

PUBLIC TRANSPORTATION PROGRAM RESOLUTION

FY 2020 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)* Chad Brown of 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 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 Gaston County Board Commissioners 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 2020

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, 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, 2017 through June 30, 2018**.

Signature of Authorized Official **Date**

Type Name and Title of Authorized Official

Part B – Complaints or Lawsuits Filed

I certify that to the best of my knowledge, the below described complaints or lawsuits alleging discrimination have been filed against _____ *Transit System Name*) during the period **July 1, 2017 through June 30, 2018**.

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

(Attach an additional page if required.)

Signature of Authorized Official **Date**

Type Name and Title of Authorized Official

Part C - Title VI Plan

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

EEO QUESTIONNAIRE

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

- a. Employees 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

_____ State DOT _____ MPO _____ Transit Agency _____ City

TrAMS ID: _____ (if applicable)

1. How many employees do you have in your organization? 35
2. How many of those employees are *transit related? 35

***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,

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

Chad Brown, 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 2020

APPLICANT'S NAME:	Gaston County	PERIOD COVERED
MAILING ADDRESS:	PO Box 1578; Gastonia, NC 28053	From: July 1, 2019
VENDOR NUMBER:	12328	To: June 30, 2020

We expect to utilize the following list of DBE/MBE/WBE/HUB Vendors in FY 2020:

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 2020.
- ☐ The applicant does **NOT** expect to utilize any DBE/MBE/WBE/HUB Vendors in FY 2020.

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 FY20 Community Transportation Program Application funds to be submitted to the North Carolina Department of Transportation no later than November 2, 2018. The public hearing will be held on October 23, 2018 at 6:00 P.M. 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 22, 2018, 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 Transportation and private contractors. Services are rendered by Gaston County.

The total estimated amount requested for the period **July 1, 2019 through June 30, 2020**

<u>Project</u>	<u>Total Amount</u>	<u>Local Share</u>
Administrative	\$ 204,160	\$ 30,624 (15%)
Operating (5311)	\$ 300,000	\$ 150,000 (50%)
Capital (Vehicles & Other)	\$ 519,655	\$ 51,966 (10%)
5310 Operating	\$	\$ (50%)
Other _____	\$	\$ (%)
TOTAL PROJECT	\$ 1,023,815	\$ 232,590

Total Funding Request

Total Local Share

This application may be inspected at Gaston County ACCESS Transportation from 9:00 am until 5:00 pm, Monday through Friday. Written comments should be directed to Cheree Wilson, Gaston County ACCESS, P.O. Box 1578, Gastonia, NC 28053-1578 before October 22, 2018.

AVISO DE AUDIENCIA PÚBLICA
Sección 5311 (ADTAP), 5310, 5339, 5307
aplicables a fondos estatales
o combinación entre éstos.

Por la presente se informa a la ciudadanía que se celebrará una audiencia pública acerca de la Aplicación del Programa de Transporte Comunitario para el 2020. Esta aplicación será presentada al Departamento de Transporte de Carolina del Norte a más tardar el 2 de noviembre del 2018. La audiencia pública se celebrará el 23 de octubre del 2018 a las 6: 00 de la tarde ante el/la (consejo directivo) Junta Directiva de Comisionados del Condado de Gaston, localizada en el Foro Harley B. Gaston, Jr, en la Corte del Condado de Gaston.

Los interesados en asistir a la audiencia pública y que necesitan ayuda complementaria u otros servicios protegidos por la Ley "American with Disabilities (ADA)" o un traductor de idiomas, deben comunicarse con el departamento de transportación ACCESS antes de las 5:00 p.m. del 22 de octubre del 2018 al siguiente número: (704) 866-3220 o por correo electrónico a: cheree.wilson@gastongov.com.

El Programa de Transporte a la Comunidad proporciona asistencia para coordinar los programas de transporte que operan en el Condado de Gaston, como también proporciona opciones de transporte y servicios a las comunidades dentro del área de servicio. Los servicios son actualmente facilitados por la oficina de transporte ACCESS del Condado de Gaston y contratistas privados.

La cantidad solicitada para el período del **1ro. de julio del 2019 al 30 de junio del 2020** es la siguiente:

<u>Proyecto</u>	<u>Cantidad Total</u>	<u>Participación Local</u>
Administrativos	\$ 204,160	\$ 30,624 (15%)
Costo de Operaciones (5311)	\$ 300,000	\$ 150,000 (50%)
Capital (vehículos y otros)	\$ 519,655	\$ 51,966 (10%)
Operaciones 5310	\$	\$ (50%)
Otro(s) _____	\$	\$ (%)
PROYECTO TOTAL	\$ 1,023,815	\$ 232,590
	Total de Fondos Solicitados	Total de Participación Local

Esta aplicación puede ser inspeccionada en la oficina de transportación de ACCESS del Condado de Gaston, de 9:00 de la mañana a las 5: 00 de la tarde. Comentarios por escrito deben dirigirse a la señora Cheree Wilson, Gaston County ACCESS, P. O. Box 1578, Gastonia, NC 28053-1578 antes del 22 de octubre del 2018.

