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January 30, 2017

TO: Madison County Transportation Disadvantaged Coordinating Board

FROM: Lynn Godfrey, AICP, Senior Planner

SUBJECT: Meeting Announcement

The Madison County Transportation Disadvantaged Coordinating Board will meet Monday, February 6, 2017 at 1:00 p.m. in the meeting room of the Madison County Courthouse Annex located at 112 E. Pinckney Street, Madison, Florida. All Board members are encouraged to attend this meeting.

Attached is the meeting agenda and supporting materials. If you have any questions, please do not hesitate to contact me at extension 110.

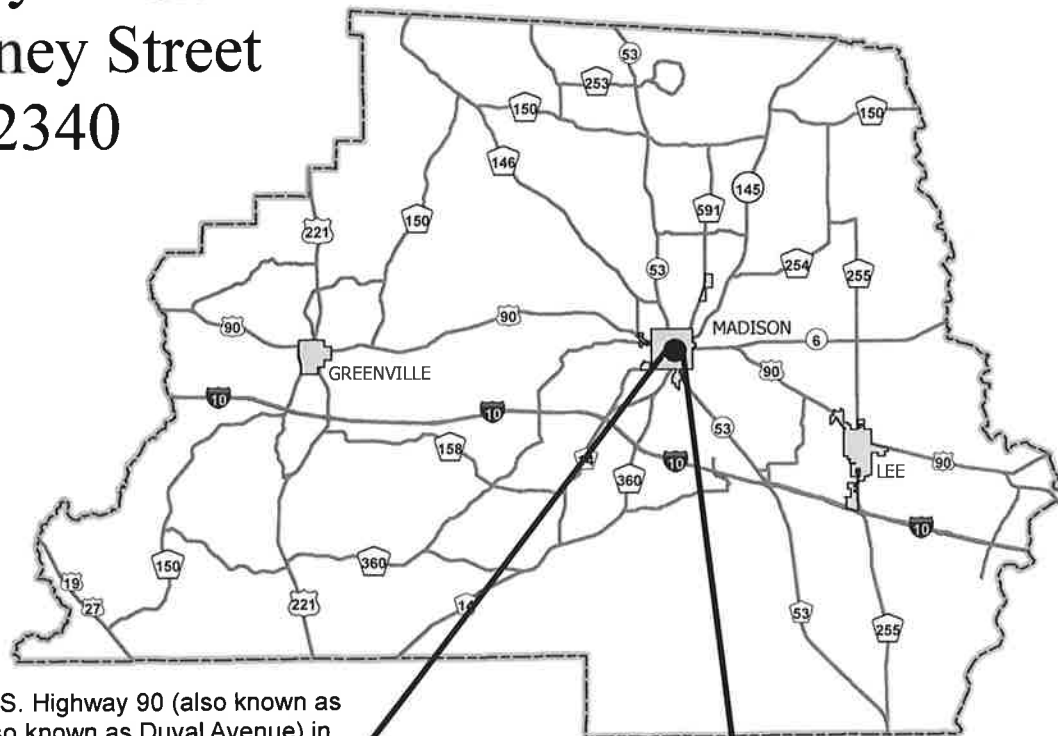
Attachments

t:\lynn\td2017\madison\memos\feb.docx

Dedicated to improving the quality of life of the Region's citizens,
by coordinating growth management, protecting regional resources,
promoting economic development and providing technical services to local governments.

Madison County Courthouse Annex

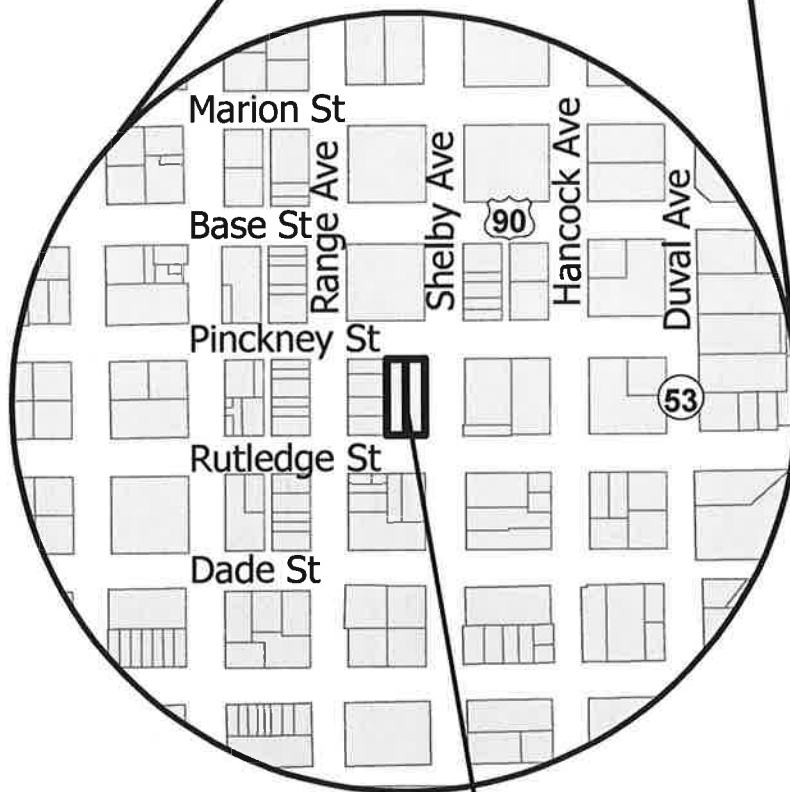
112 East Pinckney Street
Madison, FL 32340



Directions: From the intersection U.S. Highway 90 (also known as Base Street) and State Road 53 (also known as Duval Avenue) in the City of Madison, turn West onto U.S. Highway 90 (also known as Base Street), travel two blocks to Shelby Avenue, turn left (South) onto Shelby Avenue, travel one block to Pinckney Street, turn right (West) and the Madison County Courthouse Annex will be on the left, on the South side of Pinckney Street.



1 inch = 500 feet



Madison County
Courthouse Annex





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**MADISON COUNTY
TRANSPORTATION DISADVANTAGED COORDINATING BOARD
BUSINESS MEETING ANNOUNCEMENT AND AGENDA**

Madison County Courthouse Annex
112 E. Pinckney Street
Madison, Florida 32340

Monday
February 6, 2017
1:00 p.m.

I. BUSINESS MEETING – CALL TO ORDER

A. Introductions

B. Approval of the Meeting Agenda

ACTION REQUIRED

**C. Approval of the November 14, 2016
Minutes**

Page 7

ACTION REQUIRED

II. NEW BUSINESS

**A. Community Transportation
Coordinator Designation**

Page 11

NO ACTION REQUIRED

Staff will discuss the process used to designate the Community Transportation
Coordinator for Madison County

**B. Madison County Transportation
Disadvantaged Service Plan Amendments**

Page 15

ACTION REQUIRED

The Board needs to review and approve amendments to the Madison County
Transportation Disadvantaged Service Plan

C. Big Bend Transit Ridership Report

Page 71

NO ACTION REQUIRED

III. OTHER BUSINESS

A. Comments

1. Members

2. Citizens

IV. FUTURE MEETING DATES

A. May 8, 2017 at 1:00 p.m.

B. September 11, 2017 at 1:00 p.m.

C. November 6, 2017 at 1:00 p.m.

**** Please note that this is a tentative meeting schedule, all dates and times are subject to change.**

If you have any questions concerning the enclosed materials, please do not hesitate to contact me at 1-800-226-0690, extension 110.

**MADISON COUNTY
TRANSPORTATION DISADVANTAGED COORDINATING BOARD**

MEMBER/REPRESENTING	ALTERNATE/REPRESENTING
Commissioner Ronnie Moore Local Elected Official/Chair Grievance Committee Member	Not Applicable
Sandra Collins Florida Department of Transportation	Janell Damato Florida Department of Transportation
Steve Russell Florida Department of Children and Families	Vacant Florida Department of Children and Families
Vacant Florida Department of Education	Vacant Florida Department of Education
Rosa Richardson Florida Department of Elder Affairs	Margaret Minter Florida Department of Elder Affairs
Deweese Ogden Florida Agency for Health Care Administration	Pamela Hagley Florida Agency for Health Care Administration
Diane Head Regional Workforce Development Board Grievance Committee Member	Anthony Jennings Regional Workforce Development Board
Matthew Pearson, Vice-Chair Florida Association for Community Action Grievance Committee Member Term ending June 30, 2017	Vacant Florida Association for Community Action Term ending June 30, 2017
Lori Newman Public Education Grievance Committee Member	Vacant Public Education
Oliver Bradley Veterans Term ending June 30, 2017	Vacant Veterans Term ending June 30, 2017
Shanetha Mitchell Citizen Advocate Term ending June 30, 2018 Grievance Committee Member	Vacant Citizen Advocate Term ending June 30, 2018
Vacant Citizen Advocate - User Term ending June 30, 2018	Vacant Citizen Advocate - User Term ending June 30, 2018
Vacant Persons with Disabilities Term ending June 30, 2018	Vacant Persons with Disabilities Term ending June 30, 2018
Vacant Elderly Term ending June 30, 2017	Vacant Elderly Term ending June 30, 2017
Leila C. Rykard Medical Community Term ending June 30, 2019	Kimberly Allbritton Medical Community Term ending June 30, 2019
Vacant Children at Risk Term ending June 30, 2019	Vacant Children at Risk Term ending June 30, 2019
Vacant Private Transit Term ending June 30, 2019	Vacant Private Transit Term ending June 30, 2019

Note: Unless specified, members and alternates serve at the pleasure of the North Central Florida Regional Planning Council.

**MADISON COUNTY
TRANSPORTATION DISADVANTAGED COORDINATING BOARD
MEETING MINUTES**

County Commission Meeting Room
Madison County Courthouse Annex
Madison, Florida

Monday
November 14, 2016
1:00 p.m.

VOTING MEMBERS PRESENT

Commissioner Ronnie Moore, Chair
Shanetha Mitchell, Citizen Advocate
Matthew Pearson representing Florida Association for Community Action Representative
Sheryl Rehberg, Workforce Development Board Representative
Steve Russell, Florida Department of Children and Families
Leila Rykard, Medical Community Representative

VOTING MEMBERS ABSENT

Oliver Bradley, Veterans Representative
Sandra Collins, Florida Department of Transportation Representative
Lori Newman, Public Education Representative
Deweece Ogden, Florida Agency for Health Care Administration
Rosa Richardson, Florida Department of Elder Affairs Representative

OTHERS PRESENT

Robert Adams, Big Bend Transit
Paula Arnold, ARC of Big Bend, Inc.
Shawn Mitchell, Big Bend Transit

STAFF PRESENT

Lynn Godfrey, North Central Florida Regional Planning Council

I. BUSINESS MEETING CALL TO ORDER

Chairman Moore called the meeting to order at 1:04 p.m.

A. Introductions

Chairman Moore asked everyone to introduce themselves.

B. Approval of the Meeting Agenda

ACTION: Matthew Pearson moved to approve the meeting agenda. Shanetha Mitchell seconded; motion passed unanimously.

C. Approval of the September 12, 2016 Minutes

ACTION: Steve Russell moved to approve the September 12, 2016 minutes. Matthew Pearson seconded; motion passed unanimously.

II. NEW BUSINESS

A. Annual Performance Evaluation

Ms. Lynn Godfrey, North Central Florida Regional Planning Council Senior Planner, stated that the Board is required to annually evaluate Big Bend Transit's performance as the Community Transportation Coordinator for Madison County. She discussed Big Bend Transit's draft annual performance evaluation.

ACTION: Sheryl Rehberg moved to approve Big Bend Transit's annual performance evaluation. Leila Rykard seconded; motion passed unanimously.

