



Gaston County

Gaston County
Board of Commissioners
www.gastongov.com

DHHS - Social Services Division

Board Action

File #: 16-519

Commissioner Price - ACCESS - To Request Permission to Apply for NCDOT/PTD FY18 Community Transportation Program (5311) Grant to Provide Rural Public Transportation Services; Enter into an Agreement with the NC Department of Transportation (NCDOT) and Provide the Necessary Assurances and Required Local Match; and, Submit to NCDOT no Later Than November 4, 2016

STAFF CONTACT

Cheree Wilson - Coordinator - ACCESS Transportation - 704-866-3220

BUDGET IMPACT

N/A

BUDGET ORDINANCE IMPACT

This grant would not impact current budget.

BACKGROUND

The North Carolina Department of Transportation Public Transportation Division affords each community transportation system the opportunity to apply for administrative and capital grant funding. The approved funding is to cover administrative salaries, administrative costs and capital projects, including vehicle replacements. The total funds requested are \$885,517, including a local share of \$130,117.

Approval of this Board Action authorizes the County Manager to submit the application, enter into an agreement with the NCDOT and provide the necessary assurances and certifications, including the required local match.

POLICY IMPACT

N/A

ATTACHMENTS

Application Packet

I, Donna S. Buff, Clerk to the County Commission, do hereby certify that the above is a true and correct copy of action taken by the Board of Commissioners as follows:

NO.	DATE	M1	M2	Brown	Carpenter	Fraley	Kelgher	Philbeck	Price	Williams	Vote
2016-279	10/11/2016	AF	JC	AB	A	A	A	AB	AB	A	U

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COMMUNITY TRANSPORTATION PROGRAM RESOLUTION

Section 5311 FY 2018 RESOLUTION

Applicant seeking permission to apply for Community Transportation Program funding, enter into agreement with the North Carolina Department of Transportation, provide the necessary assurances and the required local match.

A motion was made by (Board Member's Name) _____ and seconded by (Board Member's Name or N/A, if not required) _____ for the adoption of the following resolution, and upon being put to a vote was duly adopted.

WHEREAS, Article 2B of Chapter 136 of the North Carolina General Statutes and the Governor of North Carolina have designated the North Carolina Department of Transportation (NCDOT) as the agency responsible for administering federal and state public transportation funds; and

WHEREAS, the North Carolina Department of Transportation will apply for a grant from the US Department of Transportation, Federal Transit Administration and receives funds from the North Carolina General Assembly to provide assistance for rural public transportation projects; and

WHEREAS, the purpose of these transportation funds is to provide grant monies to local agencies for the provision of rural public transportation services consistent with the policy requirements for planning, community and agency involvement, service design, service alternatives, training and conference participation, reporting and other requirements (drug and alcohol testing policy and program, disadvantaged business enterprise program, and fully allocated costs analysis); and

WHEREAS, (Legal Name of Applicant) Gaston County hereby assures and certifies that it will provide the required local matching funds; that its staff has the technical capacity to implement and manage the project, prepare required reports, obtain required training, attend meetings and conferences; and agrees to comply with the federal and state statutes, regulations, executive orders, Section 5333 (b) Warranty, and all administrative requirements related to the applications made to and grants received from the Federal Transit Administration, as well as the provisions of Section 1001 of Title 18, U. S. C.

NOW, THEREFORE, be it resolved that the (Authorized Official's Title)* County Manager of (Name of Applicant's Governing Body) GASTON COUNTY BOARD OF COMMISSIONERS is hereby authorized to submit a grant application for federal and state funding, make the necessary assurances and certifications and be empowered to enter into an agreement with the NCDOT to provide rural public transportation services.

I (Certifying Official's Name)* _____ (Certifying Official's Title) _____ do hereby certify that the above is a true and correct copy of an excerpt from the minutes of a meeting of the (Name of Applicant's Governing Board) GASTON COUNTY BOARD OF COMMISSIONERS duly held on the 11 day of October, 2016.

Signature of Certifying Official

***Note that the authorized official, certifying official, and notary public should be three separate individuals.**

Seal Subscribed and sworn to me (date) _____

Notary Public *

Printed Name and Address

My commission expires (date) _____

Affix Notary Seal Here

HUMAN SERVICE AGENCY TRANSPORTATION RESOLUTION

State Funds

FY 2018 RESOLUTION

Applicant seeking permission to apply for Human Service Transportation funding, enter into agreement with the North Carolina Department of Transportation, provide the necessary assurances, and the required local match.

A motion was made by (Board Member's Name) _____ and seconded by (Board Member's Name or N/A, if not required) _____ for the adoption of the following resolution, and upon being put to a vote was duly adopted.

WHEREAS, Article 2B of Chapter 136 of the North Carolina General Statutes and the Governor of North Carolina have designated the North Carolina Department of Transportation (NCDOT) as the agency responsible for administering federal and state public transportation funds; and

WHEREAS, the North Carolina Department of Transportation receives funds from the North Carolina General Assembly to provide assistance for rural public transportation projects; and

WHEREAS, the purpose of these transportation funds is to provide grant monies to local agencies for the provision of rural public transportation services; and

WHEREAS, (Legal Name of Applicant) Gaston County hereby assures and certifies that it will provide the required local matching funds; that its staff has the technical capacity to implement and manage the project, prepare required reports, obtain required training, attend meetings and conferences; and agrees to comply with the federal and state statutes, regulations, executive orders, and all administrative requirements related to the applications made to and grants received from the North Carolina Department of Transportation;

NOW, THEREFORE, be it resolved that the (Authorized Official's Title)* County Manager of (Name of Applicant's Governing Body) GASTON COUNTY BOARD OF COMMISSIONERS is hereby authorized to submit a grant application for state funding, make the necessary assurances and certifications and be empowered to enter into an agreement with the NCDOT to provide rural public transportation services.

I (Certifying Official's Name)* _____ (Certifying Official's Title) _____ do hereby certify that the above is a true and correct copy of an excerpt from the minutes of a meeting of the (Name of Applicant's Governing Board) GASTON COUNTY BOARD OF COMMISSIONERS duly held on the 11 day of October, 2016.

Signature of Certifying Official

***Note that the authorized official, certifying official, and notary public should be three separate individuals.**

Seal Subscribed and sworn to me (date) _____

Notary Public *

Printed Name and Address

My commission expires (date) _____

Affix Notary Seal Here

FISCAL YEAR 2018

Federal (FTA) and State (NCDOT) Certifications and Assurances for Public Transportation Programs will be distributed upon receipt of federal documents from the FTA.

Documents Include:

- **Certifications and Assurances**
- **Applicant and Attorney Affirmations**
- **Certifications and Restrictions on Lobbying**
- **Certification of Equivalent Service**
- **Special Section 5333(b) Warranty**

SECTION 5311, 5310 or Consolidated Capital Call for Projects TITLE VI PROGRAM REPORT

Legal Name of Applicant: **Gaston County**
(Complete either Part A or Part B)

Part A – No complaints or Lawsuits Filed

I certify that to the best of my knowledge, **No complaints or lawsuits** alleging discrimination have been filed against **Gaston County ACCESS** (*Transit System Name*) during the period **July 1, 2015 through June 30, 2016**.

Signature of Authorized Official _____ Date

Type Name and Title of Authorized Official

Part B – Complaints or Lawsuits Filed

I certify that to the best of my knowledge, the below described complaints or lawsuits alleging discrimination have been filed against _____ *Transit System Name*) during the period July 1, 2015 through June 30, 2016.

Complainant Name/Address/Telephone Number	Date	Description	Status/Outcome

(Attach an additional page if required.)

Signature of Authorized Official _____ Date

Type Name and Title of Authorized Official

Part C - Title VI Plan

Do you currently have a Title VI Plan: _____ Date of last plan update: _____

EEO QUESTIONNAIRE

Threshold Requirements: Any applicant, recipient, or sub-recipient is required to comply with program requirements in Chapter III if it meets the following thresholds:

- a. Employees 50 or more transit-related employees*; and
b. Requests or receives capital or operating assistance under Sections 3, 4(i), or 9 of the FTA; assistance under 23 U.S.C. 142(a)(2) or 23 U.S.C. 103(e)(4), or any combination thereof, in excess of \$1 million in the previous Federal fiscal year; or
c. Request and receives planning assistance under Sections 8 and/or 9 in excess of \$250,000 in the previous Federal fiscal year.

Name of Organization: _____ Gaston County _____

_____ State DOT _____ MPO _____ X _____ Transit Agency _____ City

TrAMS ID: _____ (if applicable)

- 1. How many employees do you have in your organization? _____ 30 _____
2. How many of those employees are *transit related? _____ 30 _____

*A transit related employee is an employee of an FTA applicant, recipient, or subrecipient who is involved in an aspect of an agency's mass transit operation funded by FTA. For example, a city planner involved in a planning bus routes would be counted as part of the recipient's work force, but a city planner involved in land use would not be counted.

3. How much did your organization receive in capital or operating assistance the previous fiscal year?
_____ \$377,865 _____

4. How much did your organization receive in planning assistance the previous fiscal year?
_____ 0 _____

5. Does your agency submit an EEO Program? _____ Yes ___ x ___ No
If yes, what is the date of your last submission? _____

6. Do you contract out any of your transit services? ___ x ___ Yes _____ No
If no, skip to question 7. If yes,

a. What is the name of agency (s)? ___ GEMS, American Alternative Transportation, Mecklenburg Transportation System _____

b. How much does the agency receive in capital or operating assistance? ___ \$400,000 _____

c. How much does the agency receive in planning assistance? ___ 0 _____

d. How many transit employees does the agency have? _____ 2-15 _____

e. Does the agency submit an EEO Program to you? _____ Yes No
If yes, what is the date of their last EEO submission? _____

7. What is the date of your last Triennial Review (If applicable)? _____ n/a _____

a. Were there any deficiencies? _____ Yes _____ No
If yes, in what area(s) _____

b. Are any of the deficiencies still open _____ Yes _____ No
If yes, in what area(s)? _____

8. What is the date of your last State Management review (If Applicable)? _____ n/a _____

a. Were there any deficiencies? _____ Yes _____ No
If yes, in what area(s) _____

b. Are any of the deficiencies still open _____ Yes _____ No
If yes, in what area(s)? _____

9. Has your agency participated in an EEO compliance review? _____ no _____

If yes,
a. Were there any deficiencies? _____ Yes _____ No
If yes, in what area(s) _____

b. Are any of the deficiencies still open _____ Yes _____ No
If yes, in what area(s)? _____

I declare (or certify, verify, or state) that the foregoing is true and correct.

Signature _____ Date _____

Title _____

DBE GOOD FAITH EFFORTS CERTIFICATION

This is to certify that in all purchase and contract selections (*Legal Name of Applicant*) Gaston County is committed to and shall make good faith efforts to purchase from and award contracts to Disadvantaged Business Enterprises (DBEs).

