

PUBLIC TRANSPORTATION PROGRAM RESOLUTION

FY 2021 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 Capital budget 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*)* Tracy L. Philbeck of (*Name of Applicant's Governing Body*) Gaston County Board of Commissioners 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 S. 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 Commissioners duly held on the 22nd day of October, 2019.

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 2021

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:

- **Federal 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 or a fleet with non-lift equipped Vehicles in it.)**

SECTION 5311, 5310, 5339, Combined 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, 2018 through June 30, 2019.**

Signature of Authorized Official

Date

Tracy L. Philbeck, Chairman, Gaston County Board of Commissioners
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, 2018 through June 30, 2019.**

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: _____ 5/4/2017 _____

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 100 (+) 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.

Transit systems with 50 – 99 employees must keep a plan on file for review at next site visit.

Name of Organization: Gaston County ACCESS

_NC_State DOT _Gaston-Cleveland-Lincoln__MPO _Gaston County ACCESS__ Transit Agency
_Gastonia_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.**

*****If EEO requirement is not applicable check here ☒, sign at the bottom, and submit, otherwise complete remaining questions.***

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,

c. Were there any deficiencies? _____ Yes _____ No

If yes, in what area(s) _____

d. 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 Chairman, Gaston County Board of Commissioners

DBE GOOD FAITH EFFORTS CERTIFICATION

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

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

Required by PTD	Check all that apply	Description
*	<input checked="" type="checkbox"/>	Write a letter/email to Certified DBEs in the service area to inform them of purchase or contract opportunities;
*	<input checked="" type="checkbox"/>	Document telephone calls, emails and correspondence with or on behalf of DBEs;
	<input type="checkbox"/>	Advertise purchase and contract opportunities on local TV Community Cable Network:
*	<input checked="" type="checkbox"/>	Request purchase/contract price quotes/bids from DBEs;
	<input type="checkbox"/>	Monitor newspapers for new businesses that are DBE eligible
*	<input checked="" type="checkbox"/>	Encourage interested eligible firms to become NCDOT certified. Interested firms should 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 https://www.ebs.nc.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 <https://www.ebs.nc.gov/VendorDirectory/default.html>

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

Tracy L. Philbeck, Chairman, Gaston County Board of Commissioners
Type Name and Title of Authorized Official

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION
PUBLIC TRANSPORTATION DIVISION

DBE/MBE/WBE/HUB ANTICIPATED VENDOR AWARDS in FY 2021

APPLICANT'S NAME: Gaston County PERIOD COVERED

MAILING ADDRESS: PO Box 1578; Gastonia, NC 28053 From: 7/1/2020

VENDOR NUMBER: 12328 To: 6/30/2021

We expect to utilize the following list of DBE/MBE/WBE/HUB Vendors in FY 2021:

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 FY 2021.
- ☒ The applicant does **NOT** expect to utilize any DBE/MBE/WBE/HUB Vendors in FY 2021.

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 FY21 Community Transportation Program Application funds to be submitted to the North Carolina Department of Transportation no later than October 4th, 2019. The public hearing will be held on October 22nd 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 and services under the Americans with Disabilities Act (ADA) or a language translator should contact Gaston County ACCESS Transportation on or before 5:00 P.M on October 21, 2019, at telephone number 704-866-3220 or via email at Michael.Coone@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 Transportation and private contractors. Services are rendered by Gaston County.

The total estimated amount requested for the period July 1, 2020 through June 30, 2021

<u>Project</u>	<u>Total Amount</u>	<u>Local Share</u>
Administrative	\$ 305,525.00	\$ 45,829.00 (15%)
Operating (5311)	\$	\$ (50%)
Capital (Vehicles & Other)	\$	\$ (10%)
5310 Operating	\$	\$ (50%)
Other _____	\$	\$ (%)
TOTAL PROJECT	\$ 305,525.00	\$ 45,829.00

Total Funding Request \$305,525.00

Total Local Share \$45,829.00

This application may be inspected at Gaston County ACCESS from 9:00am until 5:00pm, Monday through Friday. Written comments should be directed to Michael Coone, Gaston County, P.O. Box 1578, Gastonia, NC 28053-1578 before October 21, 2019.

AVISO DE AUDIENCIA PUBLICA
Sección 5311 (ADTAP), 5310, 5339, 5307
y fondos estatales aplicables,
o una combinación de ellos.

Esto es para informar al público que se llevará a cabo una audiencia pública sobre los fondos propuestos del programa de Transportation Comunitario para el Año Fiscal 21 que se presentaran al Departamento de Transporte de Carolina del Norte a mas tardar que el 22 Octubre de 2019. La audiencia pública se llevará a cabo el 22 de Octubre a las 6:00pm antes de la Junta de Comisionados del Condado de Gaston, en el foro publico de Harley B. Gaston Jr., Courthouse.

Las personas interesadas en asistir a la audiencia pública y que necesiten ayuda y servicios auxiliares conforme a la Ley de Estadounidenses con Discapacidades (ADA, por sus siglas en ingles) o un traductor de idiomas deben ponerse en contacto con el Transportacion de Acceso al condado de Gaston no mas tardar del las 5:00pm de 21 Octubre de 2019, al número de teléfono 704-866-3220 o por correo electrónico a Michael.Coone@gastongov.com.

