

PUBLIC TRANSPORTATION PROGRAM RESOLUTION

FY 2019 RESOLUTION

Section 5311 (including ADTAP), 5310, 5339, 5307 and applicable State funding, or combination thereof.

Applicant seeking permission to apply for Public 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, small urban, and urban public transportation services consistent with the policy requirements of each funding source 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, the funds applied for may be Administrative, Operating, Planning, or Capital funds and will have different percentages of federal, state, and local funds.

WHEREAS, non-Community Transportation applicants may apply for funding for "purchase-of-service" projects under the Section 5310 program.

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(s), 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.

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 that the (Authorized Official's Title)* Chad Brown of (Name of Applicant's Governing Body) Gaston County Board of Commission is hereby authorized to submit grant application (s) for federal and state funding in response to NCDOT's calls for projects, make the necessary assurances and certifications and be empowered to enter into an agreement with the NCDOT to provide rural, small urban, and urban public transportation services.

I (Certifying Official's Name)* Donna Buff (Certifying Official's Title) Clerk to the Board 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 Commission duly held on the ____ day of ____, ____.

Signature of Certifying Official

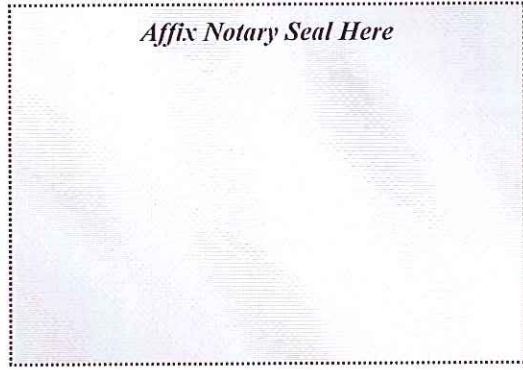
**Note that the authorized official, certifying official, and notary public should be three separate individuals.*

Seal Subscribed and sworn to me (date) _____

*Notary Public **

Printed Name and Address

My commission expires (date) _____



HUMAN SERVICE AGENCY TRANSPORTATION RESOLUTION

State Funds

FY 2019 RESOLUTION

Section 5311 (ADTAP), 5310, 5339, 5307 and applicable State funding, or combination thereof.

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, the funds applied for may be Administrative, Operating, Planning or Capital funds and will have different percentages of federal, state, and local funds.

WHEREAS, non-Community Transportation applicants may only apply for funding for "purchase-of-service" projects under the Section 5310 program

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)* Chad Brown of (Name of Applicant's Governing Body) Gaston County Board of Commission 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)* Donna Buff (Certifying Official's Title) Clerk to the Board 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 Commission duly held on the _____ day of _____, _____.

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 2019

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**
- **Special Section 5333(b) Warranty**
- **Certification of Equivalent Service (if applicable due to purchase of non-lift vehicle)**

SECTION 5311, 5310, 5339, Consolidated Capital, 5307 or State Funds Call for Projects
TITLE VI PROGRAM REPORT

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

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, 2016 through June 30, 2017**.

Signature of Authorized Official

Date

Chad Brown- Gaston County Board of Commission Chairman

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, 2016 through June 30, 2017**.

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: Yes

Date of last plan update: May 4, 2017

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 ACCESS

_____ 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?

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

5. Does your agency submit an EEO Program? _____ Yes _____ No

If yes, what is the date of your last submission? _____

6. Do you contract out any of your transit services? _____ Yes _____ No

If no, skip to question 7. If yes,

- a. What is the name of agency (s)? _____
- b. How much does the agency receive in capital or operating assistance? _____
- c. How much does the agency receive in planning assistance? _____
- d. How many transit employees does the agency have? _____
- 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)? _____

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)? _____

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? _____

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 checked="" 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/dbe/#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

Chad Brown- Gaston County Board of Commission Chairman
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, 2018
VENDOR NUMBER: _____ To: June 30, 2019

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

PUBLIC HEARING NOTICE

Section 5311 (ADTAP), 5310, 5339, 5307 and applicable State funding, or combination thereof.

This is to inform the public that a public hearing will be held on the proposed FY19 Community Transportation Program Application funds to be submitted to the North Carolina Department of Transportation no later than November 3, 2017. The public hearing will be held on November 14, 2017 at 6:00pm before the (*governing board*) Gaston County Board of Commissioners, in The Harley B. Gaston, Jr. Public Forum, Courthouse.

Those interested in attending the public hearing and needing either auxiliary aids or services under the Americans with Disabilities Act (ADA) or a language translator should contact Gaston County ACCESS, on or before November 13, 2017, at telephone number 704-866-3220 or via email at cheree.wilson@gastongov.com.

The Community Transportation Program provides assistance to coordinate existing transportation programs operating in Gaston County as well as provides transportation options and services for the communities within this service area. These services are currently provided using Gaston County ACCESS. Services are rendered by Gaston County ACCESS.

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

<u>Project</u>	<u>Total Amount</u>	<u>Local Share</u>
Administrative	\$ 203,066	\$ 30,461 (15%)
Operating (5311)	\$	\$ (%)
Capital (Vehicles & Other)	\$ 722,896	\$ 72,291 (10%)
5310 Operating	\$	\$ (%)
Other	\$	\$ (%)
<hr/>		
TOTAL PROJECT	\$ 925,962	\$ 102,752

Total Funding Request

Total Local Share

This application may be inspected at Gaston County ACCESS from 9:00 a.m. until 4:00 p.m. Written comments should be directed to Gaston County ACCESS, PO Box 1578, Gastonia, NC 28053-1578 before November 13, 2017.

AVISO DE AUDIENCIA PÚBLICA

Financiamiento del estado sección 5311 (ADTAP), 5310, 5339, 5307 y aplicable, o combinación de éstos.

Esto es para informar al público que se celebrará una audiencia pública sobre los fondos de comunidad transporte programa aplicación FY19 propuestos que se presentará al Departamento de transporte de Carolina del Norte no más tarde de 03 de noviembre de 2017. La audiencia pública se celebrará el 14 de noviembre de 2017 en 18:00 antes de la (de la Junta de gobierno) Junta de Comisarios, en foro público de la Harley B. Gaston, Jr., Palacio de Justicia del Condado de Gaston.

Los interesados en asistir a la audiencia pública y necesidad de ayudas auxiliares o servicios bajo las Americans with Disabilities Act (ADA) o un traductor de idiomas deben comunicarse con A Condado de Gaston, en o antes del 13 de noviembre, 2017, en el teléfono número 704-866-3220 o por correo electrónico a cheree.wilson@gastongov.com.

El programa de transporte de la comunidad proporciona asistencia para coordinar los programas de transporte en Condado de Gaston área de , así como proporciona opciones de transporte y servicios para las comunidades dentro de este servicio. Estos servicios son proporcionados actualmente usando Acceso Condado de Gaston. Servicios son prestados por Acceso Condado de Gaston.

La cantidad total estimada que se solicitó para el período 01 de julio de 2018 a través de 30 de junio de 2019

<u>Proyecto</u>	<u>Cantidad total</u>	<u>Compartir local</u>	
Administrativo	\$ 203.066	\$ 30.461	(15%)
Funcionamiento (5311)	\$	\$	(%)
Capital (vehículos y otros)	\$ 722.896	\$ 72.291	(10%)
5310 operativo	\$	\$	(%)
Otros	\$	\$	(%)
TOTAL DEL PROYECTO	\$ 925.962	\$ 102.752	

Solicitud de financiación total

Total cuota Local

Esta solicitud podrá ser inspeccionada en Gaston County, de 9:00 hasta 16:00 Comentarios por escrito deben ser dirigidas a a Condado de Gaston, PO Box 1578, Gastonia, NC 28053-1578 antes de 13 de noviembre de 2017.

Important – A public hearing MUST be conducted whether or not requested by the Public.

PUBLIC HEARING RECORD

Section 5311 (ADTAP), 5310, 5339, 5307 and applicable State funding, or combination thereof.

APPLICANT: Gaston County

DATE: November 14, 2017

PLACE: The Harley B. Gaston. Jr. Public Forum, Courthouse

TIME: 6:00 PM

How many BOARD MEMBERS attended the public hearing? _____

How many members of the PUBLIC attended the public hearing? _____

Public Attendance Surveys

☐ (Attached)

☐ (Offered at Public Hearing but none completed)

I, the undersigned, representing (*Legal Name of Applicant*) _____ do hereby certify to the North Carolina Department of Transportation, that a Public Hearing was held as indicated above and

During the Public Hearing

☐ (*NO public comments*)

☐ (*Public Comments were made and meeting minutes will be submitted after board approval*)

The estimated date for board approval of meeting minutes is: _____

Signature of Clerk to the Board

Donna Buff- Clerk to Board

Printed Name and Title

Date

Affix Seal Here



PUBLIC HEARING OUTREACH

APPLICANT: Gaston County

Provide a detailed description of public hearing outreach efforts by the applicant to inform the public **ESPECIALLY MINORITY, WOMEN, ELDERLY, DISABLED, LIMITED ENGLISH PROFICIENCY- (LEP) AND LOW INCOME INDIVIDUALS** about the scheduled public hearing and the opportunity to comment on the proposed Community Transportation grant application. Outreach may include efforts such as distribution of information on vehicles, at human service agencies, at local community events, at public events, local organization, etc.