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 23, 2018

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 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>204,160</u>	\$ <u>30,624</u> (15%)
5311 Operating (No State Match)	\$ <u>300,000</u>	\$ <u>150,000</u> (50%)
5310 Operating (No State Match)	\$ _____	\$ _____ (50%)
5307 Operating	\$ _____	\$ _____ (50%)
5307 Planning	\$ _____	\$ _____ (20%)
Capital	\$ <u>519,655</u>	\$ <u>51,966</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>1,023,815</u>	\$ <u>232,590</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>Administrative</u>	\$ <u>30,624</u>
<u>General Funds</u>	<u>5311 Operating</u>	\$ <u>150,000</u>
<u>General Funds</u>	<u>Capital</u>	\$ <u>51,966</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
TOTAL		\$ <u>232,590</u>

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

FY 2020 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 FY2020 Community Transportation Program and 5307 Governors Apportionment will be available as of **July 1, 2019**, which has a period of performance of July 1, 2019 – June 30, 2020.

Signature of Authorized Official

Chad Brown, 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 Name of Union and the affiliated Local Branch Number, (e.g. ACME Local #458)
1	American Alternative Transportation	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2	FTS	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3	CST	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4	Conexion	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
5		<input type="checkbox"/> No <input type="checkbox"/> Yes	
6		<input type="checkbox"/> No <input type="checkbox"/> Yes	
7		<input type="checkbox"/> No <input type="checkbox"/> Yes	
8		<input 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 Name 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	

Service Area Demographics

Applicant: Gaston County

Number of Projected TAB Meetings for FY2020:	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 FY2019 as of:	10/3/2018	4

[illegible]

Service Area Demographics

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

Applicant:

Gaston County

Number of Projected TAB Meetings for FY2020:

5

2000 Census data used for Disabled Calculations

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

Number of TAB Meetings held in FY2019 as of:

10/3/2018

4

2010 Census data used for Minority & Origin Calculations

		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			
TAB Member's Name	Select only <u>one</u> description per board member								Current Term Status		
	Human Service or Non-Profit Agency		Transportation Provider		Business		Gvmt or Gvmt Affiliate		Transit User		
									Check as many as apply		
									General Public		
									Elderly		
									Disabled		
									Minority or Hispanic		
									Limited English		
									Low Income		
									Year Term Began		
									Year Term Ends		
									Appointed or Selected		
									# Years Served		

5311 Transit Advisory Board (TAB)/Governing Board Composition

Service Area Demographics

Elderly	Minority	Disabled	Low Income	Hispanic or Latino

Applicant:

Number of Projected TAB Meetings for FY2020:

2000 Census data used for Disabled Calculations

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

Number of TAB Meetings held in FY2019 as of:

2010 Census data used for Minority & Origin Calculations

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

1

1

11

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		
20							<input type="checkbox"/> General Public <input type="checkbox"/> Elderly <input type="checkbox"/> Disabled <input type="checkbox"/> Minority or Hispanic <input type="checkbox"/> Limited English <input type="checkbox"/> Low Income	Year Term Began Year Term Ends Appointed or Selected # Years Served

**FY2020 COMMUNITY TRANSPORTATION PROGRAM GRANT APPLICATION
NORTH CAROLINA DEPARTMENT OF TRANSPORTATION
FEDERAL SECTION 5311 & STATE FUNDING
TRANSIT SYSTEM DESCRIPTION**

Check If New Sub-Recipient ☐

1. GENERAL INFORMATION

APPLICANT'S LEGAL NAME:

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

MAILING ADDRESS:
PO Box or Street Address

City, State Zip (9-digit zip)

PHYSICAL ADDRESS:
Street Address

City, State

TAXPAYER IDENTIFICATION NUMBER:

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

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

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

CONTACT PERSON:

PHONE NUMBER:
Area Code & Phone Number

FAX NUMBER:
Area Code & Phone Number

EMAIL ADDRESS:

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

SERVICE AREA:

FEDERAL FINANCIAL ASSISTANCE

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

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

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



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

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

2. TYPE OF APPLICANT

Public County Government

3. TYPE OF TRANSIT SYSTEM

Single-County

4. TYPE OF SERVICE – (check all that apply)☒ Demand Response☐ Fixed Route☒ Subscription☒ Other: (specify below)
Purchased Transportation☒ 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) Medicaid Transportation

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) Veterans

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 Revenue Vehicles in Fleet
1	Backup Revenue Vehicles
25	Total Lift-Equipped Vehicles

B. INACTIVE FLEET

0	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 <i>or</i>	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 Management/Administration of the transit system currently subcontracted?	No
---	----

If **yes**, answer the following:

Name of the Management provider: _____

When will the new RFP process begin? _____

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

If **so**, provide the following:

Name of Union: _____

Example: Amalgamated Transit Union Local #1437

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

If **yes**, answer the following:

Name of the service provider: AAT, CST & 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 #1437

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

If **yes**, answer the following:

Name of the public transit system: MTS

Type of service that you provide: NEMT and Veteran 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?

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 Usually 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 FY2020 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: ☒

Reclassified a Transporter position to an Administrative Support Specialist.