El Programa de Transporte Comunitario brinda asistencia para coordinar los programas de transporte existentes que operan, Condado de Gaston así como también brinda opciones y servicios de transporte para las comunidades dentro de esta área de servicio. Estos servicios se proporcionan actualmente utilizando Transportacion de Acceso al Condado de Gaston y contratistas privados. Los servicios son prestados por Condado De Gaston. La cantidad total estimada solicitada para el período del 1 de Julio de 2020 al 30 de Junio de 2021.

Proyecto	Cantidad total de	acciones locales
Administrativo	\$ <u>305,525.00</u>	\$ <u>45,829.00</u> (15%)
En funcionamiento (5311)	\$ _____	\$ _____ (50%)
Capital (Vehículos y Otros)	\$ _____	\$ _____ (10%)
5310 de funcionamiento	\$ _____	\$ _____ (50%)
Otro	\$ _____	\$ _____ (____%)
PROYECTO TOTAL	\$ <u>305,525.00</u>	\$ <u>45,829.00</u>
	Solicitud de financiación total	Participación total local

Esta solicitud puede ser inspeccionada en gaston del condado de 9:00am hasta 5:00pm, de lunes a viernes. Los cometarios escritos deben dirigirse a Michael Coone , Condado de Gaston, P.O. Box 1578, Gastonia, NC 28053-1578 21 de octubre 2019.

Fin del aviso

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.

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: October 22, 2019

PLACE: Gaston County 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 or Clerk to the Board

Printed Name and Title

Date

Affix Seal Here

Voluntary Title VI Public Involvement

Title VI of the Civil Rights Act of 1964 requires the North Carolina Department of Transportation (NC DOT) to gather statistical data regarding participants and beneficiaries of the agency's federal-aid programs and activities. NC DOT 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 impacted by a proposed project.

NC DOT wishes to clarify that this information gathering process **is completely voluntary** and that you are not required to disclose the statistical data requested to participate in this meeting. This form is a public document used to collect data, only.

The completed forms will be held on file at the North Carolina Department of Transportation. For Further information regarding this process please contact the NCDOT Title VI Program at telephone number 919.508.1808 or email at titlevi@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 completing this form, please fold 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>305,525.00</u>	\$ <u>45,829.00</u> (15%)
5311 Operating (No State Match)	\$ _____	\$ _____ (50%)
5310 Operating (No State Match)	\$ _____	\$ _____ (50%)
5307 Operating	\$ _____	\$ _____ (50%)
5307 Planning	\$ _____	\$ _____ (20%)
Combined Capital	\$ _____	\$ _____ (10%)
Mobility Management	\$ _____	\$ _____ (50%)
5310 Capital Purchase of Service	\$ _____	\$ _____ (10%)
_____	\$ _____	\$ _____ (____%)
_____	\$ _____	\$ _____ (____%)
_____	\$ _____	\$ _____ (____%)

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

TOTAL	\$ <u>305,525.00</u>	\$ <u>45,829.00</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>Admin.</u>	\$ <u>45,829.00</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
TOTAL		\$ <u>45,829.00</u>

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

FY 2021 Local Share Certificate (page 2)

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 FY2021 Community Transportation Program and 5307 Governors Apportionment will be available as of **July 1, 2020**, which has a period of performance of July 1, 2020 – June 30, 2021.

Signature of Authorized Official

Tracy L. Philbeck, Chairman, Gaston County Board of Commissioners

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 of Union</u> 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	Conexion	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3	Carolina Specialty Transport	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4	FTS Transport	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
5	Reliable Medical Transport	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
6	Calvary Transportation Services	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
7	A-1 Wheelchair Patient Transport Inc	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
8	Medical Transport Services	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
9	Page Transportation Inc	<input checked="" 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)/Governing Board Composition

Service Area Demographics

Applicant: **Gaston County**

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

Number of Projected TAB Meetings for FY 2021: **5**

2000 Census data used for Disabled Calculations

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

Number of TAB Meetings held in FY2020 as of: **8/27/2019** **4**

2010 Census data used for Minority & Origin Calculations

	TAB Member's Name	What best describes the role or position of this board member in the community?					This person knows the transportation needs of this group or groups.						Board Service			
		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	Limited English	Low Income	Year Term Began	Year Term Ends	Appointed or Selected	# Years Served
1	Shelly Alman				College/University		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2017	2020	A	3
2	Benjamin Boyles				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"/>	2017	2020	A	3
3	Jason Christopher		Private Provider				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2018	2021	A	1
4	Peter Dingle			Other			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2017	2020	A	3
5	Carolyn Dow			Other			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2016	2019	A	3
6	Cindy Forrester		Intercity Bus				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2017	2020	A	3
7	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"/>	2017	2020	A	5+
8	Leon McLean	Other					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2018	2021	A	4
9	Ruth Murphy	Senior Services					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2018	2021	A	5+
10	Julio Paredes		Intercity Bus				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2017	2020	A	3
11	La Verne Partlow	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"/>	2017	2020	A	3
12	Charity Patterson	Other					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2017	2020	A	3
13	JoAnn Raxter	Vocational Rehab					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2017	2020	A	5+
14	Terri Sanford				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"/>	2017	2020	A	3
15	Andrew Schrag	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"/>	2018	2021	A	3
16	Tina Stogner	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"/>	2017	2020	A	3
17	Gary Washington	Other					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2017	2020	A	3
18	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"/>	2018	2021	A	4
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"/>				