Click on gray box and begin typing the *detailed* description.

Advertised public hearing, in English and Spanish, in the local paper, Gaston Gazette.

Voluntary Title VI Public Involvement

Title VI of the Civil Right's Act of 1964 requires North Carolina Department of Transportation to gather statistical data on participants and beneficiaries of the agency's federal-aid highway programs and activities. The North Carolina Department of Transportation collects information on race, color, national origin and gender of the attendees to this public meeting to ensure the inclusion of all segments of the population affected by a proposed project.

The North Carolina Department of Transportation wishes to clarify that this information gathering process is **completely voluntary** and that you are not required to disclose the statistical data requested in order to participate in this meeting. This form is a public document.

The completed forms will be held on file at the North Carolina Department of Transportation. For Further information regarding this process please contact Shantray Dickens the Title VI Manager at telephone number 919.508.1896 or email at sddickens@ncdot.gov.

Project Name:		Date:
Meeting Location:		
Name (please print)		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
General ethnic identification categories (check one)		
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Hispanic American	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> African American	<input type="checkbox"/> Asian/Pacific Islander	Other: _____
Color:		National Origin:

After you complete this form, please fold it and place it inside the designated box on the registration table.

Thank you for your cooperation.

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>203,066</u>	\$ <u>30,461</u> (15%)
5311 Operating (No State Match)	\$ _____	\$ _____ (50%)
5310 Operating (No State Match)	\$ _____	\$ _____ (50%)
5307 Operating	\$ _____	\$ _____ (50%)
5307 Planning	\$ _____	\$ _____ (20%)
Capital	\$ <u>722,896</u>	\$ <u>72,291</u> (10%)
Mobility Management	\$ _____	\$ _____ (10%)
_____	\$ _____	\$ _____ (____%)
_____	\$ _____	\$ _____ (____%)
_____	\$ _____	\$ _____ (____%)

Funding programs covered are 5311, 5310, 5339 Bus and Bus Facilities, 5307 (Small fixed route, regional, and consolidated urban-rural systems)

TOTAL	\$ <u>925,962</u>	\$ <u>102,752</u>
	Total Funding Requests	Total Local Share

The Local Share is available from the following sources:

<u>Source of Funds</u>	<u>Grant Applied To</u>	<u>Amount</u>
<u>General Funds</u>	_____	\$ <u>102,752</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
TOTAL		\$ <u>102,752</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 FY2019 Community Transportation Program and 5307 Governors Apportionment will be available as of **July 1, 2018**, which has a period of performance of July 1, 2018 – June 30, 2019.

Signature of Authorized Official

Chad Brown- Gaston County Board of Commission Chair

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.

Gaston County

Legal Name of Applicant

(Not the System Name)

Private Transportation Providers	Union Representation	If yes – Provide <u>Name</u> 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</u> of Union and the affiliated Local Branch Number, (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

Applicant:

Gaston County

Elderly	Minority	Disabled	Low Income	Hispanic or Latino
18%	22%	22%	10%	6%

Number of Projected TAB Meetings for FY2019:

5

2000 Census data used for Disabled Calculations

2005-2009 ACS Estimates used for Elderly & Low Income Calculations

Number of TAB Meetings held in FY2018 as of:

10/20/2017

1

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			
	Select only <u>one</u> description per board member					Check as many as apply						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	# Years Served
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	2
2 Pamela Goode					Gen Public Passenger	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2014	2017	A	3
3 Carolyn Dow			Employer			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2016	2019	A	1
4 Claudette Argabrite				Employment Security		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2014	2017	A	3
5 Mark Lamphiear		Ambulance Service				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2014	2017	A	3
6 Leon McClain	Other			Employment Security		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2015	2018	A	2
7 Shelly Allman				College/University		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2014	2017	A	3
8 Eric Davis	Vocational Rehab					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2014	2017	A	3
9 Karen Watts	Head Start					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2014	2017	A	3
10 Paul Williams		Other				<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	2
11 JoAnn Raxter	Vocational Rehab				Disabled Passenger	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2014	2017	A	3
12 Terri Sanford				Government Staff	HS Agency Passenger	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2014	2017	A	3
13 Bill Dellinger					Disabled Passenger	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2014	2017	A	3
14 Tina Stogner	DSS				HS Agency Passenger	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2014	2017	A	2
15 David Humphries				Elected Official		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2014	2017	A	3
16 Bjorn Hansen				MPO Rep		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2014	2017	A	3
17 Kenneth Gehrig	Mental Health					<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	2
18 Charity Patterson	Other				Disabled Passenger	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2014	2017	A	3
19 La Verne Partlow	Other					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2014	2017	A	3

Number of Projected TAB Meetings for FY2019:

5

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 FY2018 as of:

10/20/2017

1

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 <u>one</u> description per board member					Check as many as apply						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	# Years Served
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

Applicant:

Elderly	Minority	Disabled	Low Income	Hispanic or Latino
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Number of Projected TAB Meetings for FY2019:

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 FY2018 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 <u>one</u> description per board member					Check as many as apply						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	# Years Served
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"/>				
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"/>				
21						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Service Area Demographics

Applicant:

--

Number of Projected TAB Meetings for FY2019:

--	--

2000 Census data used for Disabled Calculations

2005-2009 ACS Estimates used for Elderly & Low Income Calculations

Number of TAB Meetings held in FY2018 as of:

Page 10 of 10

2010 Census data used for Minority & Origin Calculations

Elderly	Minority	Disabled	Low Income	Hispanic or Latin

	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 <u>one</u> description per board member					Check as many as apply						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	# Years Served
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"/>					

CONFLICT OF INTEREST ACKNOWLEDGEMENT AND POLICY

State of North Carolina
County Gaston

I, _____, Notary Public for said County and State, certify that Chad Brown personally appeared before me this day and acknowledged that he/she is Chairman of Gaston County Board of Commissioners and by that authority duly given and as the act of the Organization, affirmed that the foregoing Conflict of Interest Policy was adopted by the Board of Directors/Trustees or other governing body in a meeting held on the 14th day of November, 2017.

Sworn to and subscribed before me this _____ day of _____, _____.

(Official Seal) Notary Public

My Commission expires _____, 20 ____

Instruction for Organization:

Sign and attach the following pages after adopted by the Board of Directors/Trustees or other governing body OR replace the following with the current adopted conflict of interest policy.

Name of Organization

Signature of Organization Official

Conflict of Interest Policy

The Board of Directors/Trustees or other governing persons, officers, employees or agents are to avoid any conflict of interest, even the appearance of a conflict of interest. The Organization's Board of Directors/Trustees or other governing body, officers, staff and agents are obligated to always act in the best interest of the organization. This obligation requires that any Board member or other governing person, officer, employee or agent, in the performance of Organization duties, seek only the furtherance of the Organization mission. At all times, Board members or other governing persons, officers, employees or agents, are prohibited from using their job title, the Organization's name or property, for private profit or benefit.

A. The Board members or other governing persons, officers, employees, or agents of the Organization should neither solicit nor accept gratuities, favors, or anything of monetary value from current or potential contractors/vendors, persons receiving benefits from the Organization or persons who may benefit from the actions of any Board member or other governing person, officer, employee or agent. This is not intended to preclude bona-fide Organization fund raising-activities.

B. A Board or other governing body member may, with the approval of Board or other governing body, receive honoraria for lectures and other such activities while not acting in any official capacity for the Organization. Officers may, with the approval of the Board or other governing body, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. Employees may, with the prior written approval of their supervisor, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. If a Board or other governing body member, officer, employee or agent is acting in any official capacity, honoraria received in connection with activities relating to the Organization are to be paid to the Organization.

C. No Board member or other governing person, officer, employee, or agent of the Organization shall participate in the selection, award, or administration of a purchase or contract with a vendor where, to his knowledge, any of the following has a financial interest in that purchase or contract:

1. The Board member or other governing person, officer, employee, or agent;
2. Any member of their family by whole or half blood, step or personal relationship or relative-in-law;
3. An organization in which any of the above is an officer, director, or employee;
4. A person or organization with whom any of the above individuals is negotiating or has any arrangement concerning prospective employment or contracts.

D. **Duty to Disclosure** -- Any conflict of interest, potential conflict of interest, or the appearance of a conflict of interest is to be reported to the Board or other governing body or one's supervisor immediately.

E. **Board Action** -- When a conflict of interest is relevant to a matter requiring action by the Board of Directors/Trustees or other governing body, the Board member or other governing person, officer, employee, or agent (person(s)) must disclose the existence of the conflict of interest and be given the opportunity to disclose all material facts to the Board and members of committees with governing board delegated powers considering the possible conflict of interest. After disclosure of all material facts, and after any discussion with the person, he/she shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

In addition, the person(s) shall not participate in the final deliberation or decision regarding the matter under consideration and shall leave the meeting during the discussion of and vote of the Board of Directors/Trustees or other governing body.