B. 2015/16 Annual Operations Report

Ms. Godfrey stated that Big Bend Transit is required to submit an annual operations report to the Florida Commission for the Transportation Disadvantaged by September 15 of each year. She said the Board is required to review the Annual Operations Report.

The Board reviewed the Annual Operations Report.

C. Appoint Grievance Committee Members

Chair Moore asked for volunteers to serve on the Grievance Committee.

Shanetha Mitchell volunteered to serve on the Grievance Committee. Sheryl Rehberg said she will ask her replacement, Ms. Diane Head, if she will serve on the Grievance Committee.

ACTION: Matthew Pearson moved to approve the appointments of Shanetha Mitchell and Diane Head on the Grievance Committee. Sheryl Rehberg seconded; motion passed unanimously.

D. Big Bend Transit Ridership Report

Mr. Shawn Mitchell, Big Bend Transit General Manager, presented Big Bend Transit's Ridership Report.

III. OTHER BUSINESS

A. Comments

1. Members

There were no member comments.

2. Citizens

There were no citizen comments.

IV. FUTURE MEETING DATES

Chairman Moore stated that the next meeting of the Board will be held February 6, 2017 at 1:00 p.m.

ADJOURNMENT

The meeting adjourned at 1:30 p.m.

Coordinating Board Chairperson

Date



January 30, 2017

TO: Madison County Transportation Disadvantaged Coordinating Board
FROM: Lynn Godfrey, AICP, Senior Planner
SUBJECT: Madison County Community Transportation Coordinator Designation

RECOMMENDATION:

For information only. No action required.

BACKGROUND:

The North Central Florida Regional Planning Council is the Designated Official Planning Agency for Madison County under Florida's Transportation Disadvantaged Program. The Florida Commission for the Transportation Disadvantaged requires the designated official planning agency use a competitive request for proposals selection process to recommend a Community Transportation Coordinator at the end of each contract period.

Big Bend Transit, Inc. is the designated Community Transportation Coordinator for Madison County. Big Bend Transit, Inc.'s Memorandum of Agreement will expire June 30, 2017. The Council issued a request for proposals for Madison County Community Transportation Coordinator designation on January 12, 2017. The Community Transportation Coordinator final designation will be effective July 1, 2017. Attached is the request for proposals schedule.

If you have any questions concerning this matter, please do not hesitate to contact me.

Attachment

t:\lynn\td2017\madison\memos\rfp.docx

B. REQUEST FOR PROPOSALS- SCHEDULE

Proposals will be opened **March 3, 2017 at 3:05 p.m., Eastern Standard Time**, in the North Central Florida Regional Planning Council Charles F. Justice Conference Room, 2009 NW 67th Place, Gainesville, Florida.

In order to review the requirements of this Request for Proposals and provide answers to questions from interested agencies/firms, a **mandatory** pre-proposal conference will be held **February 2, 2017 at 11:00 a.m., Eastern Standard Time, in the North Central Florida Regional Planning Council Charles F. Justice Conference Room, 2009 NW 67th Place, Gainesville, Florida. Attendance at this pre-proposal conference is mandatory. Agencies or firms that are not represented at the pre-proposal conference may not submit a proposal.** Inquiries about this Request for Proposals must be made in person at the pre-proposal conference. Firms and agencies represented will have an opportunity to clarify any information contained in the request for proposals at the pre-proposal conference. No statements made during the conference will be considered binding changes to this solicitation unless they are subsequently issued as written addenda to this solicitation.

Any request for approved substitutes must be received in writing by the North Central Florida Regional Planning Council **no less than fifteen (15) full working days** before the date of scheduled proposal opening date. A response will be postmarked at least **five (5) full working days** before the date of scheduled proposal delivery. If it is determined that the proposal delivery date should be extended, the North Central Florida Regional Planning Council will inform all proposers who have been furnished a copy of the Request for Proposals and appropriate addenda will be issued rescheduling the proposal delivery date.

The following is the anticipated schedule for designation of the firm or agency as the Madison County Community Transportation Coordinator. If there are changes to the meeting dates, each agency/firm that submits a proposal will be notified.

Request for Proposals Advertised	January 12, 2017
Mandatory Pre-Proposal Conference	February 2, 2017 11:00 a.m. - 12:00 p.m. Eastern Standard Time
Proposals Due	March 3, 2017 at 3:00 p.m. Eastern Standard Time
Proposal Opening	March 3, 2017 at 3:05 p.m. Eastern Standard Time
North Central Florida Regional Planning Council Meeting	March 30, 2017
Florida Commission for the Transportation Disadvantaged Meeting - Final Designation	May 2017
Service Start Up	July 1, 2017



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January 30, 2017

TO: Madison County Transportation Disadvantaged Coordinating Board
FROM: Lynn Godfrey, AICP, Senior Planner
SUBJECT: Madison County Transportation Disadvantaged Service Plan Amendments

RECOMMENDATION

Approve the Madison County Transportation Disadvantaged Service Plan amendments.

BACKGROUND

Projects selected for funding under Moving Ahead for Progress in the 21st Century (MAP-21) Act programs must be derived from a Coordinated Public Transit-Human Services Transportation Plan. The Plan must be developed through a process that includes representatives of public, private, and nonprofit transportation and human services providers and participation by the public.

In addition, according to the Florida Administrative Code 41-2.011(6):

“In cooperation with the local Coordinating Board, the Community Transportation Coordinator shall review all applications for local government, federal and state transportation disadvantaged funds submitted from or planned for use in their designated service area.”

Attached are draft amendments to the Madison County Transportation Disadvantaged Service Plan that meet the Federal and State requirements. Also, attached are the grant applications for U.S.C. Section 5310 and 5311 grant funds.

If you have any questions concerning this matter, please do not hesitate to contact me.

Attachments

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3. Barriers to Coordination

Medicaid non-emergency transportation services are no longer coordinated through Florida's Coordinated Transportation System in Madison County. In May 2014, the Florida Agency for Health Care Administration implemented Florida's Managed Medical Care Program. The Managed Medical Care Program requires Managed Medical Assistance Plans to provide transportation to their enrollees who have no other means of transportation available.

The Managed Medical Assistance Plans provide transportation services directly through their own network of transportation providers. According Chapter 2 of the Florida Agency for Health Care Administration Transportation Coverage, Limitations and Reimbursement Handbook, July 1997, "Medicaid is required by Chapter 427, Florida Statutes to purchase transportation services through the designated Community Transportation Coordinator, unless those services are not cost effective or the Community Transportation Coordinator does not coordinate Medicaid transportation services."

4. Needs Assessment

United States Code Section 5310 Grant Program

PROJECT	PROJECT YEAR	AREAS AFFECTED BY PROJECT	ESTIMATED COST	FUNDING SOURCE
Purchase two vehicles with cameras	2017/18	Madison County	\$127,121.60	United States Code Section 5310
			\$15,890.20	Florida Department of Transportation
			\$15,890.20	Big Bend Transit
Purchase one replacement vehicle to provide transportation to individuals with disabilities for employment and to the Life Skills Development Center.	2017/18	Madison County	\$34,413.60	United States Code Section 5310
			\$4,301.70	Florida Department of Transportation
			\$4,301.70	The ARC of Big Bend, Inc.
Service expansion	2015/16	Madison County	\$36,150	United States Code Section 5310
			\$36,245	The ARC of Big Bend, Inc.

United States Code Section 5311 Grant Program

PROJECT	PROJECT YEAR	AREAS AFFECTED BY PROJECT	ESTIMATED COST	FUNDING SOURCE
Operation and management of coordinated transportation system.	2017/18	Madison County	\$232,430	United States Code Section 5311
			\$232,430	Big Bend Transit

United States Code Section 5339 Grant Program

PROJECT	PROJECT YEAR	AREAS AFFECTED BY PROJECT	ESTIMATED COST	FUNDING SOURCE
Purchase two vehicles to provide transportation to individuals with disabilities for employment and to the Life Skills Development Center.	2015/16	Madison County	\$71,523	United States Code Section 5339
			\$8,940	Florida Department of Transportation
			\$8,941	The ARC of Big Bend, Inc.

Rural Area Capital Assistance Program

PROJECT	PROJECT YEAR	AREAS AFFECTED BY PROJECT	ESTIMATED COST	FUNDING SOURCE
Purchase fleet monitoring software system	2014/15	Gadsden, Madison, Jefferson and Taylor Counties	\$101,578	Rural Area Capital Assistance Program Grant
Purchase replacement vehicle			\$11,236	Big Bend Transit

Transportation Disadvantaged Trust Fund Grant

PROJECT	PROJECT YEAR	AREAS AFFECTED BY PROJECT	ESTIMATED COST	FUNDING SOURCE
Provide trips to transportation disadvantaged individuals.	2016/17	Madison County	\$247,077	Transportation Disadvantaged Trust Fund
			\$27,453	Big Bend Transit



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**STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
GRANT APPLICATION**

The Arc Big Bend submits this Application for the Section 5310 Program Grant and agrees to comply with all assurances and exhibits attached hereto and by this reference made a part thereof, as itemized in the Checklist for Application Completeness.

The Arc Big Bend further agrees, to the extent provided by law (in case of a government agency in accordance with Sections 129.07 and 768.28, Florida Statutes) to indemnify, defend and hold harmless FDOT and all of its officers, agents and employees from any claim, loss, damage, cost, charge, or expense arising out of the non-compliance by the Agency, its officers, agents or employees, with any of the assurances stated in this Application.

This Application is submitted on this 1st day of December, 20 16 with two (2) original resolutions or certified copies of the original resolution authorizing Tim Ressler, Executive Director to sign this Application.

Agency Name: The Arc Big Bend, Inc.

By: Tim Ressler Date 12/1/16

Title Executive Director



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RESOLUTION NUMBER-11-16-1

THIS RESOLUTION of *The Arc Big Bend, Inc.* (hereinafter the "Applicant") authorizes the below named designee on behalf of the Applicant, to sign and submit grant application(s) required supporting documents, certifications and assurances to the Florida Department of Transportation, to accept grant award(s) from and to execute and administer related joint participation agreement(s) with the Florida Department of Transportation, and to purchase vehicles and/or equipment and/or expend grant funds pursuant to grant award(s).

WHEREAS, the Applicant desires to and has the fiscal and managerial capability, matching funds and legal authority to apply for and accept grants and make purchases and/or expend funds pursuant to grant awards made by the Florida Department of Transportation as authorized by Chapter 341, Florida Statutes and/or by the Federal Transit Administration Act of 1964, as amended, including but not limited to 49 U.S.C Sections 5310 and 5311, where applicable.

NOW, THEREFORE BE IT RESOLVED BY THE APPLICANT:

1. The above recitals are true and correct and are incorporated herein as if fully set forth in the body of this Resolution.
2. This resolution applies to Federal Program(s) under 49 U.S.C. Section(s) 5310 Formula Grants for the Enhanced Mobility of Seniors and Individuals with Disabilities
3. The submission of grant application(s) required supporting documents, certifications and assurances to the Florida Department of Transportation is approved.
4. **Tim Ressler, Executive Director** or his/her duly appointed successor in title is hereby designated and authorized to on behalf of the Applicant, sign and submit application(s) and all required supporting documents, give all required certifications and assurances, accept grant award(s) from and execute and administer related joint participation agreement(s) with the Florida Department of Transportation, purchase vehicles/equipment and/or expend grant funds pursuant to a grant award, unless and until this authorization is specifically rescinded and written notice thereof is sent by certified mail, return receipt requested, to and received by the Florida Department of Transportation at the following address: **Attention: Doreen Joyner-Howard, AICP, District Modal Development Manager, Florida Department of Transportation, 2198 Edison Avenue, MS 2806, Jacksonville, FL 32204-2730.**
5. **Tim Ressler, Executive Director** is also hereby designated and authorized to sign requests for Joint Participation Agreement Time Extensions as may be required.