**FY2021 COMMUNITY TRANSPORTATION PROGRAM GRANT APPLICATION
NORTH CAROLINA DEPARTMENT OF TRANSPORTATION
FEDERAL SECTION 5311 & STATE FUNDING
TRANSIT SYSTEM DESCRIPTION**

Check If New Sub-Recipient ☐

1. GENERAL INFORMATION

APPLICANT'S LEGAL NAME:

APPLICANT'S CONGRESSIONAL DISTRICT: *If incorrect, enter correct primary district:*

If Applicant's city is included in more than one district, enter primary district only

MAILING ADDRESS:

PO Box or Street Address

City, State Zip (9-digit zip)

PHYSICAL ADDRESS:

Street Address

City, State

TAXPAYER IDENTIFICATION NUMBER:

DOING BUSINESS AS (DBA) NAME:

Normally the transit system name, if different than applicant name

APPLICANT DUNS NUMBER:

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

DUNS NUMBER OF PARENT AGENCY:

Required only if different than Applicant

CONTACT PERSON:

PHONE NUMBER:

Area Code & Phone Number

FAX NUMBER:

Area Code & Phone Number

EMAIL ADDRESS:

SERVICE AREA'S CONGRESSIONAL DISTRICT: *If incorrect, enter correct primary district:*

If Service Area is included in more than one district, enter primary district only

SERVICE AREA:

FEDERAL FINANCIAL ASSISTANCE

TRANSPARENCY ACT (FFATA):

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

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

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

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

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

2. TYPE OF APPLICANT

Public County Government

3. TYPE OF TRANSIT SYSTEM

Single-County

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

☒ Demand Response

☐ Fixed Route

☒ Subscription

☐ Other: (specify below)

☒ Deviated Fixed Route

5. SERVICE OPTIONS – (check all that apply)

☒ General Public

☐ Brokerage (Contractual service not a referral)

☒ Human Service

☒ Other: (describe below)

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

Agency

1 Name: Gaston Skills



Check if agency purchased service last year

List Programs Served:

1) Voc Rehab

2)

3)

4)

5)

Agency 2

Name: NEMT



Check if agency purchased service last year

List Programs Served:

1)

2)

3)

4)

5)

Agency

3 Name: Holy Angels



Check if agency purchased service last year

List Programs Served:

1) Voc Rehab

2)

3)

4)

5)

Agency 4

Name: HCCBG



Check if agency purchased service last year

List Programs Served:

1) Nutrition

2) ADC

3) Senior Transportation

4)

5)

Agency

5 Name: VSO



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 Name:



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)
3	Lift-Equipped Van	6	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 Revenue Vehicles in Fleet
0	Backup Revenue Vehicles
26	Total Lift-Equipped Vehicles

B. INACTIVE FLEET

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

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

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

10. SYSTEM MANAGEMENT & OPERATION

A. Is the **Management/Administration** of the transit system currently subcontracted? No

If **yes**, answer the following:

Name of the Management provider: _____

When will the new RFP process begin? _____

Are employees of the subcontractor represented by a labor organization (union)? _____

If **so**, provide the following:

Name of Union: _____

Example: Amalgamated Transit Union Local #1457

B. Is the **Operation** of the transit system currently subcontracted? Yes

If **yes**, answer the following:

Name of the service provider: American Alt., Carolina Specialty & Conexion

When will the new RFP process begin? 07/01/21

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 #1457

C. Does **another** public transit system contract with your system for any part of its service? Yes

If **yes**, answer the following:

Name of the public transit system: Mecklenburg Transprotation Services

Type of service that you provide: NEMT & Veteran Services

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 #1457

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) Community Outreach	8/4/2019 9:30am	Mount Sinai Baptist Church- Mt Holly	2	General Public	NO
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?

No

If **yes** (complete questions below)

Is that plan evaluated and updated at least annually?

Does that plan have defined objectives?

Are those objectives being met?

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

B. Describe Public Outreach Methods:

Select the ONE word that most accurately completes the sentence



Information dissemination is Always written.

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

Information is Usually 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 FY2021 in the space below. A new job description must be attached for (1) any new administrative positions or (2) any increase in the percentage of a position dedicated to transportation.

If NONE check here: ☒

Check here if job description(s) attached: ☐

13. SERVICE CHANGES - Describe any service changes and/or provide justification/need for expansion vehicle(s) in the space below.

If NONE check here: ☒

FY2021 - Complete Project Funding Request Form for FY 2021

(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

July 2019 - June 2021

Legal Name:	GASTON COUNTY				
Address:	PO Box 1578 GASTONIA, NC 28053-1578				
County:	GASTON COUNTY	Congressional District:			
Contact Person:	Michael COONE				
Telephone:					
Fax:					
Email:	michael.coone@gastongov.com				
Web Site:	http://www.gastongov.com/government/departments/health_and_human_services/				
Federal ID Number:			DUNS Number:		
CFDA #					
Period of Performance:	Jul 1, 2019	to	Jun 30, 2021	Federal Billable/Non-Billable	Billable
I. Total Project Expenditures					
(NCDOT Maximum Participation Amounts)			Requested	NCDOT Use Only	
Total Expenses			\$305,525	\$305,525	
Total Contra Accts and Fare Revenue					
Total Net Expenses/Cost			\$305,525	\$305,525	
II. Proposed Project Funding*					
	Total	Federal	Federal Non-Billing	NCDOT	Local
	100.00%	80.00%		5.00%	15.00%
Total Funding	\$305,525	\$244,420	\$0	\$15,276	\$45,829
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	\$66,787	100%	1	\$66,787	1	\$66,787
G121	Dispatch Supervisor	1	\$41,600	100%	1	\$41,600	1	\$41,600
G121	Administrative Support Special	1	\$28,764	100%	1	\$28,764	1	\$28,764
G121	Administrative Support Special	1	\$29,808	100%	1	\$29,808	1	\$29,808
G121								
G121								
G121								
G121								
G121								
G121								
TOTAL G121 SALARIES		4				\$166,959	4	\$166,959
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		4				\$166,959	4	\$166,959