F. **Violations of the Conflicts of Interest Policy** -- If the Board of Directors/Trustees or other governing body has reasonable cause to believe a member, officer, employee or agent has failed to disclose actual or possible conflicts of interest, it shall inform the person of the basis for such belief and afford the person an opportunity to explain the alleged failure to disclose. If, after hearing the person's response and after making further investigation as warranted by the circumstances, the Board of Directors/Trustees or other governing body determines the member, officer, employee or agent has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

G. Record of Conflict -- The minutes of the governing board and all committees with board delegated powers shall contain:

1. The names of the persons who disclosed or otherwise were found to have an actual or possible conflict of interest, the nature of the conflict of interest, any action taken to determine whether a conflict of interest was present, and the governing board's or committee's decision as to whether a conflict of interest in fact existed.
2. The names of the persons who were present for discussions and votes relating to the transaction or arrangement that presents a possible conflict of interest, the content of the discussion, including any alternatives to the transaction or arrangement, and a record of any votes taken in connection with the proceedings.

Approved by:

Name of Organization

Signature of Organization Official

Date

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:	<input type="text" value="Gaston County"/>		
APPLICANT'S CONGRESSIONAL DISTRICT:	<input type="text" value="9"/>	<small>If incorrect, enter correct primary district: <input type="text"/></small>	
	<small>If Applicant's city is included in more than one district, enter primary district only</small>		
MAILING ADDRESS:	<input type="text" value="PO Box 1578"/>		
	<small>PO Box or Street Address</small>		
	<input type="text" value="Gastonia, NC 28053"/>		
	<small>City, State Zip (9-digit zip)</small>		
PHYSICAL ADDRESS:	<input type="text" value="128 West Main Avenue"/>		
	<small>Street Address</small>		
	<input type="text" value="Gastonia, NC"/>		
	<small>City, State</small>		
TAXPAYER IDENTIFICATION NUMBER:	<input type="text" value="000000000"/>		
DOING BUSINESS AS (DBA) NAME:	<input type="text" value="Gaston County ACCESS"/>		
	<small>Normally the transit system name, if different than applicant name</small>		
APPLICANT DUNS NUMBER:	<input type="text" value="000000000"/>		
	<small>Unique 9-Digit number issued by Dun & Bradstreet. May be obtained free of charge at: http://fedgov.dnb.com/webform</small>		
DUNS NUMBER OF PARENT AGENCY:	<input type="text" value="000000000"/>		
	<small>Required only if different than Applicant</small>		
CONTACT PERSON:	<input type="text" value="Cheree Wilson"/>		
PHONE NUMBER:	<input type="text" value="(704) 866-3220"/>		
	<small>Area Code & Phone Number</small>		
FAX NUMBER:	<input type="text" value="(704) 866-3232"/>		
	<small>Area Code & Phone Number</small>		
EMAIL ADDRESS:	<input type="text" value="cheree.wilson@gastongov.com"/>		
SERVICE AREA'S CONGRESSIONAL DISTRICT:	<input type="text" value="9"/>	<small>If incorrect, enter correct primary district: <input type="text"/></small>	
	<small>If Service Area is included in more than one district, enter primary district only</small>		
SERVICE AREA:	<input type="text" value="Gaston County"/>		
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: <ul style="list-style-type: none">• 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); <u>and</u>• Those revenues were greater than \$25M; <u>and</u>• The public <u>does not</u> 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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
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" value="Enter full name"/>	<input type="text" value="\$ -"/> <small>Total compensation</small>
	2.	<input type="text" value="Enter full name"/>	<input type="text" value="\$ -"/> <small>Total compensation</small>
	3.	<input type="text" value="Enter full name"/>	<input type="text" value="\$ -"/> <small>Total compensation</small>
	4.	<input type="text" value="Enter full name"/>	<input type="text" value="\$ -"/> <small>Total compensation</small>
	5.	<input type="text" value="Enter full name"/>	<input type="text" value="\$ -"/> <small>Total compensation</small>

2. TYPE OF APPLICANT

Public County Government

3. TYPE OF TRANSIT SYSTEM**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) _____

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: VSO

☒ Check if agency purchased service last year

List Programs Served:

1) Veterans

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)
6 Conversion Van	1 20-Ft LTV (Cutaway) (w/lift)
Lift-Equipped Van	10 22-Ft LTV (Cutaway) (w/lift)
2 Minivan (no ramp)	6 25-Ft LTV (Cutaway) (w/lift)
1 Minivan (w/ramp)	1 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 <u>Revenue</u> Vehicles in Fleet
1	Backup <u>Revenue</u> Vehicles
25	Total Lift-Equipped Vehicles

B. INACTIVE FLEET

2	Enter number of vehicles <u>awaiting</u> 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	4:00 AM		6:00 PM
<input type="checkbox"/> Saturday			
<input type="checkbox"/> Sunday			
<input type="checkbox"/> Holiday			

10. SYSTEM MANAGEMENT & OPERATION

A. Is the <u>Management/Administration</u> 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 <u>Operation</u> of the transit system currently subcontracted?	Yes
---	-----

If yes, answer the following:

Name of the service provider: American Alternative Transportation & CST

When will the new RFP process begin? 03/01/18

Are employees of the subcontractor represented by a labor organization (union)? No

If so, provide the following:

Name of Union: _____

Example: Amalgamated Transit Union Local #1437

C. Does <u>another</u> public transit system contract with your system for any part of its service?	No
---	----

If yes, answer the following:

Name of the public transit system: Mecklenburg County Transportation

Type of service that you provide: NEMT & Veterans Transports

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)						
2)						

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?
If **yes** (complete questions below)

No

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.

The effectiveness is evaluated through TAB meetings, collaboration with DHHS and MPO which are made up of stakeholders and representatives of the community. Efforts are evaluated through surveys, questionnaires and word of mouth feedback.

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 Seldom available in an audible format.

Information is Always 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: ☒

Will fill the vacant Dispatch Supervisor position. It became vacant 9/12/2017.

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?

Project Number :

BUDGET SUMMARY

September 2015 - June 2019

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@gastongov.com				
Web Site:	www.gastonhhs.org				
Federal ID Number:	[REDACTED]		DUNS Number: [REDACTED]		
CFDA #					
Period of Performance:	Sep 1, 2015	to	Jun 30, 2019	Federal Billable/Non-Billable	Billable
I. Total Project Expenditures					
(NCDOT Maximum Participation Amounts)			Requested	NCDOT Use Only	
Total Expenses			\$203,066	\$203,066	
Total Contra Accts and Fare Revenue					
Total Net Expenses/Cost			\$203,066	\$203,066	
II. Proposed Project Funding*					
	Total	Federal	Federal Non-Billing	NCDOT	Local
	100.00%	80.00%		5.00%	15.00%
Total Funding	\$203,066	\$162,452	\$0	\$10,153	\$30,461
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	\$66,333	100%	1	\$66,333	1	\$66,333
G121	Billing Clerk	1	\$30,452	100%	1	\$30,452	1	\$30,452
G121	Dispatcher Supervisor	1	\$35,925	100%	1	\$35,925	1	\$35,925
G121								
G121								
G121								
G121								
G121								
G121								
G121								
TOTAL G121 SALARIES		3				\$132,710	3	\$132,710
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				\$132,710	3	\$132,710

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	\$132,710	\$132,710
G122	Overtime	\$100	\$100
G125	Part-time (receives benefits)		
G126	Temporary and part-time (receives no benefits)		
G127	Longevity	\$0	\$0
Subtotal Salaries:		\$132,810	\$132,810
G180	Fringe Benefits		
G181	Social security contribution (7.65% of total salaries)	\$10,160	\$10,160
G182	Retirement contribution; total salaries X participating percentage \$132,710 X 8.07%	\$10,710	\$10,710
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	\$210	\$210
G186	Workers compensation; Number of Employees:		
G189	Other:		
Subtotal Fringe:		\$52,580	\$52,580
TOTAL SALARY & FRINGE:		\$185,390	\$185,390
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)		
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	\$800	\$800
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: NCPTA Conference, TLDP, NTD Conference	\$1,000	\$1,000
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	\$200	\$200
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: Public Hearing Ads Minimum Amount (2% of Admin Budget): \$3,970		\$4,076	\$4,076
G372	Promotional items Describe: Pens, Calendars, T-shirts, Notepads Maximum Amount (25% of G371 Total Cost): \$1,019		\$500	\$500
G373	Other:			
G380	Computer Support Services (contracted)			
G381	Computer programming services			
G382	Computer support/technical assistance		\$300	\$300
G390	Other Services			
G391	Legal advertising		\$300	\$300
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"/> X			
G413	Rent of offices X number of monthly payments			
	<input checked="" type="checkbox"/> X			
G419	Other:			
G420	Lease of Computer Equipment			
G421	Lease of Computer Hardware			
G422	Lease of Computer Software		\$8,000	\$8,000
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)		
	\$132,700 X 18.75% Maximum Amount \$24,881.25	\$2,000	\$2,000
	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	\$500	\$500
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:	\$203,066	\$203,066
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):		\$203,066	\$203,066

