PUBLIC TRANSPORTATION PROGRAM RESOLUTION

FY 2022 RESOLUTION

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

Applicant seeking permission to apply for <u>Public Transportation Program</u> 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*)* <u>Tracy L. Philbeck</u> of (*Name of Applicant's Governing Body*) <u>Gaston County Board of Commissioners</u> is hereby authorized to submit grant application (s) for federal and state funding in response to NCDOT's calls for projects, make the necessary assurances and certifications and be empowered to enter into an agreement with the NCDOT to provide rural, small urban, and urban public transportation services.

I (Certifying Official's Name)* Donna S. Buff (Certifying Official's Title) Clerk to the Board do hereby certify that the above is a true and correct copy of an excerpt from the minutes of a meeting of the (Name of Applicant's Governing Board) Gaston County Board of Commissioners duly held on the 27th day of October, 2020.

Signature of Certifying Official		
*Note that the authorized official, certifying official, an	ed notary public should be three separate indivi	iduals
Seal Subscribed and sworn to me (date)	Affix Notary Seal Here	
Notary Public *		
Printed Name and Address		
My commission expires (date)		

2

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 FY22 Community Transportation Program Application to be submitted to the North Carolina Department of Transportation no later than November 27, 2020. The public hearing will be held on October 27, 2020 at 6:00pm before the (governing board) Gaston County Board of Commissioners, in The Harley B. Gaston Jr. Public Forum, Courthouse.

Those interested in attending the public hearing and needing either auxiliary aids and services under the Americans with Disabilities Act (ADA) or a language translator should contact <u>Gaston County ACCESS Transportation</u> on or before October 26, 2020, at telephone number 704-866-3254 or via email at Twanna. Littlejohn @ gastongov.com.

The Community Transportation Program provides assistance to coordinate existing transportation programs operating in <u>Gaston County</u> 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, 2021 through June 30, 2022

Project	Total Amount	Local Share	
Administrative	\$255,851.00	\$51,171.00	(20%)
Operating (5311)	\$300,000.00	\$150,000.00	(50%)
Capital (Vehicles & Other)	\$918,225.00	\$91,823.00	(10%)
5310 Operating	\$	\$	(50%)
Other	\$	\$	(%)
TOTAL PROJECT	\$1,474,076.00	\$292,994.00	

Total Funding Request \$1,474,076.00

Total Local Share \$292,994.00

This application may be inspected at <u>Gaston County ACCESS Transportation</u> from 9:00am until 5:00pm, Monday through Friday. Written comments should be directed to <u>Twanna Littlejohn</u>, <u>Gaston County</u>, P.O. Box 1578, Gastonia, NC 28053-1578 before October 26, 2020.

AVISO DE AUDIENCIA PÚBLICA

Sección 5311 (ADTAP), 5310, 5339, 5307 aplicables a fondos estatales y/o combinación entre ellos.

Este aviso es para informar al público que se llevará a cabo una audiencia pública sobre la solicitud de propuesta del Programa de Transporte Comunitario para el año fiscal 2022, que se presentará al Departamento de-Transporte de Carolina del Norte a más tardar el 27 de noviembre del 2020. La audiencia pública se llevará a cabo el 27 de octubre del 2020 a las 6:00pm ante la Junta de Comisionados del Condado de Gaston, en el auditorio de la Corte Harley B. Gaston, Jr.

Aquellos interesados en asistir a la audiencia pública y que necesitan ayuda y servicios auxiliares bajo la Ley de Americanos con Discapacidades (ADA) o un traductor de idiomas deben contactar a transporte de ACCESS del Condado de Gaston antes del 26 de octubre del 2020, al número de teléfono 704-866-3254 o por correo electrónico a Twanna.Littlejohn@gastongov.com.

El Programa de Transporte Comunitario proporciona asistencia para coordinar los programas de transporte existentes que operan en el Condado de Gaston, así como también proporciona opciones de transporte y servicios para las comunidades dentro de esta área de servicio. Estos servicios se prestan actualmente utilizando el transporte de ACCESS del condado de Gaston y contratistas privados. Los servicios son prestados por el Condado de Gaston.

La cantidad total estimada solicitada para el período comprendido entre el 1 de julio del 2021 y el 30 de junio del 2022,

La cantidad total estimada solicitada para el período comprendido entre el 1 de jullo del 2021 y el 30 de junio del 2022.

Proyecto Cantidad Total Particip		Participación Local
Administrativo	\$255,851.00	\$51,171.00 (20%)
En funcionamiento (5311)	\$300,000.00	\$150,000.00 (50%)
Capital (Vehículos y Otros)	\$918,225.00	\$91,823.00 (10%)
5310 de funcionamiento	\$	\$ (50%)
Otro	\$	\$ (%)
PROYECTO TOTAL	\$1,474,076.00	\$292,994.00

Total de Fondos Solicitados

Total de Participación Local

Esta solicitud puede ser inspeccionada en la oficina de Gaston County ACCESS Transportation de 9:00am a 5:00pm, de lunes a viemes. Comentarios por escrito deben ser dirigidos a Twanna Little-john antes del 26 de octubre del 2020.

Fin del aviso

Important – A public hearing <u>MUST</u> 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 27, 2020	
PLACE:	Gaston County Courthouse	
TIME:	<u>6:00pm</u>	
How many BOA	RD MEMBERS attended the public hearing	ng?
How many mem	bers of the PUBLIC attended the public l	nearing?
Public Attendan	ce Surveys	
☐ (A	ttached)	
(C	ffered at Public Hearing but none complete	d)
	d, representing <i>(Legal Name of Applicant)</i> G a Department of Transportation, that a Publ c Hearing	
☐ <i>(</i> N	O <u>public</u> comments)	
	ublic Comments were made and meeting mill be submitted after board approval)	ninutes
The estimated da	te for board approval of meeting minutes is	:
Signature or Cler	k to the Board	Affix Seal Here
Printed Name and	d Title	
Date		

Voluntary Title VI Public Involvement

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

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

The completed forms will be held on file at the North Carolina Department of Transportation. For Further information regarding this process please contact the NCDOT Title VI Program at telephone number 919.508.1808 or email at titlevi@ncdot.gov.

Project Name:		Date:
Meeting Location:		
Name (please print)		Gender:
		☐ Male ☐ Female
(General ethnic identification cat	egories (check one)
Caucasian	Hispanic American	American Indian/Alaskan Native
African American	Asian/Pacific Islander	Other:
Color:		National Origin:

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

Thank you for your cooperation.

FY 2022 LOCAL SHARE CERTIFICATION FOR FUNDING

Gaston County (Legal Name of Applicant)

Requested Funding Amounts

Project	Total Amount	Local Share**
Administrative	\$ <u>255,851</u>	\$ 51,171 (20%)
5311 Operating (No State Match)	\$ <u>300,000</u>	\$ 150,000 (50%)
5310 Operating (No State Match)	\$	\$ (50%)
5307 Operating	\$	\$ (50%)
5307 Planning	\$	\$(20%)
Combined Capital	\$ <u>918,225</u>	\$ 91,823 (10%)
Mobility Management	\$	\$ (50%)
5310 Capital Purchase of Service	\$	\$ (20%)
	\$	\$(%)
	\$	\$(%)
	\$	\$(%)
Funding programs covered are 5311	., 5310, 5339 Bus and Bus F	acilities, 5307 (Small fixed

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

TOTAL	\$ <u>1,474,076</u>	\$ <u>292,994</u>
	Total Funding Requests	Total Local Share

^{**}NOTE: Applicants should be prepared for the entire Local Share amount in the event State funding is not available.