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	\$166,959	\$166,959
G122	Overtime		
G125	Part-time (receives benefits)		
G126	Temporary and part-time (receives no benefits)		
G127	Longevity		
Subtotal Salaries:		\$166,959	\$166,959
G180	Fringe Benefits		
G181	Social security contribution (7.65% of total salaries)	\$12,772	\$12,772
G182	Retirement contribution; total salaries X participating percentage \$166,959 X 8.95%	\$14,943	\$14,943
G183	Hospitalization insurance; cost per month X no. of months X no. of employees. \$950.00 X 12 X 4	\$45,600	\$45,600
G184	Disability insurance; cost per month X no. of months X no. of employees. X X		
G185	Unemployment compensation; Number of Employees:		
G186	Workers compensation; Number of Employees:		
G189	Other:		
Subtotal Fringe:		\$73,315	\$73,315
TOTAL SALARY & FRINGE:		\$240,274	\$240,274
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: 5	\$500	\$500
G198	Medical review officer		
G199	Other:		
G200	Supplies and Materials		
G211	Janitorial Supplies - (Housekeeping)	\$300	\$300
G212	Uniforms		
G233	First Aid supplies (replacement)		
G251	Motor Fuels and Lubricants		
G252	Tires and Tubes		
G253	Associated Capital Maint		

G254	Licenses, tags and fees		
G255	Vehicle cleaning supplies		
G256	Hand tools		
G257	Vehicle signs & Paint Supplies		
G258	Vehicle touch up paint (non-contract)		
G259	Other:		
G261	Office Supplies and Materials	\$2,300	\$2,300
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, TLPD, NTD Conference	\$500	\$500
G312	Travel subsistence	\$1,000	\$1,000
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	\$4,652	\$4,652
G322	Internet Service Fee		
G323	Combined Service Fee		
G325	Postage	\$500	\$500
G329	Other Communications:		
G330	Utilities		
G331	Electricity	\$1,000	\$1,000
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	\$500	\$500
G349	Other:		
G350	Repairs and Maintenance		
G353	Vehicles (use 257/258 for vehicle signs & in-house paint supplies)		
G354	Shop equipment		
G355	Office and computer equipment		
G357	Communications equipment		
G358	Other Repairs and Maintenance - Office Related		
G359	Other-Describe:		
G370	Advertising/Promotion		

G371	Marketing (paid ads, marketing firm, etc.) Describe: Minimum Amount (2% of Admin Budget): \$5,977		\$6,000	\$6,000
G372	Promotional items Describe: Maximum Amount (25% of G371 Total Cost): \$1,500		\$700	\$700
G373	Other:			
G380	Computer Support Services (contracted)			
G381	Computer programming services			
G382	Computer support/technical assistance		\$28,861	\$28,861
G390	Other Services			
G391	Legal advertising			
G392	Laundry and dry cleaning			
G393	Temporary help services			
G394	Cleaning services		\$8,338	\$8,338
G395	Training - Employee Education Expense		\$2,000	\$2,000
G396	Management services (contracted transit system mgmt/admin services)			
G398	Security services			
G399	Other:			
G410	Rental of Real Property (include copy of current lease agreement)			
G412	Rent of building X number of monthly payments			
		X		
G413	Rent of offices X number of monthly payments			
		X		
G419	Other:			
G420	Lease of Computer Equipment			
G421	Lease of Computer Hardware			
G422	Lease of Computer Software		\$650	\$650
G430	Lease of Equipment			
G431	Lease of Reproduction equipment		\$2,450	\$2,450
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		\$2,000	\$2,000
G443	Reproduction equipment			
G444	Vehicles			
G445	Computer equipment		\$2,000	\$2,000
G446	Tires			
G448	Other Service and Maintenance Contracts - Office Related			
G449	Other:			
G450	Insurance and Bonding			

G451	Property and general liability (does not include vehicle insurance)			
G452	Vehicles			
	Number of Fleet Vehicle:	Maximum Amount:	\$0	
G453	Fidelity			
G454	Professional liabilities			
G455	Special liabilities			
G480	Indirect Costs			
G481	Central services: (budget direct cost base) X (percentage rate)			
		X	Maximum Amount	\$0
	Prior approval of Indirect Cost Percentage Rate required. Questions should be directed to NCDOT Financial Management			
G490	Other Fixed Charges			
G491	Dues and subscriptions: NCPTA Dues, NC Tracks		\$1,000	\$1,000
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:			\$305,525	\$305,525
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):		\$305,525	\$305,525