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

Project Number :			
CAPITAL BUDGET July 2011 - June 2022			
Legal Name:	GASTON COUNTY		
Address:	PO Box 1578 GASTONIA, NC 28053-1578		
County:	GASTON COUNTY	Congressional District:	
Contact Person:	Cheree Wilson		
Telephone:	+1 (704)8663220		
Fax:	+1 (704)8663232		
Email:	Cheree.Wilson@gastongov.com		
Web Site:	www.gastonhhs.org		
Federal ID Number:	03-8000310	DUNS Number:	071082120
CFDA #:			
Period of Performance:	Jul 1, 2011	to	Jun 30, 2022
	Federal Billable/Non-Billable	Billable	
I. Total Project Expenditures			
(NCDOT Maximum Participation Amounts)		Requested	NCDOT Use Only
Replacement Vehicles		\$674,500	\$674,500
Expansion Vehicles		\$0	\$0
Other Capital Expenses		\$5,000	\$5,000
Advanced Technology Expenses		\$31,096	\$31,096
Baseline Technology Expenses		\$12,300	\$12,300
Facility Improvement Expenses		\$0	\$0
Other Expenses		\$0	\$0
Total		\$722,896	\$722,896
II. Proposed Project Funding			
	Total	Federal	Federal Non-Billing
	100.00%	80.00%	
Total Funding	\$722,896	\$578,316	\$0
			NCDOT
			10.00%
			Local
			10.00%
			\$72,289
			\$72,291
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	\$0
	Alternative fuel engine - Hybrid Electric	\$250,000		\$0	\$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	\$0
	Alternative fuel engine - Hybrid Electric	\$200,000		\$0	\$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)	\$55,000		\$0	\$0
	Bike Rack	\$2,820		\$0	\$0
	Brake Retarder	\$8,600		\$0	\$0
				\$0	\$0
G545	Description	Budgeted Cost	Qty		Qty
	Raised Roof Van (Replacement) - Side entry; NO LIFT; maximum capacity-12-13 passengers.	\$54,000		\$0	\$0
	Optional Engine - Diesel	\$3,550		\$0	\$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	2	\$120,000	2	\$120,000
	Bike Rack	\$2,820		\$0		\$0
	Brake Retarder	\$8,600		\$0		\$0
				\$120,000		\$120,000
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	\$210,000	3	\$210,000
	Optional Engine - CNG	\$21,000		\$0		\$0
	Optional Engine - Hybrid Electric	\$30,000		\$0		\$0
	Optional Engine - Diesel/Upgraded Chasis	\$26,000		\$0		\$0
	Brake Retarder	\$9,000		\$0		\$0
	Bike Rack	\$2,820		\$0		\$0
				\$210,000		\$210,000
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.	\$62,500	3	\$187,500	3	\$187,500
	Optional Engine - Diesel	\$3,550		\$0		\$0
				\$187,500		\$187,500
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	\$30,000		\$0		\$0
	Option: Accessible Minivan compliant with ADA; Lowered floor, wheelchair ramp and 1 to 2 wheelchair stations.	\$16,000		\$0		\$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(Non-Revenue Vehicle).	\$40,000		\$0		\$0
	Optional Engine - Diesel					
				\$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		\$0		\$0
	Bike Rack	\$2,820		\$0		\$0
				\$91,000		\$91,000
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.	\$66,000	1	\$66,000	1	\$66,000
	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
				\$66,000		\$66,000

**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:				\$674,500	\$674,500
<p>*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.</p>					
VEHICLE REPLACEMENT INFORMATION					NCDOT
REPLACED VEHICLES					NEW VEHICLE
Year	Make	Type	Complete VIN	Mileage	Select code below
<i>Example: 2010</i>	<i>FORD</i>	<i>LTV</i>	<i>1FDXE45503HA77633</i>	<i>186,500</i>	<i>G547 - 25' w/ lift</i>
2009	Ford	LTV	1FDXE45503HA77633	186,500	G547 - 25' w/ lift
2007	Ford	Lift Van	1FTSS34LX7DA63926	103,201	G546 - 20' LTV w/ lift
2010	Ford	LTV	1FDXE4FS9ADA35315	181,402	G547 - 25' LTV w/ lift
2010	Ford	LTV	1FDXE4FS9ADA62501	196,541	G547 - 25' LTV w/ lift
2010	Ford	LTV	1FDXE4FS0ADA62502	169,487	G547 - 25' LTV w/ lift
2013	Ford	Lift Van	1FTDS3ELXBDB31741	100,649	G548 - Raised Roof Van w/lift
2010	Ford	Lift Van	1FTDS3EL9ADA15087	139,473	G548 - Raised Roof Van w/lift
2010	Ford	Lift Van	1FTDS3EL0ADA15088	145,941	G575 - 28' LTV w/ lift
2010	Ford	Lift Van	1FTDS3EL2ADA15089	148,012	G548 - Raised Roof Van w/lift
2011	Ford	Lift Van	1FTDS3EL2BDA85421	128,348	G576 - 22' 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	NCDOT Maximum Participation
ROLLING STOCK: EXPANSION VEHICLES (*Note : Expansion vehicles include estimated cost of camera system of \$4,500)			
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	
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	
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)	\$59,500	
	Bike Rack	\$2,820	
	Brake Retarder	\$8,600	
		\$0	
G565	Description	Budgeted Cost	Qty
	Raised Roof Van (Expansion) – Side Entry; NO LIFT ; maximum capacity 12-13 passengers.	\$58,500	
	Optional Engine - Diesel	\$3,550	
		\$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)	\$66,000			\$0	\$0
	Bike Rack	\$2,820			\$0	\$0
	Brake Retarder	\$8,600			\$0	\$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	\$0
	Optional Engine - CNG	\$21,000			\$0	\$0
	Optional Engine - Hybrid Electric	\$30,000			\$0	\$0
	Optional Engine - Diesel/Upgraded Chasis	\$26,000			\$0	\$0
	Brake Retarder	\$9,000			\$0	\$0
	Bike Rack	\$2,820			\$0	\$0
					\$0	\$0
G568	Description	Budgeted Cost	Qty		Qty	
	Raised Roof Van w/lift (Expansion) – Side entry; rear fully automatic interior lifts. 2 to 3 Wheelchair Stations. Min. ambulatory capacity - 3 pax; Max. ambulatory capacity-9 pax.	\$67,000			\$0	\$0
	Optional Engine - Diesel	\$3,550			\$0	\$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	\$34,500			\$0	\$0
	Option: (a) Accessible Minivan compliant with ADA; Lowered floor, wheelchair ramp and 1 to 2 wheelchair stations.	\$16,000			\$0	\$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 (non-revenue vehicle).	\$40,000		\$0		\$0
	Optional Engine - Diesel					
				\$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		\$0
	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		\$0		\$0
	Bike Rack	\$2,820		\$0		\$0
				\$0		\$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.	\$70,500		\$0		\$0
	Optional Engine - Hybrid Electric	\$21,000		\$0		\$0
	Brake Retarder	\$9,000		\$0		\$0
	Optional Engine - CNG	\$21,000		\$0		\$0
	Bike Rack	\$2,820		\$0		\$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					
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

[illegible]

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

G551	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!						
	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total

G552	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!						
	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total

G553	Repeater Station - Used to extend the range of the base installation. Attach estimate of cost from vendor. Watts:						
	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total
	New						
	Replacement						

G554	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:						
	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:																																			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Item Description</th> <th style="width: 5%;">Qty</th> <th style="width: 20%;">Estimated Cost Ea.</th> <th style="width: 10%;">Total</th> <th style="width: 5%;">Qty</th> <th style="width: 10%;">Dot Rate</th> <th style="width: 10%;">Total</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">New</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">Replacement</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total	New							Replacement																				
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:																																			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Item Description</th> <th style="width: 5%;">Qty</th> <th style="width: 20%;">Estimated Cost Ea.</th> <th style="width: 10%;">Total</th> <th style="width: 5%;">Qty</th> <th style="width: 10%;">Dot Rate</th> <th style="width: 10%;">Total</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">New</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">Replacement</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total	New							Replacement																				
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.																																			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Item Description</th> <th style="width: 5%;">Qty</th> <th style="width: 20%;">Estimated Cost Ea.</th> <th style="width: 10%;">Total</th> <th style="width: 5%;">Qty</th> <th style="width: 10%;">Dot Rate</th> <th style="width: 10%;">Total</th> </tr> </thead> <tbody> <tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total																												
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.																																			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Item Description</th> <th style="width: 5%;">Qty</th> <th style="width: 20%;">Estimated Cost Ea.</th> <th style="width: 10%;">Total</th> <th style="width: 5%;">Qty</th> <th style="width: 10%;">Dot Rate</th> <th style="width: 10%;">Total</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">New</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">Replacement</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total	New							Replacement																				
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.																																			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Item Description</th> <th style="width: 5%;">Qty</th> <th style="width: 20%;">Estimated Cost Ea.</th> <th style="width: 10%;">Total</th> <th style="width: 5%;">Qty</th> <th style="width: 10%;">Dot Rate</th> <th style="width: 10%;">Total</th> </tr> </thead> <tbody> <tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total																												
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.																																			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Item Description</th> <th style="width: 5%;">Qty</th> <th style="width: 20%;">Estimated Cost Ea.</th> <th style="width: 10%;">Total</th> <th style="width: 5%;">Qty</th> <th style="width: 10%;">Dot Rate</th> <th style="width: 10%;">Total</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">Bus Stop Sign(s)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total	Bus Stop Sign(s)																											
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	10	\$500	\$5,000	10	\$500	\$5,000
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:					\$5,000		\$5,000