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

If **NONE** check here: ☒

FY2020 - Complete Project Funding Request Form for FY 2020

(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 2020

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:			DUNS Number:		
CFDA #					
Period of Performance:	Sep 1, 2015	to	Jun 30, 2020	Federal Billable/Non-Billable	Billable
I. Total Project Expenditures					
(NCDOT Maximum Participation Amounts)			Requested	NCDOT Use Only	
Total Expenses			\$204,160	\$204,160	
Total Contra Accts and Fare Revenue					
Total Net Expenses/Cost			\$204,160	\$204,160	
II. Proposed Project Funding*					
	Total	Federal	Federal Non-Billing	NCDOT	Local
	100.00%	80.00%		5.00%	15.00%
Total Funding	\$204,160	\$163,328	\$0	\$10,208	\$30,624
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	\$67,442	100%	1	\$67,442	1	\$67,442
G121	Dispatch Supervisor	1	\$40,872	100%	1	\$40,872	1	\$40,872
G121	Administrative Support Specia	1	\$29,000	100%	1	\$29,000	1	\$29,000
G121								
G121								
G121								
G121								
G121								
G121								
G121								
TOTAL G121 SALARIES		3				\$137,314	3	\$137,314
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				\$137,314	3	\$137,314

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	\$137,314	\$137,314
G122	Overtime		
G125	Part-time (receives benefits)		
G126	Temporary and part-time (receives no benefits)		
G127	Longevity		
Subtotal Salaries:		\$137,314	\$137,314
G180	Fringe Benefits		
G181	Social security contribution (7.65% of total salaries)	\$10,505	\$10,505
G182	Retirement contribution; total salaries X participating percentage \$137,314 X 8.07%	\$11,081	\$11,081
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:		
G186	Workers compensation; Number of Employees:		
G189	Other:		
Subtotal Fringe:		\$53,086	\$53,086
TOTAL SALARY & FRINGE:		\$190,400	\$190,400
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		
G281	Air Conditioner / Furnace Filters		
G291	Computer Supplies		
G292	Fire Extinguisher- recharging system		
G300	Travel and Transportation (other than employee development)		
G311	Travel: Anticipated trips:		
G312	Travel subsistence	\$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		
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 notice, Yearbooks, Program Itineraries Minimum Amount (2% of Admin Budget): \$4,002		\$4,083	\$4,083
G372	Promotional items Describe: Maximum Amount (25% of G371 Total Cost): \$1,021			
G373	Other:			
G380	Computer Support Services (contracted)			
G381	Computer programming services			
G382	Computer support/technical assistance			
G390	Other Services			
G391	Legal advertising			
G392	Laundry and dry cleaning			
G393	Temporary help services			
G394	Cleaning services			
G395	Training - Employee Education Expense		\$3,500	\$3,500
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		\$5,177	\$5,177
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)			
		X	Maximum Amount	\$0
	Prior approval of Indirect Cost Percentage Rate required. Questions should be directed to NCDOT Financial Management			
G490	Other Fixed Charges			
G491	Dues and subscriptions:			
G499	Other:			
G600	Private / Public Operator Contracts - Purchase Services			
G611	Direct purchase of service from privately owned provider			
G612	User side subsidy			
G621	Volunteer reimbursement			
G641	Direct purchase of service from publicly owned provider			
Total Expenses:			\$204,160	\$204,160
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):		\$204,160	\$204,160

**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 (7048663220)				
Fax:	+1 (7048663232)				
Email:	Cheree.Wilson@gastongov.com				
Web Site:	www.gastonhhs.org				
Federal ID Number:			DUNS Number:		
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			\$429,500	\$429,500	
Expansion Vehicles			\$0	\$0	
Other Capital Expenses			\$28,695	\$28,695	
Advanced Technology Expenses			\$49,700	\$49,700	
Baseline Technology Expenses			\$11,760	\$11,760	
Facility Improvement Expenses			\$0	\$0	
Other Expenses			\$0	\$0	
Total			\$519,655	\$519,655	
II. Proposed Project Funding*					
	Total	Federal	Federal Non-Billing	NCDOT	Local
	100.00%	80.00%		10.00%	10.00%
Total Funding	\$519,655	\$415,724	\$0	\$51,965	\$51,966
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

Project Number :