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The foregoing resolution was **DULY PASSED, ADOPTED AND** became **EFFECTIVE** at a duly called and convened meeting of the Applicant held on the 10th day of November, 2016

By: *Carson Cherry*
(Original Signature, Chairman of the Board)
Carson Cherry, Chairman

ATTEST:

Lucille B. Day (Stamp corporate seal here :)
(Original Signature, Clerk/Secretary)
Lucille Day, Secretary

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>		
* 3. Date Received: <input type="text" value="Not applicable"/>		4. Applicant Identifier: <input type="text" value="Not applicable"/>
5a. Federal Entity Identifier: <input type="text" value="Not applicable"/>		5b. Federal Award Identifier: <input type="text"/>
State Use Only:		
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text" value="1001"/>
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text" value="The Arc Big Bend, Inc."/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="59-1568446"/>		* c. Organizational DUNS: <input type="text" value="1197941880000"/>
d. Address:		
* Street1: <input type="text" value="122 SW Commerce Drive"/>		
Street2: <input type="text" value="P.O Box 912"/>		
* City: <input type="text" value="Madison"/>		
County/Parish: <input type="text" value="Madison"/>		
* State: <input type="text" value="FL: Florida"/>		
Province: <input type="text"/>		
* Country: <input type="text" value="USA: UNITED STATES"/>		
* Zip / Postal Code: <input type="text" value="32341"/>		
e. Organizational Unit:		
Department Name: <input type="text" value="not applicable"/>		Division Name: <input type="text" value="not applicable"/>
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text" value="Mrs."/>		* First Name: <input type="text" value="Paula"/>
Middle Name: <input type="text"/>		
* Last Name: <input type="text" value="Arnold"/>		
Suffix: <input type="text"/>		
Title: <input type="text" value="Community Development Consultant"/>		
Organizational Affiliation: <input type="text" value="Contracted Consultant"/>		
* Telephone Number: <input type="text" value="850-973-4614 Ext 301"/>		Fax Number: <input type="text" value="850-973-4334"/>
* Email: <input type="text" value="pmarnold@thearcbigbend.org"/>		

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20.513

CFDA Title:

Enhanced Mobility of Seniors and Individuals with Disabilities

*** 12. Funding Opportunity Number:**

Not applicable

* Title:

Not applicable

13. Competition Identification Number:

not applicable

Title:

not applicable

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

form 424 attachment areas.doc

Add Attachment

Delete Attachment

View Attachment

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

Our application is for the capital purchase of a vehicle to transport people with disabilities for employment, as well as for social and educational needs.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424**16. Congressional Districts Of:**

* a. Applicant

FL2&3

* b. Program/Project

FL2&3

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

07/01/2017

* b. End Date:

06/30/2018

18. Estimated Funding (\$):

* a. Federal	34,413.60
* b. Applicant	4,301.70
* c. State	4,301.70
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	43,017.00

*** 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 in attachment.)**☐ Yes☒ No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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:

Mr.

* First Name:

Tim

Middle Name:

* Last Name:

Ressler

Suffix:

* Title:

Executive Director

* Telephone Number:

850-973-4614

Fax Number:

850-973-4334

* Email:

tressler@earthlink.net

* Signature of Authorized Representative:

* Date Signed:



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Attachment for Form 424 APPLICATION FOR FEDERAL ASSISTANCE

#14 List the areas affected by project:

This submission is for Madison County, Florida. It includes transport with the municipalities of Lee, Madison, and Greenville, as well as the entire rural area of the County.

EXHIBIT A: CURRENT SYSTEM DESCRIPTION

1. What is a general overview of the organization including its mission, program goals and objectives?

The Arc Big Bend was originally founded in 1974 to provide services to individuals with intellectual disabilities. Our mission is to assist persons with disabilities to live and work within their communities consistent with their interests, dignity, and self-respect. Our goal is to assist our consumers in reaching their full potential through our employment programs, life skills center, and by the identification and removal of roadblocks to their success, whenever possible.

The Arc Big Bend provides life skills development and employment services to adults with disabilities. In fulfilling this mission, we provide transport to clients to meet with potential employers for job applications and interviews, as well as transport for social, educational, and community activities. In our quest to assist our clients in obtaining and maintaining employment, we often must provide transportation at a moment's notice. Many of those we serve are unable to drive and must depend upon relatives or public transportation. In our rural area, there are many occasions when the lack of notice for the transport need does not allow an opportunity to utilize the local CTC and one of our staff members must step in to meet the transportation needs. Additionally, we have clients who participate in our life skills development program who are unable to utilize Big Bend Transit due to medical involvement. We currently have three regular clients who require transport by our staff for this reason. As a part of our life skills development program, we strive to provide opportunities for our clients to participate in community activities and to benefit from educational and social inclusion through visits to the library, museums, etc. This service is not provided by the CTC as a charter activity. We would transport up to 35 clients per trip.

2. What is the organizational structure, type of operation, number of employees, and other pertinent organizational information? Is the organization a government authority or a private non-profit agency? Include an organizational chart that shows the positions that are involved in the transit department i.e. fleet manager, vehicle maintenance. The organizational chart may be placed after this exhibit.

The Arc Big Bend is a 501(c)3 non-profit organization that is governed by our Board of Directors, who have regular quarterly meetings and meet more frequently when needed. The day to day administration is managed by the Executive Director, with assistance from his Chief Financial Officer, Program Manager, and competent staff of 52.

We do not have a separate department for transportation; however, we do regularly need to provide transport to meet our client's needs when they are unable to utilize the Big Bend Transit systems. We do have vehicle checklists and keep an excellent vehicle maintenance program. We have been able to keep our existing vehicles operational through our vigilance in this area, though this is becoming quite costly since our fleet is 12 to 14 years old. Big Bend Transit has recently agreed to provide regular maintenance to our vehicles and we would certainly accept that offer for any vehicles received through this grant process.

3. Who is responsible for insurance, training and management, and administration of the agencies transportation programs?

The Executive Director is responsible for the administration of the transportation program, as well as other day to day administration as set by our Board of Directors. Since we do not have a separate Transportation Department, our transportation management is somewhat less formal than agencies with a large fleet of vehicles. However, we provide training and cross training for employees so that we always have staff available who may meet the often "spur of the moment" requirements for transport as required by our client base. We have very clear policy on vehicle inspection and maintenance and ensure that all staff who might possibly provide that service is adequately trained. Additionally we regularly review vehicle inspection, safety, and transport at staff meetings and in-service training.

4. Who provides maintenance for the vehicles? Is it outsourced? What type of Preventative Maintenance work does the agency do on-site?

Vehicle maintenance is the responsibility of the Project Manager who ensures that all vehicles receive periodic maintenance from a local licensed mechanic. Daily inspections and checklists are completed for each vehicle prior to operation for normal safety and operational items. We are currently reviewing plans to work with the local CTC, Big Bend Transit, for a vehicle maintenance program and they have already agreed to provide maintenance for us should we receive funding through this grant application. We will seek the professional and knowledgeable guidance of our CTC to ensure that we are maintaining our very small fleet of vehicles to the best of our ability.

5. What is the agency's current number of transportation related employees?

We have five (5) employees who provide transportation to clients. We cross train staff members whenever possible to allow for transportation coverage in case of illness, etc.

6. What is a detailed description of service routes and ridership numbers?

We currently provide daily transport for 3 clients that are unable to utilize the CTC, Big Bend Transit, due to medical reasons, which include spontaneous seizures. Additionally, we provide transport for our Life Skills Development clients which total up to 35 per day for field trips for educational and recreational purposes. Some trips are local to our area; however, since we are a small rural County, we must drive in excess of 50 miles on way to reach many destinations. In our current capacity, we do not have specific routes and do not expect to set up routes for generalized transport. Secondly, we often offer transportation after normal business hours for those individuals with disabilities in our community who have employment that either extends beyond the normal business day or begins after the normal business day.

JAN 10 2017

1.1. EXHIBIT A-1: FACT SHEETName of Applicant: The Arc Big Bend, Inc.Urban Planning & Development
Modal Development

	CURRENTLY	IF GRANT IS AWARDED (Estimates are acceptable.)
1. Number of total one-way trips served by the agency PER YEAR (for entire system)* Please include calculations.	2360	2385
2. Number of one-way trips provided to seniors and individuals with disabilities PER YEAR*	2360	2385
3. Number of individual senior and disabled clients (unduplicated) PER YEAR	53	60
4. Total number of vehicles used to provide service to seniors and individuals with disabilities ACTUAL	7	7
5. Number of 5310 vehicles used to provide service to seniors and individuals with disabilities eligible for replacement ACTUAL (Refer to Vehicle Life Span chart)	0	1
6. Total fleet vehicle miles traveled to provide service to seniors and individuals with disabilities PER YEAR	33,000	33,390
7. Number of days that vehicles are in operation to provide service to seniors and individuals with disabilities AVERAGE PER WEEK	5 or more	5 or more
8. Posted hours of normal operation agency provides service to seniors and individuals with disabilities PER WEEK. (This does not include non-scheduled emergency availability)	M – F: 24 hours/day Saturday: 24 hrs/day Sunday: 24 hrs/day Total (WEEK): 238	M – F: 24 hours/day Saturday: 24 hours/day Sunday: 24 hrs/day Total (WEEK): 238

* One way passenger trip is the unit of service provided each time a passenger enters the vehicle, is transported, then exits the vehicle. Each different destination would constitute a passenger trip.

**EXHIBIT B: PROPOSED PROJECT DESCRIPTION (NOT TO EXCEED
THREE [3] PAGES WITH 1" MARGINS)**

1. How will the grant funding be used? Will more hours of service will be provided? Will it expand service to a larger geographic area? Will this funding provide shorter headways? How many more trips will be provided? Please explain in detail. If this capital request is not for a vehicle, please describe the purpose of the request.

Funding would allow us to purchase a vehicle to transport people with disabilities who are either not able to use the CTC or who require transport beyond the CTC service hours. We provide client transport for clients who are unable to utilize the local CTC due to medical issues as well as transport for employment for clients who do not have means of transportation and are unable to utilize the CTC due to time of service need, such as after 10:00 p.m. for an evening or midnight shift job, and day trips for clients of our Life Skills Development Center (LSDC) such as educational, social and entertainment. At present we are providing daily after hours employment transport for 10 individuals, six trips per day for clients who have medical issues that preclude their using the CTC, and monthly field trips for LSDC for a total of 2360 trips per year. We anticipate the ability to increase this to 2385 with dependable transportation.

2. If a grant award will be used to maintain services as described in Exhibit A, specifically explain how it will be used in the context of total service.

Our fleet ranges from 12 to 14 years old and is in various states of dis-repair. We do have a good maintenance program; however, continued maintenance and use is not efficient, effective, or safe for our clients. Funding for a new vehicle would allow the transport of clients to the LSDC and to respective employment with an efficient and safe vehicle. Additionally, we could continue and expand our transport for LSDC clients for educational and social activities. We have had to severely cut back on this service during the past year due to vehicle issues and cost.

As explained in Exhibit A, transportation is not our primary service; however, it is necessary to provide for people with disabilities in our community. There is a gap in service provided by the CTC in that the service hours stop at 10:00 p.m. leaving our clients who have evening or night jobs no transportation. While the CTC does a wonderful job for our community, they aren't able to meet all of the need and we must step in. We have been struggling to do this since all vehicles are in such poor condition and this is a service that we primarily provide at no cost to the client. The bulk of our transportation is just absorbed through other project areas such as the employment services.

3. Give a detailed explanation of the need for the vehicle and provide evidence of the need. If this capital request is not for a vehicle, please describe the need for this request.