**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
G526	Mobile Data Devices (Tablets) - Must comply with Technology Plan:			
	Item Description	Qty	Estimated Cost Ea.	Total
	Replacement			
	Expansion	28	\$643	\$18,004
	Fare Media: Smart Card / Magenetic Stripe Card			
	Item Description	Qty	Estimated Cost Ea.	Total
	Initial Installation			
	Expansion			
			\$18,004	
G527	Automatic Vehicle Location (AVL) - Must comply with Technology Plan:			
	Item Description	Qty	Estimated Cost Ea.	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
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
	AVL/MDC Project	1	\$13,092	\$13,092
				\$13,092

**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:					\$31,096			\$31,096

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 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						
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
	NC DHHS Billing and Reconciliation Int	1	\$12,300	\$12,300	1	\$12,300	\$12,300
	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						
				\$12,300			\$12,300
	*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:				\$12,300			\$12,300

**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 cost estimate Must be a STI approved project for this fiscal year						
G532	Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total
	Purchase of Modular Structure - Purchase of modular unit Attach cost estimate Must be a STI approved project for this fiscal year						
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 appraisal Must be a STI approved project for this fiscal year						
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 projected cost estimate Must be a STI approved project for this fiscal year						
G582	Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total
	Facility Acquisition - Purchase of existing structure Attach appraisal Must be a STI approved project for this fiscal year						

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

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						
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 projected cost estimate For new construction - Must be a STI approved project for this fiscal year						

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

G589 **Other Facility Improvements - Safety and Security improvements or repairs.**
Attach cost estimate for reference only.

Material Cost	Labor Cost	Item Description	Total		NCDOT 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.

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
Total		\$0.00	\$0.00

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

Code	Code Description	Requested	NCDOT Use Only
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
Total		\$0.00	\$0.00
Total		\$0.00	\$0.00

AGENCY COMMENTS

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

AGENCY COMMENTS

NCDOT COMMENTS

Check

Save

Submit

Gaston County AVL/MDC Project		
License	Cost	Paid
AVL/MDC 25 vehicle license based off Peak	\$37,500	Yes
Demand 1 Additional User License	\$3,500	Yes
Sygic Offline Mapping App - 28 vehicles	\$1,036	Yes
Sub Total	\$42,036	N/A
Implementation Services		
Project Management - 8 hours	\$880	Has not been billed
Phase 0 - Initiate 1 hour	\$110	Yes
Phase 1 - Design 8 hours	\$880	Yes
Phase 2 - Build 10 hours	\$1,100	No, 166 days past due
Phase 3 - Educate 32 hours	\$3,520	Has not been billed
Phase 4 - Deployment 32 hours	\$3,520	Has not been billed
Phase 5 - System acceptance 2 hours	\$220	Has not been billed
Tablet Installation - 28 vehicles	\$3,500	Yes
Travel - Capped	\$1,500	Has not been billed
Sub Total	\$15,230	NA
Hardware	Cost	
Samsung Tablet Bundle - 28 vehicles	\$18,004	No, 334 days past due
Sub Total	\$18,004	N/A
Call Fees and Maintenance and Support	Cost	
Cellular Data Plan - 10-MB - 28 vehicles	\$2,352	No, 334 Days Past due
Premium Support and Maintenance	\$0	N/A
Sub Total	\$2,352	N/A
First Year Total	\$77,622	
Annual Ongiong Fees		
Cellular Data Plan - 10MB- 28 vehicles	\$2,352	
Premium Support and Maintenance	\$8,200	

Remaining Balance for Project

\$31,096



Product and Services Proposal for

Gaston County ACCESS

NC DHHS Billing and Reconciliation Interface

Submitted by: Tim Flanigan

RouteMatch Software, Inc.
One Atlantic Center
1201 West Peachtree Street, Suite 3300
Atlanta, Georgia 30309
(404) 876-5160
www.routematch.com

Submitted On:

February 6, 2017

Copyright 2016 RouteMatch Software, Inc. – All Rights Reserved – Confidentiality Notice

The information contained in this proposal ("Proposal") is intended only for evaluation by Gaston County ACCESS ("Licensee"), and its agents and representatives, for the software, hardware and services described herein. RouteMatch Software, Inc. ("RouteMatch") considers all information contained in the Proposal to be proprietary and confidential business information. No part of this document may be reproduced or transmitted in any form or by any means, including photocopying and recording, or by any information or retrieval system, except as expressly related to the evaluation process performed by Licensee and permitted in writing by RouteMatch. All requests should be sent to Attention: Clay Davidson, Director of Business and Legal Affairs, RouteMatch Software, Inc., 1201 West Peachtree Street, Suite 3300, Atlanta, GA 30309.

1. Scope of Work and Product Details

RouteMatch is pleased to provide the following Proposal to Licensee for NC DHHS Billing and Reconciliation Interface. NC DHHS is instituting new processes for providers that will require them to submit transportation claims through the NCTracks System for reimbursement. This process without an interface will require manual data entry and will be prone to data entry errors. RouteMatch has met with NCTracks and is proposing a technical interface to the NCTracks system through an 837p and 835p interface. Once implemented this will allow the providers to submit electronically a X12 formatted text file to the NCTracks system. NCTracks will pay the providers and via an 835p will provide a remittance file which will be imported electronically into RouteMatch with all payment information.

1.1 Process Overview

1. **837P Export** – NC is requesting an 837P Export. The 837P Export will export qualified data from RouteMatch to a X12 text file format that is outlined by the North Carolina Department of Health and Human Services (NC DHHS) Companion Guide.
 - **Proposed Approach** – Build the 837P according to the companion guide and pass testing on NC DHHS testing portal. The 837P will also output error files that will indicate specific trips that will need to be corrected in RouteMatch in order to pass the 837 without errors.
2. **835 Import** – NC is requesting an 835 reconciliation import into RouteMatch. The 835 file will be used to reconcile trip cost within RouteMatch.
 - **Proposed Approach** – Build the 835 import to match existing trips within RouteMatch and reconcile cost for each trip. The 835 will also have a report for the user to run to figure out which trips have been not paid vs paid vs partial paid for a given time period.

RouteMatch Responsibility

- Develop 837p and 835p export
- Install and Configure on agency database
- Provide testing to ensure successful export and import process with NCTracks System
- Remote Staff Training
- Remote Support and Maintenance

Gaston County ACCESS Responsibility

- Project Manager to work closely with our implementation team
- All required trading partner sign up and ID acquisition

1.2 Pricing

Gaston County ACCESS - NC DHHS Billing Interface			
Interface	Quantity	Rates	Cost
837 /835 Interface	1	\$7,500	\$7,500
Sub Total			\$7,500
Professional Services	Quantity	Rates	Cost
Configuration, Testing, Training, Project Management	40	\$120	\$4,800
Sub Total			\$4,800
First Year Support and Maintenance	Quantity	Rates	Cost
Support and Maintenance	1	\$0	\$0
Sub Total			\$0
First Year Total			\$12,300
Annual Ongoing Support and Maintenance			\$1,500

- This is a summary of the costs for deliverables requested by Licensee. It is based upon information provided to RouteMatch by Licensee, and is subject to change in the event of material differences in the information provided by Licensee used to form the Proposal.
- RouteMatch will invoice as incurred.
- Pricing is valid for ninety (90) days.

Indemnification. RouteMatch shall indemnify, hold harmless and defend the other party and its directors, officers, agents and employees from and against any claims, liabilities, losses, damages, proceedings or actions (whether pending or threatened) including reasonable attorneys' fees, related to or arising out of: (i) its gross negligence of willful misconduct; (ii) breach of confidentiality, (iii) breach of this Agreement; or (iv) breach of applicable law. Either party shall give the other party reasonable notice of any such claim, loss, action, damage, expense or other liability.

LIMITATION OF LIABILITY. THE CUMULATIVE LIABILITY OF COMPANY TO CLIENT RELATING TO OR ARISING OUT OF THIS AGREEMENT, INCLUDING ANY CLAIMS OR CAUSES OF ACTION IN CONTRACT, NEGLIGENCE, STRICT LIABILITY, TORT OR OTHERWISE, SHALL NOT EXCEED THE TOTAL AMOUNT OF ALL LICENSE FEES PAID BY CLIENT TO COMPANY UNDER THIS AGREEMENT. THIS LIMITATION OF LIABILITY IS INTENDED TO APPLY WITHOUT REGARD TO WHETHER OTHER PROVISIONS OF THIS AGREEMENT HAVE BEEN BREACHED OR HAVE PROVEN INEFFECTIVE.