FY 2021 Delegation of Authority

Date: _____

I Tracy Philbeck Chairman, Gaston County Board of Commissioners
 (Authorized Official's Typed/Printed Name) (Authorized Official's Title and Agency)

as the designated party for Gaston County
 (Grant recipient/Applicant Agency)

with authority to submit funding applications and enter into contracts with the North Carolina Department of Transportation and execute all agreements and contracts with the NCDOT Public Transportation Division, hereby delegate authority to the individual(s) filling the positions as indicated below:

Primary Designee: Sandra Jones - Finacial Analyst
 (Name and Primary Designee's Position Title)
Gaston County Department of Health and Human Services
 (Primary Designee's Agency)

Reimbursement Requests:	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Budget Revisions:	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Budget Amendments:	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Period of Performance Extensions:	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Other _____:	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No

Alternate Designee #1: Michael Coone - Adult and Aging Services Coordinator
 (Alternate Designee's Name and Position Title)
Gaston County Department of Health and Human Services
 (Alternate Designee's Agency)

Reimbursement Requests:	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Budget Revisions:	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Budget Amendments:	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Period of Performance Extensions:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Other _____:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Alternate Designee #2: Transportation Coordinator
 (Alternate Designee's Name and Position Title)
Gaston County Department of Health and Human Services
 (Alternate Designee's Agency)

Reimbursement Requests:	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Budget Revisions:	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Budget Amendments:	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Period of Performance Extensions:	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Other _____:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Signature: _____

April 25, 2018



GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

330 Dr. Martin Luther King Jr. Way • Gastonia, North Carolina 28052
Phone 704-862-7500 • Fax 704-862-7885 • www.gastonhhs.org

Division of Social Services

CONFIDENTIALITY, ETHICAL PRACTICES AND CONFLICTS OF INTEREST POLICY

This Policy is an explanation regarding your job responsibilities in the areas of Confidentiality, Ethical Practices and Conflicts of Interest.

General Provisions

Definitions: As used in this document, unless the context clearly requires otherwise, the following items have the meanings specified:

- *Client* means any applicant for, or recipient of, public assistance or services, or someone who makes inquiries, is interviewed, or is or has been otherwise served to some extent by the agency. Someone legally acting responsibly for the client in accordance with agency policy is subsumed under the definition of client.
- *Agency* means the state Division of Social Services and the county departments of social services, unless separately identified.
- *Client information* or *client record* means any information, whether recorded or not and including information stored in computer data banks or computer files, relating to a client which was received in connection with the performance of any function of the agency.
- *Director* means the head of the state Division of Social Services or the county departments of social services.
- *Delegated representative* means anyone designated by the director to carry out the responsibilities established by the rules in this document. Designation is implied when the assigned duties of an employee require access to confidential information.
- *Service provider* means any public or private agency or individual from whom the agency purchases services, or authorizes the provision of services provided or purchased by other divisions of the Department of Health & Human Services.

Safeguarding Client Information

Information from other agencies: If the agency received information from another agency or individual, then such information shall be treated as any other information generated by the state Division of Social Services or the county departments of social services, and disclosure thereof will be governed by any condition imposed by the furnishing agency or individual.

Conflict of laws: Whenever there is inconsistency between federal or state statutes or regulations specifically addressing confidentiality issues, the agency shall abide by the statute or regulation which provides more protection for the client.

Ownership of records: (a) All client information contained in any records of the agency is the property of the agency, and employees of the agency shall protect and preserve such information from dissemination except as provided by the rules of this document; (b) Original client records may not be removed from the premises by individuals other than authorized staff of the agency, except by an order of the court; (c) The agency shall be allowed to destroy records in accordance with Record Retention Schedules promulgated by the Division of Archives and History, rules of the Division of Social Services, and state and federal statutes and regulations.

Security of records: (a) The agency shall provide a secure place with controlled access for the storage of records. Only employees, students, volunteers or other individuals who must access client information in order to carry out duties assigned or approved by the agency shall be authorized access to the storage area; (b) Only authorized individuals may remove a record from the storage area and the authorizing individual shall be responsible for the security of the record until it is returned to the storage area; (c) The agency shall establish procedures to prevent accidental disclosure of client information from automated data processing systems.

Assurance of Confidentiality: The director shall assure that all authorized individuals are informed of the confidential nature of client information and shall disseminate written policy to and provide training for all persons with access to client information.

Liability of persons with access to client information: (a) Individuals employed by the agency and governed by the State Personnel Act are subject to suspension, dismissal or disciplinary action for failure to comply with the rules of this document; (b) Individuals other than employees, including volunteers and students who are agents of the Department of Health & Human Services who have access to client information and fail to comply with the rules in this document shall be denied access to confidential information and may be subject to dismissal or termination of relationship with the agency; (c) Individuals other than employees but including volunteers and students who are agents of the Department of Health & Human Services and who have access to client information shall be liable in the same manner as employees.

Client Access to Records

Right of Access: Confidentiality of information about him/herself is the right of the client. Upon written or verbal request, the client shall have access to review or obtain without charge a copy of the information in his records with the following exceptions: (a) information that the agency is required to keep confidential by state or federal statutes or regulations; (b) confidential information originating from another agency; (c) information that would breach another individual's right to confidentiality.

Prompt response to request: The agency shall provide access to information as promptly as feasible but not more than five working days after receipt of the request.