The Local Share is available from the following sources:

Source of Funds	Apply to Grant	<u>Amount</u>
General Funds	<u>Administrative</u>	\$ <u>51,171</u>
General Funds	5311 Operating	\$ <u>150,000</u>
General Funds	<u>Capital</u>	\$ <u>91,823</u>
		\$
		\$
		\$

FY 202	22 Local Share Certificate	e (page 2)		
			\$	
			\$	
** Far	TOTAL e box revenue is not an a	applicable source for loca	\$ <u>292,994</u> al share funding	
North Comn	Carolina Department of nunity Transportation Pr	Transportation, that the	t) Gaston County do hereby certify to required local funds for the FY2022 ors Apportionment will be available 1, 2021 – June 30, 2022.	
Signat	ture of Authorized Offici	al		
Type I	Name and Title of Autho	orized Official		
Date				

FY22 Community Transportation Admin. Project Number: **BUDGET SUMMARY** July 2019 - June 2022 Legal Name: **GASTON COUNTY** Address: PO Box 1578 GASTONIA, NC 28053-1578 **GASTON COUNTY** County: Congressional District: Contact Person: Tawanna Littlejohn Telephone: +1 (704) 866-3254 Fax: Email: Twanna.littlejohn@gastongov.com Web Site: http://www.gastongov.com/government/departments/health and human services/ Federal ID Number: **DUNS Number:** CFDA# Period of Performance: Jul 1, 2019 Jun 30, 2022 Federal Billable/Non-Billable Billable to I. Total Project Expenditures (NCDOT Maximum Participation Amounts) Requested NCDOT Use Only \$255,851 **Total Expenses** \$255,851 Total Contra Accts and Fare Revenue Total Net Expenses/Cost \$255,851 \$255,851 II. Proposed Project Funding* Federal Federal Non-Billing Total **NCDOT** Local 80.00% 20.00% 100.00% 0.00% **Total Funding** \$255,851 \$204,680 \$0 \$0 \$51,171 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

Version 1.0 Page 1 of 7

FY22 Community Transportation Admin.

Project Number :

PROPOSED BUDGET SALARY AND WAGE DETAIL

Applicant: GASTON COUNTY

Substitution	Applica	III. GASTON COU	1111						
Transportation		Position Title	No.	Total Annual Salary	Oper Transp.	of	Budgeted Amount	Positions	
Coordinator Section	FULL T	IME EMPLOYEES							
Administrative Support Special Sal,400 1 Sal,400	G121		1	\$60,715	100%	1	\$60,715	1	\$60,715
Special Special S31,400 100% S31,400 T T S31,400 T T T T T T T T T	G121			\$42,646	100%	1	\$42,646	1	\$42,646
G121 G121 G121 G121 G121 G121 TOTAL G121 SALARIES 3 \$134,761 3 \$134,761 PART-TIME EMPLOYEES - RECEIVING BENEFITS G125 G125 G125 G125 G125 G125 G125 G125	G121		1	\$31,400	100%	1	\$31,400	1	\$31,400
G121 G121 G121 G121 G121 G121 TOTAL G121 SALARIES 3 \$134,761 3 \$134,761 PART-TIME EMPLOYEES - RECEIVING BENEFITS G125 G125 G125 G125 G125 G125 G125 G125	G121								
G121 G121 G121 G121 TOTAL G121 SALARIES 3 \$134,761 3 \$134,761 PART-TIME EMPLOYEES - RECEIVING BENEFITS G125 G125 G125 G125 G125 G125 G125 G125	G121								
G121 G121 TOTAL G121 SALARIES 3 \$134,761 3 \$134,761 PART-TIME EMPLOYEES - RECEIVING BENEFITS G125 G125 G125 G125 G125 G125 G125 G125	G121								
G121 G121 TOTAL G121 SALARIES 3 \$134,761 3 \$134,761 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 G126 G126	G121								
G121	G121								
TOTAL G121 SALARIES 3 \$134,761 3 \$134,761 PART-TIME EMPLOYEES - RECEIVING BENEFITS G125 G125 G125 G125 TOTAL G125 SALARIES PART-TIME EMPLOYEES - RECEIVING NO BENEFITS G126 G127 TOTAL G126 SALARIES	G121								
PART-TIME EMPLOYEES - RECEIVING BENEFITS G125 G125 G125 G125 G125 TOTAL G125 SALARIES PART-TIME EMPLOYEES - RECEIVING NO BENEFITS G126 TOTAL G126 SALARIES	G121								
G125 G125 G125 G125 G125 G125 G125 TOTAL G125 SALARIES PART-TIME EMPLOYEES - RECEIVING NO BENEFITS G126 G126 G126 G126 G126 G126 G126 G126	TOT	AL G121 SALARIES	3				\$134,761	3	\$134,761
G125 G125 G125 G125 G125 TOTAL G125 SALARIES PART-TIME EMPLOYEES - RECEIVING NO BENEFITS G126 G126 G126 G126 G126 G126 G126 G126	PART-1	TIME EMPLOYEES - RE	CEIVING	BENEFITS					
G125 G125 G125 TOTAL G125 SALARIES PART-TIME EMPLOYEES - RECEIVING NO BENEFITS G126 G126 G126 G126 G126 G126 G126 G126	G125								
G125 G125 TOTAL G125 SALARIES PART-TIME EMPLOYEES - RECEIVING NO BENEFITS G126 G126 G126 G126 G126 G126 G126 G126									
G125 TOTAL G125 SALARIES PART-TIME EMPLOYEES - RECEIVING NO BENEFITS G126 G126 G126 G126 G126 G126 G126 G126 TOTAL G126 SALARIES	G125								
TOTAL G125 SALARIES	G125								
TOTAL G125 SALARIES PART-TIME EMPLOYEES - RECEIVING NO BENEFITS G126 G126 G126 G126 G126 G126 TOTAL G126 SALARIES	G125								
PART-TIME EMPLOYEES - RECEIVING NO BENEFITS G126 G126 G126 G126 G126 G126 TOTAL G126 SALARIES									
G126 G126 G126 G126 G126 G126 G126 G126	TOT	AL G125 SALARIES							
G126 G126 G126 G126 G126 G126 TOTAL G126 SALARIES	PART-1	TIME EMPLOYEES - RE	CEIVING	NO BENEFITS					
G126 G126 G126 G126 TOTAL G126 SALARIES									
G126 G126 G126 TOTAL G126 SALARIES									
G126 G126 TOTAL G126 SALARIES									
G126 TOTAL G126 SALARIES	G126								
TOTAL G126 SALARIES									
TOTAL SALARY & WAGE 3 \$134,761 3 \$134,761									
	TOTA	L SALARY & WAGE	3				\$134,761	3	\$134,761

FY22 Community Transportation Admin.

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	\$134,761	\$134,761
G122	Overtime		
G125	Part-time (receives benefits)		
G126	Temporary and part-time (receives no benefits)		
G127	Longevity		
	Subtotal Salaries:	\$134,761	\$134,761
G180	Fringe Benefits		
G181	Social security contribution (7.65% of total salaries)	\$10,309	\$10,309
G182	Retirement contribution; total salaries X participating percentage	¢40.670	¢40.670
	\$134,761 X 10.15%	\$13,678	\$13,678
G183	Hospitalization insurance; cost per month X no. of months X no. of employees.	\$33,000	\$33,000
	\$916.66 X 12 X 3		
G184	Disability insurance; cost per month X no. of months X no. of employees.		
	X		
G185	Unemployment compensation; Number of Employees:		
G186	Workers compensation; Number of Employees:		
G189	Other:		
	Subtotal Fringe:	\$56,987	\$56,987
	TOTAL SALARY & FRINGE:	\$191,748	\$191,748
G190	Professional Services		
G191	Accounting		
G192	Legal		
G195	Management Consultant		
G196	Drug & Alcohol Testing Contract		
G197	Drug & Alcohol tests	\$500	\$500
	Provide # of employees in test pool: 5	Ψ300	Ψ300
G198	Medical review officer		
G199	Other:		
G200	Supplies and Materials		
G211	Janitorial Supplies - (Housekeeping)	\$300	\$300
G212	Uniforms		
G233	First Aid supplies (replacement)		
G251	Motor Fuels and Lubricants		
G252	Tires and Tubes		
G253	Associated Capital Maint		