Our existing vehicles are 12 to 14 years old and are in a constant need of repair. They were not designed for public transport and have far surpassed life expectancy. We see the need for the transport for after-hours employment and have tried to service our clients by providing transport for them to maintain employment. We provide daily transport to XX individuals with disabilities who are either not able to utilize the CTC or to whom the CTC is not available. As mentioned above, we do not collect any revenue from the

majority of our transport and that cost must be distributed among other areas. Therefore, we do not have funds to purchase an additional vehicle.

4. Will a grant award be used to replace existing equipment or purchase additional vehicles/equipment? Provide details.

We will replace our oldest and most undependable vehicle..

5. Identify vehicles/equipment being replaced and list them on the **“Current Vehicle and Transportation Equipment Inventory”** form.

This would be a 2004 Ford Free Star Van as identified on the Inventory form

6. If vehicles/equipment are proposed to be used by a lessee or private operator under contract to the applicant, identify the proposed lessee/operator.
 - a. Include an equitable plan for distribution of vehicles/equipment to lessees and/or private operators.

The vehicle would not be leased or utilized by any other than our staff.

7. Provide a brief description of the project which includes the counties served, whether the applicant shall service minority populations and whether the applicant is minority-owned.

We are a 501(c)3 non profit organization. We serve a heavy minority and low-income population. We provide services to adults with disabilities, primarily in Madison County

The project for which we are applying is to fill a gap left by the CTC in service for people with disabilities who need transportation for employment beyond the CTC's regular service hours. We are currently attempting to meet this need with our limited resources by providing transport to 48 people with disabilities for a total of 2360 trips per year. We anticipate that this number would increase some if we have more reliable means of transport. Additionally, we provide transport to our Center for clients who have medical issues that preclude the use of the CTC as well as day trips for clients to local community activities for educational, and social benefit.

8. Agencies receiving Section 5310 funds must collect both quantitative and qualitative data (detailed in the Threshold Criteria section on page 7) to capture overarching program information as part of the Section 5310 annual report. Please outline how your agency will collect the quantitative and qualitative data required as a Section 5310 sub-recipient. For example, what will the time frame be/how will it be incorporated into program operations? What tools will be used to collect the data?

We have already begun to develop a process by which we can calculate and analyze our transportation efforts. We will have all staff who provide the service to complete a weekly report that collects the data and our administrative staff will enter the information into an Excel spreadsheet for monthly, quarterly and annual evaluation and analysis.

9. Fully explain Your Transportation Program:

- a. Service hours, planned service, routes and trip types

This will be as needed since we are seeking to fill a gap in service for employment transport after the hours of the CTC.

- b. Staffing – include plan for training on vehicle equipment such as wheelchair lifts,

etc.

All drivers will receive initial training on new vehicles and equipment. Additionally, we will incorporate vehicle training into our monthly safety training schedule to periodically review safe operation of the vehicles and to provide an opportunity for questions and discussions by staff members.

- c. Records maintenance— who, what methods, use of databases, spreadsheets etc.

Drivers shall record inspection information on a weekly report and the Project Manager will ensure that all maintenance is up to date through an Excel spreadsheet.

- d. Vehicle maintenance – who, what, when and where. Include a section on how vehicles will be maintained without interruptions in service.

We are currently entertaining an offer from the local CTC for vehicle maintenance so that we can ensure that the new vehicle is sufficiently cared for.

- e. CDL requirements

Our proposed vehicle would not require CDL.

- f. Transportation Operating Procedure (TOP)

We have included a copy of our TOP for your review.

- g. Drug free work place

We are a drug free work place with test at time of hire and periodically as needed.

- 10. How do you fund your transit program? What are your funding sources for transit – state/local/federal/ private foundations?

We receive some funds through APD for clients attending our Center; however, transport for the employment services are not a source of revenue, rather a gap stop effort.

- 11. If your agency does not receive its entire capital request, can you still proceed with your transit program? Until our vehicles just won't go any further.

- 12. Who will drive the vehicle, number of drivers, CDL certifications? We currently have five staff who are qualified to provide transportation to clients.

- 13. **Current recipients:** Is your CTC agreement current? If not, why not? n/a

- 14. **New agencies only:** Have you met with the CTC and, if so, how are you providing a service they cannot? Provide detailed information supporting this requirement. We have spoken with our CTC and they have provided a letter of support. Our CTC understands that we seek to provide employment transportation to people with disabilities who need transport after the CTC's service hours and to those who are unable to utilize their service.

Applications submitted without the appropriate coordination agreement may be rejected by FDOT. Grant awards will not be made without an appropriate coordination agreement.

FORM C-1: TRANSIT-RELATED OPERATING AND ADMINISTRATIVE EXPENSES

Name of Applicant: The Arc Big Bend, Inc.

Name of Transit Program: The Arc Big Bend, Inc.

Applicant Fiscal period start and end dates: July 1, 2017 to June 30, 2018

State Fiscal period from: July 1, 2017 to June 30, 2018

EXPENSE CATEGORY	EXPENSE \$
Labor (501)	\$35,360
Fringe and Benefits (502)	10,608
Services (503)	3000
Materials and Supplies (504)	1,500
Vehicle Maintenance (504.01)	7,000
Utilities (505)	1,341
Insurance (506)	6,900
Licenses and Taxes (507)	7,112
Purchased Transit Service (508)	-0-
Miscellaneous (509)	-0-
Leases and Rentals (512)	-0-
Depreciation (513)	1,424
TOTAL EXPENSE	\$74,245

**FORM C-2: TRANSIT-RELATED OPERATING AND
ADMINISTRATIVE REVENUES**

Name of Applicant: The Arc Big Bend, Inc.

Name of Transit Program: The Arc Big Bend, Inc.

Applicant Fiscal period start and end dates: 07/01/2017 to 06/30/2018

State Fiscal period from: July 1, 2017 to June 30, 2018

OPERATING REVENUE CATEGORY	REVENUE \$
Passenger Fares for Transit Service (401)	
Special Transit Fares (402)	7,960.00
Other (403 – 407) (identify by appropriate code)	
TOTAL OPERATING REVENUE	\$ 7,960.00
OTHER REVENUE CATEGORY	
Taxes Levied Directly by the Transit System (408)	
Local Cash Grants and Reimbursements (409)	
Local Special Fare Assistance (410)	
State Cash Grants and Reimbursements (411)	
State Special Fare Assistance (412)	
Federal Cash Grants & Reimbursements (413)	
Interest Income (414)	
Contributed Services (430)	
Contributed Cash (431)	
Subsidy from Other Sectors of Operations (440)	66,984.00
TOTAL OF OTHER REVENUE	\$ 66,984.00
GRAND TOTAL ALL REVENUE	\$74,944.00

FORM C-3: PROOF OF LOCAL MATCH

Name of Applicant: The Arc Big Bend, Inc.

Sources and amounts of local share for the vehicles/equipment, or mobility management, being requested:

SOURCE:	AMOUNT:
Reserves	\$4,500.00



(Signature of authorized representative)

Tim Ressler, Executive Director

(Name and title of authorized representative)

Attach documentation of vehicle match funds immediately behind this page. Proof may consist of, but not be limited to: written statements from county commissions, state agencies, city managers, mayors, town councils, organizations, accounting firms and financial institutions.

CHARLES J. REED & ASSOCIATES

Certified Public Accountants

2828 Remington Green South - Tallahassee, Florida 32308

Phone (850) 386-7072

Fax (850) 422-1852

November 15, 2016

To Whom It May Concern:

Please be advised that the The Arc Big Bend, Inc. has adequate financial resources to fund a grant match requirement of \$4,302.00.

Sincerely,


Charles J. Reed

Members
American Institute of Certified Public Accountants
Florida Institute of Certified Public Accountants

1.1. FORM C-4: CURRENT VEHICLE AND TRANSPORTATION EQUIPMENT INVENTORY FORM (A)

Name of Applicant: The Arc Big Bend Inc

Date of Inventory: 11/18/2016

Model Yr. (b)	Make/size/type (c)	FDOT control # or VIN (d)	Ramp or lift (specify)	Seats & W/C positions (i.e. 12+2)	Avg. miles/Yr.	Current Mileage	Vehicle Status (Active/Spare/Other)	Expected retirement date	Other equipment (e)	Funding source (f)
2004	Ford Freestar SES Wagon	2FMZA5767 4BB21524	Ramp	4,1 WC		117,678	Active	Due	None	Agency
*2004	Ford Freestar SES Wagon	2FMZA5762 4BB22208	None	5		189,505	Active	Due	None	Agency
2004	Ford Freestar SES Wagon	2FMZA5760 4BB21901	None	5		159,453	Active	Due	None	Agency
2005	Ford Focus 4 Door Wagon	1FAFP36N3 5W252880	None	3		141,210	Active	Due	None	Agency
2006	Ford Extended Van Super Cargo	1FTNS2AW 86DA72608	Lift	5, 2 WC		53,232	Active	2020	None	Agency
2015	Ford F250 Super Duty Crew	1FT7W2A62 FEC56311	None	5		37,486	Active	2025	None	Agency

(a) Applicants **MUST** use this form.

(b) Identify vehicles to be replaced with this or other grant by placing an asterisk (*) next to the model year. In Exhibit B of the application, provide the name of the lessee or contractor, if applicable.

(c) For example, Ford 22' bus; Dodge converted van.

(d) Show FDOT control number OR VIN if bought with grant through FDOT. If bought through other funding, list the complete VIN.

(e) Include computer hardware and software, copiers, printers, mobile radios, communication systems, etc.

(f) Identify the grant or other funding source used for purchasing the vehicle/equip

FORM C-5: CAPITAL REQUEST FORM VEHICLE REQUEST

Name of Agency: The Arc Big Bend, Inc.

R or E (a)	Quantity	Description (b) www.tripsflorida.org	Estimated Cost
Replacement R	1	Low floor gasoline minivan with mobility ramp, holds six ambulatory or 3 ambulatory and 2 wheelchair positions, 6,050 GVWR 202.5 Inches 3.6 L V-6 Gas	43,017.00
Sub-total			\$43,017.00

(a) Replacement (R) or Expansion (E).

(b) Provide a brief description including the length and type vehicle, type of fuel, lift or ramp, number of seats and wheelchair positions. For example, 22' gasoline bus with lift, 12 ambulatory seats, and 2 wheelchair positions. Do not show the Make. **Any bus options that are part of purchasing the bus itself should be part of the vehicle request and NOT separated out under equipment.**

EQUIPMENT REQUEST

If item requested is after-market, it is recommended to gather and retain at least two estimates for the equipment requested. Purchases must be approved at the local level and follow Procurement Guidelines.

	Number requested	Description (c)	Estimated Cost
Sub-total			\$

(c) Show mobile radios and identify the type of radio (i.e. two way radio or stereo radio), computer hardware/software, etc. under "Equipment Request."

VEHICLE SUBTOTAL \$ 43,017 EQUIPMENT SUBTOTALS -0- = \$ 43,017
(x).(x) X 80% = \$ 34,413.60 [This equals the Federal request. Show this amount on Form 424 in block 18(a)]

FORM C-6: CAPITAL REQUEST METHODOLOGY FORM

Applicant Agency Name: The Arc Big Bend, Inc.

Contact Person:

**Paula Arnold, Community Development Consultant, 850-973-4614 ext. 301
pmarnold@thearcbigbend.org**

(Name, Title, Telephone Number, and Email)

Vendor Name and Contact info:

Florida Transportation Systems, Inc., Attn: Robert Frick, PH: (800) 282-8617 ext. 330

(Vendor, Dealer's Name, Telephone Number)

Contract #: TRIPS-13-MV-FTS

Brief Vehicle Description: ADA Compliant lowered floor minivan, 3.6 L, V-6, gasoline Engine w/ electronic fuel injection Standard Automatic transmission

(Example: 3 – 22' gas cutaways with lift, 12 ambulatory seats and 2 wheelchair positions)

Price Estimation Table: Select only options available in the contract you are interested in. If there are no choices selected on any given row, we understand that you do not need that option.