Applicant: GASTON COUNTY

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		
			\$0		\$0		

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

G546	Description	Budgeted Cost	Qty		Qty	
	20' Light Transit Vehicle w/wheelchair lift (Replacement) – Body-on-chassis type vehicle (Cutaway van chassis); retaining the van-type cab; offering increased headroom and wider body; fully automatic side lift. 2 wheelchair station floor plan. Min. ambulatory capacity -8 pax; Max. ambulatory capacity -10 pax. (may be driven w/o CDL)	\$60,000		\$0		\$0
	Bike Rack	\$2,820		\$0		\$0
	Brake Retarder	\$8,600		\$0		\$0
				\$0		\$0
G547	Description	Budgeted Cost	Qty		Qty	
	25' Light Transit Vehicle w/wheelchair lift (Replacement) - Body-on-chassis type vehicle (Cutaway van chassis); retaining the van-type cab; offering increased headroom and wider body; fully automatic side lift. 2 and 4 Wheelchair Station floor plans Min. ambulatory capacity - 8 pax; Max. ambulatory capacity - 18 pax.	\$70,000	3	\$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	1	\$62,500	1	\$62,500
	Optional Engine - Diesel	\$3,550		\$0		\$0
				\$62,500		\$62,500
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:					\$429,500		\$429,500
<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	APPROVED REPLS.	
Year	Make	Type	Complete VIN	Mileage	Select code below	Y/N	Comment
<i>Example: 2010</i>	<i>FORD</i>	<i>LTV</i>	<i>1FDXE45503HA77633</i>	<i>186,500</i>	<i>G547 – 25' w/ lift</i>	<i>N</i>	<i>Repl. FY16/prior</i>
2010	FORD	LTV	1FDXE45503HA77633	186,500	G547 - 25' w/ lift		
2013	FORD	LTV	1FDXE45503HA77633	186,500	G547 - 25' w/ lift		
2013	FORD	LTV	1FDXE45503HA77633	186,500	G547 - 25' w/ lift		
2009	FORD	LIFT VAN	1FTSS34LX7DA63926	115,072	G548 - Raised Roof Van w/lift		
2014	FORD	LTV	1FDXE45503HA77633	186,500	G547 - 25' w/ lift		
2010	FORD	LTV	1FDXE45503HA77633	186,500	G547 - 25' w/ lift		

Project Number :

Applicant: GASTON COUNTY

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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 lift. 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

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

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!																																																								
<table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr style="background-color: #cccccc;"> <th style="width: 35%;">Item Description</th> <th style="width: 5%;">Qty</th> <th style="width: 15%;">Estimated Cost Ea.</th> <th style="width: 15%;">Total</th> <th style="width: 5%;">Qty</th> <th style="width: 15%;">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> <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																																																			
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!																																																								
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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:																																																								
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New																																																									
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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:25																																																								
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New	1	\$913	\$913	1	\$913	\$913																																																			
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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: 40						
	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total
	New	28	\$710	\$19,880	28	\$710	\$19,880
	Replacement						
	Hand-held Radio Unit - portable 2-way radio (limit 2 per transit system) Attach estimate of cost from vendor. Watts: 4						
	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total
	New	6	\$817	\$4,902	6	\$817	\$4,902
	Replacement						
				\$24,782			\$24,782
G556	Telephone equipment - Individual telephone instruments (does not include new or replacement telephone systems – see G524 in Facility Improvements); may include cellular (digital) phones. List one item per line, the no. per item, and the estimated cost.						
	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total
G557	Fareboxes - Coin collection unit installed on vehicle. List item and indicate no. of units: Attach estimated cost & type.						
	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total
	New						
	Replacement						
G559	Other Equipment - Specify item if not listed above. List one item per line, the no. per item, and the estimated cost. Provide one cost estimate for each item requested.						
	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total
G585	Bus Stop Signs - Sign used to indicate location where passengers can board or exit a public transit vehicle. *Do not request Bus Stop Shelters/Benches here. Must request in Facility Improve.						
	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total
	Bus Stop Sign(s)						

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

G591	Vehicle Lettering & Logos - Cost of lettering and/or logos and the labor involved in having the transit system name, phone number, and/or logo applied to vehicles. Costs to be incurred by using a local vendor. (Attach cost estimate for reference only.)						
	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total
	Vehicle Lettering & Logos	6	\$500	\$3,000	6	\$500	\$3,000
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:					\$28,695		\$28,695

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

Project Number :

PROPOSED PROJECT BUDGET

CAPITAL EXPENSES

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

Applicant: GASTON COUNTY

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

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

G596	Vehicle Security / Surveillance Equipment - Must comply with:							
	Cost and installation of on-board security systems and surveillance equipment. Attach estimate.							
		Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total
	Replacement	Cameras and DVRs	28	\$1,775	\$49,700	28	\$1,775	\$49,700
	Expansion							
					\$49,700			\$49,700
TOTAL ADVANCED TECHNOLOGY EXPENSES:					\$49,700			\$49,700

**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
	Software & Surebus Platform-GPS/Vide	28	\$420	\$11,760	28	\$420
	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
	Upgrade Version					
	Full Version					
	Microsoft Office Software: (Ensure that your current pc has enough RAM) MS Office XP PROFESSIONAL					
G525	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate
	Upgrade Version					
	Full Version					
G529						
TOTAL BASELINE TECHNOLOGY EXPENSES:				\$11,760		\$11,760

**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. <i>*Requires plan approval by city or county regarding location.</i> 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

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

[illegible]