DBE good faith efforts will include the following items that are indicated by check mark(s) or narrative:

Required by PTD	Check all that apply	Description
*	<input checked="" type="checkbox"/>	Write a letter/email to Certified DBEs in the service area to inform them of purchase or contract opportunities;
*	<input checked="" type="checkbox"/>	Document telephone calls, emails and correspondence with or on behalf of DBEs;
	<input type="checkbox"/>	Advertise purchase and contract opportunities on local TV Community Cable Network;
*	<input checked="" type="checkbox"/>	Request purchase/contract price quotes/bids from DBEs;
	<input type="checkbox"/>	Monitor newspapers for new businesses that are DBE eligible
*	<input checked="" type="checkbox"/>	Encourage interested eligible firms to become NCDOT certified. Interested firms should refer to http://www.ncdot.gov/business/ocs/dbc/#FAQ10 or contact the office of contractual services at (919) 707-4800 for more information
*	<input checked="" type="checkbox"/>	Encourage interested firms to contact the Office of Historically Underutilized Businesses at (919) 807-2330 for more information
*	<input checked="" type="checkbox"/>	Consult NCDOT Certified DBE Directory. A DBE company will be listed in the DBE Directory for each work type or area of specialization that it performs. You may obtain a copy of this directory at http://partner.ncdot.gov/VendorDirectory/default.html
	<input type="checkbox"/>	Other efforts: Describe:
	<input type="checkbox"/>	Other efforts: Describe:

You may obtain a copy of the USDOT Disadvantaged Business Enterprise Program Title 49 Part 26 at <http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&tpl=%2Findex.tpl>

Reminder: Documentation of all good faith efforts shall be retained for a period of five (5) years following the end of the fiscal year.

I certify that, to the best of my knowledge, the above information describes the DBE good faith efforts.

Signature of Authorized Official

Date

Type Name and Title of Authorized Official

**NORTH CAROLINA DEPARTMENT OF TRANSPORTATION
PUBLIC TRANSPORTATION DIVISION**

DBE/MBE/WBE/HUB ANTICIPATED VENDOR AWARDS in FY2018

APPLICANT'S NAME: Gaston County **PERIOD COVERED**

MAILING ADDRESS: PO Box 1578; Gastonia, NC 28053 **From:** July 1, 2017

VENDOR NUMBER: _____ **To:** June 30, 2018

We expect to utilize the following list of DBE/MBE/WBE/HUB Vendors in FY2018:

DBE/MBE/WBE/HUB Vendor/Subcontractor's Name	Mailing Address City, State, Zip	ID# from NCDOT Website	Describe Service/ Item to be Purchased	Anticipated Expenditure (\$)
TOTAL				

- The above list includes the DBE/MBE/WBE/HUB Vendors the applicant expects to utilize in FY2018.
- The applicant does **NOT** expect to utilize any DBE/MBE/WBE/HUB Vendors in FY2018.

Signature of Authorized Official _____ **Date** _____

LOCAL SHARE CERTIFICATION FOR FUNDING

Gaston County
(Legal Name of Applicant)

Requested Funding Amounts

<u>Project</u>	<u>Total Amount</u>	<u>Local Share</u>
Administrative	\$ <u>502,751</u>	\$ <u>75,414</u> (15%)
Capital	\$ <u>341,700</u>	\$ <u>34,170</u> (10%)
Operating (ALL systems; No State Match will be provided for operating assistance)	\$ <u>41,066</u>	\$ <u>20,533</u> (50% or more)
<hr/>		
TOTAL	\$ <u>885,517</u> Total Funding Requests	\$ <u>130,117</u> Total Local Share

The Local Share is available from the following sources:

<u>Source of Funds</u>	<u>Amount</u>
<u>General Funds</u>	\$ <u>130,117</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
<hr/>	
TOTAL	\$ <u>130,117</u>

**** Fare box revenue is not an applicable source for local share funding**

I, the undersigned representing (*Legal Name of Applicant*) **Gaston County** do hereby certify to the North Carolina Department of Transportation, that the required local funds for the FY2018 Community Transportation Program will be available as of **July 1, 2017**, which has a period of performance of July 1, 2017 – June 30, 2018.

Signature of Authorized Official

Type Name and Title of Authorized Official

Date

Surface Transportation Providers

(operating in your service area)

List all private transportation providers and indicate if represented by union. This information is generally available in your telephone directory or through the County's business licensing office. If you contract out any part of your service or management/administration of your transit system and the contractor's employees are represented by a labor union, remember to include them here.

Gasston County

Legal Name of Applicant

(Not the System Name)

	Private Transportation Providers	Union Representation	If yes - Provide Name of Union and the affiliated Local Branch Number, (e.g. ACME Local #458)
1	American Alternative Transportation	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2	King Transportation Services	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3	Carolina Specialty Transport	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4	FTS Transportation	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
5	CLT Express	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
6	Metro Cab	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
7	Blue Cabs of NC	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
8	Transportation Insight	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
9		<input type="checkbox"/> No <input type="checkbox"/> Yes	
10		<input type="checkbox"/> No <input type="checkbox"/> Yes	
11		<input type="checkbox"/> No <input type="checkbox"/> Yes	
12		<input type="checkbox"/> No <input type="checkbox"/> Yes	
13		<input type="checkbox"/> No <input type="checkbox"/> Yes	
14		<input type="checkbox"/> No <input type="checkbox"/> Yes	
15		<input type="checkbox"/> No <input type="checkbox"/> Yes	
16		<input type="checkbox"/> No <input type="checkbox"/> Yes	
17		<input type="checkbox"/> No <input type="checkbox"/> Yes	
18		<input type="checkbox"/> No <input type="checkbox"/> Yes	
19		<input type="checkbox"/> No <input type="checkbox"/> Yes	
20		<input type="checkbox"/> No <input type="checkbox"/> Yes	
21		<input type="checkbox"/> No <input type="checkbox"/> Yes	
22		<input type="checkbox"/> No <input type="checkbox"/> Yes	
23		<input type="checkbox"/> No <input type="checkbox"/> Yes	
24		<input type="checkbox"/> No <input type="checkbox"/> Yes	
25		<input type="checkbox"/> No <input type="checkbox"/> Yes	

Gaston County

Legal Name of Applicant

(Not the System Name)

	Private Transportation Providers	Union Representation	If yes – Provide <u>Name of Union and the affiliated Local Branch Number</u> , (e.g. ACME Local #458)
26		<input type="checkbox"/> No <input type="checkbox"/> Yes	
27		<input type="checkbox"/> No <input type="checkbox"/> Yes	
28		<input type="checkbox"/> No <input type="checkbox"/> Yes	
29		<input type="checkbox"/> No <input type="checkbox"/> Yes	
30		<input type="checkbox"/> No <input type="checkbox"/> Yes	
31		<input type="checkbox"/> No <input type="checkbox"/> Yes	
32		<input type="checkbox"/> No <input type="checkbox"/> Yes	
33		<input type="checkbox"/> No <input type="checkbox"/> Yes	
34		<input type="checkbox"/> No <input type="checkbox"/> Yes	
35		<input type="checkbox"/> No <input type="checkbox"/> Yes	
36		<input type="checkbox"/> No <input type="checkbox"/> Yes	
37		<input type="checkbox"/> No <input type="checkbox"/> Yes	
38		<input type="checkbox"/> No <input type="checkbox"/> Yes	
39		<input type="checkbox"/> No <input type="checkbox"/> Yes	
40		<input type="checkbox"/> No <input type="checkbox"/> Yes	
41		<input type="checkbox"/> No <input type="checkbox"/> Yes	
42		<input type="checkbox"/> No <input type="checkbox"/> Yes	
43		<input type="checkbox"/> No <input type="checkbox"/> Yes	
44		<input type="checkbox"/> No <input type="checkbox"/> Yes	
45		<input type="checkbox"/> No <input type="checkbox"/> Yes	
46		<input type="checkbox"/> No <input type="checkbox"/> Yes	
47		<input type="checkbox"/> No <input type="checkbox"/> Yes	
48		<input type="checkbox"/> No <input type="checkbox"/> Yes	
49		<input type="checkbox"/> No <input type="checkbox"/> Yes	
50		<input type="checkbox"/> No <input type="checkbox"/> Yes	
51		<input type="checkbox"/> No <input type="checkbox"/> Yes	
52		<input type="checkbox"/> No <input type="checkbox"/> Yes	
53		<input type="checkbox"/> No <input type="checkbox"/> Yes	

5311 Transit Advisory Board (TAB) Composition

Service Area Demographics

Elderly	Minority	Disabled	Low Income	Hispanic or Latino

Applicant:

Number of Projected TAB Meetings for FY2018:

2000 Census data used for Disabled Calculations
 2005-2009 ACS Estimates used for Elderly & Low Income Calculations
 2010 Census data used for Minority & Origin Calculations

Number of TAB Meetings held in FY2017 as of:

TAB Member's Name	What best describes the role or position of this board member in the community?					This person knows the transportation needs of this group or groups.	Board Service								
	Select only one description per board member						Current Term Status								
	Human Service or Non-Profit Agency	Transportation Provider	Business	Gvmt or Gvmt Affiliate	Transit User		General Public	Elderly	Disabled	Minority or Hispanic	Limited English	Low Income	Year Term Began	Year Term Ends	Appointed or Selected
1						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
2						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
3						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
4						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
5						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
6						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
7						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
8						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
9						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
10						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
11						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
12						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
13						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
14						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
15						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
16						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
17						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
18						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
19						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
20						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

5311 Transit Advisory Board (TAB) Composition

Service Area Demographics

Elderly	Minority	Disabled	Low Income	Hispanic or Latino
18%	17%	22%	11%	3%

Applicant: **Gaston County**

Number of Projected TAB Meetings for FY2018: **5**
 2000 Census data used for Disabled Calculations
 2005-2009 ACS Estimates used for Elderly & Low Income Calculations
 Number of TAB Meetings held in FY2017 as of: **8/23/2016** **4**
 2010 Census data used for Minority & Origin Calculations

TAB Member's Name	What best describes the role or position of this board member in the community?						This person knows the transportation needs of this group or groups.						Board Service			
	Human Service or Non-Profit Agency	Transportation Provider	Business	Gvmt or Gvmt Affiliate	Transit User	General Public	Elderly	Disabled	Minority or Hispanic	Limited English	Low Income	Year Term Began	Year Term Ends	Appointed or Selected	# Years Served	
																Check as many as apply
1 Ruth Murphy	DSS					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2015	2018	A	1	
2 Pamela Goode					Gen Public Passenger	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2014	2017	A	2	
3 Carolyn Dow		Employer				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2016	2019	A	0	
4 Claudette Argabrite				Employment Security		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2014	2017	A	2	
5 Mark Lamphiear		Ambulance Service				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2014	2017	A	2	
6 Leon McClain	Other			Employment Security		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2015	2018	A	1	
7 Shelly Allman				College/University		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2014	2017	A	2	
8 Eric Davis	Vocational Rehab					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2014	2017	A	2	
9 Karen Watts	Head Start					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2014	2017	A	2	
10 Paul Williams	Other					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2015	2018	A	1	
11 JoAnn Raxter	Vocational Rehab				Disabled Passenger	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2014	2017	A	2	
12 Terri Sanford				Government Staff	HS Agency Passenger	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2014	2017	A	2	
13 Ginger McClain	Other			Government Staff		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2011	2014	A	3	
14 Tina Stogner	DSS				HS Agency Passenger	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2014	2017	A	1	
15 David Humphries				Elected Official		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2014	2017	A	2	
16 Bjorn Hansen				MPO Rep		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2014	2017	A	2	
17 Kenneth Gehrig	Mental Health					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2015	2018	A	1	
18 Bill Dellinger					Disabled Passenger	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2014	2017	A	2	
19 Gary Miller		Private Provider				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2012	2015	A	3	
20 Charity Patterson					Disabled Passenger	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2014	2017	A	2	

Service Area Demographics

Elderly	Minority	Disabled	Low Income	Hispanic or Latino
18%	17%	22%	11%	3%

Applicant:

Gaston County

2000 Census data used for Disabled Calculations
 2005-2009 ACS Estimates used for Elderly & Low Income Calculations
 2010 Census data used for Minority & Origin Calculations

Number of Projected TAB Meetings for FY2018:

Number of TAB Meetings held in FY2017 as of:

TAB Member's Name	What best describes the role or position of this board member in the community?					This person knows the transportation needs of this group or groups.					Board Service				
	Human Service or Non-Profit Agency	Transportation Provider	Business	Govmt or Govmt Affiliate	Transit User	General Public	Elderly	Disabled	Minority or Hispanic	Limited English	Low Income	Year Term Began	Year Term Ends	Appointed or Selected	# Years Served
21 Bill Dellinger					Disabled Passenger	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2014	2017	A	2
22						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
23						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
24						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
25						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
26						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
27						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
28						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
29						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
30						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
31						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
32						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
33						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
34						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
35						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
36						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
37						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
38						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
39						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
40						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

**FY2018 COMMUNITY TRANSPORTATION PROGRAM GRANT APPLICATION
NORTH CAROLINA DEPARTMENT OF TRANSPORTATION
FEDERAL SECTION 5311 & STATE FUNDING
TRANSIT SYSTEM DESCRIPTION**

Check If New Sub-Recipient
1. GENERAL INFORMATION

APPLICANT'S LEGAL NAME:

APPLICANT'S CONGRESSIONAL DISTRICT: *If incorrect, enter correct primary district:*
If Applicant's city is included in more than one district, enter primary district only

MAILING ADDRESS:
PO Box or Street Address

City, State Zip (9-digit zip)

PHYSICAL ADDRESS:
Street Address

City, State

TAXPAYER IDENTIFICATION NUMBER:

DOING BUSINESS AS (DBA) NAME:
Normally the transit system name, if different than applicant name

APPLICANT DUNS NUMBER:
*Unique 9-Digit number issued by Dun & Bradstreet. May be obtained free of charge at:
<http://fedgov.dnb.com/webform>*

DUNS NUMBER OF PARENT AGENCY:
Required only if different than Applicant

CONTACT PERSON:

PHONE NUMBER:
Area Code & Phone Number

FAX NUMBER:
Area Code & Phone Number

EMAIL ADDRESS:

SERVICE AREA'S CONGRESSIONAL DISTRICT: *If incorrect, enter correct primary district:*
If Service Area is included in more than one district, enter primary district only

SERVICE AREA:

FEDERAL FINANCIAL ASSISTANCE
TRANSPARENCY ACT (FFATA):

FFATA mandates the disclosure of the names and total compensation of the five most highly compensated officers of an entity if:

- The Applicant received 80% or more of its annual gross revenues in the preceding fiscal year from the federal government (all federal sources, not just FTA); **and**
- Those revenues were greater than \$25M; **and**
- The public does not have access to the information through Securities and Exchange Commission or Internal Revenue Service filings as specified in FFATA.

Applicant should select "Yes" if they are subject to the reporting requirements of FFATA and "No" if they are not subject to Executive Compensation Reporting.

EXECUTIVE COMPENSATION REPORTING: If "Yes" is selected above, enter the Names and Compensation amounts for the top five officers of the Applicant.

1.	<input type="text"/>	\$ -
	<i>Enter full name</i>	<i>Total compensation</i>
2.	<input type="text"/>	\$ -
	<i>Enter full name</i>	<i>Total compensation</i>
3.	<input type="text"/>	\$ -
	<i>Enter full name</i>	<i>Total compensation</i>
4.	<input type="text"/>	\$ -
	<i>Enter full name</i>	<i>Total compensation</i>
5.	<input type="text"/>	\$ -
	<i>Enter full name</i>	<i>Total compensation</i>

2. TYPE OF APPLICANT

Public County Government

3. TYPE OF TRANSIT SYSTEM

Single-County

4. TYPE OF SERVICE – (check all that apply)

Demand Response

Fixed Route

Subscription

Other: (specify below)

Deviated Fixed Route

5. SERVICE OPTIONS – (check all that apply)

General Public

Brokerage (Contractual service not a referral)

Human Service

Other: (describe below)

6. PURCHASE SERVICE - List agencies that purchase service from the transit system. Note: List agency ONCE

Agency

1

Name: Department of Health and Human Services

Check if agency purchased service last year

List Programs Served:

1) Medicaid

2) Aging Services

3) Adult Daycare

4) Workfirst

5) Veterans

Agency 2

Name: Gaston Skills

Check if agency purchased service last year

List Programs Served:

1) Developmental Disabilities

2)

3)

4)

5)

Agency

3

Name: Holy Angels

Check if agency purchased service last year

List Programs Served:

1) Developmental Disabilities

2)

3)

4)

5)

Agency 4

Name: Support Incorporated

Check if agency purchased service last year

List Programs Served:

1) Behavioral Health

2)

3)

4)

5)

Agency

5

Name:

Check if agency purchased service last year

List Programs Served:

1)

2)

3)

4)

5)

Agency 6

Name:

Check if agency purchased service last year

List Programs Served:

1)

2)

3)

4)

5)

Agency

7

Name:

Check if agency purchased service last year

List Programs Served:

1)

2)

3)

4)

5)

Agency 8

Name:

Check if agency purchased service last year

List Programs Served:

1)

2)

3)

4)

5)

Agency

9

Check if agency purchased service last year

List Programs Served:

1)

2)

3)

4)

5)

Agency

10 Name:

Check if agency purchased service last year

List Programs Served:

1)

2)

3)

4)

5)

Check box at left if you serve more than 10 agencies and complete Continuation worksheet.

7. REVENUE VEHICLE INVENTORY BY CATEGORY

→ Important - (If a vehicle has been replaced and the transit system has received the title from PTD, the vehicle should not be included in this inventory. Identify vehicles awaiting disposition in 8B below.)

_____	Center Aisle Van	_____	20-Ft LTV (Cutaway) (no lift)
<u>6</u>	Conversion Van	<u>1</u>	20-Ft LTV (Cutaway) (w/lift)
_____	Lift-Equipped Van	<u>10</u>	22-Ft LTV (Cutaway) (w/lift)
<u>2</u>	Minivan (no ramp)	<u>6</u>	25-Ft LTV (Cutaway) (w/lift)
<u>1</u>	Minivan (w/ramp)	<u>1</u>	28-Ft LTV (Cutaway) (w/lift)
_____	Crossover (4/All-wheel drive)	_____	Sedan
_____	Transit Bus	_____	Other: (describe below)

8. FLEET SIZE

A. ACTIVE FLEET

26 **Total Revenue** Vehicles in Fleet
 _____ Backup **Revenue** Vehicles
25 Total Lift-Equipped Vehicles

B. INACTIVE FLEET

1 Enter number of vehicles **awaiting** disposition. This includes vehicles for which replacements have been received and titles have been received from PTD. It also includes fleet reductions for which titles have been received from PTD.

9. DAYS AND HOURS OF SERVICE (Check all that apply and enter corresponding service hours):

DAYS	Beginning Time	SERVICE HOURS	Ending Time
<input type="checkbox"/> Seven (7) days per week	_____	_____	_____
<u>Or</u>			
<input type="checkbox"/> Monday - Friday	<u>4:00 AM</u>		<u>6:00 PM</u>
<input type="checkbox"/> Saturday	_____		_____
<input type="checkbox"/> Sunday	_____		_____
<input type="checkbox"/> Holiday	_____		_____

10. SYSTEM MANAGEMENT & OPERATION

A. Is the **Management/Administration** of the transit system currently subcontracted? No
 If **yes**, answer the following:

Name of the Management provider: _____
 When will the new RFP process begin? _____
 Are employees of the subcontractor represented by a labor organization (union)? _____
 If **so**, provide the following:
 Name of Union: _____
Example: Amalgamated Transit Union Local #1437

B. Is the **Operation** of the transit system currently subcontracted? No
 If **yes**, answer the following:

Name of the service provider: _____
 When will the new RFP process begin? _____
 Are employees of the subcontractor represented by a labor organization (union)? _____
 If **so**, provide the following:
 Name of Union: _____
Example: Amalgamated Transit Union Local #1437

C. Does **another** public transit system contract with your system for any part of its service? Yes
 If **yes**, answer the following:

Name of the public transit system: Mecklenburg County Transportation
 Type of service that you provide: NEMT/RGP/Contracted Service
 Are employees of the **other** transit system **or** its subcontractor(s) represented by a labor union? No
 If **so**, provide the following:
 Name of other system's subcontractor (if applicable): _____
 Name of Union: _____
Example: Amalgamated Transit Union Local #1437

11. PUBLIC INVOLVEMENT – Please complete the chart below to document outreach efforts.

Organizations / Events	Date / Time	Location	Number of Attendees	Primary Audience	Number Title VI Forms Completed
1) IPS-Supported Employment Steering Committee	10:00-12:00	200-3 South Post Road Shelby, NC 28152	10	General Public	
2) Gaston Adult Partnerships(GAP)	8-14-15 12:00	901 S New Hope Rd, Gastonia, NC 28054	10	General Public	

3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					
11)					
12)					
13)					
14)					
15)					

- A. Is a governing board approved, formalized, public involvement plan in use? No
 If **yes** (complete questions below)
- Is that plan evaluated and updated at least annually? _____
- Does that plan have defined objectives? _____
- Are those objectives being met? _____

If **no** – Describe below how the effectiveness of the public involvement efforts are evaluated and/or improved.

Through TAB meetings, collaboration with DHHS and MPO meetings

B. Describe Public Outreach Methods:

Select the ONE word that most accurately completes the sentence



Information dissemination is Always written.

Public meeting times are Usually between 8 AM and 5 PM.

Information is Never available in an audible format.

Information is Usually available in a language other than English.

Reasonable access is Always available for those with a disability.

12. ADMINISTRATIVE CHANGES - Describe administrative changes to be incorporated during FY2018 in the space below. A new job description must be attached for (1) any new administrative positions or (2) any increase in the percentage of a position dedicated to transportation.
If **NONE** check here: Check here if job description(s) attached:

13. SERVICE CHANGES - Describe any service changes and/or provide justification/need for expansion vehicle(s) in the space below.
If **NONE** check here:

FY2018 - Complete Project Funding Request Form for FY 2018

(Note: Include in your description the rationale for the anticipated change in service. For example, the anticipated change is due to customer feedback, marketing or other efforts. This narrative should match what is included your project funding request form)

How will the public be notified of the service changes described above?

How much lead-time is given before service changes take effect?