Computer users – the rows in yellow have formulas to calculate totals. To make the formulas work, first fill out the columns of unit cost \$ and quantity # and then **right click in the yellow cell and click Update Field.**

Item*	Unit Cost	Quantity	Unit Cost x Quantity (Total Cost)
Base Vehicle Type (Dodge Caravan	\$43,017	1	\$43,017
Vehicle Description: lowered floor mini-van			
Floor Plan: Seat Manufacturer Name:			
Floor Plan/Ambulatory Seats: May choose more than one type of seat if needed.			
Standard Seat:			
Foldaway Seat:			
Child Seat:			
Other:			
Securement Systems:			
Wheelchair Securement:			
Seat Belt Extensions: <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes quantify			
Stretcher Securement: <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes quantify			
Wheelchair Lift (Include Vendor Name and Cost):			
Engine Type:			
Paint Scheme: <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes quantify			
Vehicle Subtotal:			43,017
Title VI Notice Signs/Plaques:			
Equipment:			
Other:			
Equipment:			
Other:			
Equipment Subtotal:			
Total:			43,017

* Additional items besides those listed on the form can be added by inserting another line or by submitting a sample copy of the order form for the vehicle filled out to your specifications.

Add up the subtotals from all the Capital Request forms you filled out for this application to arrive at the total. The Total x 80% = Federal Portion (to be shown in block 18(a) of Form 424).

Total		Federal Percent	= Federal Portion
\$43,017	X	.8 (80%)	\$34,413.60



**STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
GRANT APPLICATION**

Big Bend Transit, Inc. submits this Application for the Section 5310 Program Grant and agrees to comply with all assurances and exhibits attached hereto and by this reference made a part thereof, as itemized in the Checklist for Application Completeness.

Big Bend Transit, Inc. further agrees, to the extent provided by law (in case of a government agency in accordance with Sections 129.07 and 768.28, Florida Statutes) to indemnify, defend and hold harmless FDOT and all of its officers, agents and employees from any claim, loss, damage, cost, charge, or expense arising out of the non-compliance by the Agency, its officers, agents or employees, with any of the assurances stated in this Application.

This Application is submitted on this 6th day of December, 2016 with two (2) original resolutions or certified copies of the original resolution authorizing Shawn Mitchell, General Manager to sign this Application.

Big Bend Transit, Inc.

By  Date 12/7/2016

Title: General Manager



RESOLUTION NUMBER: 17-04

THIS RESOLUTION of the *Big Bend Transit, Inc.* (hereinafter the "Applicant") authorizes the below named designee on behalf of the Applicant, to sign and submit grant application(s) required supporting documents, certifications and assurances to the Florida Department of Transportation, to accept grant award(s) from and to execute and administer related joint participation agreement(s) with the Florida Department of Transportation, and to purchase vehicles and/or equipment and/or expend grant funds pursuant to grant award(s).


WHEREAS, the Applicant desires to and has the fiscal and managerial capability, matching funds and legal authority to apply for and accept grants and make purchases and/or expend funds pursuant to grant awards made by the Florida Department of Transportation as authorized by Chapter 341, Florida Statutes and/or by the Federal Transit Administration Act of 1964, as amended, including but not limited to 49 U.S.C Sections 5310 and 5311, where applicable.

NOW, THEREFORE BE IT RESOLVED BY THE APPLICANT:

1. The above recitals are true and correct and are incorporated herein as if fully set forth in the body of this Resolution.
2. This resolution applies to Federal Program(s) under 49 U.S.C. Section(s) **5310**.
3. The submission of grant application(s) required supporting documents, certifications and assurances to the Florida Department of Transportation is approved.
4. **Shawn Mitchell, General Manager** or his/her duly appointed successor in title is hereby designated and authorized to on behalf of the Applicant, sign and submit application(s) and all required supporting documents, give all required certifications and assurances, accept grant award(s) from and execute and administer related joint participation agreement(s) with the Florida Department of Transportation, purchase vehicles/equipment and/or expend grant funds pursuant to a grant award, unless and until this authorization is specifically rescinded and written notice thereof is sent by certified mail, return receipt requested, to and received by the Florida Department of Transportation at the following address:
Attention: Doreen Joyner-Howard, AICP, District Modal Development Manager, Florida Department of Transportation, 2198 Edison Avenue, MS 2806, Jacksonville, FL 32204-2730.
5. **Shawn Mitchell, General Manager** is also hereby designated and authorized to sign requests for Joint Participation Agreement Time Extensions as may be required.

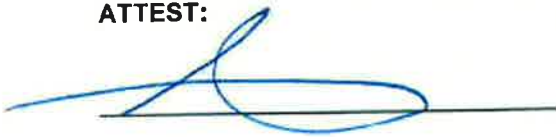
The foregoing resolution was **DULY PASSED, ADOPTED AND** became **EFFECTIVE** at a duly called and convened meeting of the Applicant held on the **10th** day of **January, 2017**

By:


(Original Signature, Chairman of the Board)

Lee Plummer

ATTEST:



Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>		
* 3. Date Received: 12/6/2016		4. Applicant Identifier: <input type="text"/>
5a. Federal Entity Identifier: <input type="text"/>		5b. Federal Award Identifier: <input type="text"/>
State Use Only:		
6. Date Received by State: <input type="text"/>		7. State Application Identifier: 1001
8. APPLICANT INFORMATION:		
* a. Legal Name: Big Bend Transit, Inc.		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 59-1909296		* c. Organizational DUNS: 1143287010000
d. Address:		
* Street1: 2201 Eisenhower Street		
Street2: <input type="text"/>		
* City: Tallahassee		
County/Parish: <input type="text"/>		
* State: FL: Florida		
Province: <input type="text"/>		
* Country: USA: UNITED STATES		
* Zip / Postal Code: 32302		
e. Organizational Unit:		
Department Name: <input type="text"/>		Division Name: <input type="text"/>
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text"/> * First Name: shawn		
Middle Name: <input type="text"/>		
* Last Name: mitchell		
Suffix: <input type="text"/>		
Title: General Manager		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: 850.574.6266		Fax Number: <input type="text"/>
* Email: smitchell@bigbendtransit.org		

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) ▼

Type of Applicant 2: Select Applicant Type:

▼

Type of Applicant 3: Select Applicant Type:

▼

* Other (specify):

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

Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20.513

CFDA Title:

section 5310

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

Madison County

Add Attachment

Delete Attachment

View Attachment

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

Enhanced Mobility of Seniors and Individuals with Disabilities in our service area.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424**16. Congressional Districts Of:**

* a. Applicant

2

* b. Program/Project

2

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

7/1/2017

* b. End Date:

6/30/2018

18. Estimated Funding (\$):

* a. Federal

127,121.60

* b. Applicant

* c. State

15,890.20

* d. Local

15,890.20

* 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 in attachment.)**☐ Yes☒ No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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:

Mr.

* First Name:

shawn

Middle Name:

* Last Name:

mitchell

Suffix:

* Title:

General Manager

* Telephone Number:

850.574.6266

Fax Number:

* Email:

smitchell@bigbendtransit.org

* Signature of Authorized Representative:

* Date Signed:

1/19/2017

Exhibit – A

Current System Description

Big Bend Transit, Inc. is a private non-profit corporation, incorporated in March 1978 whose mission statement is as follows:

To provide safe, reliable, courteous, and affordable transportation to the community while maintaining dignity and respect for our customers. This service will improve the quality of life for our customers by providing access to health care, education, employment, and recreation. We will constantly solicit feedback to improve our service to our customers as they will always be our highest priority.

The business affairs of Big Bend Transit, Inc. (BBT) are conducted by a Board of Directors. The operations of the corporation are directed by a General Manager. BBT employs operations, maintenance, fiscal and administrative personnel to accomplish the objectives of the corporate mission. BBT contracts with qualified local service providers to expand the resources available to accomplish the transportation and transportation related service requirements of the transportation disadvantaged.

Big Bend Transit, Inc. (BBT) was chartered as a corporation not for profit under the Laws of the State of Florida in March 1978. The corporation was organized primarily to coordinate, consolidate, plan for and/or provide paratransit services for the elderly, handicapped, and other transportation disadvantaged groups in **Madison** County. The business affairs of the corporation are managed by a Board of Directors. BBT employs 18 persons involved in the management and operation of paratransit programs for the transportation disadvantaged. The staff is located in **Madison & Tallahassee**, Florida.

BBT has been coordinating multi-agency and general public transportation needs since 1980, accomplishing the provision of transportation services for multi-agency users and riders for varying purposes. BBT has been formally selected for the coordination and operation of paratransit services by local governments and endorsed by the Florida Commission for the Transportation Disadvantaged (CTD) (formerly the Florida Transportation Disadvantaged Commission, formerly the Florida Coordinating Council for the Transportation Disadvantaged).

Shawn Mitchell will function as the Contract Manager and be responsible for the on-going supervision of the program which includes insurance, training and management, and administration of the agencies transportation program. Robert Adams is currently the on-site/Transportation Manager for **Madison** County. Mr. Adams will be responsible for the day-to-day operational aspect of the coordinated system including staff supervision, operations control, safety management, and training, record keeping and reporting and functions to ensure a smooth and efficient operation.

The transportation Operators who will be driving the vehicles have an average of 15 years of experience in the coordinated paratransit industry; this includes 1 driver with a CDL class license. All drivers are required to complete all of the training and testing in accordance with rule Chapter 14-90 FAC and agency specific directives or requirements prior to operating any vehicle unsupervised. Noncompliance with any regulatory or agency specific guideline or requirement may result in the suspension or termination of employment. All employees are required to complete all training tasks detailed on the new hire Orientation Checklist. Each driver (and new hires) shall be given a minimum of 56 hours training by supervisory personnel. Prior to drivers operating any vehicle without supervision, instructional and procedural training will be completed.

Big Bend Transit, Inc. (BBT) provides advanced reservation transportation services, demand response transportation services, fixed route transportation services and commuter vanpool transportation services. These services are provided to employment centers and to social service, health, medical, shopping, and recreational facilities. Intra- and inter-county transportation service is provided within/from each of the counties in the service area, with the emphasis on inter-county service being directed to Alachua and Leon Counties, which provide a high concentration of specialized medical services and employment opportunities in the Big Bend area of North Florida.

All transportation services are scheduled and dispatched by BBT personnel through the operations office. The current transportation service is available 6 days a week. The transportation services would be available 24-hours per day, seven days per week, but generally utilized between the hours of 6:00 AM until 8:00 PM 6 days a week. The transportation services provided by BBT would consolidate approximately 92% of the existing human services transportation in our service area. This would provide an alternative mode of, and in some instances the only opportunity transportation to the elderly, disabled and general public of the rural, non-urbanized area. Currently we provide over **18,800** demand response and deviated fix route services trips in **Madison** County.

Big Bend Transit, Inc. offers the same extent and level of transportation services and fare schedule to sponsored T.D., non-sponsored T.D., and general public passengers. Contingent on availability of funds from the Transportation Disadvantaged Trust Fund, a reduced fare will be available to provide subsidized opportunities for non-sponsored transportation disadvantaged persons to obtain access to transportation for daily living needs when they are not sponsored for that need by any other available funding source. These transportation services provided by BBT would be greatly reduced without **Formula Grants for Rural Areas**.