AGENCY COMMENTS

NCDOT COMMENTS

BUDGET SUMMARY

September 2015 - June 2020

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:			DUNS Number:		
CFDA #					
Period of Performance:	Sep 1, 2015	to	Jun 30, 2020	Federal Billable/Non-Billable	Billable
I. Total Project Expenditures					
(NCDOT Maximum Participation Amounts)			Requested	NCDOT Use Only	
Total Expenses			\$300,000	\$300,000	
Total Contra Accts and Fare Revenue					
Total Net Expenses/Cost			\$300,000	\$300,000	
II. Proposed Project Funding*					
	Total	Federal	Federal Non-Billing	NCDOT	Local
	100.00%	50.00%		0.00%	50.00%
Total Funding	\$300,000	\$150,000	\$0	\$0	\$150,000
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								
G121								
G121								
G121								
G121								
G121								
G121								
G121								
G121								
G121								
TOTAL G121 SALARIES								
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								

FY20 Community Transportation Operating

Applicant: GASTON COUNTY

Project Number :

PROPOSED BUDGET
EXPENSES

Object Code	Title	Total Cost	For NCDOT Use Only
G120	Salaries and Wages		
G121	Full-time employees		
G122	Overtime		
G125	Part-time (receives benefits)		
G126	Temporary and part-time (receives no benefits)		
G127	Longevity		
Subtotal Salaries:			
G180	Fringe Benefits		
G181	Social security contribution (7.65% of total salaries)	\$0	\$0
G182	Retirement contribution; total salaries X participating percentage <div style="border: 1px solid black; width: 100px; height: 1.2em; display: inline-block;"></div> X <div style="border: 1px solid black; width: 50px; height: 1.2em; display: inline-block;"></div>		
G183	Hospitalization insurance; cost per month X no. of months X no. of employees. <div style="border: 1px solid black; width: 100px; height: 1.2em; display: inline-block;"></div> X <div style="border: 1px solid black; width: 50px; height: 1.2em; display: inline-block;"></div> X <div style="border: 1px solid black; width: 50px; height: 1.2em; display: inline-block;"></div>		
G184	Disability insurance; cost per month X no. of months X no. of employees. <div style="border: 1px solid black; width: 100px; height: 1.2em; display: inline-block;"></div> X <div style="border: 1px solid black; width: 50px; height: 1.2em; display: inline-block;"></div> X <div style="border: 1px solid black; width: 50px; height: 1.2em; display: inline-block;"></div>		
G185	Unemployment compensation; Number of Employees:		
G186	Workers compensation; Number of Employees:		
G189	Other:		
Subtotal Fringe:		\$0	\$0
TOTAL SALARY & FRINGE:		\$0	\$0
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		
G281	Air Conditioner / Furnace Filters		
G291	Computer Supplies		
G292	Fire Extinguisher- recharging system		
G300	Travel and Transportation (other than employee development)		
G311	Travel: Anticipated trips:		
G312	Travel subsistence		
G313	Transportation of clients/others	\$300,000	\$300,000
G314	Travel - Motor-pool or leased vehicles (Does NOT include vehicles used in the provision of contracted transportation services.)		
G320	Communications		
G321	Telephone Service		
G322	Internet Service Fee		
G323	Combined Service Fee		
G325	Postage		
G329	Other Communications:		
G330	Utilities		
G331	Electricity		
G332	Fuel oil		
G333	Natural Gas		
G334	Water		
G335	Sewer		
G336	Trash collection		
G337	Single/combined utility bill		
G339	Other:		
G340	Printing and Binding		
G341	Printing and reproduction		
G349	Other:		
G350	Repairs and Maintenance		
G353	Vehicles (use 257/258 for vehicle signs & in-house paint supplies)		
G354	Shop equipment		
G355	Office and computer equipment		
G357	Communications equipment		
G358	Other Repairs and Maintenance - Office Related		
G359	Other-Describe:		
G370	Advertising/Promotion		

G371	Marketing (paid ads, marketing firm, etc.) Describe: Minimum Amount (2% of Admin Budget): \$6,000				
G372	Promotional items Describe: Maximum Amount (25% of G371 Total Cost): \$0				
G373	Other:				
G380	Computer Support Services (contracted)				
G381	Computer programming services				
G382	Computer support/technical assistance				
G390	Other Services				
G391	Legal advertising				
G392	Laundry and dry cleaning				
G393	Temporary help services				
G394	Cleaning services				
G395	Training - Employee Education Expense				
G396	Management services (contracted transit system mgmt/admin services)				
G398	Security services				
G399	Other:				
G410	Rental of Real Property (include copy of current lease agreement)				
G412	Rent of building X number of monthly payments				
		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				
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)			
		X	Maximum Amount	\$0
	Prior approval of Indirect Cost Percentage Rate required. Questions should be directed to NCDOT Financial Management			
G490	Other Fixed Charges			
G491	Dues and subscriptions:			
G499	Other:			
G600	Private / Public Operator Contracts - Purchase Services			
G611	Direct purchase of service from privately owned provider			
G612	User side subsidy			
G621	Volunteer reimbursement			
G641	Direct purchase of service from publicly owned provider			
Total Expenses:			\$300,000	\$300,000
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):		\$300,000	\$300,000
R400	Contract Service Revenue		
R411	Aging Program		
R412	Department of Social Services		
R413	Sheltered Workshop		
R414	Mental Health Program(s)		
R415	Health Department		
R416	Community Action Program		
R417	Head Start Program		
R418	Daycare		
R419	Medical		
R420	Parks and Recreation		
R421	Public/Private School		
R422	Teen Parent		
R423	Community Living Skills		
R424	Hospital		
R425	Community College		
R426	College/University		
R427	Aging Program Supplement		
R428	Child Development		
R429	Work First		
R431	Blind Services		
R432	Vocational Rehabilitation		
R433	Community Services Block Grant		
R434	Smart Start		
R435	Agricultural Extension		
R436	JTPA		
R437	Nursing Home		
R438	Rest Home		
R439	Private Individual		
R440	Elderly and Disabled Transportation Assistant Program (EDTAP)		
R430	Other:		
TOTAL CONTRACT SERVICE REVENUE:			
	Miscellaneous Revenue and Income		
R385	Advertising Profits		
R497	Investment Income		
R811	Sale of materials and scrap		
R821	Sale proceeds from fixed assets		
R844	Cash Donations		