G254	Licenses, tags and fees		
G255	Vehicle cleaning supplies		
G256	Hand tools		
G257	Vehicle signs & Paint Supplies		
G258	Vehicle touch up paint (non-contract)		
G259	Other:		
G261	Office Supplies and Materials	\$2,300	\$2,300
G281	Air Conditioner / Furnace Filters	42,000	Ψ2,000
G291	Computer Supplies		
G292	Fire Extinguisher- recharging system		
G300	Travel and Transportation (other than employee development)		
G311	Travel: Anticipated trips:		
3011	NCPTA Conference, TLPD, NTD Conference	\$500	\$500
G312	Travel subsistence	\$1,000	\$1,000
G313	Transportation of clients/others		
G314	Travel - Motor-pool or leased vehicles (Does NOT include vehicles used in the provision of contracted transportation services.)		
G315	Operations (ALI 30.09.08 EMER RELIEF - OPERATING 100%) activities		
G316	ADA Paratransit Operating Expenses (ALI 11.7C.00 Non Fixed Route ADA Paratransit) activities		
G320	Communications	I	
G321	Telephone Service	\$4,300	\$4,300
G322	Internet Service Fee		
G323	Combined Service Fee		
G325	Postage	\$500	\$500
G329	Other Communications:		
G330	Utilities		
G331	Electricity	\$1,442	\$1,442
G332	Fuel oil		
G333	Natural Gas		
G334	Water		
G335	Sewer		
G336	Trash collection		
G337	Single/combined utility bill		
G339	Other:		
G340	Printing and Binding	'	
G341	Printing and reproduction	\$500	\$500
G349	Other:		
G350	Repairs and Maintenance	·	
G353	Vehicles (use 257/258 for vehicle signs & in-house paint supplies)		
G354	Shop equipment		
G354 G355	Shop equipment Office and computer equipment		
	· · ·		

G359	Other-Describe:				
G370	Advertising/Promotion				
G371	Marketing (paid ads, marketing firm, etc.)				
	Describe: Public Hearing Notice, Yearbooks, Program Itineraries	\$6,700	\$6,700		
	Minimum Amount (2% of Admin Budget): \$4,969				
G372	Promotional items				
	Describe:	\$700	\$700		
	Maximum Amount (25% of G371 Total Cost): \$1,675				
G373	Other:				
G380	Computer Support Services (contracted)				
G381	Computer programming services				
G382	Computer support/technical assistance	\$30,304	\$30,30		
G390	Other Services				
G391	Legal advertising				
G392	Laundry and dry cleaning				
G393	Temporary help services				
G394	Cleaning services	\$8,338	\$8,338		
G395	Training - Employee Education Expense	\$2,119	\$2,119		
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	\$2,300	\$2,30		
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: NCPTA DUES, NC Tracks	\$2,300	\$2,300		
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:	\$255,851	\$255,851		
	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	T			
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):	\$255,851	\$255,851

Version 1.0 Page 7 of 7

Project Number: **BUDGET SUMMARY** August 2020 - June 2022 Legal Name: **GASTON COUNTY** Address: PO Box 1578 GASTONIA, NC 28053-1578 **GASTON COUNTY** Congressional District: County: Contact Person: Tawanna Littlejohn Telephone: +1 (704) 866-3254 Fax: Email: Twanna.littlejohn@gastongov.com Web Site: Federal ID Number: **DUNS Number:** CFDA# Period of Performance: Aug 1, 2020 Federal Billable/Non-Billable Jun 30, 2022 Billable to 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* Federal Federal Non-Billing Local Total **NCDOT** 50.00% 50.00% 100.00% **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

FY22 Community Transportation Operating

Version 1.0 Page 1 of 8

FY22 Community Transportation Operating

Project Number :

PROPOSED BUDGET SALARY AND WAGE DETAIL

Applicant: GASTON COUNTY

Object Code	Position Title	No.		Pct. (%)	No.		No.of	
			Total Annual Salary	Oper Transp. Tasks	of Years	Budgeted Amount		NCDOT Maximum Participation
FULL TIN	ME EMPLOYEES							
G121								
G121								
G121								
G121								
G121								
G121								
G121								
G121								
G121								
G121								
TOTA	L G121 SALARIES							
PART-TII	ME EMPLOYEES - RE	ECEIVING	BENEFITS					
G125								
G125								
G125								
G125								
G125								
G125								
TOTA	L G125 SALARIES							
PART-TII	ME EMPLOYEES - RE	ECEIVING	NO BENEFITS					
G126								
G126								
G126								
G126								
G126								
G126								
	L G126 SALARIES							
TOTAL	SALARY & WAGE							

FY22 Community Transportation Operating

Applicant: GASTON COUNTY

Project Number:

PROPOSED BUDGET EXPENSES

011	EXI LINGEO		E 110000		
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				
	X				
G183	Hospitalization insurance; cost per month X no. of months X no. of employees.				
	X X				
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:	\$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				

Version 1.0 Page 3 of 8

G254	Licenses, tags and fees		
	-		
G255 G256	Vehicle cleaning supplies 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.)		
G315	Operations (ALI 30.09.08 EMER RELIEF - OPERATING 100%) activities		
G316	ADA Paratransit Operating Expenses (ALI 11.7C.00 Non Fixed Route ADA Paratransit) activities		
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		
	Tilling and reproduction		
G349	Other:		
G349 G350	•		
	Other:		
G350	Other: Repairs and Maintenance		
G350 G353	Other: Repairs and Maintenance Vehicles (use 257/258 for vehicle signs & in-house paint supplies)		
G350 G353 G354	Other: Repairs and Maintenance Vehicles (use 257/258 for vehicle signs & in-house paint supplies) Shop equipment		

G359	Other-Describe:					
G370	Advertising/Promotion					
G371	Marketing (paid ads, marketing firm, etc.)					
307.1	Describe:					
	Minimum Amount (2% of Admin Budget): \$6,000					
G372	Promotional items					
00.2	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					
G392 G393	Temporary help services					
G394	Cleaning services					
G394 G395	Training - Employee Education Expense					
G396						
G398	Management services (contracted transit system mgmt/admin services)					
G399	Security services Other:					
G410	Other: Rental of Real Property (include copy of current lease agreement)					
G412	Rent of building X number of monthly payments					
0412	X					
G413	Rent of offices X number of monthly payments					
0413	X X					
G419	Other:					
G420	Lease of Computer Equipment					
G421	Lease of Computer Hardware					
G422	·					
G430	Lease of Computer Software Lease of Equipment					
G431	Lease of Reproduction equipment					
G432	Lease of Reproduction equipment Lease of Postage Meter					
G433						
0.100	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					
— 	Canor Convice 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			
F500	TOTAL CONTRA ACCOUNTS:			
F500	Fare Revenue	I		
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 F539 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	
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): 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	
TOTAL EXPENSES LESS TOTAL CONTRA ACCOUNTS AND FARE REVENUES = TOTAL NET OPERATING EXPENSES (TNOE): 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 R430 Community Services Block Grant R431 Smart Start R433 Agricultural Extension	
FARE REVENUES = TOTAL NET OPERATING EXPENSES (TNOE): \$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 Work First R431 Blind Services	
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 Community Services Block Grant R433 Agricultural Extension	\$300,000
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 Community Services Block Grant R433 Agricultural Extension	
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 Community Services Block Grant R433 Agricultural Extension	
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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
R428 Child Development R429 Work First R431 Blind Services R432 Vocational Rehabilitation R433 Community Services Block Grant R434 Smart Start R435 Agricultural Extension	
R429 Work First R431 Blind Services R432 Vocational Rehabilitation R433 Community Services Block Grant R434 Smart Start R435 Agricultural Extension	
R431 Blind Services R432 Vocational Rehabilitation R433 Community Services Block Grant R434 Smart Start R435 Agricultural Extension	
R432 Vocational Rehabilitation R433 Community Services Block Grant R434 Smart Start R435 Agricultural Extension	
R433 Community Services Block Grant R434 Smart Start R435 Agricultural Extension	
R434 Smart Start R435 Agricultural Extension	
R435 Agricultural Extension	
P//36 ITPΔ	
NTOU OIL V	
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 sou	rce of matching funds):		
	General Fund	\$150,000		
			\$150,000	\$150,000
	TOTAL LOCAL MATCH:			\$150,000
Α	TOTAL CONTRACT SERVICE REVENUE + TOTAL N AND INCOME + TOTAL LOCAL MATCH MUST BE AT LEAST 50.00% OF TNOE (\$150,00		\$150,000	\$150,000