2.4. EXHIBIT A-1: FACT SHEET

Name of Applicant: Big Bend Transit, Inc. (Madison)

	CURRENTLY	IF GRANT IS AWARDED (Estimates are acceptable.)
1. Number of total one-way trips served by the agency PER YEAR (for entire system)* Please include calculations.	18,824	19,200
2. Number of one-way trips provided to seniors and individuals with disabilities PER YEAR*	8,605	8,777
3. Number of individual senior and disabled clients (unduplicated) PER YEAR	307	338
4. Total number of vehicles used to provide service to seniors and individuals with disabilities ACTUAL	16	16
5. Number of 5310 vehicles used to provide service to seniors and individuals with disabilities eligible for replacement ACTUAL (Refer to Vehicle Life Span chart)	2	2
6. Total fleet vehicle miles traveled to provide service to seniors and individuals with disabilities PER YEAR	229,709	235,948
7. Number of days that vehicles are in operation to provide service to seniors and individuals with disabilities AVERAGE PER WEEK	6	6
8. Posted hours of normal operation agency provides service to seniors and individuals with disabilities PER WEEK . (This does not include non-scheduled emergency availability)	M – F: 6am – 6pm Saturday: 6am- 6pm Sunday: Total (WEEK): 72	M – F: 6am – 6pm Saturday: 6am – 6pm Sunday: Total (WEEK): 72

* One way passenger trip is the unit of service provided each time a passenger enters the vehicle, is transported, then exits the vehicle. Each different destination would constitute a passenger trip.

Exhibit – B

Proposed Project Description The project of this grant application for Section **5310** is the continuation of the Coordinated Transportation System of Madison County.

The purpose of the project is to assist in the purchasing of **2 vehicles with camera systems** in the coordinated transportation system. The coordinated transportation system offers efficient, cost-effective transportation services on a county-wide basis to the general public and to the sponsored and non-sponsored transportation disadvantaged. The coordinated transportation system is managed by a single central administrative unit, Big Bend Transit, Inc., whose responsibility it is to bring together operators and consumers to ensure quality transportation for general public, sponsored T.D., and non-sponsored T.D. persons at a reasonable cost.

Further, the project is to assist in operating the coordinated transportation system which:

- Offers transportation services, for both ambulatory and non-ambulatory persons, 24 hours a day, 6 days a week
- ensures that liability coverage's are, as a minimum, in the amount of \$100,000 per person and \$200,000 per occurrence; and
- requires that all equipment employed will comply with all Federal, State and Local government requirements, and that all Transportation Operators have a System Safety Program Plan (Section 341.0601, F.S.).

The awarded **Capital Request of (2) Vehicles** will enable existing services to be continued and an increasing demand, including an increasing demand for multi-loading of non-ambulatory (wheelchair) passengers to be accommodated.

Big Bend Transit, Inc. is a private, not for profit corporation, incorporated in March 1978 for the primary purpose of coordinating, consolidating, planning for and/or providing efficient and effective paratransit services for the elderly, handicapped, and other transportation disadvantaged persons (and groups), and to further, by study, research, evaluation, publications, education, advocacy, and consultation, the public knowledge of paratransit needs, patterns and opportunities for elderly, handicapped and transportation disadvantaged persons (and groups).

The operation of the transit system is directed by Shawn Mitchell, General Manager. The equivalent of 18 operations, maintenance, and administrative personnel are employed by Big Bend Transit to accomplish the delivery of transportation services for the elderly and disabled persons in Madison County.

A Transportation Manager, scheduler(s)/dispatcher(s), and an appropriate compliment of transit operators accommodate the demand for transportation service in Taylor County. Big Bend Transit's operations are supported by administrative and maintenance personnel and a maintenance/administration facility in Tallahassee (Leon County). Record keeping and training are all conducted at the Leon County facility.

Types of Service Provided

Big Bend Transit, Inc. (BBT) provides advanced reservation transportation services, demand response transportation services, fixed route transportation services and commuter vanpool transportation services. These services are provided to employment centers and to social service, health, medical, shopping, and recreational facilities. Intra- and inter-county transportation service is provided within/from each of the counties in the service area.

All transportation services are scheduled and dispatched by BBT personnel through the operations office. The current transportation service is available 24-hours per day, seven days per week, but generally utilized between the hours of 6:00 AM until 6:00 PM. The transportation services provided by BBT would consolidate approximately 96% of the existing human services transportation in Madison County. This would provide an alternative mode of, and in some instances the only opportunity transportation to the elderly, disabled and general public of the rural, non-urbanized area.

BBT services include, but are not limited to, intra- and inter-county advanced reservation, demand response, and fixed route services available to the elderly, disabled and general public.

Big Bend Transit, Inc. offers the same extent and level of transportation services and fare schedule to sponsored T.D., non-sponsored T.D., and general public passengers. Contingent on availability of funds from the Transportation Disadvantaged Trust Fund, a reduced fare will be available to provide subsidized opportunities for non-sponsored transportation disadvantaged persons to obtain access to transportation for daily living needs when they are not sponsored for that need by any other available funding source.

Hours, Days and Conditions of Service

Advanced Reservation Service – curb-to-curb, intra- and inter-county, ambulatory/wheelchair, non-emergency transportation service.

- Monday through Sunday, 6:00 AM to 6:00 PM, excluding Thanksgiving Day, Christmas Day and New Year's Day.

Demand Response Service – curb-to-curb, ambulatory/wheelchair, non-emergency transportation service, requested by an agency and/or the general public, that is provided: 1) outside the specific areas of services and/or specific periods of regular operation; or 2) without the proper notification.

- Seven (7) day per week, 24 hours per day, excluding Thanksgiving Day, Christmas Day and New Year's Day.
- Fixed Route Service – intra-county route, ambulatory/wheelchair, non-emergency transportation service.
- Monday through Friday, 6:00 AM to 6:00 PM, excluding Thanksgiving Day, Christmas Day and New Year's Day.

Vehicles and Maintenance

Currently, **2** vehicles servicing Madison County will need to be replaced in the FY **2017/2018**. Please see the attached 'Form C-4' and which identifies these vehicles.

Big Bend Transit, Inc. (BBT) operates an in-house (majority of work completed in our facility) maintenance shop with our own personnel in Tallahassee, Florida. This gives us more control over the work being accomplished in an efficient and timely manner.

To decrease down time for vehicles needing maintenance and to avoid a disruption in service for our customers, we reserve a small number of vehicles for the maintenance department to use as exchange vehicles when vehicles come in from surrounding counties for scheduled maintenance. This works to our advantage that it allows us to have our mechanics do most of the work here in the maintenance shop. At times, it is necessary to dispatch one of our mechanics to do unscheduled repairs on an inoperable vehicle in order to be able to drive the vehicle to the shop.

Our maintenance facility is equipped with all of the tools, equipment and resources needed to do 99% of the work in-house. The only work we have to contract out for is extensive body and frame repairs. We use local dealers (Chevrolet and Ford) to accomplish warranty and manufactures recall concerns. We strive to keep a good rapport with these dealers to decrease down time.

System Safety Plan

In the interest of safety and security, to implement the requirements of Florida Statute 341.061, "Transit Safety Standards; Inspection and System Safety Reviews", and to be in compliance with Chapter 14-90, Florida Administrative Code, "Equipment and Operational Safety Standards Governing Public Sector Bus Transit Systems", BBT has developed a System Safety Program Plan (SSPP). This SSPP is incorporated as the standard practice of the organization. Compliance with the SSPP is required of all employees.

Drug Free Work Place

In a commitment to safeguard the health of our employees and to provide a safe environment for everyone, Big Bend Transit, Inc. has established a drug-free workplace policy. This policy was implemented pursuant to the drug-free workplace program requirements under Florida Statutes 440.102 and Administrative Rule 59A-24 of the State of Florida Agency for Health Care Administration.

2.6. FORM C-1: TRANSIT-RELATED OPERATING AND ADMINISTRATIVE EXPENSES

Name of Applicant: Big Bend Transit, Inc. (Madison County)

Name of Transit Program: USC 5310, Capital Assistance

Applicant Fiscal period start and end dates: July 1, 2017 to June 30, 2018

State Fiscal period from: July 1, 2017 to June 30, 2018

EXPENSE CATEGORY	EXPENSE \$
Labor (501)	\$ 345,500
Fringe and Benefits (502)	172,362
Services (503)	15,364
Materials and Supplies (504)	3,150
Vehicle Maintenance (504.01)	82,214
Utilities (505)	8,008
Insurance (506)	27,969
Licenses and Taxes (507)	141
Purchased Transit Service (508)	
Miscellaneous (509)	22,890
Leases and Rentals (512)	9,290
Depreciation (513)	57,170
TOTAL EXPENSE	\$ 744,058

2.7. FORM C-2: TRANSIT-RELATED OPERATING AND ADMINISTRATIVE REVENUES

Name of Applicant: Big Bend Transit, Inc. (Madison County)

Name of Transit Program: Big Bend Transit, Inc.; USC 5310, Capital Assistance

Applicant Fiscal period start and end dates: July 1, 2017 to June 30, 2018

State Fiscal period from: July 1, 2017 to June 30, 2018


OPERATING REVENUE CATEGORY	REVENUE \$
Passenger Fares for Transit Service (401)	31,760
Special Transit Fares (402)	
Other (403 – 407) (identify by appropriate code)	
TOTAL OPERATING REVENUE	\$ 31,760
OTHER REVENUE CATEGORY	
Taxes Levied Directly by the Transit System (408)	
Local Cash Grants and Reimbursements (409)	
Local Special Fare Assistance (410)	
State Cash Grants and Reimbursements (411)	
State Special Fare Assistance (412)	422,698
Federal Cash Grants & Reimbursements (413)	232,430
Interest Income (414)	
Contributed Services (430)	
Contributed Cash (431)	
Subsidy from Other Sectors of Operations (440)	
TOTAL OF OTHER REVENUE	\$ 655,128
GRAND TOTAL ALL REVENUE	\$ 686,888

2.8. FORM C-3: PROOF OF LOCAL MATCH

Name of Applicant: Big Bend Transit, Inc. (Madison)

Sources and amounts of local share for the vehicles/equipment, or mobility management, being requested:

SOURCE:	AMOUNT:
Big Bend Transit, Inc	\$15,890.20



(Signature of authorized representative)

Shawn Mitchell, General Manager

(Name and title of authorized representative)

Attach documentation of vehicle match funds immediately behind this page. Proof may consist of, but not be limited to: written statements from county commissions, state agencies, city managers, mayors, town councils, organizations, accounting firms and financial institutions.

2.10. FORM C-5: CAPITAL REQUEST FORM

VEHICLE REQUEST

Name of Agency: Big Bend Transit, Inc.

R or E (a)	Quantity	Description (b) www.tripsflorida.org	Estimated Cost
R	2	Under 30' gasoline bus with lift 12 ambulatory seats, and 2 wheelchair positions.	\$ 158,902
Sub-total			\$158,902

(a) Replacement (R) or Expansion (E).

(b) Provide a brief description including the length and type vehicle, type of fuel, lift or ramp, number of seats and wheelchair positions. For example, 22' gasoline bus with lift, 12 ambulatory seats, and 2 wheelchair positions. Do not show the Make. **Any bus options that are part of purchasing the bus itself should be part of the vehicle request and NOT separated out under equipment.**

EQUIPMENT REQUEST

If item requested is after-market, it is recommended to gather and retain at least two estimates for the equipment requested. Purchases must be approved at the local level and follow Procurement Guidelines.

	Number requested	Description (c)	Estimated Cost
Sub-total			\$

(c) Show mobile radios and identify the type of radio (i.e. two way radio or stereo radio), computer hardware/software, etc. under "Equipment Request."

VEHICLE SUBTOTAL 158,902 + EQUIPMENT SUBTOTAL \$ 0 = \$ 158,902 (x).