BUDGET SUMMARY

September 2015 - June 2018

Legal Name:	GASTON COUNTY		
Address:	PO Box 1578 GASTONIA, NC 28053-1578		
County:	GASTON COUNTY	Congressional District:	
Contact Person:	Cheree Wilson		
Telephone:	+1 (7048663220)		
Fax:	+1 (7048663232)		
Email:	cheree.wilson@co.gaston.nc.us		
Web Site:	www.gastonhhs.org		
Federal ID Number:	██████████	DUNS Number:	██████████

CFDA #

Period of Performance: Jul 1, 2016 to Jun 30, 2018 Federal Billable/Non-Billable Billable

I. Total Project Expenditures		
(NCDOT Maximum Participation Amounts)	Requested	NCDOT Use Only
Total Expenses	\$502,751	\$502,751
Total Contra Accts and Fare Revenue		
Total Net Expenses/Cost	\$502,751	\$502,751

II. Proposed Project Funding*					
	Total	Federal	Federal Non-Billing	NCDOT	Local
	100.00%	80.00%		5.00%	15.00%
Total Funding	\$502,751	\$402,200	\$0	\$25,137	\$75,414

IV. Proposed DBE, MBE, WBE Goals (Enter DBE Goal if Federal Funding applies, otherwise enter MBE/WBE Goals)			
	DBE	MBE	WBE
%			
Amount	\$0	\$0	\$0

PROPOSED BUDGET
SALARY AND WAGE DETAIL

Applicant : GASTON COUNTY

Object Code	Position Title	No.	Total Annual Salary	Pct. (%) Oper Transp. Tasks	No. of Years	Budgeted Amount	No. of Positions Approved	NCDOT Maximum Participation
FULL TIME EMPLOYEES								
G121	Transportation Coordinator	1	\$63,141	100%	1	\$63,141	1	\$63,141
G121	Dispatch Supervisor	1	\$42,841	100%	1	\$42,841	1	\$42,841
G121	Billing Clerk	1	\$29,562	100%	1	\$29,562	1	\$29,562
G121								
G121								
G121								
G121								
G121								
G121								
G121								
TOTAL G121 SALARIES		3				\$135,544	3	\$135,544
PART-TIME EMPLOYEES - RECEIVING BENEFITS								
G125								
G125								
G125								
G125								
G125								
G125								
TOTAL G125 SALARIES								
PART-TIME EMPLOYEES - RECEIVING NO BENEFITS								
G126								
G126								
G126								
G126								
G126								
G126								
TOTAL G126 SALARIES								
TOTAL SALARY & WAGE		3				\$135,544	3	\$135,544

Applicant: GASTON COUNTY

Project Number :

PROPOSED BUDGET
EXPENSES

Object Code	Title	Total Cost	For NCDOT Use Only
G120	Salaries and Wages		
G121	Full-time employees	\$135,544	\$135,544
G122	Overtime	\$1,000	\$1,000
G125	Part-time (receives benefits)		
G126	Temporary and part-time (receives no benefits)		
G127	Longevity		
Subtotal Salaries:		\$136,544	\$136,544
G180	Fringe Benefits		
G181	Social security contribution (7.65% of total salaries)	\$10,446	\$10,446
G182	Retirement contribution; total salaries X participating percentage \$136,544 X 8.07%	\$11,019	\$11,019
G183	Hospitalization insurance; cost per month X no. of months X no. of employees. \$875.00 X 12 X 3	\$31,500	\$31,500
G184	Disability insurance; cost per month X no. of months X no. of employees. X X		
G185	Unemployment compensation; Number of Employees: 3	\$606	\$606
G186	Workers compensation; Number of Employees:		
G189	Other:		
Subtotal Fringe:		\$53,571	\$53,571
TOTAL SALARY & FRINGE:		\$190,115	\$190,115
G190	Professional Services		
G191	Accounting		
G192	Legal		
G195	Management Consultant		
G196	Drug & Alcohol Testing Contract		
G197	Drug & Alcohol tests Provide # of employees in test pool:		
G198	Medical review officer		
G199	Other:		
G200	Supplies and Materials		
G211	Janitorial Supplies - (Housekeeping)	\$1,000	\$1,000
G212	Uniforms		
G233	First Aid supplies (replacement)		
G251	Motor Fuels and Lubricants		
G252	Tires and Tubes		
G253	Associated Capital Maint		

G254	Licenses, tags and fees		
G255	Vehicle cleaning supplies		
G256	Hand tools		
G257	Vehicle signs & Paint Supplies		
G258	Vehicle touch up paint (non-contract)		
G259	Other:		
G261	Office Supplies and Materials	\$2,500	\$2,500
G281	Air Conditioner / Furnace Filters		
G291	Computer Supplies	\$1,000	\$1,000
G292	Fire Extinguisher- recharging system		
G300	Travel and Transportation (other than employee development)		
G311	Travel: Anticipated trips: NCPTA Conferences, PTD conferences, RouteMatch User Conference	\$2,500	\$2,500
G312	Travel subsistence		
G313	Transportation of clients/others		
G314	Travel - Motor-pool or leased vehicles (Does NOT include vehicles used in the provision of contracted transportation services.)		
G320	Communications		
G321	Telephone Service	\$2,000	\$2,000
G322	Internet Service Fee		
G323	Combined Service Fee		
G325	Postage		
G329	Other Communications:		
G330	Utilities		
G331	Electricity		
G332	Fuel oil		
G333	Natural Gas		
G334	Water		
G335	Sewer		
G336	Trash collection		
G337	Single/combined utility bill		
G339	Other:		
G340	Printing and Binding		
G341	Printing and reproduction		
G349	Other:		
G350	Repairs and Maintenance		
G353	Vehicles (use 257/258 for vehicle signs & in-house paint supplies)		
G354	Shop equipment		
G355	Office and computer equipment		
G357	Communications equipment		
G358	Other Repairs and Maintenance - Office Related		
G359	Other-Describe:		
G370	Advertising/Promotion		

G371	Marketing (paid ads, marketing firm, etc.) Describe: Newspaper Ads Minimum Amount (2% of Admin Budget): \$10,055		
G372	Promotional items Describe: Pens, Calendars, T-shirts, notepads Maximum Amount (25% of G371 Total Cost): \$0		
G373	Other:		
G380	Computer Support Services (contracted)		
G381	Computer programming services		
G382	Computer support/technical assistance	\$2,500	\$2,500
G390	Other Services		
G391	Legal advertising	\$900	\$900
G392	Laundry and dry cleaning		
G393	Temporary help services		
G394	Cleaning services		
G395	Training - Employee Education Expense	\$2,000	\$2,000
G396	Management services (contracted transit system mgmt/admin services)		
G398	Security services		
G399	Other:		
G410	Rental of Real Property (include copy of current lease agreement)		
G412	Rent of building X number of monthly payments <input type="checkbox"/> X <input type="checkbox"/>		
G413	Rent of offices X number of monthly payments <input type="checkbox"/> X <input type="checkbox"/>		
G419	Other:		
G420	Lease of Computer Equipment		
G421	Lease of Computer Hardware		
G422	Lease of Computer Software	\$18,922	\$18,922
G430	Lease of Equipment		
G431	Lease of Reproduction equipment		
G432	Lease of Postage Meter		
G433	Lease of Communications equipment (includes radio, cable lines and antennae)		
G439	Other:		
G440	Service and Maintenance Contracts		
G441	Communications equipment	\$1,000	\$1,000
G442	Office equipment	\$1,000	\$1,000
G443	Reproduction equipment		
G444	Vehicles		
G445	Computer equipment	\$1,000	\$1,000
G446	Tires		
G448	Other Service and Maintenance Contracts - Office Related		
G449	Other:		
G450	Insurance and Bonding		

G451	Property and general liability (does not include vehicle insurance)					
G452	Vehicles					
	Number of Fleet Vehicle:		Maximum Amount:	\$0		
G453	Fidelity					
G454	Professional liabilities					
G455	Special liabilities					
G480	Indirect Costs					
G481	Central services: (budget direct cost base) X (percentage rate)					
	\$135,544	X	18.75%	Maximum Amount \$25,414.5	\$25,414	\$25,414
	Prior approval of Indirect Cost Percentage Rate required. Questions should be directed to NCDOT Financial Management					
G490	Other Fixed Charges					
G491	Dues and subscriptions: NCPTA, NCTracks				\$900	\$900
G499	Other:					
G600	Private / Public Operator Contracts - Purchase Services					
G611	Direct purchase of service from privately owned provider				\$250,000	\$250,000
G612	User side subsidy					
G621	Volunteer reimbursement					
G641	Direct purchase of service from publicly owned provider					
	Total Expenses:				\$502,751	\$502,751
OPERATING REVENUES						
	Contra Account					
G821	General Fund					
G822	Capital Reserve Fund					
G832	N.C. Sales Taxes					
G833	N.C. Gas Tax Refund					
G834	County Sales Taxes					
G836	Fed Gas Tax Refund					
G839	Other Taxes					
G841	Charter Expenses					
G842	Garage Services					
G843	Advertising Expenses					
G844	Insurance Settlement					
G847	Inc Elderly/Disable					
G849	Other Contra Accts					
G991	Contingency/Prog Res					
	TOTAL CONTRA ACCOUNTS:					
F500	Fare Revenue					
F511	General Public Fares					
F521	Prepaid Fares/Bulk Discounts					
F522	Senior Citizen Fares					
F523	Student Fares					
F524	Child Fares					
F525	Paratransit Fares					

F533	Special Route Guarantees		
F529	Other Special Fares:		
TOTAL FARE REVENUES:			
TOTAL CONTRA ACCOUNTS AND FARE REVENUES:			
TOTAL EXPENSES LESS TOTAL CONTRA ACCOUNTS AND FARE REVENUES = TOTAL NET OPERATING EXPENSES (TNOE):		\$502,751	\$502,751

**North Carolina Department of Transportation (NCDOT)
Public Transportation Division (PTD)**

Project Number :

CAPITAL BUDGET

July 2011 - June 2021

Legal Name:	GASTON COUNTY		
Address:	PO Box 1578 GASTONIA, NC 28053-1578		
County:	GASTON COUNTY	Congressional District:	
Contact Person:	Cheree Wilson		
Telephone:	+1 (7048663220)		
Fax:	+1 (7048663232)		
Email:	cheree.wilson@co.gaston.nc.us		
Web Site:	www.gastonhhs.org		
Federal ID Number:	██████████	DUNS Number:	██████████
CFDA #:			
Period of Performance:	Jul 1, 2017	to	Jun 30, 2018
		Federal Billable/Non-Billable	Billable

I. Total Project Expenditures		
(NCDOT Maximum Participation Amounts)	Requested	NCDOT Use Only
Replacement Vehicles	\$337,700	\$337,700
Expansion Vehicles	\$0	\$0
Other Capital Expenses	\$2,500	\$2,500
Advanced Technology Expenses	\$0	\$0
Baseline Technology Expenses	\$1,500	\$1,500
Facility Improvement Expenses	\$0	\$0
Other Expenses	\$0	\$0
Total	\$341,700	\$341,700

II. Proposed Project Funding*					
	Total	Federal	Federal Non-Billing	NCDOT	Local
	100.00%	80.00%		10.00%	10.00%
Total Funding	\$341,700	\$273,360	\$0	\$34,170	\$34,170

IV. Proposed DBE, MBE, WBE Goals (Enter DBE Goal if Federal Funding applies, otherwise enter MBE/WBE Goals)			
	DBE	MBE	WBE
%			
Amount	\$0	\$0	\$0

**North Carolina Department of Transportation (NCDOT)
Public Transportation Division (PTD)**

Project Number :

