



# Federal Transit Administration 2021 Section 5310 Call for Projects Informational Meeting April 16, 2021

## CONTACT INFORMATION

Madeline Arredondo

Assistant Transit Planner

[marredondo@spokanetransit.com](mailto:marredondo@spokanetransit.com)



# Agenda

- Program Introduction
- Funding Summary
- Timeline
- FTA Requirements
- Eligible projects
- Applications requirements
- Procurement Requirements
- Project Scoring Criteria
- Subrecipient Requirements
- 5310 Project Examples
- Questions

# Program Introduction

- What is Section 5310 funding?
  - Federal Transit Administration (FTA) allocates funding to the Spokane region annually
  - STA is a designated recipient of these funds and works with non-profits and other agencies
  - Non-profits and other agencies apply for funding for projects that provide access to or expand transportation options for seniors and individuals with disabilities

# Section 5310 Funding Summary

## ■ Available Funds \$683,500

- \$230,685 of the FY21 Section 5310 Apportionment must be spent on “Traditional” projects
- The remaining \$470,086 may be spent on “Other” projects

Year	Funding Source	Federal Match Percent	Amount Available	STA Local Match Contribution
2021	2021 Section 5310 Apportionment	100%	\$419,427	\$0
2021	Coronavirus Response and Relief Supplemental Appropriations Act of 2021 (CRRSAA)	100%	\$71,213	\$0
2021	America Rescue Plan Act of 2021 (ARPA)	100%	\$71,214	\$0
2019 & 2018	Returned Funds	50% or 80%	\$96,974	\$24,672
Total			\$658,828	\$24,672
Total Funding Available			\$683,500	

# Section 5310 Timeline

Date	Action
April 2, 2021	Issued Call for Projects (Posted on STA/SRTC websites, published in paper, direct emails to eligible applicants)
April 16, 2021	Informational meeting for interested applicants
<b>May 3, 2021</b>	<b>Project applications due</b>
June 2, 2021	Present to Planning and Development Committee for recommendation of prioritized list for funding
July 15, 2021	STA Board takes action on recommended project applications.
September 2021	Application to FTA
December 2021	FTA approval and funds obligated

# FTA 5310 Requirements

- Projects must be identified in the Spokane Regional Transportation Council Human Services Coordinated Transportation Plan
- Projects must be targeted for seniors and people with disabilities
- Projects must begin or end in the Spokane urbanized area
- Must have measurable benefit

# Eligible Traditional/Capital Projects

- Purchase New ADA Accessible Vehicle
- ADA Improvements such as, sidewalks, curb ramps, signage, etc.
  - Typically done by a city or county
- Support for Mobility Management and Coordination Programs
  - Mobility Management programs consist of short-range planning, management activities, and projects for improving coordination among public transportation service providers.

# Eligible Other/Operating Projects

- Paid or Volunteer driver programs that provide transportation to seniors and/or people with disabilities.
- Travel Training programs for riding fixed-route public transit, aimed at seniors or disabled individuals who currently rely on Paratransit or similar transportation services.
- Pay operating expenses for transportation for seniors and individuals with disabilities



# Application Requirements

- Complete Application Form
- Non-profit Status Documentation
  - IRS determination letter
- Most recent financial audit report
- Title VI Plan (current subrecipients)
- Signed Certifications
- Budget Narrative (Worksheet provided)
- Risk Assessment Questionnaire
  - Policies
- Logic Model (Sample and description provided)

# Procurement Requirements

## 7. VEHICLES

- A. Procurement. To assist the Subrecipient in complying with all procurement regulations required under the Grant, STA will procure the vehicle on behalf of the Subrecipient. STA shall work with the Subrecipient to select the appropriate vehicle, including necessary options and/or equipment, to meet the needs of the Subrecipient. Prior to placing any vehicle order, the Subrecipient shall provide STA with written approval of the configuration and options selected for the Vehicle.

## 7. PROCUREMENT

The Subrecipient shall make purchases of any incidental goods or supplies essential to this Agreement through procurement procedures approved in advance by STA and consistent with the following provisions:

- A. General Procurement Requirements. The Subrecipient shall comply with third-party procurement requirements of 49 USC chapter 53 and other applicable Federal laws in effect now or as subsequently enacted; with the DOT third-party procurement regulations of 2 CFR Part 200 and 2 CFR part 1201; and other applicable Federal regulations pertaining to third-party procurements and subsequent amendments thereto. The Subrecipient shall also comply with the provisions of FTA Circular 4220.1F, *Third Party Contracting Guidance*, March 18, 2013 and any later revision thereto, except to the extent FTA determines otherwise in writing, which by this reference are incorporated herein; and any reference therein to “Grantee” shall mean Subrecipient.
- B. Full and Open Competition. In accordance with 49 USC § 5325(a), the Subrecipient agrees to conduct all procurement transactions in a manner that provides full and open competition as determined by FTA.
- C. Preference for United States Products and Services. To the extent applicable, the Subrecipient agrees to comply with the following U.S. preference requirements:
  - 1) Buy America. The Subrecipient agrees to comply with 49 USC § 5323(j), with FTA regulations, *Buy America Requirements*, 49 CFR Part 661, and any later amendments thereto.

# Procurement Requirements Continued

- 2) Cargo Preference - Use of United States-Flag Vessels. The Subrecipient agrees to comply with 46 USC § 55305 and U.S. Maritime Administration regulations, *Cargo Preference - U.S.-Flag Vessels*, 46 CFR Part 381, to the extent those regulations apply to the Project.
- 3) Fly America. The Subrecipient understands and agrees that the Federal Government will not participate in the costs of international air transportation of any persons involved in or property acquired for the Project unless that air transportation is provided by U.S.-flag air carriers to the extent service by U.S.-flag air carriers is available, in accordance with the International Air Transportation Fair Competitive Practices Act of 1974, as amended, 49 USC § 40118, and with GSA regulations, *Use of United States Flag Air Carriers*, 41 CFR §§ 301-10.131 through 301-10.143.
- D. Preference for Recycled Products. To the extent applicable, the Subrecipient agrees to comply with EPA *Comprehensive Procurement Guideline for Products Containing Recovered Materials*, 40 CFR Part 247, which implements section 6002 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act of 1976, as amended, 42 USC § 6962. Accordingly, the Subrecipient agrees to provide a competitive preference for products and services that conserve natural resources, protect the environment, and are energy efficient, except to the extent that the Federal Government determines otherwise in writing.
- E. Geographic Restrictions. The Subrecipient agrees to not use any state or local geographic preference, except those expressly mandated or encouraged by federal statute or as permitted by FTA.
- F. Government Orders. In case any lawful government authority shall make any order with respect to the Project or Project Equipment, or any part thereof, or the Parties hereto or either Party, the Subrecipient shall cooperate with STA in carrying out such order and will arrange its operation and business so as to enable STA to comply with the terms of the order.