Withholding information from the client: (a) When the director or a delegated representative determines to withhold information from the client record, this reason shall be documented in the client record; (b) The director or a delegated representative must inform the client that information is being withheld, and the reason on which the decision to withhold is based; (c) When a delegated representative determines to withhold client information, the decision to withhold shall be reviewed by the supervisor of the person making the initial determination.

Procedures for review of records: The director or his/her delegated representative shall be present when the client reviews the record. The director or his/her delegated representative must document in the client record the review of the record by the client.

Contested information: A client may contest the accuracy, completeness or relevancy of the information in his/her record. A correction of the contested information, but not the deletion of the original information if it is required to support receipt of state or federal financial participation, shall be inserted in the record when the director or his/her delegated representative concurs that such correction is justified. When the director or his/her delegated representative does not concur, the client shall be allowed to enter a statement in the record. Such corrections and statements shall be made a permanent part of the record and shall be disclosed to any recipient of the disputed information. If a delegated representative decides not to correct contested information, the decision not to correct shall be reviewed by the supervisor of the person making the initial decision.

Review of record by personal representatives: Upon written request from the client, his/her personal representative, including an attorney, may have access or obtain without charge, a copy of the information in his/her record. The client may permit the personal representative to have access to his/her entire record or may restrict access to certain portions of the record.

Release of Client Information

Procedure for obtaining consent for release of information: (a) As a part of the application process for public assistance or services, the client shall be informed of the need for and give consent to the release of information necessary to verify statements to establish eligibility; (b) As a part of the application process for Aid to Families with Dependent Children and State or County Special Assistance for Adults, the client shall be informed of the requirement for listing of the public assistance recipient's name, address and amount of monthly grant in a public record open to public inspection during the regular office hours of the county auditor; (c) No individual shall release any client information which is owned by the state Division of Social Services or the county departments of social services, or request the release of information regarding the client from other agencies or individuals without obtaining a signed consent for release of information.

Consent for release of information: (a) The consent for release of information shall be on a form provided by the state Division of Social Services or shall contain the following: 1) name of the provider and the recipient of the information; 2) the extent of the information to be released; 3) the name and dated signature of the client; 4) a statement that the consent is subject to revocation at any time except to the extent that action has been taken in reliance on the consent; 5) length of time the consent is valid; (b) The client may alter the form to contain other information which may include but is not limited to (1) a statement specifying the date, event or condition upon which the consent may expire even if the client does not expressly revoke the consent; (2) specific purpose for the release.

Persons who may consent to the release of information: The following persons may consent to the release of information: (a) the client; (b) the legal guardian if the client has been adjudicated incompetent; (c) the county department of social services if the client is a minor and in the custody of the county department of social services.

Informed consent: Prior to obtaining consent for release of information, the delegated representative shall explain the meaning of informed consent. The client shall be told the following: (a) contents to be released; (b) that there is a definite need for the information (c) that the client can give or withhold the consent and the consent is voluntary; (d) that there are statutes and regulations protecting the confidentiality of the information.

Persons designated to release client information: Directors and their delegated representatives, as defined, may release client information.

Documentation of Release: Whenever client information is released on the basis of consent, the director or delegated representative shall place a copy of the signed consent in the appropriate client record.

Disclosure of Client Information without Client Consent

Disclosure within the agency: (a) Client information from the public assistance record may be disclosed without the consent of the client under the following circumstances: (1) to other employees of the county department of social services for purposes of making referrals, supervision, consultation or determination of eligibility; (2) to other county departments of social services when the client moves to that county and requests public assistance; (3) between the county departments of social services and the state Division of Social Services for purposes of supervision and reporting. (b) Client information from the service record may be disclosed without the consent of the client under the following circumstances: (1) to other employees of the county department of social services for purposes of making referrals, supervision, consultation or determination of eligibility; (2) to another county department of social services when that county department of social services is providing services to a client who is in the custody of the county department of social services; (3) to another county department of social services to the extent necessary to facilitate the provision of a service requested by referring county department of social services; (4) between the county department of social services and the state Division of Social Services for purposes of supervision and reporting.

Disclosure for the purpose of research: Client information may be disclosed without the consent of the client to individuals requesting approval to conduct studies of client records, provided such approval is requested in writing and the written request will specify and be approved on the basis of: (a) an explanation of how the findings of the study have potential for expanding knowledge and improving professional practices; (b) a description of how the study will be conducted and how the findings will be used; (c) a presentation of the individual's credentials in the area of investigation; (d) a description of how the individual will safeguard information; (e) an assurance that no report will contain the names of individuals or any other information that makes individuals identifiable.

Disclosure for purposes of accountability: Client information may be disclosed without the consent of the client to federal, state or county employees for the purpose of monitoring, auditing, evaluating or facilitating the administration of other state and federal programs, provided that the need for the disclosure of confidential information is justifiable for the purpose and that adequate safeguards are maintained to protect the information from re-disclosure.

Disclosure pursuant to other laws: Client information may be disclosed without the consent of the client for purposes of complying with other state and federal statutes and regulations.

Disclosure pursuant to a court order: Client information may be disclosed without the consent of the client in response to a court order.

Notice to client: When information is released without the client's consent, the client shall be informed to the extent possible, of the disclosure. The method of informing the client of disclosure shall be documented in the appropriate record.

Documentation of disclosure: Whenever client information is disclosed, the director or delegated representative shall ensure that documentation of the disclosure is placed in the appropriate client record.