Version 1.0 Page 8 of 8

FY 2022 Combined Capital Application

Part I: Applicant Information

ruit i. Applicant information						
Legal Name of Applica	Legal Name of Applicant: Gaston County					
Applicant's Congressi	onal 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):						
Address:	P.O. Box 1578					
City, State, Zip:	Gastonia, NC28053					
Federal Taxpayer						
ID Number:	ID Number:					
Doing Business As						
(DBA) Name:						
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 other	location approved by NEMT and Veterans Services					

Project Manager and Contact Information					
Name of Project Manager:	Twanna Littlejohn				
Title:	Transportation Coordinator				
Address: 816 West Mauney Avenue					
	Gastonia, NC 28052				
E-mail:	Twanna.Littlejohn@gastongov.com				
Phone Number:	704-866-3254				
Mobile Phone Number: 980-925-9200 FAX: 704-866-3232			704-866-3232		
Alternative Contact Information (in absence of Project Manager)					
Name: Michael Coone					
E-mail: Michael.Coone@gastongov.com					
Phone Number:	one Number: 704-862-7663				

Fleet Information

Table 1: Fleet information

Current Vehicle Inventory (enter number in fleet)						
Vans		Vans/Lifts	10	Sedans or	2	
				Minivans		
LTV's		LTV's/Lifts	15	Buses		
Average Fleet Age (in Miles as of June 30, 2020)						
The project conforms to FTA's spare ratio guidelines. ⊠ Yes □ No □ Unsure						
Explanation of fleet make-up or fleet concerns (if necessary)						

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

Integrated Mobility Division (IMD) will provide each transit system a specific list of vehicles eligible for replacement in FY 2022. Replacement vehicles must meet useful life by June 30, 2020. 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 IMD management on a case-by-case basis. Approval is not guaranteed.

Vehicles to be Replaced in FY 2022

Asset (model year, manufacturer, model or	VIN or Fleet ID	Miles as of June	Vehicle replacement is based upon fleet analysis and pre-
variant)		30, 2020	planning by IMD to
2007 FORD	1FTSS34LX7DA63926	115,130	determine which vehicles
2010 FORD	1FTDS3EL0ADA15088	214,966	will be eligible for funding in
2014 FORD	1FDGF5GY9EEA69149	118,800	FY 2022.
2013 FORD	1FDFE4FS8DDA02794	202,533	
2014 FORD	1FDFE4FS6EDA09003	178,821	
2013 FORD	1FDFE4FS6DDA02793	197,555	
2016 FORD	1FDFE4FS5GDC02696	112,471	
2016 FORD	1FDFE4FS4GDC25869	114,047	
2010 FORD	1FDFE4FS4ADA62499	177,490	
2014 FORD	1FDFE4FS2EDA94566	137,140	
2014 FORD	1FDEE3FS1EDA88196	143,631	
2016 FORD	1FDEE3FL2GDC31961	106,163	

Vehicles Requested in FY 2022 Application (*Excluding Expansion Vehicles)

Vehicle Replacement Type (enter number of each type requesting)						
Vans		Vans/Lifts	3	Sedans or		
				Minivans		
LTV's		LTV's/Lifts	9	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	YES	⊠No
requirements of FFATA and "No" if they are not subject to Executive	1E3	M MO
Compensation Reporting.		

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

	Full Name	Total Compensation
1		\$
2		\$
3		\$
4		\$
5		\$

Part II: Project Information

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

Project Name	
Type(s) of Capital Project (vehicle replacement, equipment, etc.). Describe the project(s) to be funded.	Replacement of vehicles having met useful life. Total replacement of camera system and software for all 26 vehicles
	FY 2022
Federal Amount Request	rd = \$734,580
State Amount Requested	** = \$91,822
Local match amou	nt = \$91,823
Total project co	st = \$918,225

^{**} Pending availability of State funding

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? \boxtimes Yes \square 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.

	personnel to support the project?					
No additio	onal personnel needed.					
C.	Does applicant have adequate financial and management systems in place to ensure adequate reporting and project oversight? Yes					
	rant has various departments to ensure adequate reporting ants include; finance, county manager office, county attorney		-			
d.	Has the source of local match been identified in a current by the agency's governing body in a future budget? What is the agency reserves, capital replacement fund, municipal gener etc.)? If the match is not from the applicant agency but and committed the match in writing? Provide documentation of from an outside party. Explain your answer in the box below	e source of to al fund, prive other party, l the commit	he match (e.g., ate partnership, nas that party			
Yes. Coun	ty reserve.					
e.	Further describe the matching funds, including amount and reserves, capital replacement budget, municipal general fur each source individually. If the matching funds are not com anticipated award date. [Add/Remove Lines as necessary – row then right click	nd, private po mitted, iden place the cu	artnership, etc). Lis tify their source and rsor in the bottom			
Source		Amount	Date awarded or available			
County re	serve	280202	7/1/21			
f.	Were FTA funds awarded to this project in previous years?	⊠ Yes	□No			

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

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 Gaston County through NEMT transportation, CARES ACT sponsored trips and contractual agreements.

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

Unduplicated		One-way trips	68000
Passengers			
Fully Allocated Cost per	\$22 (pre-covid), \$37		
Trip	(covid)		

List items included in the fully allocated cost per trip? What other factors, if any, are included in setting the cost of a trip?

FY10 Opstat, FY20 Opstat- note the different cost per trip pre-covid vs during covid.

III-2. Project Readiness

a. Describe the project plan <u>in detail</u> 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 <u>detailed</u> answer should be one half to one whole page long.

This project is to replace 12 vehicles that have met their useful life. This includes 9 LTV's and 3 Lift vans, camera system and software for 25 of our vehicles. 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 Enterprise Asset Management and will be serviced and maintained by the County Garage. County IT will provide support and maintenance for cameras.

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 the 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 provided the NEMT and CARES transportation for Gaston County. The project will allow Gaston County ACCESS to continue to provide efficient and effective demand response to the Gaston Count community. Gaston County has a need for total visibility of its fleet, and an updated camera 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 SSP and the ACCESS Operations Supervisor will 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.

☐ Yes	Explain
□ No ⊠ N/A	
⊠ N/A	

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 Enterprise Asset Management and will be serviced and maintain by County Garage.