# Project Scoring Criteria

## Section 5310 Grant Application Scoring Criteria

Category	Points Possible	Points Awarded
Risk Assessment Questionnaire (separate)	35	
Description of Service Improvements	40	
Regional Transportation Needs	15	
Performance Measures	15	
Management	20	
Supplemental Information	5	
Total	135	

# Subrecipient Requirements

- Quarterly Reports
- Accounting Records
- COVID-19 Special Provisions
- Title VI Plan Updated every 3 years
- Cost allocation plans must be submitted annually
- Current Audit and update annually
- Backup detail for all invoices including methodology (Billing SOP)
- Project Closeout

# 5310 Project Examples

**SNAP Traditional Project- Vehicle Purchase**



**COAST Traditional Project- Vehicle Purchase**



**SNAP Other Project- Operating Ride-to-Health. SNAP driver, Susan, getting ready to transport a client.**

# QUESTIONS?

Presentation slides and application materials can be found at:  
<https://www.spokanetransit.com/about-sta/5310-informational-meeting>



# Thank You!

## CONTACT INFORMATION

Madeline Arredondo

Assistant Transit Planner

[marredondo@spokanetransit.com](mailto:marredondo@spokanetransit.com)

509.325.6059



UA NAME: Spokane, WA  
 UA CODE: 83764  
 INTTY TYPE: Unincorporated Area (UA)  
 ST: Washington (12)

PARENT SHEET 1





## Spokane Transit Authority

### Application for Federal Transit Administration Section 5310 Enhanced Mobility for Seniors and Individuals with Disabilities Funding

Project Title:

**Important:** *FTA funds require a large degree of dedication to detail and reporting, along with very specific requirements. Please review the documents associated with this call for projects to determine if your agency is able and willing to accept the terms and conditions provided.*

*Applications are due by **5:00 PM on May 3, 2021**; late applications will not be accepted.  
Please send the application and copies of the required documents to:*

Spokane Transit Authority  
Attn: Madeline Arredondo  
1230 W Boone Ave  
Spokane, WA 99201  
or electronically to:  
[marredondo@spokanetransit.com](mailto:marredondo@spokanetransit.com)

## 2021 Call for Project Details

Spokane Transit Authority (STA) is issuing a call for projects that will be funded with Federal Transit Administration (FTA) Section 5310 (Enhanced Mobility for Seniors and Individuals with Disabilities) Program funding. There is approximately **\$683,500** in Section 5310 federal funds available for this call for projects (see table below for specific grant sources and amounts).

Projects that are selected to receive funding must primarily benefit seniors and individuals with disabilities and support strategies currently identified in the Spokane County Coordinated Public Transit-Human Services Transportation Plan (<https://www.srtc.org/human-services-transportation-plan/>). **See Attachment A for a complete list of eligible capital projects.**

Coronavirus Response and Relief Supplemental Appropriations Act of 2021 (CRRSAA) and American Rescue Plan Act of 2021 (ARPA) funds are not subject to the 55% minimum requirement for funds to be spent on capital projects and will primarily be spent on operating projects. Of the total 2021 apportionment funds available under Section 5310, a minimum of 55% must be spent on capital projects and maximum of 45% of funds can be spent on operating projects. STA may certify to FTA that there are no eligible applicants available to provide services, which would allow Spokane Transit to allocate available 5310 funds to complementary STA paratransit capital projects.

2021 Call for Projects Funding Table

Year	Funding Source	Federal Match Percent	Amount Available	STA Local Match Contribution
2021	2021 Section 5310 Apportionment	100%	\$419,427	\$0
2021	Coronavirus Response and Relief Supplemental Appropriations Act of 2021 (CRRSAA)	100%	\$71,213	\$0
2021	America Rescue Plan Act of 2021 (ARPA)	100%	\$71,214	\$0
2019 & 2018	Returned Funds	50% or 80%	\$96,974	\$24,672
Total			<b>\$658,828</b>	<b>\$24,672</b>
Total Funding Available			<b>\$683,500</b>	

*Note: Recipients of CRRSAA and ARPA funds must execute the COVID-19 Special Provisions & Certification attached to this application.*

Project applications are due by **Monday, May 3, 2021 at 5:00 PM**. **Applications received after this date and time will not be considered.** Applications may be sent via USPS, UPS, or FedEx to: (NAME & ADDRESS) or submitted electronically to [marredondo@spokanetransit.com](mailto:marredondo@spokanetransit.com). Mailed applications must be postmarked on or before **May 3, 2021**. Applications sent by fax will not be accepted.

**An informational meeting will be held on Monday April 16, 2021 (2pm-3pm) via WebEx** to provide applicants the opportunity to ask questions about program and project eligibility requirements. Meeting information will be posted on the Spokane Transit Authority website at <https://www.spokanetransit.com/about-sta/public-notice> on or before May 1, 2021. Persons requesting accommodations are encouraged to contact Emily Arneson, Community Ombudsman and Accessibility Officer at (509) 325-6094 at least 48 hours in advance of the meeting.

Eligible project applicants can be either private, non-profit organizations, local governments, or other providers of public transportation that provide transportation services for seniors and individuals with disabilities. To be considered a provider of public transportation, an agency must provide “shared-ride” transportation, which means that it may transport two or more passengers in the same vehicle who are otherwise not travelling together (as opposed to exclusive-ride taxi services). Providers of public transportation can be either public or private agencies.

STA staff will evaluate projects and recommended projects will be forwarded to the STA Board of Directors for approval. More information on project scoring and evaluation criteria can be found in STA’s Program Management Plan for Section 5310,

[https://www.spokanetransit.com/files/content/STA\\_Section\\_5310\\_Program\\_Management\\_Plan.pdf](https://www.spokanetransit.com/files/content/STA_Section_5310_Program_Management_Plan.pdf).

Spokane Transit assures nondiscrimination in accordance with Title VI of the Civil Rights Act of 1964. For more information, visit [www.spokanetransit.com](http://www.spokanetransit.com). Upon request, alternative formats of this information will be produced for individuals who are disabled. For accommodations, please call 325-6094 (TTY Relay 711) at least forty-eight (48) hours in advance.

#### Non-Discrimination Notice

If information is needed in another language, contact (509) 325-6094.

Si necesita información en otro idioma, comuníquese al (509) 325-6094.

Для получения информации на другом языке звоните по тел. (509) 325-6094.

Nếu quý vị cần thông tin bằng một ngôn ngữ khác, xin vui lòng gọi số (509) 325-6094.

## Section I: Agency Contact Information and Project Summary

Legal Name of Agency:	
Address:	
Federal Tax ID Number	
DUNS Number (Data Universal Numbering System):	
WA UBI Number (Unified Business Identifier)	
Contact Person (for questions related to the application):	
Phone Number:	
E-mail Address:	

Please identify your agency:

- ☐ Local Government/Municipal Corporation
- ☐ Operator of public transportation services (private or publicly owned)
- ☐ Private, non-profit organization

1. Type of Application:

- ☐ Traditional Project
- ☐ Other Project

2. What is the total cost of this project?

3. Please indicate how much Section 5310 funding you are requesting for this project:

## Section II: Project Information and Levels of Service

1. Please provide a detailed description of your project, and the population it will serve.
2. How will this specific project improve transportation access to seniors and/or individuals with disabilities.

3. Please identify the needs and/or strategies listed in the Spokane County Coordinated Transit-Human Services Transportation Plan that your project supports.
4. How many seniors and/or individuals with disabilities will be served as a result of this specific project. Describe how this number was calculated in your logic model.

## For Traditional Projects

For a complete list of eligible capital projects, see Attachment A.