**PROPOSED PROJECT BUDGET
CAPITAL EXPENSES**

Applicant: GASTON COUNTY

Program Profile:ZPT3

Object Code	Title	Total Cost	NCDOT Maximum Participation		
ROLLING STOCK: REPLACEMENT VEHICLES					
G541	Description	Budgeted Cost	Qty	Qty	
	35- to 40-Ft. HD Low Floor Transit Bus (Replacement) - 12 yr. Bus Heavy duty EPA 2014 emissions standards diesel bus built as an integral unit.	\$500,000			\$0
	Alternative fuel engine - Hybrid Electric	\$250,000			\$0
	Optional Engine - CNG				
	Optional Engine - Natural Gas				
		\$0			\$0
G542	Description	Budgeted Cost	Qty	Qty	
	30- to 35-Ft. HD Low Floor Transit Bus (Replacement) - 10 yr. Bus Heavy duty EPA 2014 emissions standards diesel bus built as an integral unit.	\$460,000			\$0
	Alternative fuel engine - Hybrid Electric	\$200,000			\$0
	Optional Engine - CNG				
	Optional Engine - Natural Gas				
		\$0			\$0
G543	Description	Budgeted Cost	Qty	Qty	
	20' Light Transit Vehicle (Replacement) – Body-on-chassis type vehicle (Cutaway van chassis); retaining the van-type cab; offering increased headroom and wider body; max. capacity - 13 passengers (may be driven w/o CDL)	\$53,500			\$0
	Bike Rack	\$2,820			\$0
	Brake Retarder	\$8,600			\$0
		\$0			\$0
G545	Description	Budgeted Cost	Qty	Qty	
	Raised Roof Van (Replacement) - Side entry; NO LIFT; maximum capacity-12-13 passengers.	\$52,500			\$0
	Optional Engine - Diesel	\$3,550			\$0
		\$0			\$0

**North Carolina Department of Transportation (NCDOT)
Public Transportation Division (PTD)**

G546	Description	Budgeted Cost	Qty		Qty	
	20' Light Transit Vehicle w/wheelchair lift (Replacement) – Body-on-chassis type vehicle (Cutaway van chassis); retaining the van-type cab; offering increased headroom and wider body; fully automatic side lift. 2 wheelchair station floor plan. Min. ambulatory capacity -8 pax; Max. ambulatory capacity -10 pax. (may be driven w/o CDL)	\$60,000				\$0
	Bike Rack	\$2,820				\$0
				\$0		\$0
G547	Description	Budgeted Cost	Qty		Qty	
	25' Light Transit Vehicle w/wheelchair lift (Replacement) - Body-on-chassis type vehicle (Cutaway van chassis); retaining the van-type cab; offering increased headroom and wider body; fully automatic side lift. 2 and 4 Wheelchair Station floor plans. Min. ambulatory capacity - 8 pax; Max. ambulatory capacity - 18 pax.	\$70,000	3		3	\$210,000
	Optional Engine - CNG	\$21,000				\$0
	Optional Engine - Hybrid Electric	\$30,000				\$0
	Optional Engine - Diesel	\$26,000				\$0
	Brake Retarder	\$9,000	3		3	\$27,000
	Bike Rack	\$2,820				\$0
				\$237,000		\$237,000
G548	Description	Budgeted Cost	Qty		Qty	
	Raised Roof Van w/lift (Replacement) - Side entry; rear fully automatic interior lift. 2 to 3 Wheelchair Stations. Min. ambulatory capacity - 3 pax; Max. ambulatory capacity-9 pax.	\$61,000				\$0
	Optional Engine - Diesel	\$3,550				\$0
				\$0		\$0
G571	Description	Budgeted Cost	Qty		Qty	
	Minivan / Crossover (Replacement) – Small vehicle; standard production vehicle; maximum capacity - 6 passengers. Crossover vehicle (6 pax) available ONLY for ALL-WHEEL DRIVE	\$29,000				\$0
	Option: Accessible Minivan compliant with ADA; Lowered floor, wheelchair ramp and 1 to 2 wheelchair stations.	\$16,000				\$0
				\$0		\$0

**North Carolina Department of Transportation (NCDOT)
Public Transportation Division (PTD)**

G573	Description	Budgeted Cost	Qty		Qty	
	Support Vehicle (Replacement) - a vehicle used to support the transit system; maintenance needs.	\$40,000		\$0		\$0
	Optional Engine - Diesel					
	Optional Engine - Hybrid Electric					
				\$0		\$0
G575	Description	Budgeted Cost	Qty		Qty	
	28' Light Transit Vehicle w/wheelchair lift (Replacement) – Body-on-chassis type vehicle (Cutaway van chassis); retaining the van-type cab; offering increased headroom and wide body; fully automatic lift. 2 and 6 Wheelchair Station floor plans Min. ambulatory capacity -8 pax; Max. ambulatory capacity -22 pax.	\$91,000	1	\$91,000	1	\$91,000
	Optional Engine - CNG	\$21,000		\$0		\$0
	Optional Engine - Hybrid Electric	\$21,000		\$0		\$0
	Optional Engine - Diesel	\$10,000		\$0		\$0
	Brake Retarder	\$9,700	1	\$9,700	1	\$9,700
	Bike Rack	\$2,820		\$0		\$0
				\$100,700		\$100,700
G576	Description	Budgeted Cost	Qty		Qty	
	22' Light Transit Vehicle w/wheelchair lift (Replacement) – Body-on-chassis type vehicle (Cutaway van chassis); retaining the van-type cab; offering increased headroom and wider body; fully automatic side lift. 2 wheelchair station floor plan. Min. ambulatory capacity -12 pax; Max. capacity -14 pax. plus 1 wheelchair passenger. THIS LTV REQUIRES A CDL - LTV seating CANNOT BE MODIFIED.	\$64,500		\$0		\$0
	Optional Engine - CNG	\$21,000		\$0		\$0
	Optional Engine - Hybrid Electric	\$30,000		\$0		\$0
	Brake Retarder	\$9,000		\$0		\$0
	Bike Rack	\$2,820		\$0		\$0
				\$0		\$0

**North Carolina Department of Transportation (NCDOT)
Public Transportation Division (PTD)**

G577	Description	Budgeted Cost	Qty		Qty	
	Other Transit Vehicle (Replacement) - Other transit-type vehicle not otherwise identified in UPTAS. Specify type and if lift equipped. (include estimated cost documentation)					
	Optional Engine - Hybrid Electric					
	Optional Engine - Diesel					
TOTAL REPLACEMENT VEHICLE QUANTITY & EXPENSES:				\$337,700		\$337,700

***NOTE: If you prefer to use a local vendor for lettering, please budget cost under line code G591 located under "Other Capital". Logos are now eligible under that code also.**

VEHICLE REPLACEMENT INFORMATION						NCDOT	
REPLACED VEHICLES					NEW VEHICLE	APPROVED REPLS	
Year	Make	Type	Complete VIN	Mileage	Select code below	Y/N	Comment
2009	Ford	LTV	1FDFE45S79DA39019	159,479	G547 - 25' LTV w/ lift		
2009	Ford	LTV	1FDFE45S79DA39022	215,351	G547 - 25' LTV w/ lift		
2010	Ford	LTV	1FDFE4FS9ADA35315	166,372	G547 - 25' LTV w/ lift		
2010	Ford	LTV	1FDFE4FS0ADA62502	157,340	G575 - 28' LTV w/ lift		

**North Carolina Department of Transportation (NCDOT)
Public Transportation Division (PTD)**

Project Number :

**PROPOSED PROJECT BUDGET
CAPITAL EXPENSES**

Applicant: GASTON COUNTY

Object Code	Title	Total Cost	NGDOT Maximum Participation
ROLLING STOCK: EXPANSION VEHICLES			
G561	Description	Budgeted Cost	Qty
	35- to 40-FT HD Transit Bus w/Lift (Expansion) - 12 yr. bus Heavy duty diesel bus built as an integral unit.	\$500,000	
	Optional Engine - CNG		
	Alternative fuel Engine - Hybrid Electric	\$250,000	
	Optional Engine - Diesel		
		\$0	\$0
G562	Description	Budgeted Cost	Qty
	30- to 35-FT HD Transit Bus w/Lift (Expansion) - 10 yr. bus Heavy duty diesel bus built as an integral unit.	\$460,000	
	Alternative fuel engine: Hybrid	\$200,000	
	Optional Engine - CNG		
	Optional Engine - Natural Gas		
		\$0	\$0
G563	Description	Budgeted Cost	Qty
	20' Light Transit Vehicle (Expansion) – Body-on-chassis type vehicle (Cutaway van chassis); retaining the van-type cab; offering increased headroom and wider body; max. capacity - 13 passengers (may be driven w/o CDL)	\$58,000	
	Bike Rack	\$2,820	
	Brake Retarder	\$8,600	
			\$0
G565	Description	Budgeted Cost	Qty
	High - top Vehicle (Expansion) – School bus door entry; lowered stepwell; NO LIFT ; maximum capacity-12 passengers.	\$57,000	
	Optional Engine - Diesel	\$3,550	
		\$0	\$0

**North Carolina Department of Transportation (NCDOT)
Public Transportation Division (PTD)**

G566	Description	Budgeted Cost	Qty	Qty	
	20' Light Transit Vehicle w/wheelchair lift (Expansion) – Body-on-chassis type vehicle (Cutaway van chassis); retaining the van-type cab; offering increased headroom and wider body; fully automatic side lift. 2 wheelchair station floor plan. Min. ambulatory capacity -8 pax; Max. ambulatory capacity -10 pax. (may be driven w/o CDL)	\$64,500			\$0
	Optional Engine - Diesel				
	Bike Rack	\$2,820			\$0
					\$0
					\$0
G567	Description	Budgeted Cost	Qty	Qty	
	25' Light Transit Vehicle w/Lift (Expansion) – Body-on-chassis type vehicle(Cutaway van chassis);retaining the van-type cab; offering increased headroom and wider body; fully automatic side life. 2 & 4 Wheelchair Station floor plans Min. ambulatory capacity - 8 pax; Max. ambulatory capacity - 18 pax.	\$74,500			\$0
	Optional Engine - CNG	\$21,000			\$0
	Optional Engine - Hybrid Electric	\$30,000			\$0
	Optional Engine - Diesel	\$26,000			\$0
	Brake Retarder	\$9,000			\$0
	Bike Rack	\$2,820			\$0
					\$0
					\$0
G568	Description	Budgeted Cost	Qty	Qty	
	Lift-Equipped High-top Vehicle (Expansion) – School bus door entry; stepwell; fully automatic interior lifts. 2 to 4 Wheelchair Stations. Min. ambulatory capacity - 5 pax; Max. ambulatory capacity-8 pax.	\$65,500			\$0
	Optional Engine - Diesel	\$3,550			\$0
					\$0
					\$0
G572	Description	Budgeted Cost	Qty	Qty	
	Minivan / Crossover (Expansion) – Small vehicle; standard production vehicle; maximum capacity - 6 passengers. Crossover vehicle (6 pax) available ONLY for ALL-WHEEL DRIVE	\$33,500			\$0
	Option: (a) Accessible Minivan compliant with ADA; Lowered floor, wheelchair ramp and 1 to 2 wheelchair stations.	\$16,000			\$0
					\$0
					\$0

**North Carolina Department of Transportation (NCDOT)
Public Transportation Division (PTD)**

G574	Description	Budgeted Cost	Qty	Qty	
	Support Vehicle (Expansion) – Vehicle used to support transit system; maintenance needs.	\$40,000			\$0
	Optional Engine - Diesel				
	Optional Engine - Hybrid Electric				
				\$0	\$0
G578	Description	Budgeted Cost	Qty	Qty	
	28' Light Transit Vehicle w/wheelchair lift (Expansion) – Body-on-chassis type vehicle (Cutaway van chassis); retaining the van-type cab; offering increased headroom and wide body; fully automatic lift; max. capacity - 22 passengers, depending on floor plan.	\$95,500			\$0
	Optional Engine - CNG	\$21,000			\$0
	Optional Engine - Hybrid Electric	\$21,000			\$0
	Optional Engine - Diesel	\$10,000			\$0
	Brake Retarder	\$9,700			\$0
	Bike Rack	\$2,820			\$0
				\$0	\$0
G579	Description	Budgeted Cost	Qty	Qty	
	22' Light Transit Vehicle w/Lift (Expansion) – Body-on chassis type vehicle (Cutaway van chassis); retaining the van-type cab; offering increased headroom and wider body; fully automatic side life. 2 Wheelchair Station floor plan. Min. ambulatory capacity - 12 pax; Max. ambulatory capacity - 14 pax. THIS LTV REQUIRES A CDL - LTV seating CANNOT BE MODIFIED.	\$69,000			\$0
	Optional Engine - Hybrid Electric	\$21,000			\$0
	Optional Engine - Diesel				
	Brake Retarder	\$9,000			\$0
	Optional Engine - CNG	\$21,000			\$0
	Bike Rack	\$2,820			\$0
				\$0	\$0
G595	Description	Budgeted Cost	Qty	Qty	
	Other Transit Vehicle (Expansion) - Other transit-type vehicle not otherwise identified in UPTAS. Specify type and if lift equipped. (include estimated cost documentation)				
	Optional Engine - Hybrid Electric				
	Optional Engine - Diesel				

North Carolina Department of Transportation (NCDOT)
Public Transportation Division (PTD)

TOTAL EXPANSION VEHICLE QUANTITY & EXPENSES:	\$0	\$0
*NOTE: If you prefer to use a local vendor for lettering, please budget cost under line code G591 located under "Other Capital". Logos are now eligible under that code also.		