R861	Rental Income		
R891	Other revenue not elsewhere classified:		
TOTAL MISCELLANEOUS REVENUE AND INCOME:			
	Local Match		
R264	Federal Vocational Rehabilitation		
R265	Federal Older Americans Act – Title III Fund		
R269	Other non-DOT grant (Specify):		
R362	State Operating - SMAP		
R364	State Operating - RGP		
R369	Non-federal grant (Specify):		
R372	Local Cash (list each source, fares are not an eligible source of matching funds):		
	General Fund	\$150,000	
		\$150,000	\$150,000
TOTAL LOCAL MATCH:		\$150,000	\$150,000
A	TOTAL CONTRACT SERVICE REVENUE + TOTAL MISC. REVENUE AND INCOME + TOTAL LOCAL MATCH MUST BE AT LEAST 50.00% OF TNOE (\$150,000)	\$150,000	\$150,000

**NCDOT PTD
PROJECT FUNDING REQUEST FORM**

Project Funding Request Form

DATE SUBMITTED:

APPLICANT'S LEGAL NAME:

MPO or RPO

NCDOT DIVISION

BUDGET TYPE:

GENERAL INFORMATION	
MAILING ADDRESS:	<input type="text" value="PO Box 1578; Gastonia NC 28053"/>
PHYSICAL ADDRESS:	<input type="text" value="128 West Main Ave.; Gastonia, NC 28052"/>
CONTACT PERSON:	<input type="text" value="Cheree Wilson"/>
PHONE NUMBER:	<input type="text" value="(704) 866-3220"/>
FAX NUMBER:	<input type="text" value="(704) 866-3232"/>
EMAIL ADDRESS:	<input type="text" value="cheree.wilson@gastongov.com"/>

CURRENT FISCAL YEAR	<input type="text" value="2020"/>
FEDERAL FUNDING-FTA	<input type="text" value="\$313,328"/>
STATE FUNDING	<input type="text" value="\$10,208"/>
LOCAL FUNDING	<input type="text" value="\$180,624"/>
OTHER FUNDING	<input type="text"/>
TOTAL GRANT AMOUNT	<input type="text" value="\$504,160"/>

FOR OFFICE USE ONLY	
PREPARED BY:	<input type="text"/>
REQUEST RECOMMENDATION OR REJECTION	<input type="button" value="Click here"/>

PROJECT LOCATION:	<input type="text" value="Gaston County"/>
FEDERAL PROGRAM?	<input type="text"/>
STATE PROGRAM?	<input type="text"/>
PREVIOUSLY FUNDED?	<input type="text" value="Program"/>

PROJECT / PROGRAM DESCRIPTION (Fully describe project):

PROJECT / PROGRAM BENEFITS (Fully describe benefits):

RESULT OF PROJECT / PROGRAM IF NOT FUNDED (Fully describe results of project):



GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

330 North Marietta Street • Gastonia, North Carolina 28052
Phone 704-862-7888 • 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)

DUNS Annual Registration

SAM Portal

In 2003 the U.S. Office of Management and Budget (OMB) announced issue of the Federal Register (68 FR 38402) that a DUNS number would be required for all grant applicants for new or renewal awards submitted on or after October 1, 2003. The federal government uses the DUNS number to track how federal money is allocated. The DUNS number is a supplement to other identifiers, such as the EIN, and is required whether the application is made electronically or on paper. The Data Universal Numbering System, abbreviated as DUNS or D-U-N-S, is a proprietary system developed and regulated by [Dun & Bradstreet](#) (D&B) that assigns a unique 9-digit numeric identifier, referred to as a "DUNS number" to a single business entity. The DUNS number is random, and the digits have no apparent significance. As of 2/25/2017, the website shows that there is no charge to get a DUNS number, and the time to create the number is 24 to 48 hours.

The [System for Award Management](#) (SAM) is an official website of the U.S. government used to:

- Register to do business with the U.S. government
- Update or renew your entity registration
- Check status of an entity registration
- Search for entity registration and exclusion records

PTD Applicants **are required annually**, to submit documentation showing the agency's DUNS number registration has been updated and is current at the time applications are submitted for consideration of funding. The DUNS Verification should be uploaded as one of the general documents required for each funding program.