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	Federal	<u>State</u>	<u>Local</u>	Total Cost
Description	Amount	<u>Amount</u>	<u>Share</u>	
	Requested	Requested		
1.G546 20' LTV	208000	<mark>26000</mark>	<mark>26000</mark>	<mark>260000</mark>
2.G547 25' LTV	480000	<mark>60000</mark>	<mark>60000</mark>	600000
3.G591 Vehicle Lettering & Logo	4800	<mark>600</mark>	<mark>600</mark>	<mark>6000</mark>
4. G596 Vehicle Security/ Surveillance	26980	<mark>3372</mark>	<mark>3373</mark>	<mark>33725</mark>
5. G527 Automatic Vehicle location	7400	<mark>925</mark>	<mark>925</mark>	<mark>9250</mark>
6. Vmax Commander Software	7400	<mark>925</mark>	925	9250
Project Totals	734580	91822	91823	918225

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.

Other Capital, Advanced Technology and Baseline Technology – Applicants should consult the Capital Replacement Schedule before requesting any replacements of Other Capital or Advanced/Baseline

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

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 IMD 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 <u>not</u> automatically be replaced. This schedule represents the minimum threshold for replacement consideration. Listed capital items are illustrative and not exhaustive.

Effective 7/1/2012

CATEGO		MINIMUM	MINIMUM DOCUMENTATION REP
CAPITAL IT		REQUIREMENTS	CONSIDERATION
MAJOR FACILITY RENOVE NEW CONSTRUCTION	VATIONS AND	40 years	
Building Purchase			Note: Major Renovation involves the purc
 Facility Construction 			existing building and complete refurbishing
-			building. Needs Assessment required. Pl
			would be required.
OFFICE FURNITURE		12 Years	
DeskChairs			o 1 retail estimate
■ Bookcase ■ Conference			 Description of need for replacement
	proof) (25 yrs.)		
OFFICE EQUIPMENT		5 Years	
■ Fax Machine ■ Calculate	or		o 1 retail estimate
■ Copier ■ Etc.			Description of need for replacement
AUDIO VISUAL EQUIPM		10 Years	
■ VCR/DVD ■ Camcorde	er		o 1 retail estimate
■ TV ■ Etc.			 Description of need for replacement
BASELINE TECHNOLOG	Y	5 Years	
Computer Laptop	(Includes		o 1 retail estimate
Projecto			o Description of need for replacement in i
PrinterServer			project description
■ Scanner	r (6 yrs.)		* Will be considered if needed for presenta
SECURITY & SURVELLIE	NCE	7 Years	
 Video (facility and vehicles 	s)		o 1 retail estimate
■ Cameras ■ Wireless t	unit		 Description of need for replacement
■ DVR ■ Antenna			
COMMUNICATIONS EQ	UIPMENT	6 Years	
Radio units Antenna			o 1 retail estimate
■Base Station ■Repeater			o Description of need for replacement in i
■Cell phones			project description
MAINTENANCE EQUIPM	IENT & FIXTURES	12 Years	
 Roller cabinets 	■ Diagnostic equip		o Only Systems with in-house Maintenana
 Portable tool stands 	■ Lift truck		eligible
Compressors- (5 yrs.)	■ Engine stands		o 1 retail estimate
■ Hoists- (10 yrs.)	■ Brake lathes		
■ Bus washers- (10-15 yrs.)	■ Etc.		
SUPPORT VEHICLES			
■ Trucks – Light Duty (under 12,500 lbs. g.v.w.)		8 Years	o Only Systems with in-house maintenance
g	, 6 //		eligible
			o 1 retail estimate & Justification for repla
		l .	7 17

Appendix A (continued)

REVENUE VEHICLES		
Vans		
 Center Aisle Van (2010 or older) Mini-Van Conversion Van or Lift Van 	8 years or 100,000 miles	 Updated PTMS Current VUD Once required fleet size has been determined through the capital assessment process, vehicles may be designated for
Buses		disposition and not be eligible for replacement.
Light Transit Vehicle (LTV) 20-27 ft body on cut-a-way chassis	10 years or 100,000 miles	
Light Transit Vehicle (LTV) 28 ft plus body on cut-a-way chassis	10 years or 100,000 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

FY2022 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

	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	Multi-outlet AC Surge Protector with power supply backup (if					
Protection:	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					
<u>Network</u>						
Configuration:	100/1000 MB using switches (no hubs), TCP/IP Protocol					
	Server					
±	re 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					

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

		Project Number :							
		CAPITAL	BUDGET						
		July 2019	- June 2022						
Legal Name:	GASTON COU	NTY							
Address:	PO Box 1578 GASTONIA, NO	28053-1578							
County:	GASTON COU	DN COUNTY Congressional District:							
Contact Person:	Tawanna Littlej	ohn							
Telephone:	+1 (704) 866-32	1 (704) 866-3254							
Fax:									
Email:	Twanna.littlejoh	Twanna.littlejohn@gastongov.com							
Web Site:	www.gastonhhs	.org							
Federal ID Number:	mber: DUNS Number:								
CFDA #:									
Period of Performand	ce: Jul 1, 2019	to Jun 30, 2022	Federal Billable/Non-	-Billable	Billable				
I. Total Project Expe	nditures								
(NCDOT Maximum Participation Amounts)				Requested		NCDOT Use Only			
Replacement Vehicles				\$860,000		\$860,000			
Expansion Vehicles				\$0		\$0			
Other Capital Expenses				\$6,000		\$6,000			
Advanced Technology Expenses				\$42,975		\$42,975			
Baseline Technology Expenses				\$9,250		\$9,250			
Facility Improvement Expenses				\$0		\$0			
Other Expenses				\$0		\$0			
Total				\$918,225		\$918,225			
II. Proposed Project	Funding*								
	Total	Federal	Federal Non-Billing	-Billing NCD		Local			
	100.00%	80.00%		10.0	0%	10.00%			
Total Funding	\$918,22	\$734,580	\$0		\$91,822	\$91,823			
IV. Proposed DBE, I	MBE, WBE Goals (I	Enter DBE Goal if Feder	al Funding applies, oth	nerwise ente	er MBE/WE	BE Goals)			
		DBE	MBE	E		WBE			
%									
Amount		\$0		\$0		\$0			

Project Number:

PROPOSED PROJECT BUDGET CAPITAL EXPENSES

Applicant: GASTON COUNTY Program Profile:ZPT3

Дррпса	III. GASTON COONTT	Fiogram	1 1 101116.2			
Object Code	Title			Total Cost		NCDOT Maximum Participation
ROLL	ING 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)	\$60,000		\$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.	\$59,000		\$0		\$0
	Optional Engine - Diesel	\$3,550		\$0		\$0
						\$0

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)	\$65,000	4	\$260,000	4	\$260,000
	Bike Rack	\$2,820		\$0		\$0
	Brake Retarder	\$8,600		\$0		\$0
				\$260,000		\$260,000
G547	Description	Budgeted Cost	Qty		Qty	
	25' Light Transit Vehicle w/wheelchair lift (Replacement) - Body-on-chassis type vehicle (Cutaway van chassis); retaining the van-type cab; offering increased headroom and wider body; fully automatic side lift. 2 and 4 Wheelchair Station floor plans Min. ambulatory capacity - 8 pax; Max. ambulatory capacity - 18 pax.	\$75,000	8	\$600,000	8	\$600,000
	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
		,		\$600,000		\$600,000
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.	\$65,500	0	\$0	0	\$0
	Optional Engine - Diesel	\$3,550		\$0		\$0
				\$0		\$0
G571	Description	Budgeted Cost	Qty		Qty	
	Minivan / Crossover (Replacement) – Small vehicle; standard production vehicle; maximum capacity - 6 passengers. Crossover vehicle (6 pax) available ONLY for ALL-WHEEL DRIVE	\$35,000		\$0		\$0
	Option: Accessible Minivan compliant with ADA; Lowered floor, wheelchair ramp and 1 to 2 wheelchair stations.	\$16,000		\$0		\$0
				\$0		\$0