**North Carolina Department of Transportation (NCDOT)
Public Transportation Division (PTD)**

Project Number :

PROPOSED PROJECT BUDGET
CAPITAL EXPENSES

Applicant: GASTON COUNTY

Object Code	Title	Total Cost	NCDOT Maximum Participation
OTHER CAPITAL			
G511	Office Furniture - Cost of tables, desks, chairs, file cabinets, and related furniture for transportation offices or facilities. List one item per line, the no. of units per item, and the estimated cost. (provide one cost estimate for each item requested.)		
	Item Description	Qty	Estimated Cost Ea. Total Qty Dot Rate Total
G512	Office Equipment - Cost of fax machines, copiers, calculators, and other equipment for transportation offices and facilities. Does not include computer hardware and software List one item per line, the no. of units per item, and the estimated cost. (provide one cost estimate for each item requested.)		
	Item Description	Qty	Estimated Cost Ea. Total Qty Dot Rate Total
G513	Audio-Visual Equipment - Includes the costs of overhead projector, TV and VCR to be used for training purposes. List one item per line, the no. of units per item, and the estimated cost. (provide one cost estimate for each item requested.)		
	Item Description	Qty	Estimated Cost Ea. Total Qty Dot Rate Total

**North Carolina Department of Transportation (NCDOT)
Public Transportation Division (PTD)**

G551	<p>Vehicle Spare Parts - Cost of spare parts for revenue producing vehicles. The spare part must have a unit cost of greater than \$300 and a useful life of more than one (1) year. This expenditure is only available to systems with in-house maintenance facilities which maintain an inventory of spare parts. List one item per line, the number of units, and the estimated cost per each. (provide one cost estimate for each item requested.) Must have Maintenance Facility!</p>						
	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total
G552	<p>Shop Equipment - Purchase of equipment for maintaining vehicles, including, but not limited to, motor hoist, tire balancer, etc. List one item per line, the no. of units per item, and the estimated cost. (provide one cost estimate for each item requested.) Must have Maintenance Facility!</p>						
	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total
G553	<p>Repeater Station - Used to extend the range of the base installation. Attach estimate of cost from vendor. Watts:</p>						
	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total
	New						
	Replacement						
G554	<p>Radio Base Station - Desk-type unit used to transmit to mobile units in the vehicles. Includes remotes and mobiles with power packs. Attach estimate of cost from vendor. Watts:</p>						
	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total
	New						
	Replacement						

**North Carolina Department of Transportation (NCDOT)
Public Transportation Division (PTD)**

G555	Mobile Radio Unit - 2-way radio installed in vehicle Attach estimate of cost from vendor. Watts:						
	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total
	New						
	Replacement						
	Hand-held Radio Unit - portable 2-way radio (limit 2 per transit system) Attach estimate of cost from vendor. Watts:						
	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total
	New						
	Replacement						
G556	Telephone equipment - Individual telephone instruments (does not include new or replacement telephone systems – see G524 in Facility Improvements); may include cellular (digital) phones. List one item per line, the no. per item, and the estimated cost.						
	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total
G557	Fareboxes - Coin collection unit installed on vehicle. List item and indicate no. of units: Attach estimated cost & type.						
	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total
	New						
	Replacement						
G559	Other Equipment - Specify item if not listed above. List one item per line, the no. per item, and the estimated cost. Provide one cost estimate for each item requested.						
	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total
G585	Bus Stop Signs - Sign used to indicate location where passengers can board or exit a public transit vehicle. *Do not request Bus Stop Shelters/Benches here. Must request in Facility Improve.						
	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total
	Bus Stop Sign(s)						

**North Carolina Department of Transportation (NCDOT)
Public Transportation Division (PTD)**

G591	Vehicle Lettering & Logos - Cost of lettering and/or logos and the labor involved in having the transit system name, phone number, and/or logo applied to vehicles. Costs to be incurred by using a local vendor. (Attach cost estimate for reference only.)						
	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total
	Vehicle Lettering & Logos	5	\$500	\$2,500	5	\$500	\$2,500
G611	Direct Purchase of Service (Private) Purchase of transportation services from a privately owned transportation provider.						
G612	User Side Subsidy Purchase of service contract in which the passenger (user) pays for a portion of the full fare.						
G621	Volunteer Reimbursement Reimbursement to volunteers for mileage on personal vehicle for public transportation.						
G641	Direct Purchase of Service (Public) Purchase of transportation services from a publicly owned transportation provider.						
TOTAL OTHER CAPITAL EXPENSES:					\$2,500		\$2,500

**North Carolina Department of Transportation (NCDOT)
Public Transportation Division (PTD)**

Project Number :

PROPOSED PROJECT BUDGET

CAPITAL EXPENSES

*All requests must be approved by ITRE & an estimate must be attached

Applicant: GASTON COUNTY

Object Code	Title	Total Cost				NCDOT Maximum Participation	
ADVANCED TECHNOLOGY							
G524	Scheduling Software for Advance Technology- Must comply with Technology Plan:						
	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total
G526	Mobile Data Devices (MDTs/MDCs) - Must comply with Technology Plan:						
	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total
	Replacement						
	Expansion						
	Fare Media: Smart Card / Magenetic Stripe Card						
	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total
	Initial Installation						
	Expansion						
G527	Automatic Vehicle Location (AVL) - Must comply with Technology Plan:						
	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total
	Replacement						
	Expansion						
G528	Data Communication Device - Must comply with Technology Plan:						
	Describe Data Communication Device Upgrades that may be necessary for MDT technology:						
	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total
G592	Other Advanced Technology Items - Advance Technology - Must comply with Technology Plan:						
	List other hardware not included above, such as replacement hard drives, network cards, etc.						
	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total

**North Carolina Department of Transportation (NCDOT)
Public Transportation Division (PTD)**

G596	Vehicle Security / Surveillance Equipment - Must comply with:							
	Cost and installation of on-board security systems and surveillance equipment. Attach estimate.							
		Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total
	Replacement							
	Expansion							
TOTAL ADVANCED TECHNOLOGY EXPENSES:								

**North Carolina Department of Transportation (NCDOT)
Public Transportation Division (PTD)**

Project Number :

PROPOSED PROJECT BUDGET

CAPITAL EXPENSES - Include estimate for all requests

Applicant: GASTON COUNTY

Object Code	Title	Total Cost	NCDOT Participation	Maximum Participation			
BASELINE TECHNOLOGY							
G514	Micro Portable Projector/Laptop -						
	Note: laptop is part of operation of projector						
	NCDOT will participate UP TO \$4,000						
	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total
Replacement							
New							
G521	Personal Computer System (PC) -						
	Includes laptop, DESKTOP computers include CPU, Office XP,						
	one 24" monitor, keyboard, mouse and Microsoft Office						
	XP software, 2 yr. technical support contract)						
Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total	
Replacement							
Expansion	1	\$1,500	\$1,500	1	\$1,500	\$1,500	
			\$1,500			\$1,500	
G522	Printers - Laser jet network and non-network printers						
	Non-network	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total
	Replacement						
	Expansion						
	Network	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total
	Replacement						
	Expansion						

**North Carolina Department of Transportation (NCDOT)
Public Transportation Division (PTD)**

G523	Software - Eligible software listed under FY08 Technical Specifications *						
	List software:						
	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total
	Operating System Software Upgrade: (Ensure that your current pc has enough RAM) Windows XP PROFESSIONAL operating system						
	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total
	Upgrade Version						
	Full Version						
Microsoft Office Software: (Ensure that your current pc has enough RAM) MS Office XP PROFESSIONAL							
Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total	
Upgrade Version							
Full Version							
*Scheduling Software requests should be made on the Advanced Technology Budget							
G525	Network Server - For use with network application/programs (Use standard local IT specifications)						
	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total
	Replacement						
	Expansion						
G529	Other Technology Items - List other hardware not included above, such as replacement hard drives network cards, etc. (baseline technology)						
	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total
TOTAL BASELINE TECHNOLOGY EXPENSES:				\$1,500			\$1,500

**North Carolina Department of Transportation (NCDOT)
Public Transportation Division (PTD)**

Project Number :

**PROPOSED PROJECT BUDGET
FACILITY EXPENSES**

Applicant: **GASTON COUNTY**

Object Code	Title	Total Cost		NCDOT Maximum Participation			
FACILITY BUDGET							
G531	Description	Qty	Estimated Cost Ea	Total	Qty	Dot Rate	Total
	New Construction of Transit Facility- New building construction for Administration, Maintenance, Transfer, or Multi-Modal purposes. Attach study and cost estimate						
G532	Description	Qty	Estimated Cost Ea	Total	Qty	Dot Rate	Total
	Purchase of Modular Structure - Purchase of modular unit Attach study and cost estimate						
G533	Description	Qty	Estimated Cost Ea	Total	Qty	Dot Rate	Total
	Legal Fees, Appraisal, Survey - Fees associated with construction or land acquisition. Survey, Appraisal, Title fees, and closing costs Describe items needed and attach cost estimate.						
G535	Description	Qty	Estimated Cost Ea	Total	Qty	Dot Rate	Total
	Land Acquisition - Purchase of parcel of land for construction Attach study or appraisal						
G536	Description	Qty	Estimated Cost Ea	Total	Qty	Dot Rate	Total
	Sitework/Grading - Pre-construction work including site prep Describe work to be completed and attach cost estimate.						
G537	Description	Qty	Estimated Cost Ea	Total	Qty	Dot Rate	Total
	Utility Work/ Hook-Ups - Costs associated with water, sewer, electrical or telephone lines or wiring, pre or post construction. Describe work to be completed and attach cost estimate.						