Check the appropriate project type and describe the project:

- ☐ Purchase New ADA Accessible Vehicle (please complete sections below)
  - Size of vehicle
  - Fuel type
  - Vehicle make and model
- ☐ Acquisition of transportation services under a contract, including operating projects
- ☐ ADA Improvements such as, sidewalks, curb ramps, signage, etc.
- ☐ Support for Mobility Management and Coordination Programs
- ☐ Other eligible capital project, please list:

Briefly describe the project:

## For Other Projects

Below are examples of eligible other projects. Projects must not duplicate existing service provided by Spokane Transit.

Check the appropriate project type and briefly describe:

- ☐ Support for paid or Volunteer driver programs that provide transportation to seniors and/or people with disabilities.
- ☐ Travel Training programs for riding fixed-route public transit, aimed at seniors or disabled individuals who currently rely on Paratransit or similar transportation services.
- ☐ Other eligible operating project, please list:
- ☐ Capital or operating project that is implemented by a jurisdiction.
  - ☐ Purchase New ADA Accessible Vehicle (please complete sections below)
    - Size of vehicle
    - Fuel type
    - Vehicle make and model

- ☐ Acquisition of transportation services under a contract, including operating projects
- ☐ ADA Improvements such as, sidewalks, curb ramps, signage, etc.
- ☐ Support for Mobility Management and Coordination Programs\*

Briefly Describe Project:

Does your agency intend on using a cost allocation plan or de minimis rate?

- ☐ No
- ☐ Yes (if yes, please identify the rate and total expenditure in the budget table below)

## Budget Table

Funding Budget			
Source	Source Description	Amount	Source Status
Funding Sources Breakdown			
FTA Grant	STA Section 5310 Funds		Application Submitted
Funding Sources Total		\$ -	
In-Kind Contributions			
Volunteer hours			
Milage Reimbursement			
In-Kind Total		\$ -	
Funding Sources Grand Total		\$ -	

Project Budget				
Line Item	Description	5310 Amount	Other Amount	Other Source

Administrative Cost Breakdown				
Payroll/Benefits				
Insurance, services, or supplies (IT, rent, supplies, telecommunications, etc.)				
Other				
Other				
Total		\$ -	\$ -	
Admin. Cost Total		\$ -		
Operation Costs Breakdown				
Contracted services				
Materials and supplies				
Fuel, Maintenance (oil change, tire rotation, lift maint., etc.)				
Payroll/Benefits (Position, Direct/Contracted staff, FTE, etc.)				
Occupancy				
Phone/Internet				
Other				
Other				
Total		\$ -	\$ -	
Operation Costs Total		\$ -		
Capital Costs Breakdown				
Software/Hardware				
Equipment				
Vehicle Purchase(s)				
Other				



Other				
Total		\$ -	\$ -	
Capital Costs Total		\$ -		
Construction Costs Breakdown				
Other				
Other				
Total		\$ -	\$ -	
Construction Costs Total		\$ -		
Total Project Cost				
5310/Other Total		\$ -	\$ -	
Project Cost Grand Total		\$ -		

Applicants must provide a budget narrative to reflect line items in the Project Budget Table.

### Project Quarterly Performance Measures:

For Section 5310 capital projects, as part of federal regulations, agencies are required to report the number of seniors or individuals with disabilities that will benefit from projects or services financed by federal funds. For example, the number of rides (one-way trips) that would be provided annually on vehicles and/or services financed by Section 5310 funds. Applicants applying for ADA improvements must report what additions or changes will be made to the physical infrastructure (transportation facilities, sidewalks, etc.) because of this project. Depending on the project different measures may be applied.

How does your agency plan to gather this data?

### Section III: Agency Experience and Levels of Service

1. Briefly describe your agency and the experience it has providing passenger transportation services?
2. Describe the management team qualifications and experience.

3. What is the agency's plan to continue the project after the Section 5310 funding expires?

## Section IV: Supplemental Information

Please provide any additional information that could be useful. In addition, you may use the page to elaborate on information that you have provided in other sections of the application. Indicate the specific question number from this application when providing supplemental information. **Supplemental Information is limited to 1 page per project.**

## Section VI: Finishing Up

### Attachments Checklist: (Applications without required attachments will not be accepted)

Please include the following items with your grant application.

- ☐ Complete Application Form
- ☐ Non-profit Status Documentation (IRS determination letter or articles of incorporation)
- ☐ Most recent financial audit report
- ☐ Current Title VI Plan
- ☐ Signed Certifications
- ☐ Budget Narrative (Worksheet provided)
- ☐ Risk Assessment Questionnaire and policies
- ☐ Logic Model (Sample and description provided)

### Application Authority

- ☐ I certify, to the best of my knowledge, that the information in this application is true and accurate and that this organization has the necessary fiscal, data collection, and managerial capability to implement and manage the projects associated with this application.
- ☐ My agency agrees to follow STA and federal procurement and grant management requirements of 49 USC 5310.
- ☐ I understand that a signed 5310 Subrecipient Agreement with STA will be required as a condition of receiving funds.
- ☐ My agency agrees to develop and submit a Title VI Plan that meets the general requirements as described in FTA Circular 47.021B. The Title VI Plan must be submitted to STA within 90 days of an executed agreement. Funds cannot be reimbursed until Title VI Plan is deemed in compliance.
- ☐ I certify that my agency will submit quarterly and annual reports as required by the 5310 Subrecipient Agreement. The quarterly reports are due 20 days following the end of each quarter, as follows, Quarter 1 report is due April 20<sup>th</sup>, Quarter 2 is due July 20<sup>th</sup>, Quarter 3 is due October 20<sup>th</sup>, and Quarter 3 and the annual report are due January 20<sup>th</sup>.
- ☐ Your project will follow all applicable STA and federal procurement requirements, a copy of the requirements will be available at the informational meeting.

**All six boxes above must be checked.**

### Applicant Certification

The Applicant affirms the individual executing this application has been granted the authority to do so, and by their signature affirms the Applicant will comply with the terms and conditions of this application.

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Authorized Signature

Date

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Printed Name

Title

The application must be signed by an individual authorized to legally bind the Applicant.

## Attachment A

### List of Eligible Capital Projects for Section 5310 Funding

The projects listed are all the types of public transportation capital projects eligible for funding under the Section 5310 grant program. Please note that, in order to be eligible for Section 5310 funding, capital projects must target the needs of seniors or individuals with disabilities. This definition is from 49 USC 5302.