SAM Search Results
List of records matching your search for :

Record Status: Active
DUNS Number:
Functional Area: Entity Management, Performance Information

ENTITY GASTON COUNTY		Status: Active	
DUNS:	+4:	CAGE Code:	DoDAAC:
Expiration Date: Apr 23, 2019		Has Active Exclusion?: No	Debt Subject to Offset?: No
Address: 128 W MAIN AVE		State/Province: NORTH CAROLINA	
City: GASTONIA		Country: UNITED STATES	
ZIP Code: 28052-2306			

FY 2020 Combined Capital Application

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:	
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):	
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 County and any location approved by NEMT and Veterans Services.	

Project Manager and Contact Information			
Name of Project Manager:	Cheree Wilson		
Title:	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		

Fleet Information

Table 1: Fleet information

Current Vehicle Inventory (enter number in fleet)					
Vans		Vans/Lifts	7	Sedans or Minivans	3
LTV's		LTV's/Lifts	18	Buses	
Average Fleet Age (in Miles as of July 1, 2018)					
The project conforms to FTA's spare ratio guidelines. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure					
(*New) Explanation of fleet make-up or fleet concerns (if necessary)					

Table 2: Vehicle Type Requested (Based on ITRE-projected information)

Public Transportation Division (PTD) will provide each transit system a specific list of vehicles projected to meet useful life by May 1, 2019 and will be eligible for replacement. If a system wants to replace a vehicle not on the approved list a strong explanation must be provided with the application and it will be reviewed and considered by PTD management on a case-by-case basis. Approval is not guaranteed.

Vehicles to be Replaced in FY 2020

Asset (model year, manufacturer, model or variant)	VIN or Fleet ID	Projected miles (as of May 1, 2019) age	Vehicle replacement is based upon fleet analysis and pre-planning by PTD to determine which vehicles will be eligible for funding in FY 2020.
2010 Ford	1FD4E4FS4ADA62499	165,010	
2013 Ford	1FD4E4FS6DDA02793	157,830	
2013 Ford	1FD4E4FS8DDA02794	155,530	
2009 Ford	1FTSS34LX7DA63926	115,072	
2014 Ford	1FD4E4FS6EDA09003	145,179	
2010 Ford	1FD4E4FS9ADA62501	222,833	

Vehicles Requested in FY 2020 Application (*Excluding Expansion Vehicles)

Vehicle Replacement Type (enter number of each type requesting)					
Vans		Vans/Lifts	1	Sedans or Minivans	
LTV's		LTV's/Lifts	5	Buses	

Federal Financial Assistance Transparency Act

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.

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	<hr/>	\$ <hr/>
2	<hr/>	\$ <hr/>
3	<hr/>	\$ <hr/>
4	<hr/>	\$ <hr/>
5	<hr/>	\$ <hr/>

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 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, equipment, etc). Describe the project(s) to be funded.</i>	Replacement of vehicles having met useful life. Camera System and Software for 28 of our vehicles. Total replacement system for ACCESS radio communications. This includes the replacement equipment for vehicles and dispatch services as well as the migration away from a radio system infrastructure that is past end of life.
	<i>FY 2020</i>
<i>Federal Amount Requested =</i>	<i>\$415,724</i>
<i>State Amount Requested =</i>	<i>\$51,965</i>
<i>Local match amount =</i>	<i>\$51,966</i>
<i>Total project cost =</i>	<i>\$519,655</i>

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. The County Transporters will operate the vehicles.

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?

There is over 10 years of experience working with RouteMatch. Project involvement is 90%. No additional personnel is needed to support the projects.

- 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.

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	51,966	July 1, 2019

- 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.

<i>Unduplicated Passengers</i>		<i>One-way trips</i>	125,000
<i>Fully Allocated Cost per Trip</i>	\$2,,292,000		

List items included in the fully allocated cost per trip?

FY18 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: 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 6 vehicles that have met their useful life. This includes 5 LTV's and 1 lift vans. Camera System and Software for 28 of our vehicles. Total replacement system for ACCESS radio communications. This includes the replacement equipment for vehicles and dispatch services as well as the migration away from a radio system infrastructure that is past end of life. 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 cameras and radios.

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.

ACCESS will use the metrics indicators in the Success Plan as a monitoring tool. 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. The project will allow Gaston County ACCESS to continue to provide efficient and effective demand respond to the Gaston community. The new equipment and radio system will provide crucial functions in ACCESS day to day operations by providing a level safety for staff and customers as there will be improved communication ability and better radio coverage in the field. This will allow for quick and clear communications in times of emergency. Another benefit to the system is the ability to not only patch into the new public safety radio system in times of emergency but also the ability to interact with transportation systems in adjoining counties. As a partner in emergency and disaster response ACCESS will maintain the ability to communicate with first responders. Gaston County has a need for total visibility of its fleet. This system will allow us to better ensure the safety of our Drivers and Passengers.

- c. 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.

- d. 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
--	---------

b. 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 cameras and radios.