**North Carolina Department of Transportation (NCDOT)
Public Transportation Division (PTD)**

G538	Fencing/Lighting - Exterior building and parking lot lighting. Fencing and gate to secure parking area for vehicles. List one item per line Attach cost estimate for reference only.						
	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total
G539	Accessway/ Signage/Landscaping - Post-construction site work Construction of ramps and and walkways that meet ADA. Permanent signs, such as a facility signs. Soil erosion containment. List one item per line Attach cost estimate for reference only.						
	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total
G558	Telephone system - New or Replacement telephone system Attach cost estimate for reference only.						
	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total
G581	Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total
	Construction/ Project Management Services - A firm or individual that acts on behalf of the owner to oversee entire construction project. Attach study and projected cost estimate						
G582	Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total
	Facility Acquisition - Purchase of existing structure Attach study and appraisal						
G583	Bus Stop Shelter and Benches - Enclosure and seating provided to passengers at bus stop. *Requires plan approval by city or county regarding location. ADA requirements include minimum size and width of the shelter; min. turning radius in shelter; accessibility to shelter by sidewalk; and concrete pad adjacent to shelter for loading and unloading bus. Provide plan approval with application.						
	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total
	Bus Shelters						
	Benches						

**North Carolina Department of Transportation (NCDOT)
Public Transportation Division (PTD)**

G584	Description		Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total
	Park and Ride Lots - Paved lots for park and ride. Describe work to be completed and attach cost estimate.							
G586	Building Security/Surveillance Equipment - Cost and installation of security system and surveillance equipment for transit system's administrative or maintenance facility and parking area. List one item per line. Attach cost estimate for reference only.							
	Item Description		Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total
G587	Paving / Resurfacing - Asphalt surface paving or resurfacing of the facility parking area. Also includes existing Park and Ride Lots. Indicate size (sq.ft.) area to be paved/resurfaced: Attach cost estimate for reference only.							
G588	Description		Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total
	Engineering and Design Services - Cost of architectural and engineering services required for construction or renovation projects. Attach study and projected cost estimate							
G589	Other Facility Improvements - Safety and Security improvements or repairs. Attach cost estimate for reference only.							
	Material Cost		Labor Cost		Item Description		Total	NODOT Total
TOTAL FACILITY IMPROVEMENT EXPENSES:								
NOTE: YOU MUST OWN THE FACILITY TO BE ELIGIBLE TO APPLY FOR FUNDING FOR THESE PURPOSES. YOU MUST SUBMIT A COPY OF THE TITLE (DEED) OF OWNERSHIP WITH THIS APPLICATION FOR FUNDING CONSIDERATION.								

**North Carolina Department of Transportation (NCDOT)
Public Transportation Division (PTD)**

Physical Address of Facility:

Facility Improvement Questionnaire - Must be completed for consideration.

Do you currently operate out of this location? YES NO

If you DO NOT currently operate out of this location, what is the anticipated date that you will occupy this location?

What is the total square footage of the facility?

Is this facility shared for other uses or with other entities? YES NO

If yes, list entities, square footage occupied, and purposes:

Entity	Sq. Feet	Purpose

OTHER EXPENSES

Code	Code Description	Requested	NCDOT Use Only
M100	M100 - 111201-BUY BUS 40FT REPL	\$0.00	\$0.00
M101	M101 - 111202-BUY BUS 35FT REPL	\$0.00	\$0.00
M102	M102 - 111203-BUY BUS 30FT REPL	\$0.00	\$0.00
M103	M103 - 111204-BUY BUS <30FT REPL	\$0.00	\$0.00
M104	M104 - 111205-BUY SCHOOL BUS RPL	\$0.00	\$0.00
M105	M105 - 111207-BUY BUS C/S REPL	\$0.00	\$0.00
M106	M106 - 111209-BUY BUS TRLEY REPL	\$0.00	\$0.00
M107	M107 - 111215-BUY VANS REPL	\$0.00	\$0.00
M108	M108 - 111216-BUY SDAN/S-WGN RPL	\$0.00	\$0.00
M112	M112 - 111303-BUY BUS 30FT EXP	\$0.00	\$0.00
M160	M160 - 113207-ACQ SURV/SEC SYS	\$0.00	\$0.00
M175	M175 - 113401-REH/REN BUS TRML	\$0.00	\$0.00
M221	M221 - 114301-CONST ADMIN BLDG	\$0.00	\$0.00
M222	M222 - 114302-CONST MAINT FACILI	\$0.00	\$0.00
M223	M223 - 114303-CONST ADM/MNT FAC	\$0.00	\$0.00
M224	M224 - 114304-CONST STORAGE FAC	\$0.00	\$0.00
M225	M225 - 114305-CONST YARDS&SHOPS	\$0.00	\$0.00
M226	M226 - 114306-CONST SHOP EQUIP	\$0.00	\$0.00
M227	M227 - 114307-CONST ADP HARDWARE	\$0.00	\$0.00
M228	M228 - 114308-CONST ADP SOFTWARE	\$0.00	\$0.00
Total		\$0.00	\$0.00

North Carolina Department of Transportation (NCDOT)
Public Transportation Division (PTD)

AGENCY COMMENTS

NCDOT COMMENTS

Check

Save

Submit

FY18 Community Transportation Operating

Project Number :

BUDGET SUMMARY

September 2015 - June 2018

Legal Name:	GASTON COUNTY		
Address:	PO Box 1578 GASTONIA, NC 28053-1578		
County:	GASTON COUNTY	Congressional District:	
Contact Person:	Cheree Wilson		
Telephone:	+1 (7048663220)		
Fax:	+1 (7048663232)		
Email:	cheree.wilson@co.gaston.nc.us		
Web Site:	www.gastonhhs.org		
Federal ID Number:	██████████	DUNS Number:	██████████
CFDA #			
Period of Performance:	Jul 1, 2017	to	Jun 30, 2018
		Federal Billable/Non-Billable	Billable

I. Total Project Expenditures		
(NCDOT Maximum Participation Amounts)	Requested	NCDOT Use Only
Total Expenses	\$41,066	\$41,066
Total Contra Accts and Fare Revenue		
Total Net Expenses/Cost	\$41,066	\$41,066

II. Proposed Project Funding*					
	Total	Federal	Federal Non-Billing	NCDOT	Local
	100.00%	50.00%			50.00%
Total Funding	\$41,066	\$20,533	\$0	\$0	\$20,533

IV. Proposed DBE, MBE, WBE Goals (Enter DBE Goal if Federal Funding applies, otherwise enter MBE/WBE Goals)			
	DBE	MBE	WBE
%			
Amount	\$0	\$0	\$0

FY18 Community Transportation Operating

Project Number :

PROPOSED BUDGET
SALARY AND WAGE DETAIL

Applicant : GASTON COUNTY

Object Code	Position Title	No.	Total Annual Salary	Pct. (%) Oper Transp. Tasks	No. of Years	Budgeted Amount	No. of Positions Approved	NCDOT Maximum Participation
FULL TIME EMPLOYEES								
G121	Transporter	1	\$24,720	100%	1	\$24,720	1	\$24,720
G121								
G121								
G121								
G121								
G121								
G121								
G121								
G121								
TOTAL G121 SALARIES		1				\$24,720	1	\$24,720
PART-TIME EMPLOYEES - RECEIVING BENEFITS								
G125								
G125								
G125								
G125								
G125								
G125								
TOTAL G125 SALARIES								
PART-TIME EMPLOYEES - RECEIVING NO BENEFITS								
G126								
G126								
G126								
G126								
G126								
G126								
TOTAL G126 SALARIES								
TOTAL SALARY & WAGE		1				\$24,720	1	\$24,720

FY18 Community Transportation Operating

Applicant: GASTON COUNTY

Project Number :

PROPOSED BUDGET
EXPENSES

Object Code	Title	Total Cost	For NCDOT Use Only
G120	Salaries and Wages		
G121	Full-time employees	\$24,720	\$24,720
G122	Overtime	\$1,000	\$1,000
G125	Part-time (receives benefits)		
G126	Temporary and part-time (receives no benefits)		
G127	Longevity		
Subtotal Salaries:		\$25,720	\$25,720
G180	Fringe Benefits		
G181	Social security contribution (7.65% of total salaries)	\$1,968	\$1,968
G182	Retirement contribution; total salaries X participating percentage \$25,720 X 8.07%	\$2,076	\$2,076
G183	Hospitalization insurance; cost per month X no. of months X no. of employees. \$875.00 X 12 X 1	\$10,500	\$10,500
G184	Disability insurance; cost per month X no. of months X no. of employees. X X		
G185	Unemployment compensation; Number of Employees: 1	\$202	\$202
G186	Workers compensation; Number of Employees:		
G189	Other:		
Subtotal Fringe:		\$14,746	\$14,746
TOTAL SALARY & FRINGE:		\$40,466	\$40,466
G190	Professional Services		
G191	Accounting		
G192	Legal		
G195	Management Consultant		
G196	Drug & Alcohol Testing Contract		
G197	Drug & Alcohol tests Provide # of employees in test pool:		
G198	Medical review officer		
G199	Other:		
G200	Supplies and Materials		
G211	Janitorial Supplies - (Housekeeping)	\$100	\$100
G212	Uniforms	\$500	\$500
G233	First Aid supplies (replacement)		
G251	Motor Fuels and Lubricants		
G252	Tires and Tubes		
G253	Associated Capital Maint		

G254	Licenses, tags and fees		
G255	Vehicle cleaning supplies		
G256	Hand tools		
G257	Vehicle signs & Paint Supplies		
G258	Vehicle touch up paint (non-contract)		
G259	Other:		
G261	Office Supplies and Materials		
G281	Air Conditioner / Furnace Filters		
G291	Computer Supplies		
G292	Fire Extinguisher- recharging system		
G300	Travel and Transportation (other than employee development)		
G311	Travel: Anticipated trips:		
G312	Travel subsistence		
G313	Transportation of clients/others		
G314	Travel - Motor-pool or leased vehicles (Does NOT include vehicles used in the provision of contracted transportation services.)		
G320	Communications		
G321	Telephone Service		
G322	Internet Service Fee		
G323	Combined Service Fee		
G325	Postage		
G329	Other Communications:		
G330	Utilities		
G331	Electricity		
G332	Fuel oil		
G333	Natural Gas		
G334	Water		
G335	Sewer		
G336	Trash collection		
G337	Single/combined utility bill		
G339	Other:		
G340	Printing and Binding		
G341	Printing and reproduction		
G349	Other:		
G350	Repairs and Maintenance		
G353	Vehicles (use 257/258 for vehicle signs & in-house paint supplies)		
G354	Shop equipment		
G355	Office and computer equipment		
G357	Communications equipment		
G358	Other Repairs and Maintenance - Office Related		
G359	Other-Describe:		
G370	Advertising/Promotion		

G371	Marketing (paid ads, marketing firm, etc.) Describe: Minimum Amount (2% of Admin Budget): \$821		
G372	Promotional items Describe: Maximum Amount (25% of G371 Total Cost): \$0		
G373	Other:		
G380	Computer Support Services (contracted)		
G381	Computer programming services		
G382	Computer support/technical assistance		
G390	Other Services		
G391	Legal advertising		
G392	Laundry and dry cleaning		
G393	Temporary help services		
G394	Cleaning services		
G395	Training - Employee Education Expense		
G396	Management services (contracted transit system mgmt/admin services)		
G398	Security services		
G399	Other:		
G410	Rental of Real Property (include copy of current lease agreement)		
G412	Rent of building X number of monthly payments		
	<input checked="" type="checkbox"/>		
G413	Rent of offices X number of monthly payments		
	<input checked="" type="checkbox"/>		
G419	Other:		
G420	Lease of Computer Equipment		
G421	Lease of Computer Hardware		
G422	Lease of Computer Software		
G430	Lease of Equipment		
G431	Lease of Reproduction equipment		
G432	Lease of Postage Meter		
G433	Lease of Communications equipment (includes radio, cable lines and antennae)		
G439	Other:		
G440	Service and Maintenance Contracts		
G441	Communications equipment		
G442	Office equipment		
G443	Reproduction equipment		
G444	Vehicles		
G445	Computer equipment		
G446	Tires		
G448	Other Service and Maintenance Contracts - Office Related		
G449	Other:		
G450	Insurance and Bonding		