G573	Description	Budgeted Cost	Qty		Qty	
	Support Vehicle (Replacement) - a vehicle used to support the transit system; maintenance needs(Non-Revenue Vehicle).	\$43,000		\$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.	\$96,000		\$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
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.	\$71,000		\$0		\$0
	Optional Engine - CNG	\$21,000		\$0		\$0
	Optional Engine - Hybrid Electric	\$30,000		\$0		\$0
	Brake Retarder	\$9,000		\$0		\$0
	Bike Rack	\$2,820		\$0		\$0
		'		\$0		\$0

G577	Description	Budgeted Cost	Qty		Qty	
	Other Transit Vehicle (Replacement) - Other transit-type vehicle not otherwise identified in UPTAS. Specifiy type and if lift equipped. (include estimated cost documentation)	\$134,830		\$0		\$0
	Optional Engine - Hybrid Electric					
	Optional Engine - Diesel					
				\$0		\$0
	TOTAL REPLACEMENT VEHICLE	QUANTITY & EXPE	NSES:	\$860,000		\$860,000

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

			VEHICLE REPLACEMENT INF	ORMATION			NCDOT
			REPLACED VEHICLES		NEW VEHICLE	APF	PROVED REPLS.
Year	Make	Туре	Complete VIN	Mileage	Select code below	Y/N	Comment
2010	FORD	LTV	1FDXE45503HA77633	186,500	G547 – 25' w/ lift	N	Repl. FY16/prior
2007	E350	LFTVAN	2007 - E350 - 1FTSS34LX7DA63926	115,130	G546 - 20' LTV w/ lift		
2010	E-350V	LFTVAN	2010 - E-350V - 1FTDS3EL0ADA15088	214,966	G546 - 20' LTV w/ lift		
2014	E-450	LFTVAN	2014 - E-450 - 1FDGF5GY9EEA69149	118,800	G547 - 25' LTV w/ lift		
2013	E-350V	LFTVAN	2013 - E-350V - 1FDFE4FS8DDA02794	202,533	G547 - 25' LTV w/ lift		
2014	E-350V	LFTVAN	2014 - E-350V - 1FDFE4FS6EDA09003	178,821	G547 - 25' LTV w/ lift		
2013	E-350V	LFTVAN	2013 - E-350V - 1FDFE4FS6DDA02793	197,555	G547 - 25' LTV w/ lift		
2016	F450	LFTVAN	2016 - F450 - 1FDFE4FS5GDC02696	112,471	G547 - 25' LTV w/ lift		
2016	F450	LFTVAN	2016 - F450 - 1FDFE4FS4GDC25869	114,047	G547 - 25' LTV w/ lift		
2010	E-450	LFTVAN	2010 - E-450 - 1FDFE4FS4ADA62499	177,490	G546 - 20' LTV w/ lift		
2014	F450	LFTVAN	2014 - F450 - 1FDFE4FS2EDA94566	137,140	G547 - 25' LTV w/ lift		
2014	F550	LFTVAN	2014 - F550 - 1FDEE3FS1EDA88196	143,631	G547 - 25' LTV w/ lift		
2016	E-350	LFTVAN	2016 - E-350 - 1FDEE3FL2GDC31961	106,163	G546 - 20' LTV w/ lift		

Project Number:

PROPOSED PROJECT BUDGET CAPITAL EXPENSES

Applicant: GASTON COUNTY

Object Code	Title			Total Cost		NCDOT Maximum Participation
ROLL	ING STOCK: EXPANSION VEHICLES (*No	te : Expansion vehic	les inclu	ide estimated cost of	camer	a system of \$4,500)
G561	Description	Budgeted Cost	Qty		Qty	
	35- to 40-FT HD Transit Bus w/Lift (Expansion) - 12 yr. bus Heavy duty diesel bus built as an integral unit.	\$500,000		\$0		\$0
	Optional Engine - CNG					
	Alternative fuel Engine - Hybrid Electric	\$250,000		\$0		\$0
	Optional Engine - Diesel					
		,		\$0		\$0
G562	Description	Budgeted Cost	Qty		Qty	
	30- to 35-FT HDTransit Bus w/Lift (Expansion) - 10 yr. bus Heavy duty diesel bus built as an integral unit.	\$460,000		\$0		\$0
	Alternative fuel engine: Hybrid	\$200,000		\$0		\$0
	Optional Engine - CNG					
	Optional Engine - Natural Gas					
		,		\$0		\$0
G563	Description	Budgeted Cost	Qty		Qty	
	20' Light Transit Vehicle (Expansion) – Body-on-chassis type vehicle (Cutaway van chassis); retaining the van-type cab; offering increased headroom and wider body; max. capacity - 13 passengers (may be driven w/o CDL)	\$59,500		\$0		\$0
	Bike Rack	\$2,820		\$0		\$0
	Brake Retarder	\$8,600		\$0		\$0
		,		\$0		\$0
G565	Description	Budgeted Cost	Qty		Qty	
	Raised Roof Van (Expansion) – Side Entry; NO LIFT; maximum capacity 12-13 passengers.	\$58,500		\$0		\$0
	Optional Engine - Diesel	\$3,550		\$0		\$0
		l		\$0		\$0

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

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
G579	Description	Budgeted Cost	Qty		Qty	
	22' Light Transit Vehicle w/Lift (Expansion) – Body-on chassis type vehicle (Cutaway van chassis); retaining the van-type cab; offering increased headroom and wider body; fully automatic side life. 2 Wheelchair Station floor plan. Min. ambulatory capacity - 12 pax; Max. ambulatory capacity - 14 pax. THIS LTV REQUIRES A CDL - LTV seating CANNOT BE MODIFIED.	\$70,500		\$0		\$0
	Optional Engine - Hybrid Electric	\$21,000		\$0		\$0
	Brake Retarder	\$9,000		\$0		\$0
	Optional Engine - CNG	\$21,000		\$0		\$0
	Bike Rack	\$2,820		\$0		\$0
				\$0		\$0
G595	Description	Budgeted Cost	Qty		Qty	
	Other Transit Vehicle (Expansion) - Other transit-type vehicle not otherwise identified in UPTAS. Specify type and if lift equipped. (include estimated cost documentation)					
	Optional Engine - Hybrid Electric					
	Optional Engine - Diesel					
		1	· · · · · · · · · · · · · · · · · · ·			

*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.

Project Number:

PROPOSED PROJECT BUDGET CAPITAL EXPENSES

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

G551	Vehicle Spare Parts - Cost of symbols of symbols of spare part must and a useful life of more than conly available to systems with which maintain an inventory of List one item per line, the number estimated cost per each. (provide one cost estimate for	have a one (1) in-hou f spare iber of	unit cost of great year. This expense is e maintenance parts. units, and the	ater than \$300 enditure is facilities	iance Fa	ncility!	
	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total
G552	Shop Equipment - Purchase of vehicles, including, but not limite List one item per line, the no. (provide one cost estimate for	d to, mo	otor hoist, tire bal per item, and th	ancer, etc.	iance Fa	ncility!	
	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total
G553	Repeater Station - Used to exte	nd the	range of the base	e installation.			
0000	Attach estimate of cost from ven						
	Watts:						
	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total
	New						
	Replacement						
G554	Radio Base Station - Desk-type					ı	1
	in the vehicles. Includes remote Attach estimate of cost from ven		nobiles with powe	r packs.			
	Watts:	uoi.					
	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total
	New	Qty	Estimated Gost Ea.	Iotal	Qty	Dot Nate	Total
	Replacement						
	I .				1	I .	I .