The term “capital project” means a project for:

- Acquiring, constructing, supervising, or inspecting equipment or a facility for use in public transportation, expenses incidental to the acquisition or construction (including designing, engineering, location surveying, mapping, and acquiring rights-of-way), payments of the capital portions of rail trackage rights agreements, transit-related intelligent transportation systems, relocation assistance, acquiring replacement housing sites, and acquiring, constructing, relocating, and rehabilitating replacement housing;
- Rehabilitating a bus;
- Remanufacturing a bus;
- Overhauling rail rolling stock;
- Preventative maintenance;
- Leasing equipment or a facility for use in public transportation, subject to regulations that the Secretary (of Transportation) prescribes limiting the leasing arrangements to those that are more cost-effective than purchase or construction;
- A public transportation improvement that enhances economic development or incorporates private investment, including commercial and residential development, pedestrian and bicycle access to a public transportation facility, construction, renovation, and improvement of intercity bus and intercity rail stations and terminals, and the renovation and improvement of historic transportation facilities
- The introduction of a new technology, through innovative and improved products, into public transportation;
- The provision of non-fixed route paratransit transportation services in accordance with Section 223 of the Americans with Disabilities Act (ADA) (42 USC 12143), but only for grant recipients that are in compliance with applicable requirements of that Act, including both fixed route and demand responsive service, and only for amounts not to exceed 10 percent of such recipient’s annual formula apportionment under 49 USC Sections 5307 and 5311;
- Crime prevention and security including:
  - Projects to refine and develop security and emergency response plans;
  - Projects aimed at detecting chemical and biological agents in public transportation;
  - The conduct of emergency response drills with public transportation agencies and local first response agencies; and
  - Security training for public transportation employees; but
  - Excluding all expenses related to operations, other than such expenses incurred conducting activities described above;
- Establishing a debt service reserve, made up of deposits with a bondholder’s trustee, to ensure the timely payment of principal interest on bonds issued by a grant recipient to finance an eligible project under this chapter; or
- Mobility management:
  - Consisting of short-range planning and management activities and projects for improving coordination among public transportation and other transportation service providers carried out by a recipient or subrecipient through an agreement entered into with a person, including a government entity, under this chapter (other than 49 USC Section 5309); but Excluding operating public transportation service

## List of Eligible Operating Projects for Section 5310 Funding

- Public transportation projects (capital only) planned, designed, and carried out to meet the special needs of seniors and individuals with disabilities when public transportation is insufficient, inappropriate, or unavailable;
- Public transportation projects (capital and operating) that exceed the requirements of ADA
  - Enhancing paratransit beyond minimum requirements of ADA
    - Expansion of current service parameters, expansion of current hours of operation for ADA paratransit services, incremental cost of providing same day service
    - Acquisition of vehicles and equipment designed to accommodate mobility aids that exceed the dimensions and weight ratings established for wheelchairs under ADA regulations...
    - Installation of additional securement locations in public buses beyond what is required by ADA
  - Feeder services (transit service that provides access) to commuter rail, commuter bus, intercity rail, and intercity bus stations for which complementary paratransit service is not required under ADA
- Public transportation projects (capital and operating) that improve accessibility to fixed-route services and decrease reliance on paratransit service
  - Making accessibility improvements to transit and intermodal stations not designated as key stations
  - Travel training programs for individual users on awareness, knowledge, and skills of public transportation and alternative transportation options available in their communities. Includes travel instruction and travel training services
- Public transportation alternatives that assist seniors and individuals with disabilities with transportation
  - Purchasing vehicles to support accessible taxi, ride-sharing, and/or vanpooling programs
  - Supporting administration and expenses related to voucher programs for transportation services offered by human service providers
  - Supporting volunteer driver and aide programs—costs associated with administration, management of driver recruitment, safety, background checks, scheduling, coordination with passengers, other related program functions, mileage reimbursement, and insurance associated with volunteer driver programs

## LOBBYING RESTRICTION CERTIFICATION

### Certification for Contracts, Grants, Loans and Cooperative Agreements

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

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of 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 of any Federal contract, grant, loan, or cooperative agreement.
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 subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients 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.

[Note: Pursuant to 31 U.S.C. § 1352(c)(1)-(2)(A), any person who makes a prohibited expenditure or fails to file or amend a required certification or disclosure form shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such expenditure or failure.]

The Applicant, \_\_\_\_\_, certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. A 3801, *et seq.*, apply to this certification and disclosure, if any.

Applicant Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

## CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION IN A LOWER TIER COVERED TRANSACTION

The Applicant shall comply and facilitate compliance with US DOT regulations, "Nonprocurement Suspension and Debarment", 2 CFR part 1200, which adopts and supplements the U.S. Office of Management and Budget (US OMB) "Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement)", 2 CFR part 180. These provisions apply to each contract at any tier of \$25,000 or more, and to each contract at any tier for a federally required audit (irrespective of the contract amount), and to each contract at any tier that must be approved by an FTA official irrespective of the contract amount. As such, the Applicant shall verify that its principals, affiliates, and subcontractors are eligible to participate in this federally funded Contract and are not presently declared by any Federal department or agency to be:

- a) Debarred from participation in any federally assisted Award;
- b) Suspended from participation in any federally assisted Award;
- c) Proposed for debarment from participation in any federally assisted Award;
- d) Declared ineligible to participate in any federally assisted Award;
- e) Voluntarily excluded from participation in any federally assisted Award; or
- f) Disqualified from participation in any federally assisted Award.

By signing below and submitting its application, the Applicant certifies as follows:

The certification in this clause is a material representation of fact relied upon by STA. If it is later determined by STA that the Bidder knowingly rendered an erroneous certification, in addition to remedies available to STA, the Federal Government may pursue available remedies, including but not limited to suspension and/or debarment. The Applicant agrees to comply with the requirements of 2 CFR part 180, subpart C, as supplemented by 2 CFR part 1200, while its Application is valid and throughout the period of any Contract that may arise from its Application. The Applicant further agrees to include a provision requiring such compliance in its lower tier covered transactions.

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

## DISADVANTAGED BUSINESS ENTERPRISE (DBE) PARTICIPATION

**DBE PARTICIPATION.** STA is committed to ensuring that all firms regardless of race, color, sex or national origin have equal opportunity to participate in STA contracts. Therefore, STA has established an annual agency goal for DBE participation in its contracting opportunities. It shall be understood that no specific goal has been assigned to this contract; however, contractors and subcontractors are required to comply with the following:

1. **Non-discrimination Assurances.** The Applicant shall not discriminate on the basis of race, color, national origin or sex in the performance of this Contract. The Applicant shall carry out applicable requirements of 49 CFR Part 26 in the award and administration of this Contract. Failure by the Applicant to carry out these requirements is a material breach of this Contract, which may result in the termination of this Contract or such other remedy as STA deems appropriate. Each subcontract the Applicant signs with a subcontractor must include the assurance in this paragraph (see 49 CFR 26.13(b)). Violation of these requirements is a material breach of this contract, which may result in the termination of this contract or other such remedy, as STA deems appropriate.
2. **Prompt Payment.** The Applicant is required to pay its subcontractors performing work related to this Contract for satisfactory performance of that work no later than thirty (30) days after the Applicant's receipt of payment for that work from STA. In addition, the Applicant may not hold retainage from its subcontractors.
3. **DBE Participant List.** As required by 49 CFR Part 26.11, STA is required to create and maintain a bidders list of all firms bidding on prime contracts and bidding or quoting subcontracts on Department of Transportation, Federal Transit Administration-assisted contracts. STA is also committed to providing equal access to small business concerns in bidding on STA's contracting opportunities. The U.S. Small Business Administration (SBA) defines a "small business" in terms of the number of employees over the past year or the average annual receipts over the past three years. This standard varies by industry. STA will use size standards established by the SBA to determine small business eligibility.

To comply with this requirement, STA requests the Applicant provide the information required by the Federal Transit Administration on page two of this certification. **This information is not used in determining award of contract or in evaluating your Proposal in any way. Providing this information is voluntary.**

A copy of 49 CFR Part 26 may be found at [www.ecfr.gov](http://www.ecfr.gov) or by contacting:

Jacque Tjards  
DBE Liaison  
Spokane Transit Authority  
1230 W. Boone Ave.  
Spokane, WA 99201  
(509) 325-6032  
[jtjards@spokanetransit.com](mailto:jtjards@spokanetransit.com)



## APPLICANT DBE INFORMATION

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

North American Industry Classification System (NAICS) Code: \_\_\_\_\_

To determine your industry NAICS code go to [www.census.gov/eos/www/naics](http://www.census.gov/eos/www/naics) and enter a keyword of your business classification in the box directly above the **2012** NAICS Search on the left side of the page and choose from the selection of codes that best matches your business classification.