Persons designated to disclose information: Directors and their delegated representatives, as defined, may disclose client information.

Ethical Practices and Conflicts of Interest

It is your responsibility to inform your supervisor of any person assigned to you or in your caseload that could pose a conflict of interest. There are some obvious categories of clients that you should not have in your caseload, such as relatives or friends. There are other categories including neighbors or acquaintances that may or may not pose a conflict of interest. If you have clients by the same name and want to transfer one to another worker to eliminate confusion or for ease of maintenance, inform your supervisor. Your supervisor will make the final decision as to whether a conflict exists and whether the case should be transferred to another worker. Confidentiality of individuals such as current GCDHHS employees, their families and highly prominent people in the community must be honored and these cases assigned discreetly. If you have any doubt as to whether a situation might create a conflict of interest, you must consult your supervisor.

Confidentiality of informational materials is essential and lack of confidentiality is illegal. You cannot reveal information either directly or indirectly. Therefore, each individual has signed an agreement prior to their employment with this agency assuring that they understand the rights of every client to proper confidentiality regarding their case and situation. You may not talk to clients in the presence of others. The rule of thumb is that you conduct business with your clients in a private office/cubicle, not in the lobby, hallways, reception desk or at the copy machine. It is assumed that if you are with your client, you are conducting business.

You can discuss your client's case only with your supervisor or other administrative staff when there is a specific need to do so. You cannot talk to your family, friends or anyone about your cases. You cannot provide any listings of clients' names, addresses, information, etc., to anyone except as instructed by your supervisor or agency authority. You are not allowed to initiate work on cases outside your caseload and cannot sign another worker's name to forms/letters without the approval of a supervisor. When in doubt about whether or not these rules apply to a particular case or client, ask your supervisor. Case materials and all client or record information must be protected from view of others that visit your cubicle/office. No materials may leave this building without specific supervisory approval. No client should be unescorted or unattended while inside security doors at the Division of Social Services office. In the lobbies of our building, clients will be the responsibility of the clerical staff, but once they leave the lobby, they become the responsibility of the caseworker to whom they are assigned.

Do not ever leave client information on your terminal screen unattended. This is the same as leaving case materials in full view on your desk. You must follow RACF security procedures which require sign-off of the terminal when not in use. An employee can be held personally and criminally liable for violation of confidentiality. This means that you could have to pay money out of your pocket or go to jail. Refer to N.C.G.S. 108A-80 regarding Confidentiality of Records laws. If you have any doubt about whether a situation might constitute a breach of confidentiality or create liability, consult with your supervisor.

It is also illegal to use the computer systems in any manner except those mandated by the State/County. You are not allowed to use any of the computer systems to obtain or learn information about anyone except for persons in your caseload or other cases delegated to you by a supervisor. Refer to Gaston County Personnel Policy No. 26

on use of county information technology. Employees who are found abusing the computer systems to obtain information for their personal use will be violating agency policy and State and Federal laws. Any such violation will be dealt with as a personal misconduct matter. Personal misconduct matters may result in immediate dismissal.

Failure to report fraudulent situations may be grounds for prosecution. As an employee of GCDHHS, you must report all suspected fraud cases to the overpayment investigators. Do not discredit yourself or your position with this agency, even for your family or friends. You can be arrested for failure to report fraud.

The cornerstones of our services as public employees are honesty, truthfulness and accuracy. Violation of the public trust placed in you through your job responsibility is a serious offense. Such behavior as signing a client's name on a form or falsification of verifications on any record material are examples of unethical personal conduct which can lead to immediate dismissal. Documenting the record that you verified information when you did not is dishonest, untruthful and inaccurate. Documenting by assumption that the client would have told you something if you had made contact is also dishonest, untruthful and inaccurate. You must, at all times, avoid even the appearance of dishonesty, untruthfulness and inaccuracy. ANYTHING LESS IS NOT ACCEPTABLE.

Confidentiality of Specific Program and Client Information

(The statutes below are essential to the operations of this agency. We have a genuine commitment to insure the confidentiality of information given to us by our clients. After you have read and signed the Confidentiality Agreement form, it will be kept in your personnel file).

ADULT & AGING SERVICES and ALL SUPPORT STAFF

Client Information: Information obtained by the Adult & Aging Services program regarding a specific client will be treated as confidential and will not be disclosed in any way to identify the individual without the informed consent of the person or legal representative unless the disclosure is required by court order or for program monitoring by authorized federal, state, local or other designated monitoring agencies. Confidential information received by telephone will only be handled by designated individuals and confidential information to be typed will be handled by only one designated social worker. Ombudsman calls will be handled by the ombudsman, assistant ombudsman or Adult & Aging Services Administrator only.

Information from Other Agencies: Information received from another agency or individual shall be treated as confidential and disclosure will be governed by any conditions of the agency or individual furnishing the information.

Disclosure Pursuant to Other Laws: Adult & Aging Services will disclose and/or maintain confidential client information in accordance with any binding federal or state statutes or regulations.

Ownership of Records: Client information contained in Adult & Aging Services records is property of Adult & Aging Services. The information shall be protected according to the policies established in this document.

Security of Records: Client records and reports are maintained in files in locked areas. Only employees, interns or volunteers who must obtain information in order to carry out their responsibilities may access the information. Confidential records and reports remain in locked areas except for active ombudsman cases which may be

assigned to an ombudsman. Automated Data Processing Systems used to house confidential client information are protected with confidential passwords assigned only to specific staff that must access the information in order to perform their duties. Confidential information will not be saved on automated data processing systems unless designated for special storage areas which require a password.