	Watts:										
	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total				
	New										
	Replacement										
	Hand-held Radio Unit - portable Attach estimate of cost from ven Watts:		y radio (limit 2 per	transit system)							
	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total				
	New										
	Replacement										
56	new or replacement telephone simay include cellular (digital) pho	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				
57	Farehoxes - Coin collection unit	installe	ed on vehicle								
57	Fareboxes - Coin collection unit List item and indicate no. of units Attach estimated cost & type.	s:		Total	Oh	Dat Pata	Total				
57	List item and indicate no. of units Attach estimated cost & type. Item Description		ed on vehicle. Estimated Cost Ea.	Total	Qty	Dot Rate	Total				
57	List item and indicate no. of units Attach estimated cost & type. Item Description New	Qty		Total	Qty	Dot Rate	Total				
57	List item and indicate no. of units Attach estimated cost & type. Item Description	Qty		Total	Qty	Dot Rate	Total				
	List item and indicate no. of units Attach estimated cost & type. Item Description New	Qty n if not I r item, a	Estimated Cost Ea. isted above. and the estimated		Qty	Dot Rate	Total				
	List item and indicate no. of units Attach estimated cost & type. Item Description New Replacement Other Equipment - Specify item List one item per line, the no. pe	Qty n if not I r item, a	Estimated Cost Ea. isted above. and the estimated		Qty	Dot Rate Dot Rate	Total				
	List item and indicate no. of units Attach estimated cost & type. Item Description New Replacement Other Equipment - Specify item List one item per line, the no. pe Provide one cost estimate for	Qty if not I r item, a	Estimated Cost Ea. isted above. and the estimated em requested.	cost.							
	List item and indicate no. of units Attach estimated cost & type. Item Description New Replacement Other Equipment - Specify item List one item per line, the no. pe Provide one cost estimate for	Qty if not I r item, a	Estimated Cost Ea. isted above. and the estimated em requested.	cost.							
	List item and indicate no. of units Attach estimated cost & type. Item Description New Replacement Other Equipment - Specify item List one item per line, the no. pe Provide one cost estimate for	Qty if not I r item, a	Estimated Cost Ea. isted above. and the estimated em requested.	cost.							
	List item and indicate no. of units Attach estimated cost & type. Item Description New Replacement Other Equipment - Specify item List one item per line, the no. pe Provide one cost estimate for	Qty if not I r item, a	Estimated Cost Ea. isted above. and the estimated em requested.	cost.							
59	List item and indicate no. of units Attach estimated cost & type. Item Description New Replacement Other Equipment - Specify item List one item per line, the no. pe Provide one cost estimate for Item Description Bus Stop Signs - Sign used to item board or exit a public transit	Qty n if not I r item, a each it Qty	isted above. and the estimated come requested. Estimated Cost Ea. Estimated Cost Ea.	cost. Total	Qty	Dot Rate					
59	List item and indicate no. of units Attach estimated cost & type. Item Description New Replacement Other Equipment - Specify item List one item per line, the no. pe Provide one cost estimate for Item Description Bus Stop Signs - Sign used to i	Qty n if not I r item, a each it Qty	isted above. and the estimated come requested. Estimated Cost Ea. Estimated Cost Ea.	cost. Total	Qty	Dot Rate					

G591	Vehicle Lettering & Logos - Collabor involved in having the transland/or logo applied to vehicles.	sit syste	m name, phone i	number,	ndor.	(Attach	cost es	timate fo	or reference only.)
	Item Description	Qty	Estimated Cost Ea.	Total		Qty	Dot	Rate	Total
	Vehicle Lettering & Logos	12	\$500	\$6	5,000	12		\$500	\$6,000
G611	Direct Purchase of Service Purchase of transportation se transportation provider.	•	•	wned					
G612	User Side Subsidy Purchase of service contract i portion of the full fare.	n which	the passenger (user) pays for a					
G621	Volunteer Reimbursement Reimbursement to volunteers public transportation.	for mile	age on personal	vehicle for					
G641	Direct Purchase of Service Purchase of transportation se transportation provider.			rned					
	TOTAL OTHER CAPITA	L EXPE	ENSES:				\$6,000		\$6,000

Project Number:

PROPOSED PROJECT BUDGET

CAPITAL EXPENSES

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

Applicant: GASTON COUNTY

01-14							NODOT Manimum
Object Code		Title			Total Co	st	NCDOT Maximum Participation
ADVA	NCED TECHNOLOGY					·	
G524	Scheduling Software for Advar	nce Tec	hnology- Must	comply with Techn	ology Pl	an:	
	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total
G526	Mobile Data Devices (Tablets)	- Musi	t comply with Te	chnology Plan:			
	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total
	Replacement						
	Expansion						
	Fare Media: Smart Card / Mage	netic S	Stripe Card	,			
	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total
	Initial Installation						
	Expansion						
G527	Automatic Vehicle Location (A	VL) -	Must comply with	h Technology Plan	:		
	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total
	Replacement	50	\$185	\$9,250	50	\$185	\$9,25
	Expansion						
				\$9,250			\$9,25
G528	Data Communication Device -	Must	comply with Tec	hnology Plan:			
	Describe Data Communication						
	Describe Data Communication	Device	Upgrades that i	may be necessary	for MDT	technology:	
	Item Description	Device Qty	Estimated Cost Ea.	may be necessary	for MDT Qty	Dot Rate	Total
			. •				Total
			. •				Total
			. •				Total
	Item Description	Qty	Estimated Cost Ea.	Total			Total
G592	Item Description Other Advanced Technology It	Qty	Estimated Cost Ea.	Total			Total
G592	Other Advanced Technology It Must comply with Technology	Qty ems - A	Estimated Cost Ea. Advance Techno	Total			Total
G592	Item Description Other Advanced Technology It	Qty ems - A Plan: ed above	Estimated Cost Ea. Advance Technologye, such as	Total			Total
G592	Other Advanced Technology It Must comply with Technology List other hardware not include	Qty ems - A Plan: ed above	Estimated Cost Ea. Advance Technologye, such as	Total			Total
G592	Other Advanced Technology It Must comply with Technology List other hardware not include replacement hard drives, network	ems - A Plan: ed abov	Estimated Cost Ea. Advance Techno ve, such as rds, etc.	Total	Qty	Dot Rate	
G592	Other Advanced Technology It Must comply with Technology List other hardware not include replacement hard drives, network	ems - A Plan: ed abov	Estimated Cost Ea. Advance Techno ve, such as rds, etc.	Total	Qty	Dot Rate	
G592	Other Advanced Technology It Must comply with Technology List other hardware not include replacement hard drives, network	ems - A Plan: ed abov	Estimated Cost Ea. Advance Techno ve, such as rds, etc.	Total	Qty	Dot Rate	

G596	Vehicle Security / Surveillance Equipment - Must comply with:											
	Cost and in	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	DVR's and Cameras	25	\$1,349	\$33,725	25	\$1,349	\$33,725				
	Expansion											
	\$33,725 \$33,7											
	TOTAL AD	VANCED TECHNOLOGY	EXPE	NSES:	\$42,975			\$42,975				

Project Number:

PROPOSED PROJECT BUDGET

CAPITAL EXPENSES - Include estimate for all requests

Applicant: GASTON COUNTY

Object Code	Title			Total Cost		NCDOT Maximum Participation			
BASE	LINE 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 Rat	te Total		
	Replacement								
	New								
G521	Personal Computer System (P Includes laptop, DESKTOP cor one 24" monitor, keyboard, mous XP software, 2 yr. technical supp	nputers se and l	Microsoft Office	fice XP,					
	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rat	te Total		
	Replacement								
	Expansion								
G522	Printers - Laser jet network an	d non-ı	network printers						
	Non-network	Qty	Estimated Cost Ea.	Total	Qty	Dot Rat	te Total		
	Replacement								
	Expansion								
	Network	Qty	Estimated Cost Ea.	Total	Qty	Dot Rat	te Total		
	Replacement								
	Expansion								