Type of Business: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

- Is your firm a Disadvantaged Business Enterprise (DBE) registered with the State of Washington Office of Minority and Women's Business Enterprises?

☐ Yes      ☐ No

- How long has your firm been in business? \_\_\_\_\_

- Please check the box that describes your total gross annual receipts:

<input type="checkbox"/> less than \$500,000	<input type="checkbox"/> \$3,000,001 - \$3,500,000
<input type="checkbox"/> \$500,000 - \$1,000,000	<input type="checkbox"/> \$3,500,001 - \$4,000,000
<input type="checkbox"/> \$1,000,001 - \$1,500,000	<input type="checkbox"/> \$4,000,001 - \$4,500,000
<input type="checkbox"/> \$1,500,001 - \$2,000,000	<input type="checkbox"/> \$4,500,001 - \$5,000,000
<input type="checkbox"/> \$2,000,001 - \$2,500,000	<input type="checkbox"/> \$5,000,001 - \$5,500,000
<input type="checkbox"/> \$2,500,001 - \$3,000,000	<input type="checkbox"/> greater than \$5,500,000

- Is your business a small business as defined by the SBA's definition of a small business concern? To determine if your business is considered a small business by SBA go to [www.sba.gov/size-standards-tool](http://www.sba.gov/size-standards-tool), enter your six- digit NAICS Code and follow the 3-step process.

☐ Yes      ☐ No

DBE SUBCONTRACTORS

Name, Address, UBI of DBE Subcontractor	Portion of Work to be performed.	\$ Amount

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

## COVID-19 SPECIAL PROVISIONS & CERTIFICATION

This 2021 Call for Projects is subject to funding authorized by the Coronavirus Response and Relief Supplemental Appropriations Act of 2021 ("CRRSAA") and the American Rescue Plan Act of 2021 ("ARP"). By executing this certification, the Applicant certifies it shall comply with the following if awarded funds under the 2021 Call for Projects:

- A. Compliance with CDC Mask Order. The Centers for Disease Control and Prevention ("CDC") Order of January 29, 2021, titled *Requirement for Persons to Wear Masks While on Conveyances and at Transportation Hubs* ("CDC Mask Order"), is within the meaning of "Federal Requirement" as that term is defined in the FTA Master Agreement. One of the objectives of the CDC Mask Order is "[m]aintaining a safe and operating transportation system". The Subrecipient agrees that it will comply, and will require all third-party participants to comply, with the CDC Mask Order.
- 1) Enforcement for Non-Compliance. The Subrecipient agrees that STA or the FTA may take enforcement action for non-compliance with the CDC Mask Order, including:
- a) Enforcement actions authorized by 49 USC § 5329(g);
  - b) Referring the Subrecipient to the CDC or other Federal authority for enforcement action;
  - c) Enforcement actions authorized by 2 CFR §§ 200.339 - .340; and
  - d) Any other enforcement action authorized by Federal law or regulation.
- B. CRRSAA and ARP provides funding for eligible programs at 100% federal share, with no local match required, subject to the following Subrecipient certifications (select one only):
- ☐ The Subrecipient certifies that it, and its subrecipients and contractors that are providers of public transportation, have not furloughed any employees since March 27, 2020; or
  - ☐ The Subrecipient certifies that it and any subrecipient or contractor that is a provider of public transportation: (a) are currently not furloughing any employees; (b) have, to the maximum extent possible, brought back any employees previously furloughed as a direct result of financial challenges caused by the COVID-19 public health emergency; or (c) have rehired, or posted to rehire, any positions of employees who were laid off as a result of financial challenges caused by the COVID-19 public health emergency; or
  - ☐ The Subrecipient certifies that it and any subrecipient or contractor that is a provider of public transportation: (a) intend, to the maximum extent possible, to use CRRSAA or ARPA funds to bring back any employees previously furloughed as a direct result of financial difficulties caused by the COVID-19 public health emergency; (b) intend to use CRRSAA or ARPA funds to rehire any positions of employees who were laid off as a direct result of financial challenges caused by the COVID-19 public health emergency; and (c) will explain how they have spent CRRSAA or ARPA funds on payroll, operations, or payroll and expenses of private providers of public transportation "to the maximum extent possible".
- C. The Subrecipient agrees that if it receives Federal funding from the Federal Emergency Management Agency (FEMA) or through a pass-through entity through the Robert T. Stafford Disaster Relief and Emergency Assistance Act, a different Federal agency, or insurance proceeds for any portion of a project activity approved for FTA funding under this Grant Agreement, it will provide written notification to FTA, and reimburse FTA for any Federal share that duplicates funding provided by FEMA, another Federal agency, or an insurance company.

Applicant Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

## 2021 Section 5310 Budget Narrative Worksheet

### Purpose

The Budget Detail Worksheet will be used to assist applicants in the preparation of the budget and budget narrative to ensure that only costs that are allowable be charged to the federal award.

Applicants must complete and submit a detailed budget narrative that reflects the amounts included in the Project Budget table of the application. The budget narrative must provide justification, in detail, the total amount needed to implement the project your organization is proposing.

**All funds requested must support participants directly served by this project.** Projects that receive Section 5310 funding will be required to provide sufficient documentation (established through billing invoices and/or quarterly progress reports) to establish direct benefit to seniors and persons with disabilities.

For each line item listed with a dollar figure provide a brief narrative detailing: (a) how the item relates to the proposed service and (b) the method used to determine the cost. The budget narrative should reflect the budget table in the application and provide information regarding the basis of estimation for each line item, including reference to sources used to substantiate the cost estimate (e.g., organization's policy, payroll document, and vendor quotes, etc.).

### Personnel

List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization.

Name/Position

Computation

Cost

**Budget Narrative:** Provide a narrative budget justification for each of the budget items identified.

**Note:** Personnel costs are only allowable for direct management and administration of the grant award, i.e., service delivery and preparation of mandatory post-award reports.

**TOTAL** \_\_\_\_\_

### Fringe Benefits

Fringe benefits should be based on actual known costs or an established formula. Fringe benefits are for the personnel listed in budget category and only for the percentage of time devoted to the project (based on approved time records/sheets).

Fringe Category	Rate
Payroll Taxes	X%
401(k)	X%
Retirement	X%
FICA	X%

Insurance	X%
Social Security	X%
Workman's Comp	X%
<b>Total</b>	<b>X%</b>

<u>Name/Position</u>	<u>Computation</u>	<u>Cost</u>
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**Budget Narrative:** Provide a narrative budget justification for each of the budget items identified.

**TOTAL** \_\_\_\_\_

### Mileage/Travel

Itemize mileage and travel expenses of project personnel by purpose (e.g., staff/volunteer mileage reimbursement, employee training, community meeting etc.). Show the basis of computation (e.g., two employees to 3-day (specify) training at \$X airfare, \$X lodging, \$X subsistence). Identify the location of travel and purpose (to include specific conference agendas, fees, relevance), if known.