G451	Property and general liability (does not include vehicle insurance)		
G452	Vehicles Number of Fleet Vehicle: Maximum Amount: \$0		
G453	Fidelity		
G454	Professional liabilities		
G455	Special liabilities		
G480	Indirect Costs		
G481	Central services: (budget direct cost base) X (percentage rate)		
	<input type="checkbox"/> X Maximum Amount \$0		
	Prior approval of Indirect Cost Percentage Rate required. Questions should be directed to NCDOT Financial Management		
G490	Other Fixed Charges		
G491	Dues and subscriptions:		
G499	Other:		
G600	Private / Public Operator Contracts - Purchase Services		
G611	Direct purchase of service from privately owned provider		
G612	User side subsidy		
G621	Volunteer reimbursement		
G641	Direct purchase of service from publicly owned provider		
	Total Expenses:	\$41,066	\$41,066
OPERATING REVENUES			
	Contra Account		
G821	General Fund		
G822	Capital Reserve Fund		
G832	N.C. Sales Taxes		
G833	N.C. Gas Tax Refund		
G834	County Sales Taxes		
G836	Fed Gas Tax Refund		
G839	Other Taxes		
G841	Charter Expenses		
G842	Garage Services		
G843	Advertising Expenses		
G844	Insurance Settlement		
G847	Inc Elderly/Disable		
G849	Other Contra Accts		
G991	Contingency/Prog Res		
	TOTAL CONTRA ACCOUNTS:		
F500	Fare Revenue		
F511	General Public Fares		
F521	Prepaid Fares/Bulk Discounts		
F522	Senior Citizen Fares		
F523	Student Fares		
F524	Child Fares		
F525	Paratransit Fares		

F533	Special Route Guarantees		
F529	Other Special Fares:		
TOTAL FARE REVENUES:			
TOTAL CONTRA ACCOUNTS AND FARE REVENUES:			
TOTAL EXPENSES LESS TOTAL CONTRA ACCOUNTS AND FARE REVENUES = TOTAL NET OPERATING EXPENSES (TNOE):		\$41,066	\$41,066
R400	Contract Service Revenue		
R411	Aging Program		
R412	Department of Social Services		
R413	Sheltered Workshop		
R414	Mental Health Program(s)		
R415	Health Department		
R416	Community Action Program		
R417	Head Start Program		
R418	Daycare		
R419	Medical		
R420	Parks and Recreation		
R421	Public/Private School		
R422	Teen Parent		
R423	Community Living Skills		
R424	Hospital		
R425	Community College		
R426	College/University		
R427	Aging Program Supplement		
R428	Child Development		
R429	Work First		
R431	Blind Services		
R432	Vocational Rehabilitation		
R433	Community Services Block Grant		
R434	Smart Start		
R435	Agricultural Extension		
R436	JTPA		
R437	Nursing Home		
R438	Rest Home		
R439	Private Individual		
R440	Elderly and Disabled Transportation Assistant Program (EDTAP)		
R430	Other:		
TOTAL CONTRACT SERVICE REVENUE:			
	Miscellaneous Revenue and Income		
R385	Advertising Profits		
R497	Investment Income		
R811	Sale of materials and scrap		
R821	Sale proceeds from fixed assets		
R844	Cash Donations		

R861	Rental Income		
R891	Other revenue not elsewhere classified:		
TOTAL MISCELLANEOUS REVENUE AND INCOME:			
	Local Match		
R264	Federal Vocational Rehabilitation		
R265	Federal Older Americans Act – Title III Fund		
R269	Other non-DOT grant (Specify):		
R362	State Operating - SMAP		
R364	State Operating - RGP		
R369	Non-federal grant (Specify):		
R372	Local Cash (list each source, fares are not an eligible source of matching funds):		
TOTAL LOCAL MATCH:			
A	TOTAL CONTRACT SERVICE REVENUE + TOTAL MISC. REVENUE AND INCOME + TOTAL LOCAL MATCH MUST BE AT LEAST 50.00% OF TNOE (\$20,533)		

**NCDOT PTD
PROJECT FUNDING REQUEST FORM**

Project Funding Request Form

DATE SUBMITTED:

APPLICANT'S LEGAL NAME:

MPO

RPO

NCDOT DIVISION

BUDGET TYPE:

GENERAL INFORMATION

MAILING ADDRESS:

PHYSICAL ADDRESS:

CONTACT PERSON:

PHONE NUMBER:

FAX NUMBER:

EMAIL ADDRESS:

CURRENT FISCAL YEAR	<input type="text" value="2018"/>
STATE FUNDING	<input type="text" value="\$17,085"/>
FEDERAL FUNDING-FTA	<input type="text" value="\$273,360"/>
LOCAL FUNDING	<input type="text" value="\$34,170"/>
OTHER FUNDING	<input type="text"/>
TOTAL GRANT AMOUNT	<input type="text" value="\$341,700"/>

FOR OFFICE USE ONLY

PREPARED BY:

REQUEST RECOMMENDATION OR REJECTION

PROJECT LOCATION:

FEDERAL PROGRAM?

STATE PROGRAM?

PROJECT or PROGRAM

PROJECT / PROGRAM DESCRIPTION:

Provide funding to purchase replacement transit vehicles for the vehicles that have met their service life expectancy.

PROJECT / PROGRAM BENEFITS:

These replacement vehicles will allow Gaston County ACCESS to continue providing demand respond to the community throughout the county.

RESULT OF PROJECT / PROGRAM IF NOT FUNDED:

If this project is not funded then Gaston County ACCESS will have to reduce hours of service once these vehicles are unable to remain in service due to maintenance or service issues. This will result in denied service and a lowered quality of life for the community as medical appointments and other requested trips are not scheduled or completed in a timely manner.

5311 DESIGNEE CERTIFICATION FORM

Resolution No. _____

Resolution authorizing the filing of applications with the North Carolina Department of Transportation– Public Transportation Division for grant years FY2018 – FY2022, for federal transportation assistance authorized by 49 U.S.C. 5311, United States Code, other federal statutes administered by the Federal Transit Administration or state statutes administered by the State of North Carolina.

WHEREAS, the State of North Carolina has been delegated authority to award federal financial assistance for a transportation project;

WHEREAS, the grant or cooperative agreement for federal financial assistance will impose certain obligations upon the applicant, and may require the applicant to provide the local share of the project cost;

WHEREAS, the applicant has or will provide all annual certifications and assurances to the State of North Carolina required for the project;

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

1. That (Title of Designated Official) is authorized to execute and file an application for federal assistance on behalf of (Legal Name of Applicant) with the State of North Carolina for federal assistance authorized by 49 U.S.C. Chapter 5311 United States Code, other federal statutes or state statutes authorizing a project administered by the Federal Transit Administration.
2. That (Title of Designated Official) is authorized to execute and file with its applications the annual certifications and assurances and other documents the State of North Carolina requires before awarding a federal assistance grant or cooperative agreement.
3. That (Title of Designated Official) is authorized to execute grant and cooperative agreements with the State of North Carolina on behalf of (Legal Name of Applicant).

5311 DESIGNEE CERTIFICATION FORM

The undersigned duly qualified (Title of Designated Official), acting on behalf of the (Legal Name of Applicant), certifies that the foregoing is a true and correct copy of a resolution adopted at a legally convened meeting of the (Governing Body of the Applicant) held on (Month, Day, Year)
[If the Applicant has an official seal, impress here.]

(Signature of Recording Officer)

(Title of Recording Officer)

(Date)

PROCUREMENT AND THIRD PARTY CONTRACTING

Procurement and third party contracting activities are primarily the responsibility of the subrecipient. Subrecipients should follow established local procedures and applicable state or federal standards in accordance with the North Carolina Consolidated Procurement Code (as amended). The procurement and contract standards set forth under N.C.G.S. 143 Article 8 and FTA Circular 4220.1F shall apply to the procurement of all goods and services the subrecipient will purchase under the project contract.

Subrecipients shall conduct procurements in a manner that prohibits the use of statutorily or administratively imposed in-State or local geographical preferences in the evaluation of bids or proposals, except in those cases where applicable Federal statutes expressly mandate or encourage geographic preference. This does not preempt State licensing laws. However, geographic location may be a selection criterion in procurements for architectural and engineering (A&E) services provided its application leaves an appropriate number of qualified firms, given the nature and size of the project, to compete for the contract.

Procurements shall include all applicable federal requirements identified in the certifications and assurances from the Federal Transit Administration. These assurances should be reviewed and incorporated into subrecipient proposals and awards, and purchases.

Statutory and Regulatory Requirements

- Grantees are responsible for using applicable Federal mandated clauses and certifications for each procurement funded with Federal funds that is over the amount of \$3,000.
- These requirements are contained in the FTA Master Agreement, issued annually in October and can be found at <http://www.fta.dot.gov/documents/21-Master.pdf>
- **FTA 4220.1F**
 - Sets forth requirements that all grantees and subgrantees of States (including nonprofits and regional transit authorities) must adhere to in the solicitation, award, and administration of third party contracts
 - Makes requirements more consistent with applicable laws and regulations, particularly the Common Grant Rules
- **2 CFR Part 1201**
 - "Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards", dated December 19, 2014 supersedes the Grant Common Rule, 49 CFR parts 18 and 19.
 - The "Grant Common Rule" established uniform administrative requirements for Federal grants and agreements
 - Sets forth procedures for procurement of supplies and other expendable property, equipment, real property, and other services with Federal funds

- **North Carolina General Statutes 143 Article 8**
 - The General Statutes contain the main competitive bidding requirements for the purchase of apparatus, supplies, materials, or equipment and construction and repair work
 - Statutes apply to the “expenditure of public money” for these types of purchases
 - Statutes apply to all local government entities
 - Statutes apply to nonprofit grantees for projects funded with State funds or State matching funds
 - Changes in the threshold amounts were effective January 1, 2002 and the construction formal bid threshold was increased effective July 1, 2007.
- **North Carolina General Statutes 64 Article 2**
 - This Statute, E-Verify required for Public Contracting
 - HB 786 imposed E-Verify requirements on contractors that enter into certain contracts with local governments. All City and County contracts regardless of type and value. This includes all contracts not competitively bid, including service contracts. All formal purchases and construction/repair contracts.
 - E-Verify requirement applies to subcontractors as well as contractors.

Procurement Policy

- All NCDOT grantees must incorporate the required procurement standards set forth in FTA Circular 4220.1F for all third party contracts
- State-funded procurements must also incorporate these standards, with the exception of Federal mandated clauses and certifications
- Each grant applicant, in the annual certification and assurances, must certify that its procurements and procurement system will comply with all applicable requirements imposed by Federal laws, executive orders, or regulations and the requirements of FTA Circular 4220.1F as amended, and other implementing requirements FTA may issue
- Master Agreement issued annually by FTA lists many but not all FTA and other Federal requirements applicable to FTA grantees (additional guidance can be found in the FTA Best Practices Procurement Manual)
- FTA defers to the States, to maximum extent possible, to establish standards – rather than setting national standards

Procurement Standards

Conformance with State and Local Law

- Grantees and sub-grantees may use their own procurement procedures that reflect applicable State and Local laws and regulations, provided that the procurements conform to applicable Federal law, including the requirements and standards in FTA C 4220.1F
- NCDOT PTD grantees will follow the Federal requirements, unless the State/Local requirements are more restrictive