Release of Client Information: Client information is confidential and may not be released without client consent. Agency staff will obtain a signed "Consent for Release of Information" form from the client or legal guardian before information is released.

Client Access to Records: The client has the right to access information about him/herself without charge upon written or verbal request to be provided within five working days from the request. Information may be withheld in the following situations, but the client must be notified that information is being withheld and why:

- Information required by state or federal statutes or regulations to keep confidential.
- Information originating from another agency.
- Information that would breach another individual's right to confidentiality.

A representative of Adult & Aging Services will be present when the information is reviewed and Staff will document in the client record the date and information reviewed by the client.

Contested Information: If a client contests the accuracy, completeness or relevancy of the information in his record, Adult & Aging Services will:

- Investigate the disputed information.
- Document the client file with the date, the disputed information, and the results of the investigation by the Staff.
- Staff supervisor will review decision by Staff.

Disclosure of Client Information without Client Consent: Client information included in the client record may be disclosed without the consent of the client under the following circumstances:

- To other employees of Adult & Aging Services for the purpose of making referrals, supervision, consultation or determination of eligibility;
- For reporting and monitoring purposes between Adult & Aging Services, local service providers, and state and federal agencies;
- When Adult & Aging Services serves as Information and Case Assistance Provider for calls around the region, state and nation, Adult & Aging Services may contact the specific local service provider to access services and provide follow-up.

CHILDREN & FAMILY SERVICES and ALL SUPPORT STAFF

Record not to be made public; violation a misdemeanor.

- (a). Neither the original files of the proceeding in the Office of the Clerk nor the recording of the proceeding by the State Board of Social Services shall be open for general public inspection.
- (b). With the exception of the information contained in the final order, it shall be a misdemeanor for any person having charge of the file or the record to disclose, except as provided in G.S. #48-26, as may be

required under the provision of G.S. #48-27, any information concerning the contents of any papers in the proceeding.

- (c). No Director of Social Services or any employee of a Social Services Department of a duly licensed child placing agency, or any of its employees, officers, directors, or trustees shall be required to disclose any information, written, or verbal, relating to any child or to its natural, legal, or adoptive parents, acquired in the contemplation of an adoption of the child, except by order of the Clerk of Superior Court of original jurisdiction of the adoption, approved by Order of a judge of the Court, upon motion and after due notice of hearing thereupon given to the Director of Social Services or child placing agency; provided, however, that every Director of Social Services and child placing agency shall make to the Court all reports required under the provisions of G.S. #48-16 and G.S.#48-19.

ECONOMIC SERVICES/ECONOMIC SUPPORT SERVICES CASEWORKERS and ALL SUPPORT STAFF

The State Board is hereby authorized and empowered to establish and enforce reasonable rules and regulations governing the custody, use and preservation of the records, papers, files and communications relating to applicants and recipients. It shall be unlawful, except for purposes directly connected with the administration of financial and medical assistance and/or services in accordance with the rules of regulations of the State Board, for any person or persons, to solicit, disclose, receive, and make use of, or to authorize, knowingly permit, participate in, or acquiesce in the financial and medical assistance and/or services, directly or indirectly derived from the records, papers, files, or communications of the State Board or the County Social Services Board or acquired in the course of the performance of official duties.

Confidentiality Agreement

This agreement applies to all representatives of organizations associated with and/or involved in the activities or affairs of the Gaston County Department of Health & Human Services – Social Services Division (GCDHHS - SS).

GCDHHS – SS requires that strict confidentiality be maintained with respect to all information concerning the organization, as well as the clients and others served. The representative shall not disclose any information obtained in the course of his/her employment to any third parties without prior written consent from the Department. This includes but is not limited to information pertaining to financial status and operations such as budget information, donations of money or gifts in kind, salary information, and information pertaining to clients, staff or others.

Failure to comply with the confidentiality policies of the organization may result in disciplinary actions, including the dismissal of the representative.

1. As a representative, I understand that I may have access to confidential information, both verbal and written, relating to clients, volunteers or staff, and the organization. I understand and agree that all such information is to be treated confidentially and discussed only within the boundaries of my position at this organization.
2. I agree to hold any knowledge gained as a result of my position in strictest confidence.
3. I agree to not discuss the details of my work with any representatives of the media or publicize any of the confidential aspects of my work orally, written, or through any other communication medium, including any form of social media.
4. I agree to not disclose any client/participant information, including all file information, to any third party, under any circumstances, without the written consent of the GCDHHS – SS supervisory employee and the GCDHHS Director.
5. I further understand that breach of this agreement shall constitute grounds for and may result in termination of my status with this organization.
6. I further agree that I will not discuss these same matters after I have left my position of employment with GCDHHS.

I confirm that I have read the above statements and agree with them and I will therefore adhere to all confidential requirements contained in this agreement or that may be otherwise directed to me by my supervisor.

I also confirm that I have received a copy of, read, understand and will comply with the Confidentiality, Ethical Practices and Conflicts of Interest Policy pertinent to the disclosure of information and confidentiality.

Employee/Intern/Volunteer Signature

Date

Supervisor Signature

Date

(Detach this page, sign and route to DSS Personnel)