<u>Purpose of Travel</u>	<u>Location</u>	<u>Item</u>	<u>Computation</u>	<u>Cost</u>
--------------------------	-----------------	-------------	--------------------	-------------

**Budget Narrative:** Provide a narrative budget justification for each of the budget items identified.

**TOTAL** \_\_\_\_\_

### Equipment

List equipment and supplies (including rolling stock) items that are to be purchased. Rolling stock describes equipment that is used to transport passengers and includes buses, vans, and cars. Light duty vehicles, such as vans, sedans, and pick-up trucks, employed in administrative and maintenance purposes are considered equipment. Explain how the equipment is necessary for the success of the project. Attach a narrative describing the procurement method to be used.

<u>Item</u>	<u>Computation</u>	<u>Cost</u>
-------------	--------------------	-------------

**Budget Narrative:** Provide a narrative budget justification for each of the budget items identified.

**TOTAL** \_\_\_\_\_

### Supplies

List items by type (office supplies, postage, training materials, copying paper, and other expendable items such as books and show the basis for computation. Generally, supplies include any materials that are expendable or consumed during the course of the project.

<u>Supply Items</u>	<u>Computation</u>	<u>Cost</u>
---------------------	--------------------	-------------

**Budget Narrative:** Provide a narrative budget justification for each of the budget items identified.

TOTAL \_\_\_\_\_

### Other Costs

List items (e.g., rent, reprographics and postage, telephone) by major type and the basis of the computation. For example, provide the square footage and the cost per square foot for rent, and provide a monthly rental cost and how many months to rent.

Description

Computation

Cost

**Budget Narrative:** Provide a narrative budget justification for each of the budget items identified.

**Important Note:** If applicable to the project, construction costs should be included in this section of the Budget Detail Worksheet.

TOTAL \_\_\_\_\_

### Budget Summary

When you have completed the budget worksheet, transfer the totals for each category to the spaces below. Compute the total direct costs and the total project costs. Indicate the amount of Federal funds requested and the amount of non-Federal funds that will support the project. *Under Section F list any cost not captured or categorized in Sections A-E.*

Budget Category	Federal Amount Requested	Non-Federal Amount (support)
A. Personnel	_____	_____
B. Fringe Benefits	_____	_____
C. Travel	_____	_____
D. Equipment	_____	_____
E. Supplies	_____	_____
F. Other	_____	_____
Total Direct Costs	_____	_____
* TOTAL PROJECT COSTS	_____	_____
Federal Request	_____	
Non-Federal Amount		_____

# RISK ASSESSMENT QUESTIONNAIRE

Organization Name: \_\_\_\_\_

## I. GENERAL ASSESMENT

### 1. Organization Experience with Similar Project(s):

Response (X)

5 + years	
3-5 years	
0-3 years	

Comments: If applicable, were the projects completed on time and within budget?

### 2. Organization experience with State or Federal Funds:

5 + years	
3-5 years	
0-3 years	

Comments:

### 3. Organization experience with FTA Grant program(s):

5 + years	
3-5 years	
0-3 years	

Comments:

### 4. Management or staff turnover or reorganization that affects this program:

No turnover or reorganization	
Little turnover or reorganization	
Significant turnover or reorganization	

Comments:

### 5. Average experience of project staff and management in the current position:

5+ years	
2-5 years	
Less than 2 years	

Comments:

### 6. Experience of staff and management with the FTA program(s):

5+ years	
2-5 years	
Less than 2 years	

Comments: Please list specific experience.

### 7. Familiarity with the program:

Have managed/conducted many similar programs in the past (5+ years' experience)	
Have managed/conducted a few similar programs	

Have minimal or no experience with this type of program	
---	--

Comments:

**8. Effective written procedures and controls for this program:**

Accounting Policy/Cash Management (2 CFR 200.302):	
Internal Controls (2 CFR 200.303):	
Travel Policy (2 CFR 200.474):	
Procurement Policy (2 CFR 200.318):	
Compensation (2 CFR 200.430):	
Conflict of Interest Policy (2 CFR 200.112):	
Equipment and Inventory Records (2 CFR 200.313):	
Formal/written and distributed to employees	
Informal policies and controls	
No policies or controls	

Comments: please attach written procedures.

### III. LEGAL ASSESSMENT

**1. Does the organization have or previously had any suit(s) filed against them within the last 5 years? (such as EEO, DBE, contractor suing for payment)**

No previous or current suits	
Has previously had a lawsuit	
Has a lawsuit	

Comments: Please provide an explanation of each historical and/or active suit, the finding(s) of the suit, and the prevailing party(ies).

**2. Organization staff that have been arrested, convicted of a felony or are currently under criminal investigation:**

No staff arrested, convicted or currently under criminal investigation	
Has staff that has been arrested, convicted or is currently under criminal investigation	

Comments:

**3. Does the organization have any violations of Federal criminal law involving fraud, bribery or gratuity violations potentially affecting the Federal award?**

No	
Yes	

Comments: If yes, provide supporting documentation.

### IV. MONITORING/AUDIT ASSESSMENT

**1. Past Audit findings from the A-133 Audit or any Internal Audits:**

No material findings	
Some findings, not material	
Has material findings	

Comments: If applicable, please discuss how corrective actions were handled for finding(s). Include timeline taken to get findings closed.



**2. Have there been any previous audit findings (i.e. other comprehensive audit, Internal Audit)?**

No material findings	
Some findings, not material	
Has material findings	

Comments:

**3. When was the last on-site monitoring visit?**

NA or Less than two years has passed since on-site visit	
Two years have passed since on-site visit	
More than two years have passed since on-site visit	

Comments: Provide the year of visit and provide details about the funding agency and project. List specific findings for each visit and provide details on how the findings were resolved.

## V. FINANCIAL SYSTEMS ASSESSMENT

**1. Does the organization have a financial management system in place to track and record program expenditures (Examples: QuickBooks, Visual Bookkeeper, Peachtree, or a Customer Proprietary System)?**

Yes, has financial management system in place	
No financial management system in place	

Comments: Please list the system used and length of time in use.

**2. Does the accounting system identify the receipts and expenditures of program funds separately for each award?**

Accounting system identifies receipts and expenditures of program funds separately for each award	
Accounting system identifies receipts and expenditures of program funds but does not separate for each award	
Accounting system does not identify receipts and expenditures of program funds	

Comments:

**3. Does the organization have a time and accounting system to track time and expenditures by budget category?**

Yes, Organization has a time and accounting system to track time and expenditures by cost objective	
Organization has a time and accounting system but does not track time and expenditures by cost objective	
Organization does not have a time and accounting system to track time and expenditures	

Comments:

**4. Does the organization maintain appropriate internal controls? (Reconciliation checks and balances are in place, duties are segregated, the final approval for payment is made by a different individual than the check/warrant signer)**

Yes	
No	

Comments:

## V. CAPITAL ASSET TRACKING

**1. Has the organization leased any FTA funded equipment to private operators, other public entities, or non-profit organizations?**

No	
Yes, with prior written approval from FTA	
Yes, without prior written approval from FTA	

**2. Explain the organization's control system to prevent and investigate loss, damage, or theft of property.**

Comments: If applicable, please attach written policy

# RISK ASSESSMENT SCORE CARD

Organization Name:

Once column B is completed STA staff will calculate the risk assessment

## I. GENERAL ASSESMENT

Complete this section using the score in column C that corresponds to answer

### 1. Organization Experience with Similar Project(s):

Response (X)

5 + years		1	
3-5 years		3	
0-3 years		5	

Comments: If applicable, were the projects completed on time and within budget?