(x) X 80% = \$ 127,121.60 [This equals the Federal request. Show this amount on Form 424 in block 18(a)]

FORM C-4: CURRENT VEHICLE AND TRANSPORTATION EQUIPMENT INVENTORY ^(a)

Name of Applicant: B.B.T. MADISON

Date of Inventory: 11/22/2016

Model Yr. (b)	Make/size/type (C)	FDOT control # and VIN (d)	Ramp or lift (specify)	Seats & W/C positions (i.e. 12+2)	Avg. miles/ Yr.	Current Mileage	Vehicle Status (Active/Spare/ Other)	Expected retirement date	Other equipment (e)	Funding source (f)
2006	Ford 21'	5HB19235	Lift	8+2	19,500	194,195	Active	12/02/2015		5310
2007	Chev. 21'	TDTF	Lift	8+2	28,000	254,794	Active	3/23/2016		
2008*	Chev. 23'	90246	Lift	12+2	23,500	188,906	Active	2/10/2017		5310
2008	Chev. 21'	TDTF	Lift	8+2	32,500	260,958	Active	2/18/2016		
2009	Ford Pass.	80207	N/A	11 AMB	7,500	53,930	Active	8/26/2018		5310
2010	Chev. 23'	80234	Lift	12+2	38,000	230,364	Active	12/3/2015		5310
2010	Chev. 23'	90266	Lift	12+2	41,500	251,130	Active	12/3/2016		5310
2010*	Chev. 23'	90267	Lift	12+2	33,000	198,634	Active	12/3/2016		5310
2010	Chev. 23'	80233	Lift	12+2	39,500	237,770	Active	12/3/2015		5310
2011	Ford 23'	90292	Lift	12+2	29,500	147,986	Active	11/27/2016		5310
2013	Ford 23'	91218	Lift	12+2	46,500	139,794	Active	8/12/2018		5310
2014	Ford 23'	91235	Lift	12+2	33,500	67,899	Active	4/28/2020		5310
1503	Ford 23'	91240	Lift	12+2	53,000	53,191	Active	11/18/2020		5310
1505	Ford 23'	91256	Lift	12+2	23,500	23,490	Active	1/1/2020		5310
1604	Dodge Mini	GR358438	Ramp	3+1	27,000	1,253	Active	9/8/2021		5310
1605	Ford 23'	91267	Lift	12+2	22,000	1,664	Active	10/10/2021		5310

(a) Applicants must use this form.

(b) Identify vehicles to be replaced with this or other grant by placing an asterisk (*) next to the model year. In Exhibit B of the application, provide the name of the lessee or contractor, if applicable.

(c) For example, Ford 22' bus; Dodge converted van.

(d) Show FDOT control number ORVIN if bought with grant through FDOT. If bought through other funding, list the complete VIN.

(e) Include computer hardware and software, copiers, printers, mobile radios, communication systems, etc.

(f) Identify the grant or other funding source used for purchasing the vehicle/equipment

2.13. FORM C-6: CAPITAL REQUEST METHODOLOGY FORM

Applicant Agency Name: Big Bend Transit, Inc.

Contact Person:

Shawn Mitchell, General Manager , 850.574.6266 , smitchell@bigbendtransit.org

(Name, Title, Telephone Number, and Email)

Vendor Name and Contact info:

NA

(Vendor, Dealer's Name, Telephone Number)

Contract #:

NA

Brief Vehicle Description:

(2) Under 30' gasoline bus with lift 12 ambulatory seats, and 2 wheelchair positions

(Example: 3 – 22' gas cutaways with lift, 12 ambulatory seats and 2 wheelchair positions)

Price Estimation Table: Select only options available in the contract you are interested in. If there are no choices selected on any given row, we understand that you do not need that option.

Computer users – the rows in yellow have formulas to calculate totals. To make the formulas work, first fill out the columns of unit cost \$ and quantity # and then **right click in the yellow cell and click Update Field.**

Item*	Unit Cost	Quantity	Unit Cost x Quantity (Total Cost)
Base Vehicle Type (Make, Model, Size/Length)	61,971	2	123,942
Vehicle Description:			
Floor Plan: Seat Manufacturer Name:			
Floor Plan/Ambulatory Seats: May choose more than one type of seat if needed.			
Standard Seat:	270.00	24	6,480.00
Foldaway Seat:			
Child Seat:			
Other:			
Securement Systems: Wheelchair Securement:	550.00	4	2,200.00
Seat Belt Extensions: <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes quantify			
Stretcher Securement: <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes quantify			
Wheelchair Lift (Include Vendor Name and Cost):	3,900	2	7,800 (BRAUN)
Engine Type: 6.8L Gas			
Paint Scheme: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, if yes quantify	1,500	2	3,000
Vehicle Subtotal:			143,422
Title VI Notice Signs/Plaques:			
Equipment: Other: CAMERA SYSTEM	3,690	2	7,380
Equipment: Other: DESTINATION SIGN	4,050	2	8,100
Equipment Subtotal:			15,480
Total:			158,902

* Additional items besides those listed on the form can be added by inserting another line or by submitting a sample copy of the order form for the vehicle filled out to your specifications.

Add up the subtotals from all the Capital Request forms you filled out for this application to arrive at the total. The Total x 80% = Federal Portion (to be shown in block 18(a) of Form 424).

Total		Federal Percent	= Federal Portion
158,902	X	.8 (80%)	127,121.60



STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

GRANT APPLICATION

Big Bend Transit, Inc. submits this Application for the Section 5311 Program Grant and agrees to comply with all assurances and exhibits attached hereto and by this reference made a part thereof, as itemized in the Checklist for Application Completeness.

Big Bend Transit, Inc. further agrees, to the extent provided by law (in case of a government agency in accordance with Sections 129.07 and 768.28, Florida Statutes) to indemnify, defend and hold harmless the FDOT and all of its officers, agents and employees from any claim, loss, damage, cost, charge, or expense out of the non-compliance by the Agency, its officers, agents or employees, with any of the assurances stated in this Application.

This Application is submitted on this 7th day of December, 2016 with two (2) original resolutions or certified copies of the original resolution authorizing Shawn Mitchell to sign this Application.

Big Bend Transit, Inc.

By 

Date 12/7/16

Title: General Manager

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
* If Revision, select appropriate letter(s): [Dropdown] * Other (Specify): [Text Box]		
* 3. Date Received: 12/6/2016		4. Applicant Identifier: [Text Box]
5a. Federal Entity Identifier: [Text Box]		5b. Federal Award Identifier: [Text Box]
State Use Only:		
6. Date Received by State: [Text Box]		7. State Application Identifier: [Text Box]
8. APPLICANT INFORMATION:		
* a. Legal Name: Big Bend Transit, Inc.		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 9-1909296		* c. Organizational DUNS: 1143287010000
d. Address:		
* Street1: P.O. Box 1721		
Street2: [Text Box]		
* City: Tallahassee		
County/Parish: [Text Box]		
* State: FL: Florida [Dropdown]		
Province: [Text Box]		
* Country: USA: UNITED STATES		
* Zip / Postal Code: 32302		
e. Organizational Unit:		
Department Name: [Text Box]		Division Name: [Text Box]
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: [Dropdown]		* First Name: shawn
Middle Name: [Text Box]		
* Last Name: mitchell		
Suffix: [Dropdown]		
Title: General Manager		
Organizational Affiliation: [Text Box]		
* Telephone Number: 850.574.6266		Fax Number: [Text Box]
* Email: smitchell@bigbendtransit.org		

Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:

4: Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

15.509

CFDA Title:

Section 5311

* 12. Funding Opportunity Number:

* Title:

Transportation-Related Operating and Administrative Revenues

13. Competition Identification Number:

Title:

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

Madison County

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Transportation - Related Operating and Administrative Revenues.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments


Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant <input style="width: 50px;" type="text" value="2"/>	* b. Program/Project <input style="width: 50px;" type="text"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
<input style="width: 150px;" type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:	
* a. Start Date: <input style="width: 50px;" type="text" value="7/1/2017"/>	* b. End Date: <input style="width: 50px;" type="text" value="6/30/2018"/>
18. Estimated Funding (\$):	
* a. Federal	232,430
* b. Applicant	
* c. State	
* d. Local	232,430
* e. Other	
* f. Program Income	
* g. TOTAL	464,860
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input style="width: 50px;" type="text"/>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input checked="" type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
<input style="width: 150px;" type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
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)	
<input checked="" type="checkbox"/> ** 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: <input style="width: 50px;" type="text" value="Mr."/>	* First Name: <input style="width: 150px;" type="text" value="shawn"/>
Middle Name: <input style="width: 150px;" type="text"/>	
* Last Name: <input style="width: 150px;" type="text" value="mitchell"/>	
Suffix: <input style="width: 50px;" type="text"/>	
* Title: <input style="width: 150px;" type="text" value="General Manager"/>	
* Telephone Number: <input style="width: 100px;" type="text" value="850.574.6266"/>	Fax Number: <input style="width: 100px;" type="text"/>
* Email: <input style="width: 150px;" type="text" value="smitchell@bigbendtransit.org"/>	
* Signature of Authorized Representative:	* Date Signed: <input style="width: 50px;" type="text" value="12/6/2016"/>

1.9. FORM B-3: PROOF OF LOCAL MATCH

Name of Applicant: Big Bend Transit, Inc.

Sources and amounts of local share for the operating assistance being requested:

SOURCE:	AMOUNT:
Big Bend Transit, Inc.	\$232,430


(Signature of authorized representative)

Shawn Mitchell, General Manager
(Name and title of authorized representative)

Attach documentation of match funds immediately behind this page. Proof may consist of, but not be limited to: Transportation Disadvantaged (TD) allocation, written statements from county commissions, state agencies, city managers, mayors, town councils, organizations, accounting firms and financial institutions.

Per Trip Rate Calculation

Note: If you elect to use this (per trip rate) calculation do not complete the Hourly Rate calculation section.

Operating Expenses (Operating Budget)

EXPENSE ITEM	EXPENSE AMOUNT \$
Driver Wages and Benefits	\$ 377,695
Vehicle Maintenance Wages	29,926
Services	15,364
Fuel, Materials & Supplies	85,364
Utilities	8,008
Insurance	27,969
Licenses and Taxes	141
Miscellaneous	22,890
Leases and Rentals	9,290
Other (Modify the form to list all that apply)	
TOTAL EXPENSES	\$ 591,497 (a)

Operating Revenues

REVENUE ITEM	REVENUE AMOUNT \$
Federal Grants or Subsidies	
State Grants or Subsidies	422,698
Local Grants or Subsidies	
Revenues from Advertising or Similar	
Other (Modify the form to list all that apply): Farebox	31,760
TOTAL REVENUE	\$ 454,458 (b)

Net Transportation Cost

Total Expenses (a) – Total Revenues (b) = **Net Transportation Cost (c) Service**

$$\$591,497 - \$454,458 = \$137,039$$

Trips Per Year 17,691 (d)

Rate Per Trip

Net Transportation Cost (c) / Service Trips Per Year (d) = **Rate Per Trip (e)**

$$137,039 / 17,691 = \$7.75$$

Total Project Cost

Number of Vehicles x Trips per day x Number of days per year x Rate per trip (e) =

Total Project Cost (f)

$$11 \times 13 \times 252 \times 7.75 = \$279,279$$

Estimate Farebox Revenues

Use the yearly reported farebox recovery ratio to calculate the estimated farebox revenues. The farebox recovery ratio is the amount of operating expenses that are recovered by passenger fares. The farebox recovery ratio is calculated by dividing the farebox revenue by the total operating expenses. $\$31,760 / \$591,497 = .0536$

Total Project Cost (f) x Farebox Recovery Ratio = **Estimated Farebox Revenue (g)**

$$\$279,279 \times .0536 = \$14,969$$

Net Project Cost

Total Project Cost (f) - Farebox Revenue (g) = **Net Project Cost (h)**

$$\$279,279 - \$14,969 = \$264,310$$

FDOT or FTA Contribution (50% of Net Project Cost)

Net Project Cost (h) x 50% (.50) = **FDOT or FTA Contribution (i)**

$$\$264,310 \times 50\% = \$132,155$$

1.13. EXHIBIT J: STANDARD LOBBYING CERTIFICATION FORM

The undersigned [Contractor] 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," (a copy the form can be obtained from <http://www.dot.state.fl.us/transit/Pages/grantsadministration.shtml>) 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 Contractor, Big Bend Transit, Inc., 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.