IN NO EVENT SHALL COMPANY BE LIABLE FOR ANY LOSS OF PROFITS, LOSS OF USE, LOST OR INACCURATE DATA, INTERRUPTION OF BUSINESS, COSTS OF DELAY; OR ANY INDIRECT, PUNITIVE INCIDENTAL, SPECIAL, EXEMPLARY, LIQUIDATED, OR CONSEQUENTIAL DAMAGES; OR ANY CLAIMS OR DEMANDS BROUGHT AGAINST CLIENT, EVEN IF COMPANY HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH CLAIMS OR DEMANDS. THIS LIMITATION UPON DAMAGES AND CLAIMS IS INTENDED TO APPLY WITHOUT REGARD TO

WHETHER OTHER PROVISIONS OF THIS AGREEMENT HAVE BEEN BREACHED OR HAVE PROVEN INEFFECTIVE.

Representations and Warranties. Each party represents and warrants that: (a) it has the all of the necessary right, power and authority to enter into this Agreement, to grant rights in all intellectual property to the other party, and fully perform its obligations hereunder; (b) this Agreement does not and will not conflict with any agreement between it and any other party; and (c) it has all necessary international, federal, state and all other applicable governmental authorizations to operate and perform its obligations under this Agreement.

Compliance with Laws. Each party shall comply with all applicable federal, state, and local laws, treaties, rules, regulations, and ordinances in its performance under this Agreement, including without limitation: (1) all Federal Communications Commission rules and regulations; (2) all privacy and security requirements, including those, if applicable, pertaining to medical devices or location-based services; and (3) all consumer protection rules and regulations.

This Proposal is effective between RouteMatch Software, Inc. and Gaston County ACCESS as of the date signed by below (the "Effective Date"). This Proposal serves as the complete agreement between the parties with respect to the licenses, services and/or other deliverables provided herein, and supersedes any prior understanding or agreements.

Please have an authorized official sign and return this Proposal. Upon receipt of the accepted Proposal, RouteMatch will authorize the above described product and/or services to be delivered to Licensee.

Authorized Signature

Date

Printed Name

Gaston County ACCESS

**NORTH CAROLINA
DEPARTMENT OF
TRANSPORTATION**

**INSTRUCTIONS AND TRANSMITTAL LETTER FOR COMMUNITY
TRANSPORTATION ADVANCED TECHNOLOGY FUNDING PRE-APPLICATION**

Community Transportation systems requesting technology will complete a pre-application for technology funding that will pre-screen the system as eligible or ineligible. The purpose of the pre-application is to ensure that transit systems that do not meet minimum requirements for technology funding will not go through the process of receiving quotes from vendors, filling out the complete application, and asking their board's for approval.

The transit system will submit two copies of the pre-application to NCDOT/PTD. Upon receipt, one copy of the pre-application should be forwarded to the Mobility Development Specialist and one copy should be forwarded to ITRE (kcmonast@ncsu.edu 919-515-8768), or mailed to:

Mailing Address

NCSU/ITRE
Centennial Campus
CB#8601
Raleigh, NC 27695-8601

Delivery Address

NSU/ITRE
909 Capability Drive
Suite 3600
Raleigh, NC 27606

The criteria that Mobility Development Specialists need to verify as complete and accurate are marked with a 'Y N' under the NCDOT/PTD column. The consultant will go through the pre-application and verify that all sections pertaining to NCDOT/PTD are complete and meets the minimum requirements. If the criterion has been met, the consultant will circle the 'Y'. If the criterion has not been met, the consultant will circle the 'N'. This process should be completed with 2 weeks of receipt.

At the same time, ITRE will verify that the sections pertaining to it are complete and meet the minimum requirements. ITRE and the Mobility Development Specialist will make contact to discuss findings. If the pre-application meets the minimum requirements, the Mobility Development Specialist will fill out the attached letter (sample provided below), indicating that the project is cleared to proceed and attach the full application to the letter. If the pre-application does not meet the minimum requirements, the Mobility Development Specialist will indicate so on the attached letter (sample below) and specify each reason.

Notes for Mobility Development Specialists: This letter is a sample. Please update in the document that just contains only the letter so it is formatted correctly. Complete everything that is highlighted in yellow. Then, please remove the check mark by the statement that is not true OR remove the statement that does not apply from the letter. Update letter as appropriate.



STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION

PATRICK L. MCCRORY
GOVERNOR

ANTHONY J. TATA
SECRETARY

September 1, 2017

To: Gaston County; ACCESS Transportation

From: Debbie Collins, Director
Public Transportation Division

Subject: Pre-Application: Community Transportation Advanced Technology Funding, NC
DHHS Billing and Reconciliation Interface & RouteMatch Vehicle Tablets

The North Carolina Department of Transportation Public Transportation Division (PTD) and North Carolina State University / Institute for Transportation Research and Education (ITRE) have reviewed your Pre-Application for Community Transportation Advanced Technology Funding. Based on your answers, our site visits, and other information, we have determined that your pre-application:

- ✓ Meets the minimum requirements to proceed applying for Community Transportation Advanced Technology Funds. You will be receiving the full Community Transportation Advanced Technology Funding Application. Please keep this letter and submit a copy with completed application.

If you have questions, please contact *Cassandra` H. Haynesworth*,
919 707 4688 office #
chaynesworth@ncdot.gov
1 South Wilmington Street Street
1550 Mail Service Center Center
Raleigh, North Carolina 27699-1550

Cc: Denese Lavender

MAILING ADDRESS:
NC DEPARTMENT OF TRANSPORTATION
PUBLIC TRANSPORTATION DIVISION
1550 MAIL SERVICE CENTER
RALEIGH, NC 27699-1550

TELEPHONE: 919-707-4670
FAX: 919-733-1391
WWW.NCDOT.GOV/NCTRANSIT

LOCATION:
TRANSPORTATION BUILDING
1 SOUTH WILMINGTON STREET
RALEIGH, NC

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="2019"/>
STATE FUNDING	<input type="text" value="\$72,289"/>
FEDERAL FUNDING-FTA	<input type="text" value="\$578,316"/>
LOCAL FUNDING	<input type="text" value="\$72,291"/>
OTHER FUNDING	<input type="text" value=""/>
TOTAL GRANT AMOUNT	<input type="text" value="\$722,896"/>

FOR OFFICE USE ONLY

PREPARED BY:

REQUEST RECOMMENDATION OR REJECTION

PROJECT LOCATION:

FEDERAL PROGRAM?

STATE PROGRAM?

PREVIOUSLY FUNDED?

PROJECT / PROGRAM DESCRIPTION:

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

PROJECT / PROGRAM BENEFITS:

The project will efficiently and effectively 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, Gaston County 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.

NCDOT PTD
PROJECT FUNDING REQUEST FORM

Project Funding Request Form

DATE SUBMITTED: November 3, 2017

APPLICANT'S LEGAL NAME: Gaston County

MPO Gaston-Cleveland-Lincoln MPO

RPO

NCDOT DIVISION 12

BUDGET TYPE: Administrative

GENERAL INFORMATION

MAILING ADDRESS: PO Box 1578
Gastonia, NC 28053

PHYSICAL ADDRESS: 128 West Main Avenue
Gastonia, NC 28052

CONTACT PERSON: Cheree Wilson

PHONE NUMBER: (704) 866-3220

FAX NUMBER: (704) 866-3232

EMAIL ADDRESS: cheree.wilson@gastongov.com

CURRENT FISCAL YEAR 2019

STATE FUNDING \$10,153

FEDERAL FUNDING-FTA \$162,452

LOCAL FUNDING \$30,461

OTHER FUNDING

TOTAL GRANT AMOUNT \$203,066

FOR OFFICE USE ONLY

PREPARED BY:

REQUEST RECOMMENDATION OR REJECTION [Click here](#)

PROJECT LOCATION: Gaston County

FEDERAL PROGRAM?

STATE PROGRAM?

PROJECT or PROGRAM program

PROJECT / PROGRAM DESCRIPTION:

Provide funding for administrative salaries and costs to operate the program.

PROJECT / PROGRAM BENEFITS:

Administrative funding will allow Gaston County ACCESS to continue provide the most economical transportation to the Gaston County community.

RESULT OF PROJECT / PROGRAM IF NOT FUNDED:

If this project is not funded Gaston County would have to use general funds, which may impact service causing a reduction.

NCDOT FY 2019 Consolidated Call for Capital Projects Application Form

Part I: Applicant Information

Legal Name of Applicant:	Gaston County
Applicant's Congressional District (If Applicant's city is included in more than one district, enter primary district only):	
Applicant's County (If Applicant has offices in more than one county, list county where main office is located):Gaston	
Address:	PO Box 1578
City, State, Zip:	Gastonia, NC 28053
Federal Taxpayer ID Number:	65-6000300
Doing Business As (DBA) Name:	ACCESS
Applicant's DUNS Number (Unique 9-Digit number issued by Dun & Bradstreet. May be obtained free of charge at: http://fedgov.dnb.com/webform):071062128	
Parent Agency DUNS Number:	
Applicant's Service Area's Congressional District (If service area is included in more than one district, enter primary district only):12	
Project's Service Area (list the county or counties that will be served by the proposed project): Gaston and any location approved by Medicaid Transportation and Veteran medical facilities.	