### 2. Organization experience with State or Federal Funds:

5 + years		1	
3-5 years		3	
0-3 years		5	

Comments:

### 3. Organization experience with FTA Grant program(s):

5 + years		1	
3-5 years		3	
0-3 years		5	

Comments:

### 4. Management or staff turnover or reorganization that affects this program:

No turnover or reorganization		1	
Little turnover or reorganization		3	
Significant turnover or reorganization		5	

Comments:

### 5. Average experience of project staff and management in the current position:

5+ years		1	
2-5 years		3	
Less than 2 years		5	

Comments:

### 6. Experience of staff and management with the FTA program(s):

5+ years		1	
2-5 years		3	
Less than 2 years		5	

Comments: Please list specific experience.

### 7. Familiarity with the program:

Have managed/conducted many similar programs in the past (5+ years' experience)		1	
Have managed/conducted a few similar programs		3	
Have minimal or no experience with this type of program		5	

Comments:

### 8. Effective written procedures and controls for this program:

Accounting Policy/Cash Management (2 CFR 200.302):			
Internal Controls (2 CFR 200.303):			
Travel Policy (2 CFR 200.474):			
Procurement Policy (2 CFR 200.318):			
Compensation (2 CFR 200.430):			
Conflict of Interest Policy (2 CFR 200.112):			
Equipment and Inventory Records (2 CFR 200.313):			
Formal/written and distributed to employees		1	
Informal policies and controls		3	
No policies or controls		5	

Comments: please attach written procedures.

### III. LEGAL ASSESSMENT

**1. Does the organization have or previously had any suit(s) filed against them within the last 5 years? (such as EEO, DBE, contractor suing for payment)**

No previous or current suits		1	
Has previously had a lawsuit		3	
Has a lawsuit		5	

Comments: Please provide an explanation of each historical and/or active suit, the finding(s) of the suit, and the prevailing party(ies).

**2. Organization staff that have been arrested, convicted of a felony or are currently under criminal investigation:**

No staff arrested, convicted or currently under criminal investigation		1	
Has staff that has been arrested, convicted or is currently under criminal investigation		5	

Comments:

**3. Does the organization have any violations of Federal criminal law involving fraud, bribery or gratuity violations potentially affecting the Federal award?**

No		1	
Yes		5	

Comments: If yes, provide supporting documentation.

### IV. MONITORING/AUDIT ASSESSMENT

**1. Past Audit findings from the A-133 Audit or any Internal Audits:**

No material findings		1	
Some findings, not material		3	
Has material findings		5	

Comments: If applicable, please discuss how corrective actions were handled for finding(s). Include timeline taken to get findings closed.

**2. Have there been any previous audit findings (i.e. other comprehensive audit, Internal Audit)?**

No material findings		1	
Some findings, not material		3	
Has material findings		5	

Comments:

**3. When was the last on-site monitoring visit?**

NA or Less than two years has passed since on-site visit		1	
Two years have passed since on-site visit		3	
More than two years have passed since on-site visit		5	

Comments: Provide the year of visit and provide details about the funding agency and project. List specific findings for each visit and provide details on how the findings were resolved.

### V. FINANCIAL SYSTEMS ASSESSMENT

**1. Does the organization have a financial management system in place to track and record program expenditures (Examples: QuickBooks, Visual Bookkeeper, Peachtree, or a Customer Proprietary System)?**

Yes, has financial management system in place		1	
No financial management system in place		5	

Comments: Please list the system used and length of time in use.

**2. Does the accounting system identify the receipts and expenditures of program funds separately for each award?**

Accounting system identifies receipts and expenditures of program funds separately for each award		1	
Accounting system identifies receipts and expenditures of program funds but does not separate for each award		3	
Accounting system does not identify receipts and expenditures of program funds		5	

Comments:

**3. Does the organization have a time and accounting system to track time and expenditures by budget category?**

Yes, Organization has a time and accounting system to track time and expenditures by cost objective		1	
Organization has a time and accounting system but does not track time and expenditures by cost objective		3	
Organization does not have a time and accounting system to track time and expenditures		5	

Comments:

4. Does the organization maintain appropriate internal controls? (Reconciliation checks and balances are in place, duties are segregated, the final approval for payment is made by a different individual than the check/warrant signer)			
Yes		1	
No		5	

Comments:

V. CAPITAL ASSET TRACKING

1. Has the organization leased any FTA funded equipment to private operators, other public entities, or non-profit organizations?			
No		1	
Yes, with prior written approval from FTA		3	
Yes, without prior written approval from FTA		5	

2. Explain the organization's control system to prevent and investigate loss, damage, or theft of property.			
---	--	--	--

Comments: If applicable, please attach written policy

Risk Level	Range	Action
Highest Risk	72-105	Annual Site-Visit/Inspections, Quarterly Desk
Moderate Risk	36-71	Detailed Backup Documentation, Quarterly Desk
Lowest Risk	0-35	Regular monitoring requirements

## Section 5310 Grant Application Scoring Criteria

Category	Points Possible	Points Awarded
Risk Assessment Questionnaire (separate)	35	
Description of Service Improvements	40	
Regional Transportation Needs	15	
Performance Measures	15	
Management	20	
Supplemental Information	5	
<b>Total</b>	<b>135</b>	

**Project Title:** \_\_\_\_\_

**Applicant:** \_\_\_\_\_

**Scorer:** \_\_\_\_\_

## Section 5310 Grant Application Scoring Criteria

Instructions: Each category in the scoring criteria includes questions and corresponding criteria that scorers will use to grade the project application and determine its eligibility for funding.

### Category: Description of Service Improvements (40 points)

*Does the agency provide an adequate description of the project?*

(Based on Section II Questions 1, 2, & 4)

Criteria	Score	Comments
Does the agency give a clear description of the service it will provide and the population it will serve? <i>10 points</i>		
Does the agency describe the barriers it seeks to overcome in providing transportation options to seniors and individuals with disabilities? <i>10 points</i>		
Does the agency describe how many seniors and individuals with disabilities the project will benefit? <i>10 points</i>		
Does the agency provide a methodology of how they calculated the number of seniors and individuals with disabilities that will benefit from the project? <i>10 points</i>		
<b>Total Score</b> Out of 40 possible points		

### Category: Regional Transportation Needs (15 points)

*Does the project identify gaps and unmet needs in the context of the regional transportation system?*

(Based on Section II Question 3 & Section III Question 2)

Criteria	Score	Comments
Does the applicant cite specific needs/strategies from the <i>Spokane County Coordinated Public Transit-Human Services Transportation Plan</i> ? <i>15 points</i>		
<b>Total Score</b> Out of 15 possible points		

**Category: Performance Measures (15 points)**

*How does the applicant intend to measure the benefit provided by the project, according to the performance measures?*

(Based on Section II)

**CAPITAL PROJECTS ONLY:**

Criteria	Score	Comments
Does the agency explain what additions or changes will be made from the project? <i>5 points</i>		
Does the agency provide a methodology to gather data regarding one-way trips provided annually for seniors and individuals with disabilities on 5310-funded vehicles? <i>10 points</i>		
<b>Total Score</b> Out of 15 possible points		