 _____ Signature of Contractor's Authorized Official

Shawn Mitchell, General Manager

Date: 12/7/2016

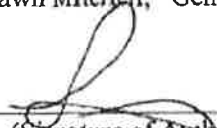
1.14. EXHIBIT K: FTA SECTION 5333 (B) ASSURANCE

(Note: By signing the following assurance, the recipient of Section 5311 and/or 5311(f) assistance assures it will comply with the labor protection provisions of 49 U.S.C. 5333(b) by one of the following actions: (1) signing the Special Warranty for the Rural Area Program (see FTA Circular C 9040.1E, Chapter X); (2) agreeing to alternative comparable arrangements approved by the Department of Labor (DOL); or (3) obtaining a waiver from the DOL.)

Big Bend Transit, Inc. (hereinafter referred to as the "Recipient") HEREBY ASSURES that the "Special Section 5333 (b) Warranty for Application to the Small Urban and Rural Program" has been reviewed and certifies to the Florida Department of Transportation that it will comply with its provisions and all its provisions will be incorporated into any contract between the recipient and any sub-recipient which will expend funds received as a result of an application to the Florida Department of Transportation under the FTA Section 5311 Program.

Dated 12/7/2016

Shawn Mitchell, General Manager


(Signature of Authorized Representative)

Note: All applicants must complete the following form and submit it with the above Assurance.

LISTING OF RECIPIENTS, OTHER ELIGIBLE SURFACE TRANSPORTATION PROVIDERS, UNIONS OF SUB-RECIPIENTS, AND LABOR ORGANIZATIONS REPRESENTING EMPLOYEES OF SUCH PROVIDERS, IF ANY

1 Identify Recipients of Transportation Assistance Under this Grant.	2 Site Project by Name, Description, and Provider (e.g. Recipient, other Agency, or Contractor)	3 Identify Other Eligible Surface Transportation Providers (Type of Service)	4 Identify Unions (and Providers) Representing Employees of Providers in Columns 1, 2, and 3
Big Bend Transit, Inc.	Section 5311 Operating Assistance	NONE	NONE



II . C .

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January 30, 2017

TO: Madison County Transportation Disadvantaged Coordinating Board
FROM: Lynn Godfrey, AICP, Senior Planner
SUBJECT: Big Bend Transit Ridership Report

RECOMMENDATION

No action required. This agenda item is for information only.

BACKGROUND

Attached is Big Bend Transit's Ridership Report for the Board's review. If you have any questions regarding the attached information, please contact me.

Attachment

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Dedicated to improving the quality of life of the Region's citizens,
by coordinating growth management, protecting regional resources,
promoting economic development and providing technical services to local governments.



MADISON COUNTY RIDERSHIP REPORT

QUARTERLY REPORT

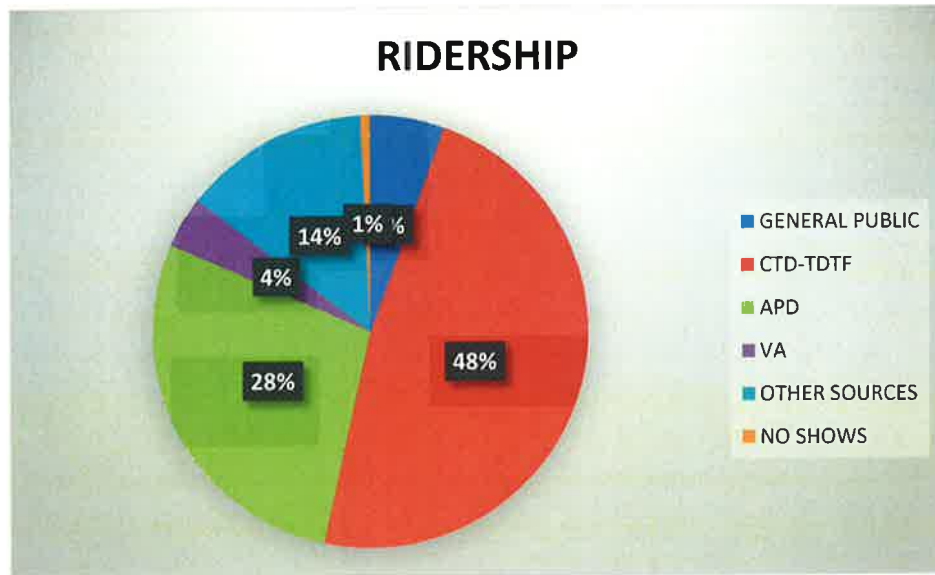
OCTOBER 2016 – DECEMBER 2016

COMMUNITY TRANSPORTATION QUARTERLY REPORT
(OCTOBER 2016 – DECEMBER 2016)

Number of Trips Provided From All Funding Sources

During this reporting period BBT provided a total of 4,130 trips. Approximately 48 percent of the trips provided were CTD-TDTF funded trips, 6 percent of the trips were GENERAL PUBLIC, 28 percent APD passengers, 14 percent other sources, 4 percent VA trips and 1 percent of the total scheduled trips were NO SHOWS.

SOURCES	OCTOBER	NOVEMBER	DECEMBER	TOTAL
GENERAL PUBLIC	47	68	113	228
CTD-TDTF	621	657	701	1979
APD	408	359	398	1,165
VA	57	60	42	159
OTHER SOURCES	187	179	204	570
NO SHOWS	16	9	4	29
TOTAL	1336	1332	1462	4130



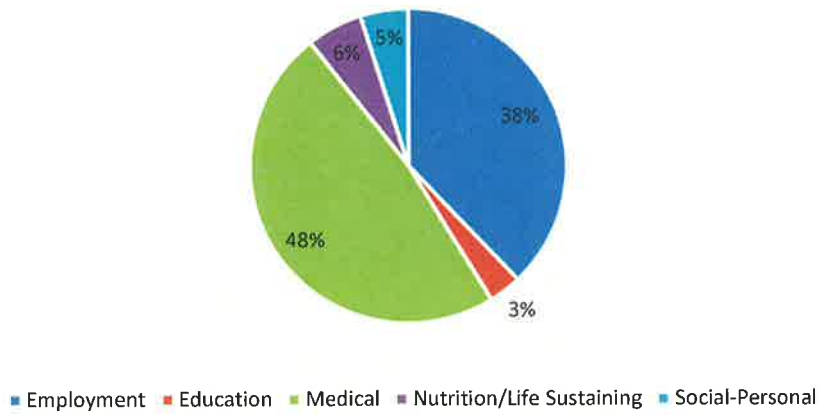
TDTF TRIP PURPOSE

Of the TDTF trips provided during this period, 43 percent where for employment; 38 percent for medical appointments, 4 percent for education, 10 percent for nutritional and life sustaining activities, and 5 percent for Social/Recreational.

TDTF TRIP PURPOSE

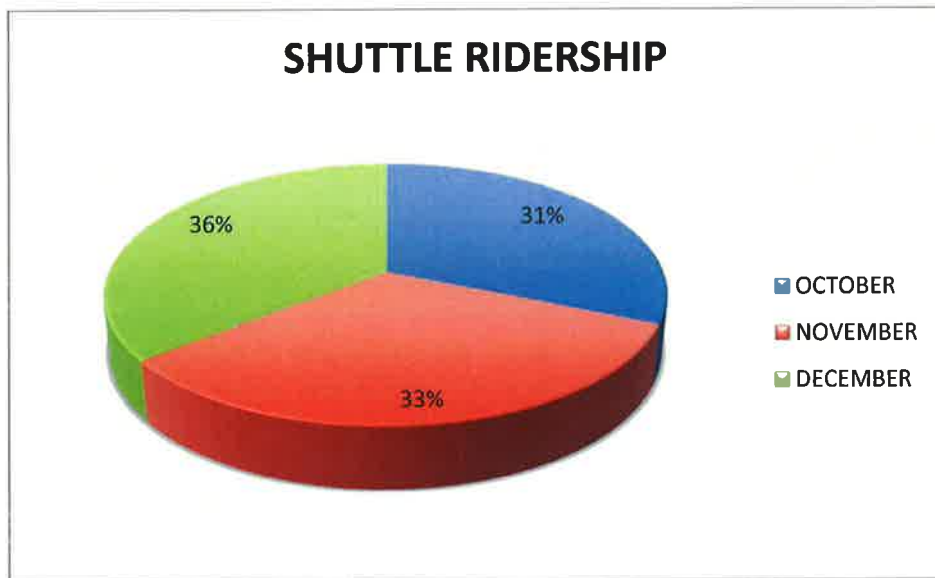
	OCTOBER	NOVEMBER	DECEMBER	TOTAL
Employment	250	273	326	849
Education	28	26	19	73
Medical	246	263	244	753
Nutrition/Life Sustaining	61	64	71	196
Social-Personal	36	31	41	108
Total	621	657	701	1979

TDTF TRIP PURPOSE



NUMBER OF COMPLAINTS RECEIVED (0)

"IN TOWN SHUTTLE REPORT"



**MADISON COUNTY
UNMET TRANSPORTATION NEEDS
OCTOBER 2016 - DECEMBER 2016**

REASON FOR TRIP DENIAL	NUMBER OF TRIP DENIALS
Lack of Funding	
Trip Purpose	
Out of Service Area Trip	3
Insufficient Advance Notice	
After Hours Trip Request	
Weekend Trip Request	
Other	
TOTALS	3



ATTENDANCE RECORD

MADISON COUNTY TRANSPORTATION DISADVANTAGED COORDINATING BOARD

MEMBER/ORGANIZATION	NAME	2/8/16	5/9/16	9/12/16	11/14/16
Chair	Commissioner Ronnie Moore	P	P	A	P
Florida Department of Transportation	Sandra Collins	P	A	P	A
Alternate Member	Janell Damato	A	A	A	A
Florida Department of Children and Families	Steve Russell		P	P	P
Alternate Member	(Vacant)				
Florida Agency for Health Care Administration	Deweece Ogden	A	P	A	A
Alternate Member	Pamela Hagley	A	A	A	A
Florida Department of Education	(Vacant)				
Alternate Member	(Vacant)				
Public Education	Lori Newman			A	A
Alternate Member	(Vacant)				
Citizen Advocate	Shanetha Mitchell	P	A	A	P
Alternate Member	Pamela Robinson	A	A	A	A
Citizen Advocate-User	(Vacant)				
Alternate Member	Cindy Hutto	A	A	A	A
Elderly	(Vacant)				
Alternate Member	(Vacant)				
Veterans	Oliver Bradley	A	A	A	A
Alternate Member	(Vacant)				
Persons with Disabilities	(Vacant)				
Alternate Member	(Vacant)				
Florida Association for Community Action	Matthew Pearson	P	P	P	P
Alternate Member	(Vacant)				
Florida Department of Elder Affairs	Rosa Richardson	A	A	A	A
Alternate Member	Margaret Minter	A	A	P	A
Children at Risk	(Vacant)				
Alternate Member	(Vacant)				
Local Medical Community	Leila C. Rykard	P	A	A	P
Alternate Member	Kimberly Allbritton	P	P	P	A
Regional Workforce Board	Diane Head				
Alternate Member	Anthony Jennings	A	A	A	A

ATTENDANCE POLICY: According to Article III, Section 5 of the Coordinating Board bylaws: "The North Central Florida Regional Planning Council shall review and consider rescinding the appointment of any voting member of the Board who fails to attend three consecutive meetings."