Project Manager and Contact Information			
Name of Project Manager:	Cheree Wilson		
Title:	Transportation Coordinator		
Address:	816 West Mauney Avenue Gastonia, NC 28052		
E-mail:	Cheree.wilson@gastongov.com		
Phone Number:	704-866-3220		
Mobile Phone Number:	704-913-6540	FAX:	704-866-3232
Alternative Contact Information (in absence of Project Manager)			
Name:	Michael Coone		
E-mail:	Michael.coone@gastongov.com		
Phone Number:	704-862-7663		

Current Vehicle Inventory (enter number in fleet)					
Vans		Vans/Lifts	7	Sedans or Minivans	3
LTV's		LTV's/Lifts	18	Buses	

NCDOT FY 2019 Consolidated Call for Capital Projects Application Form

Table 1: Vehicles/capital to be replaced or rehabbed/refurbished with this request

<i>Asset (model year, manufacturer, model or variant)</i>	<i>VIN or Fleet ID</i>	<i>Revenue miles from Vehicle Replacement Plan (as of July 1, 2017)</i>	<i>Revenue hours from Vehicle Replacement Plan (as of July 1, 2017)</i>	<i>Current mile(as of July 1, 2017) age</i>
2009 Ford Challenger	1FDDE45S79DA39019	17,686	1,107	178,231
2010 Ford Challenger	1FDDE4FS9ADA35315	17,671	1,159	181,946
2007 Ford Challenger	1FTSS34LX7DA63926	9,344	416	103,201
2010 Ford Challenger	1FDDE4FS9ADA62501	25,172	1,670	197,205
2010 Ford Challenger	1FDDE4FS0ADA62502	14,642	1,002	169,721
2013 Ford Challenger	1FTDS3ELXBDB31741	17,842	997	121,073
2010 Ford Challenger	1FTDS3EL9ADA15087	18,312	1,320	161,617
2010 Ford Challenger	1FTDS3EL0ADA15088	32,453	1,637	182,704
2010 Ford Challenger	1FTDS3EL2ADA15089	21,716	1,409	172,552
2011 Ford Challenger	1FTDS3EL2BDA85421	20,931	1,312	126,121

Table 2: Vehicles/capital that have been disposed up to and including FY16

<i>Asset (model year, manufacturer, model or variant)</i>	<i>VIN or Fleet ID</i>	<i>Disposition Date</i>	<i>Revenue miles at disposition</i>	<i>Revenue hours at disposition</i>

The project conforms to FTA's spare ratio guidelines. ☐ Yes ☐ No ☐ Unsure

<i>Average Fleet Age (in Years)</i>	8.5
<i>Average Fleet Age (in Miles as of July 1, 2017)</i>	128,478
<i>Spare Ratio</i>	16%
<i>Explanation</i>	

Federal Financial Assistance Transparency Act (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.

NCDOT FY 2019 Consolidated Call for Capital Projects Application Form

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.

☐ YES

☒ No

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

	<u>Full Name</u>	<u>Total Compensation</u>
1		\$
2		\$
3		\$
4		\$
5		\$

Part II: Project Information

IMPORTANT: Applicants should submit one application for all capital projects for their small urban and/or rural service area. Duplicate projects within service areas will not be funded. Applicants can apply for one year of funding only. If a project is selected, funding for subsequent years is not guaranteed. It will be necessary to reapply and go through another competitive process for subsequent years' funding. Eligible projects may be funded using 5310, 5311, 5339 or a combination of the three funding sources. PTD will determine the project's funding after the application has been reviewed and approved.

<i>Project Name</i>	
<i>Type(s) of Capital Project (vehicle replacement, purchase of service, equipment, etc). Describe the project(s) to be funded.</i>	Provide funding to purchase replacement transit vehicles for those vehicles that have met their service life expectancy. Interface software is being requested due to the number of Medicaid trips provided requiring manual entry into NCTracks. Tablets are being requested to help cut costs, improved efficiency and driver productivity.
	<i>FY 2019</i>
<i>Federal Amount Requested =</i>	\$578,316
<i>State Amount Requested =</i>	\$72,289
<i>Local match amount =</i>	\$72,291
<i>Total project cost =</i>	\$722,896

NCDOT FY 2019 Consolidated Call for Capital Projects Application Form

Part III: Project Criteria

Address each of the evaluation criteria separately, demonstrating how the project responds to each criterion. Each proposer is encouraged to demonstrate the responsiveness of a project to all of the appropriate selection criteria with the most relevant information that the proposer can provide, regardless of whether such information has been specifically requested, or identified. Please be thorough, yet concise in the response.

III-1. Threshold Criteria

a. Does the applicant have the technical capacity to administer the project?

☒ Yes ☐ No Explain your answer in the box below.

Yes. County match is in reserve. County mechanics and IT will act as support in maintaining the vehicles and software equipment. The ACCESS Transporters will operate the vehicles and the Billing Clerk will operate the interface software.

b. Describe the qualifications of the key personnel assigned to the project and the percentage of time each person will be involved in the project. Will the applicant need to hire additional personnel to support the project?

The key personnel have 2 years of experience relating to billing, one year in NCTracks. There is 10 years of experience working in Routematch. Project involvement is 90%. There will be no need to hire additional personnel to support the project.

c. Does applicant have adequate financial and management systems in place to ensure adequate reporting and project oversight? ☒ Yes ☐ No Explain your answer in the box below.

The applicant has various departments to ensure adequate reporting and project oversight. The departments include: Finance, County Manager's Office, County Attorneys, DHHS and Budget.

d. Has the source of local match been identified in a current budget or has it been approved by the agency's governing body in a future budget? What is the source of the match (e.g., agency reserves, capital replacement fund, municipal general fund, private partnership, etc.)? If the match is not from the applicant agency but another party, has that party committed the match in writing? Provide documentation of the commitment of local match from an outside party. Explain your answer in the box below.

NCDOT FY 2019 Consolidated Call for Capital Projects Application Form

Yes. County Reserve

- e. Further describe the matching funds, including amount and source of the match (agency reserves, capital replacement budget, municipal general fund, private partnership, etc). List each source individually. If the matching funds are not committed, identify their source and anticipated award date. [Add/Remove Lines as necessary – place the cursor in the bottom row then right click → “Insert” → “Insert Rows Below” to add more lines to the following table]

Source	Amount	Date awarded or available
County Reserve	\$72,291	July 1, 2018

- f. Were FTA funds awarded to this project in previous years? ☒ Yes ☐ No
- g. Describe the intended service area that will benefit from your proposed project. Include pertinent demographic information about the service area in your answer. It should be clear from your description where your project’s target population lives in a small urban or rural area of North Carolina.

The project is intended to serve the Gaston County community through NEMT Transportation, ROAP sponsored trips, and contractual agreements.

- h. Estimate the annual number of unduplicated passengers who will be served or the number of one-way trips that will be provided from the proposed project.

Unduplicated Passengers		One-way trips	125,000
Fully Allocated Cost per Trip	\$2,256,250		

List items included in the fully allocated cost per trip?

The allocated cost per trip was taken from the FY17 OpSTAT.

III-2. Project Readiness

- a. Describe the project plan in detail and provide a timeline and milestones for the completion of the project. This description should completely describe what you want to accomplish and how you are going to accomplish it if you receive the requested funding. The applicant may wish to attach the following documents with the application but these documents are not required:

NCDOT FY 2019 Consolidated Call for Capital Projects Application Form

maps, pictures, marketing plans, draft brochures, charts or graphs and/or route schedules that support the request for funding, demonstrate the need or illustrate the applicant's preparation. If the applicant is working in partnership with or coordinating with other agencies or organizations, letters of support from these agencies or organizations may be attached with the application. Your detailed answer should be one half to one whole page long.

This project is to replace 10 of the 13 vehicles that have met their useful life. This includes 4 LTV's and 6 lift vans. The interface software will be used in the claim submission of the NEMT trips into NCTracks. The tablet project is to advance the technologies of the scheduling software, RouteMatch. Currently we are using paper manifest and two way radios for dispatching. The project will help to better the service provided to the citizens of Gaston County and will help most efficiently utilize all resources.

b. Describe the applicant's preparedness to manage the project.

The vehicles will be entered into Asset Works and will be serviced and maintained by the County garage. County IT will provide support and maintenance for the interface software and tablets. IT will work closely with RouteMatch support for advanced technology maintenance.

III-3. Project Monitoring

a. Describe the method that will be used to monitor and evaluate the success of this project. List the measurable indicators of success.

Financial and ridership data will be submitted in form of OpStat and the NTD reporting. Data will be compared with prior years.

b. Describe how the project relates to any federal or other programs that the applicant operates and, if applicable, how the applicant plans to use these resources to leverage this project.

Gaston County ACCESS provides the NEMT and ROAP transportation for Gaston County.

c. How will the applicant maintain any vehicles/capital after the grant period?