**Category: Performance Measures (15 points)**

*How does the applicant intend to measure the benefit provided by the project, according to the performance measures?*

(Based on Section II)

**OPERATING PROJECTS ONLY:**

Criteria	Score	Comments
Does the agency describe how the project will increase or enhance the availability of transportation services? <i>5 points</i>		
Does the agency provide a methodology to gather data regarding one-way trips provided annually for seniors and individuals with disabilities on 5310-funded vehicles? <i>10 points</i>		
<b>Total Score</b> Out of 15 possible points		

**Category: Management (20 points)**



*Based on this explanation of its experience, is the applicant able to implement and manage the project?*

(Based on Section III Questions 1, 2, & 3)

Criteria	Score	Comments
Does the agency adequately explain its experience in providing transportation services? <i>5 points</i>		
Does the agency describe the management team qualifications and experience? <i>5 points</i>		
Does the agency have a plan to continue this project or service after project expiration? <i>10 points</i>		
<b>Total Score</b> Out of 20 possible points		

**Category: Supplemental Information (5 points)**

*Does the agency include supplemental information that provides additional insight into the project specifics?*

(Based on Section IV)

Criteria	Score	Comments
Does the agency provide any supplemental information that enhances your understanding of the transportation needs addressed by the project, specific characteristics of the service provided, and the agency's role in regional planning, etc.? <i>5 points</i>		

<b>Total Project Score</b> Out of 135 possible points	
--	--

**Additional Comments:**

Program: \_\_\_\_\_ (name) \_\_\_\_\_ Logic Model  
Situation: \_\_\_\_\_

Inputs <i>What we Invest</i>	Outputs <i>Activities                      Participation</i>		Outcomes -- Impact <i>Short                      Medium                      Long</i>		
Assumptions			External Factors		

**Program:** \_\_\_\_\_ **(Sample) Non-profit 5310 Vehicle Purchase** \_\_\_\_\_ **Logic Model**  
**Situation:** Inadequate equipment and resources to meet transportation needs of clients

Inputs <i>What we invest</i>	Outputs		Outcomes -- Impact		
	<i>Activities</i>	<i>Participation</i>	<i>Short</i>	<i>Medium</i>	<i>Long</i>
Funding	Driver Training	Seniors	"X" rides provided	Increase ridership of target population	Promote mobility of target population
Technology	Program outreach	Individuals with Disabilities	"X" target population served	Increased awareness of transportation resource	Increased access to transportation options
Staff	Ride scheduling	Health care providers	"X" drivers trained		
Volunteers	Trip data gathered	Community Partners	"X" outreach activities	Increased community partners	Meet program goals
Technical Assistance		Volunteers	Maintenance completed		

#### Assumptions

Drivers/Volunteers available, funding will be adequate

#### External Factors

Continued need for transportation for target population

## Logic Model Descriptions

### Situation

This is a description of a challenge, issue, or an opportunity the program's resources and activities will be addressing. The situation will be used as a basis to explain activity direction and the overall goal seeking to be achieved by the program.

### Inputs

These are resources that contribute to the program's activities. There are human resources (i.e. faculty, staff, drivers, etc.) and financial resources (i.e. federal, state and local government, private funding, etc.). These are programmatic investments available to support the program.

### Output Activities

These are the integrated efforts to address the situation and to highlighting those activities that were instrumental in the achievement of the program's goals. This is critical to the full evaluation of the program, because it provides an answer to the situation and explains the outcomes.

### Output Participants

Participants, clients, organizations, agencies, decision-makers, and/or customers reached by the activities.

### Outcomes Short

This occurs when there is a change in knowledge, awareness, skills, attitudes, opinions and intent. This also occurs when services are provided, and metrics are recorded.

### Outcomes Medium

This occurs when there is a change in behaviors, decision-making and actions. These changes demonstrate how the knowledge gained or increased has been used.

### Outcomes Long

This occurs when there is a change in conditions and experiences that have been a result of the changed behaviors and services provided.

### Assumptions

These are beliefs about the program, people involved and how the program is perceived to work. Assumptions include ideas about the program or situation; the resources and staff; the external environment; the knowledge base; and the internal environment.

### External Factors

These are aspects external to the program that influence the way the program operates, and are influenced by the program. Elements that affect the program over which there is little control.



**5310 Subrecipient  
Quarterly Progress Report**

**Report for quarter ending:**  
**Year:**

☐ **March**  
☐ **2021**

☐ **June**  
☐ **2022**

☐ **September**

☐ **December**

*Reports are due on the 20<sup>th</sup> day of the following month.*

**Project Name/Grant ID #:**

**1. Progress Narrative** (Please provide descriptions of project-related work during the quarter.)

A. Describe project activities for seniors and people with disabilities in Spokane County and the nature and size of unmet transportation needs for this population. Include the geographic area served, total number served (unduplicated), total number of rides provided, total number of hours driven, total number of miles, total number of volunteer drivers utilized, total number of volunteer mileage reimbursed in the quarter (as applicable), total number of Seniors served, and total number of Individuals with Disabilities served.

Geographic Area Served	
Total Number Served (Unduplicated)	
Total Number of Rides Provided	
Total Number of Hours	
Total Number of Miles	
Total Number of Volunteer Drivers Utilized	
Total Number of Volunteer Miles Reimbursed	
Total Number of Seniors Served	
Total Number of Individuals with Disabilities Served	

B. Describe project efforts to address unmet transportation needs.

C. Describe current coordination efforts and activities to identify new transportation resources.

D. Describe service improvements and their impacts to the community, seniors and/or citizens with disabilities.  
*Examples could include increases or enhancements related to geographic coverage, service quality, and/or service times that impact availability of transportation services for seniors and individuals with disabilities.*

E. Describe any challenges encountered and any significant changes to the project you foresee as a result.

F. Describe any physical improvements: additions or changes to physical infrastructure (e.g. transportation facilities, sidewalks, etc.), technology, and vehicles as applicable.

G. Describe your outreach efforts to Limited English Proficiency (LEP), minority and low-income populations as it relates to this project.

## 2. Complaints & Lobbying

A. Report EEO complaints, Title VI complaints, and ADA complaints. Describe complaint(s), investigation activities, and resolution.

B. For awards over \$100,000, describe lobbying activities conducted during the quarter and if there has been an SF-LLL form submitted in record of these activities. Please attach for to this report.

Any lobbying activities this quarter?    ☐Y        ☐N  
 SF-LLL form submitted?                      ☐Y        ☐N  
 Applicable?                                      ☐Y        ☐N

## 3. Vehicle Records

Attach records for each vehicle including oil changes, tires, lift/ramp maintenance, accessibility features maintenance, damages, and warranty claims.

Vehicle maintenance records?            ☐Y        ☐N  
 Warranty claims?                              ☐Y        ☐N  
 Applicable?                                      ☐Y        ☐N

## 4. Project Manager Certification

*(Completion of this section certifies that the above information is true and accurate to the best of your knowledge.)*

<b>Project Manager:</b>	<b>Email:</b>
<b>Title:</b>	<b>Phone:</b>
<b>Signature of Authorized Person Completing Form:</b>	<b>Date:</b>