communities operating in_____ *(county, region)*. These services are currently provided using _____ *(types of vehicles)*. Services are rendered by _____ *(agency name)*.

The total estimated amount requested for the period ***July 1, 2018 through June 30, 2019***.

Project Category	**Total Amount**	**Minimum Local Match**
Purchase of Service	**$ _____**	**$ _____ (20%)**
OR		
Vehicle Purchase	**$ _____**	**$ _____ (20%)**
OR		
Operations	**$ _____**	**$ _____ (50%)**
TOTAL	**$ _____**	**$ _____**
	Total Federal Funding Request	Total Local Share

This application may be inspected at _____*(location)* from _____*to*_____*(dates/times)* . Written comments should be directed to _____*(name and address) before* _____*(date)*.

APPENDIX C – COLUMBIA URBANIZED AREA



REQUIRED FORMS

FOR THE

SECTION

5310

PROJECTS

The following completed forms are required to be returned with each application:

- Certificate Of Non-Collusion
- Certification Of Primary Participant Regarding Debarment, Suspension, And Other Responsibility Matters
- Certification Of Restrictions On Lobbying
- Certification Of Applicant
- Disclosure Of Potential Conflict Of Interest Certification

CERTIFICATE OF NON-COLLUSION

By submission of an application, each person signing on behalf of any applicant certifies, and in the case of a joint application, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of knowledge and belief:

1) The application is submitted without collusion, consultation, communication, or agreement for the purpose of restricting competition, with any other bidder or with any competitor;

2) No attempt has been made or will be made by the applicant to induce any other person, partnership or corporation to submit or not to submit an application for the purpose of restricting competition.

_____
Company Name

_____
Authorized Signature

_____
Date

SWORN AND SUBSCRIBED before me

this _____ day of _____, 201___.

My commission expires _____.

_____
Notary Public

CERTIFICATION OF PRIMARY PARTICIPANT REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS

The applicant, _____ certifies to the best of its knowledge and belief, that it and its principals:

1) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

2) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or Local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

3) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or Local) with commission of any of the offenses enumerated in paragraph (2) of this certification; and

4) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or Local) terminated for cause or default.

If the applicant is unable to certify to any of the statements in this certification, the applicant shall attach an explanation to this certification.

The applicant, _____ certifies or affirms the truthfulness and accuracy of the contents of the statements submitted on or with this certification and understands that the provisions of 31 U.S.C. Sections 3801 et seq, are applicable thereto.

_____
Signature and Title of Authorized Official

_____
Date

CERTIFICATION OF RESTRICTIONS ON LOBBYING

The applicant certifies, to the best of its knowledge and belief, that:

1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of a Federal department or agency, a Member of the U.S. Congress, an officer or employee of the U.S. Congress, or an employee of a Member of the U.S. Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification thereof.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for making lobbying contacts to an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form--LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions (as amended by "Government wide Guidance for New Restrictions on Lobbying," 61 Fed. Reg. 1413 (1/19/96). Note: Language in paragraph (2) herein has been modified in accordance with Section 10 of the Lobbying Disclosure Act of 1995 (P.L. 104-65, to be codified at 2 U.S.C. 1601, et seq.)).

3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31, U.S.C. § 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

THE APPLICANT, _____, CERTIFIES OR AFFIRMS THE TRUTHFULNESS AND ACCURACY OF EACH STATEMENT OF ITS CERTIFICATION AND DISCLOSURE, IF ANY. IN ADDITION, THE APPLICANT UNDERSTANDS AND AGREES THAT THE PROVISIONS OF 31 U.S.C. §§ 3801 ET SEQ. APPLY TO THIS CERTIFICATION AND DISCLOSURE, IF ANY.

_____Signature of the applicant's Authorized Official

_____Name and Title of the applicant's Authorized Official

_____Date

CERTIFICATION OF APPLICANT

I hereby certify that I am the duly authorized representative of the APPLICANT and that neither I nor the above APPLICANT I here represent has:

a) employed or retained for a commission, percentage, brokerage, contingent fee, or other consideration, any firm or person (other than a bona fide employee working solely for me or the above APPLICANT) to solicit or secure this contract;

b) agreed, as an express or implied condition for obtaining this contract, to employ or retain the services of any firm or person in connection with carrying out the contract, or

c) paid, or agreed to pay, to any firm, organization or person (other than a bona fide employee working solely for me or the above APPLICANT) any fee, contribution, donation, or consideration of any kind for, or in connection with, procuring or carrying out the contract except as here expressly stated (if any);

d) either directly or indirectly, entered into any agreement, participated in any collusion, or otherwise taken any action, in restraint of free competitive bidding in connection with the submitted proposal.

By execution of this Agreement, the APPLICANT certifies the APPLICANT and all contractors, employees and agents will comply with South Carolina's Ethics, Government Accountability, and Campaign Reform Act of 1991, as amended. The following statutes require special attention: (a) Offering, giving, soliciting, or receiving anything of value to influence action of public employee - §8-13-790, 8-13-705, 8-13-720; (b) Recovery of kickbacks - §8-13-790, (c) Offering, soliciting, or receiving money for advice or assistance of public official - §8-13-720, (d) Use or disclosure of confidential information - §8-13-725, (e) Persons hired to assist in the preparation of specifications or evaluation of bids - §8-13-1150, (f) Solicitation of state employees - §8-13-755, §8-13-760 and §8-13-725. The state may rescind any contract and recover all amounts expended as a result of any action taken in violation of this provision.

I acknowledge that this certificate is to be furnished to the Department, the Federal Highway Administration, and the U. S. Department of Transportation, and is subject to applicable State and Federal laws, both criminal and civil.

APPLICANT

_____
Name of APPLICANT

By: _____

Date: _____ Its: _____

DISCLOSURE OF POTENTIAL CONFLICT OF INTEREST CERTIFICATION

Applicant hereby indicates that it has, to the best of its knowledge and belief has:

_____ Determined that no potential organizational conflict of interest exists.

_____ Determined a potential organizational conflict of interest as follows:

Attach additional sheets as necessary.

1. Describe nature of the potential conflict(s):

2. Describe measures proposed to mitigate the potential conflict(s):

_____ _____

Signature Date

_____

Print Name

_____

Company

If a potential conflict has been identified, please provide name and phone number for a contact person authorized to discuss this disclosure certification with Department of Transportation contract personnel.

_____ _____

Name Phone

_____

Company

End of Application