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 Enterprise Business Services (EBS).**

Project Stages with Independent Utility and Description	Federal Amount Requested	State Amount Requested	Local Share	Total Cost
1. G547 25' LTV	168,000	21,000	21,000	210,000
2. G548 Raised Roof Van w/ Lift	50,000	6,250	6,250	62,500
3. G575 28' LTV	72,800	9,100	9,100	91,000
4. G576 22' LTV	52,800	6,600	6,600	66,000
5. G554 Radio Base Station	730	91	92	913
6. G555 Mobile Radio Unit/ Hand-held Radio	19,826	2,478	2,478	24,782
7. G591 Vehicle Lettering & Logos	2,400	300	300	3,000
8. G596 Vehicle Security/ Surveillance	39,760	4,970	4,970	49,700
9. G523 Software	9,408	1,176	1,176	11,760
Project Totals	\$415,724	\$51,965	\$51,966	\$519,655

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.***

*No Expansion vehicles are accepted on this Combined Capital application.

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.

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 REPLACEMENT CONSIDERATION
MAJOR FACILITY RENOVATIONS AND NEW CONSTRUCTION	40 years	
<ul style="list-style-type: none"> ▪ Building Purchase ▪ Facility Construction 		Note: Major Renovation involves the purchase of an existing building and complete refurbishing of the building. Needs Assessment required. Plans and specs would be required.
OFFICE FURNITURE	12 Years	
<ul style="list-style-type: none"> ▪ Desk ▪ Bookcase ▪ File Cabinet ▪ Chairs ▪ Conference Table ▪ Safe (Fireproof) (25 yrs.) 		<ul style="list-style-type: none"> ○ 1 retail estimate ○ Description of need for replacement
OFFICE EQUIPMENT	5 Years	
<ul style="list-style-type: none"> ▪ Fax Machine ▪ Copier ▪ Calculator ▪ Etc. 		<ul style="list-style-type: none"> ○ 1 retail estimate ○ Description of need for replacement
AUDIO VISUAL EQUIPMENT	10 Years	
<ul style="list-style-type: none"> ▪ VCR/DVD ▪ TV ▪ Camcorder ▪ Etc. 		<ul style="list-style-type: none"> ○ 1 retail estimate ○ Description of need for replacement
BASELINE TECHNOLOGY	5 Years	
<ul style="list-style-type: none"> ▪ Computer ▪ Printer ▪ Laptop (Includes Projector)* ▪ Server ▪ Scanner (6 yrs.) 		<ul style="list-style-type: none"> ○ 1 retail estimate ○ Description of need for replacement in item #14 of project description * Will be considered if needed for presentations
SECURITY & SURVEILLANCE	7 Years	
<ul style="list-style-type: none"> ▪ Video (facility and vehicles) ▪ Cameras ▪ DVR ▪ Wireless unit ▪ Antenna 		<ul style="list-style-type: none"> ○ 1 retail estimate ○ Description of need for replacement
COMMUNICATIONS EQUIPMENT	6 Years	
<ul style="list-style-type: none"> ▪ Radio units ▪ Base Station ▪ Cell phones ▪ Antenna ▪ Repeater 		<ul style="list-style-type: none"> ○ 1 retail estimate ○ Description of need for replacement in item #14 of project description
MAINTENANCE EQUIPMENT & FIXTURES	12 Years	
<ul style="list-style-type: none"> ▪ Roller cabinets ▪ Portable tool stands ▪ Compressors- (5 yrs.) ▪ Hoists- (10 yrs.) ▪ Bus washers- (10-15 yrs.) ▪ Diagnostic equip ▪ Lift truck ▪ Engine stands ▪ Brake lathes ▪ Etc. 		<ul style="list-style-type: none"> ○ Only Systems with in-house Maintenance Garage are eligible ○ 1 retail estimate
SUPPORT VEHICLES		
<ul style="list-style-type: none"> ▪ Trucks – Light Duty (under 12,500 lbs. g.v.w.) 	8 Years	<ul style="list-style-type: none"> ○ Only Systems with in-house maintenance garage are eligible ○ 1 retail estimate & Justification for replacement

Appendix A (continued)

REVENUE VEHICLES		
Vans		<ul style="list-style-type: none"> ○ Updated PTMS ○ Current VUD ○ Once required fleet size has been determined through the capital assessment process, vehicles may be designated for disposition and not be eligible for replacement.
<ul style="list-style-type: none"> ▪ Center Aisle Van (2010 or older) ▪ Mini-Van 	8 years or 115,000 miles	
<ul style="list-style-type: none"> ▪ Conversion Van or Lift Van 		
Buses		
Light Transit Vehicle (LTV) 20-27 ft. - body on cut-a-way chassis	10 years or 145,000 miles	
Light Transit Vehicle (LTV) 28 ft plus. - body on cut-a-way chassis	10 years or 175,000 miles	
Medium (Medium duty chassis) Over 28 ft. - body on truck chassis	10 Years or 200,000 miles	
Medium (Heavy Duty Chassis) 30-35 ft.	14 Years or 350,000 miles	
Large (Heavy Duty Chassis) 35-40 ft.	14 years or 500,000 miles	

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
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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