Costs will be covered through the County's general reserve. The vehicles will be entered into Asset Works and will be serviced and maintained by the County garage. County IT will provide support and maintenance for the interface software and tablets. IT will work closely with RouteMatch support for advanced technology maintenance.

d. What is the applicant's organizational mission? Explain how the project fits in with the other service the applicant already provides.

It is the mission of Gaston County ACCESS Central Transportation to enhance the quality of life for the citizens and of Gaston County by providing timely, cost efficient, high quality, general public and human service transportation. The project is our way of providing the service.

NCDOT FY 2019 Consolidated Call for Capital Projects Application Form

e. Describe how the applicant will manage risk and provide for the safe delivery of services.

We will act in accordance to the adopted SSPP and the ACCESS Safety Officer monitor daily operations for adherence.

III-4. Special Considerations

a. Given this request is only for capital assistance, is your agency committed to operating the services associated with the proposed project over time? How? Provide an explanation in the box below.

<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Explain
--	---------

Part IV: Budget Information

Provide a general line-item budget for the total project, with enough detail to describe the various key components of the project. Since it is possible that projects may be partially funded, the budget should provide for the minimum amount necessary to fund specific project components of independent utility. [Add/Remove Lines as necessary using prior instructions]. A detailed budget needs to be submitted via Partner Connect.

<i>Project Stages with Independent Utility and Description</i>	<i>Federal Amount Requested</i>	<i>State Amount Requested</i>	<i>Local Share</i>	<i>Total Cost</i>
1.G546 20' LTV	96,000	12,000	12,000	120,000
2.G547 25' LTV	168,000	21,000	21,000	210,000
3.G548 Raised Roof Van w/ Lift	150,000	18,750	18,750	187,500
4.G575 28' LTV	72,800	9,100	9,100	91,000
5.G576 22' LTV	52,800	6,600	6,600	66,000
6.G591 Vehicle Lettering & Logos	4,000	500	500	5,000
7.G526 Mobile Data devices	14,403	1,800	1,801	18,004
8.G592 AVL/MDC Project	10,473	1,309	1,310	13,092
9.G523 Software	9,840	1,230	1,230	12,300
Project Totals	578,316	72,289	72,291	722,896

NCDOT FY 2019 Consolidated Call for Capital Projects Application Form

Capital Budgets

All rural transportation systems will be eligible for capital assistance funds. A Capital Replacement Schedule is included in Appendix A of this document. **ASSETS THAT HAVE MET USEFUL LIFE WILL NOT AUTOMATICALLY BE REPLACED.** The Capital Replacement Schedule represents the minimum threshold for replacement consideration unless the applicant can document that a capital item has a history of mechanical failure, is un-repairable or that it is financially prohibitive to repair the item. ***Only transit systems with in-house maintenance shops may apply for replacement support vehicles.***

Expansion Vehicles and Replacements – For FY2018, expansion vehicles are not an eligible Capital expense.

Other Capital, Advanced Technology and Baseline Technology – Applicants should consult the Capital Replacement Schedule before requesting any replacements of Other Capital or Advanced/Baseline Technology. Appendix B lists the minimum specifications for technology items. New Advanced Technology users must have completed the Advanced Technology Pre-Application process with ITRE. Current Advanced Technology users may request to replace existing Advanced Technology items as necessary. Any system requesting expansion vehicles should also request vehicle security and surveillance equipment and any other advanced technology items currently used. The applicant must provide one (1) retail estimate per item if they request funding to replace or purchase Other Capital or Advanced/Baseline Technology. The estimate will determine the amount of funding recommended by the reviewer. Some Object Codes in the Other Capital and Baseline Technology budgets include the maximum cost in which PTD will participate. Requests for funding cannot exceed these amounts per item. The applicant is required to enter written justification in Section II for Advanced/Baseline Technology; Radio Equipment; and Telephone Equipment.

NCDOT FY 2019 Consolidated Call for Capital Projects Application Form

Appendix A CAPITAL REPLACEMENT SCHEDULE

Note: Assets that have met their useful life will not automatically be replaced. This schedule represents the minimum threshold for replacement consideration. Listed capital items are illustrative and not exhaustive.

Effective 7/1/2012

CATEGORY CAPITAL ITEMS	MINIMUM REQUIREMENTS	MINIMUM DOCUMENTATION REPI CONSIDERATION
MAJOR FACILITY RENOVATIONS AND NEW CONSTRUCTION	40 years	
▪ Building Purchase ▪ Facility Construction		Note: Major Renovation involves the purc existing building and complete refurbishi building. Needs Assessment required. P would be required.
OFFICE FURNITURE	12 Years	
▪ Desk ▪ Chairs ▪ Bookcase ▪ Conference Table ▪ File Cabinet ▪ Safe (Fireproof) (25 yrs.)		o 1 retail estimate o Description of need for replacement
OFFICE EQUIPMENT	5 Years	
▪ Fax Machine ▪ Calculator ▪ Copier ▪ Etc.		o 1 retail estimate o Description of need for replacement
AUDIO VISUAL EQUIPMENT	10 Years	
▪ VCR/DVD ▪ Camcorder ▪ TV ▪ Etc.		o 1 retail estimate o Description of need for replacement
BASELINE TECHNOLOGY	5 Years	
▪ Computer ▪ Laptop (Includes Projector)* ▪ Printer ▪ Server ▪ Scanner (6 yrs.)		o 1 retail estimate o Description of need for replacement in i project description * Will be considered if needed for present
SECURITY & SURVELLIENCE	7 Years	
▪ Video (facility and vehicles) ▪ Cameras ▪ Wireless unit ▪ DVR ▪ Antenna		o 1 retail estimate o Description of need for replacement
COMMUNICATIONS EQUIPMENT	6 Years	
▪ Radio units ▪ Antenna ▪ Base Station ▪ Repeater ▪ Cell phones		o 1 retail estimate o Description of need for replacement in i project description
MAINTENANCE EQUIPMENT & FIXTURES	12 Years	
▪ Roller cabinets ▪ Diagnostic equip ▪ Portable tool stands ▪ Lift truck ▪ Compressors- (5 yrs.) ▪ Engine stands ▪ Hoists- (10 yrs.) ▪ Brake lathes ▪ Bus washers- (10-15 yrs.) ▪ Etc.		o Only Systems with in-house Maintenanc eligible o 1 retail estimate
SUPPORT VEHICLES		
▪ Trucks – Light Duty (under 12,500 lbs. g.v.w.)	7 Years	o Only Systems with in-house maintenanc eligible o 1 retail estimate & Justification for repla
REVENUE VEHICLES		
Vans		
▪ Center Aisle Van (2010 or older) ▪ Mini-Van ▪ Conversion Van or Lift Van	115,000 miles	o Updated PTMS o Current VUD o Once required fleet size has been deteri the capital assessment process, vehicles designated for disposition and not be el replacement.
Buses		
Light Transit Vehicle (LTV) 20-28 ft. - body on cut-a-way chassis	145,000 miles	
Medium (Medium duty chassis) Over 28 ft. - body on truck chassis	7 Years or 145,000 miles	
Medium (Heavy Duty Chassis) 30-35 ft.	10 Years or 350,000 miles	
Large (Heavy Duty Chassis)	12 years or 500,000 miles	

Revised 07-24-17

Appendix B

FY2018 Technology Specifications:
(to be used as guideline for minimum standards only)
Standards for Hardware, Software and Networking

These are MINIMUM standards only. NCDOT guidelines require that each computer last at least 5 years. If you plan on installing automated scheduling software or other technologies during the lifetime of the computer, please consult with the appropriate resource to determine minimum requirements.

Desktop

Operating System:	Windows 7
Processor:	Intel I5-750
Memory:	4.0GB or higher
Hard Drive (s):	80G, partitioned so C: drive is for programs and D: drive is for data
Software:	Microsoft Office Professional 2010
Video Card:	GeForce GTS250 1GB/Radeon HD4850 512MB
Network Card:	100/1000 Mbps
UPS Backup/Surge Protection:	Multi-outlet AC Surge Protector with power supply backup (if necessary)
Multimedia Devices:	Pair of desktop speakers (if not included with monitor), Microphone, optional Camera
Monitor:	Any standard monitor capable of display in 1024x768 or greater. Purchase larger monitors if required by specific applications.
Other Drives:	CD/DVD ROM Drive
Anti-Virus Software:	Any industry standard anti-virus software
Service Program:	3-year warranty with on-site service

Network

Configuration:	100/1000 MB using switches (no hubs), TCP/IP Protocol
-----------------------	---

Server

All server specifications are minimums only. Servers should be expandable to enable increases in memory, processors, hard drive, etc.

Operating System:	Microsoft Windows Server 2008
Database Software:	Microsoft SQL Server 2005 SP2 or 2008 Standard (if necessary)
Network Card:	(2) 100/1000 MB
Processor Type:	Intel Xenon 2.5Ghz or higher
Memory:	12 GB
Hard Drive(s):	300 GB
Monitor:	15" or larger
Graphics Card:	64MB or greater
Other Drives:	CD/DVD ROM
Anti-Virus Software:	Any industry standard anti-virus software
Service Program:	3-year warranty with on-site service