Item Description			Total	()TV/	Dot Rate	Total		
VMax Commander	Qty	Estimated Cost Ea. \$185		Qty .250 50	\$185	Total	\$9,25	
		φ103	ψθ,	,230 30	Ψ103		Ψ9,20	
viviax Commander Venicle Activation								
(Ensure that your current pc h	as enou	ugh RAM)						
Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total		
Upgrade Version								
Full Version								
Microsoft Office Software: (Ensure that your current pc h MS Office XP PROFESSIONAL		ugh RAM)			·			
Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total		
Upgrade Version								
Full Version								
			\$9,	,250			\$9,2	
*Scheduling Software requests	s shoul	d be made on th	ne Advanced Te	chnology B	udget			
Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total		
Replacement								
Expansion								
Other Technology Items - List other hardware not included above, such as replacement hard drives network cards, etc. (baseline technology)								
Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total		
	Operating System Software Up (Ensure that your current pc h Windows XP PROFESSIONAL Item Description Upgrade Version Full Version Microsoft Office Software: (Ensure that your current pc h MS Office XP PROFESSIONAL Item Description Upgrade Version Full Version *Scheduling Software requests Network Server - For use with network applicati (Use standard local IT specific Item Description Replacement Expansion Other Technology Items - List included above, such as replainetwork cards, etc. (baseline in the surface of the surface in the surfac	Operating System Software Upgrade: (Ensure that your current pc has enough Windows XP PROFESSIONAL operation Upgrade Version Full Version Microsoft Office Software: (Ensure that your current pc has enough MS Office XP PROFESSIONAL Item Description Qty Upgrade Version Full Version August Version Full Version *Scheduling Software requests shoul Network Server - For use with network application/prog(Use standard local IT specifications) Item Description Qty Replacement Expansion Other Technology Items - List other Item Included above, such as replacement network cards, etc. (baseline technology Items)	Operating System Software Upgrade: (Ensure that your current pc has enough RAM) Windows XP PROFESSIONAL operating system Item Description Qty Estimated Cost Ea. Upgrade Version Full Version Microsoft Office Software: (Ensure that your current pc has enough RAM) MS Office XP PROFESSIONAL Item Description Qty Estimated Cost Ea. Upgrade Version Full Version *Scheduling Software requests should be made on the Network Server - For use with network application/programs (Use standard local IT specifications) Item Description Qty Estimated Cost Ea. Replacement Expansion Other Technology Items - List other hardware not included above, such as replacement hard drives network cards, etc. (baseline technology)	Operating System Software Upgrade: (Ensure that your current pc has enough RAM) Windows XP PROFESSIONAL operating system Item Description Qty Estimated Cost Ea. Total Upgrade Version Microsoft Office Software: (Ensure that your current pc has enough RAM) MS Office XP PROFESSIONAL Item Description Qty Estimated Cost Ea. Total Upgrade Version Full Version Full Version System Description Qty Estimated Cost Ea. Total Upgrade Version Full Version System Description Qty Estimated Cost Ea. Total Replacement Expansion Other Technology Items - List other hardware not included above, such as replacement hard drives network cards, etc. (baseline technology)	VMax Commander Vehicle Activation Operating System Software Upgrade: (Ensure that your current pc has enough RAM) Windows XP PROFESSIONAL operating system Item Description	VMax Commander Vehicle Activation Operating System Software Upgrade: (Ensure that your current pc has enough RAM) Windows XP PROFESSIONAL operating system Item Description Oty Estimated Cost Ea. Total Oty Dot Rate Upgrade Version Full Version Item Description Qty Estimated Cost Ea. Total Oty Dot Rate Upgrade Version Full Version Full Version Say,250 *Scheduling Software requests should be made on the Advanced Technology Budget Network Server - For use with network application/programs (Use standard local IT specifications) Item Description Qty Estimated Cost Ea. Total Oty Dot Rate Say,250 *Scheduling Software requests should be made on the Advanced Technology Budget Network Server - For use with network application/programs (Use standard local IT specifications) Item Description Oty Replacement Expansion Other Technology Items - List other hardware not included above, such as replacement hard drives network cards, etc. (baseline technology)	VMax Commander Vehicle Activation Operating System Software Upgrade: (Ensure that your current pc has enough RAM) Windows XP PROFESSIONAL operating system Item Description	

Project Number:

PROPOSED PROJECT BUDGET FACILITY EXPENSES

Applicant: GASTON COUNTY

Applica	nt: GASTON COUNTY						
Object Code		Title			Total Co	ost	NCDOT Maximum Participation
FACII	ITY BUDGET			'		1	'
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.						
							1

	List one item per line Attach co	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total		
	item Description	Qty	Estimated Cost Ea.	TOTAL	Qty	Doi Rate	Total		
539	Accessway/ Signage/Landscap Construction of ramps and and w signs, such as a facility signs. So List one item per line Attach co	valkway oil eros	ys that meet ADA. ion containment.	Permanent					
	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total		
558	Telephone system - New or Replacement telephone system Attach cost estimate for reference only.								
	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total		
581	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								
	Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	Total		
582									

G583	Bus Stop Shelter and Benches *Requires plan approval by cit ADA requirements include mir min. turning radius in shelter; and concrete pad adjacent to s Provide plan approval with ap	y or co nimum access shelter	unty regarding l size and width o sibility to shelter for loading and	location. of the shelter; by sidewalk;	ssengers at	bus stop.	
	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	e Total
	Bus Shelters						
	Benches						
G584	Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	e Total
	Park and Ride Lots - Paved lots for park and ride. Describe work to be completed and attach cost estimate.						
G586	Building Security/Surveillance security system and surveillance administrative or maintenance fa List one item per line. Attach of	equipn	nent for transit sy nd parking area.	stem's			
	Item Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	e Total
G587	Paving / Resurfacing - Asphalt facility parking area. Also include						
	Indicate size (sq.ft.) area to be	paved	resurfaced:				
	Attach cost estimate for refere	nce on	ly.				
G588	Description	Qty	Estimated Cost Ea.	Total	Qty	Dot Rate	e Total
	Engineering and Design Services - Cost of architectural and engineering services required for construction or renovation projects.						

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 FAC	ILITY IMPROVEMEN	IT EXPENSES:					
Ph Fa Do If y and	onsideration. ysical Address of Faccility Improvement Quayou currently operate ou DO NOT currently ticipated date that you hat is the total square	cility:	e completed for consider ocation, what is the ation?	ration. YES O NO O YES O NO O	ON FOR FUNDING			
10 1	and radinty criared for	outer dood or with ou	120 () 110					
If y		re footage occupied, a						
	Eı	ntity	Sq. Feet	Purpose	9			

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

Code	Code Description		Requested	NCDOT Use Only
M103	M103 - 111204-BUY BUS <30FT REPL		\$0.00	\$0.00
M104	M104 - 111205-BUY SCHOOL BUS RPL		\$0.00	\$0.00
M105	M105 - 111207-BUY BUS C/S REPL		\$0.00	\$0.00
M106	M106 - 111209-BUY BUS TRLEY REPL		\$0.00	\$0.00
M107	M107 - 111215-BUY VANS REPL		\$0.00	\$0.00
M108	M108 - 111216-BUY SDAN/S-WGN RPL		\$0.00	\$0.00
M112	M112 - 111303-BUY BUS 30FT EXP		\$0.00	\$0.00
M160	M160 - 113207-ACQ SURV/SEC SYS		\$0.00	\$0.00
M175	M175 - 113401-REH/REN BUS TRML		\$0.00	\$0.00
M221	M221 - 114301-CONST ADMIN BLDG		\$0.00	\$0.00
M222	M222 - 114302-CONST MAINT FACILI		\$0.00	\$0.00
M223	M223 - 114303-CONST ADM/MNT FAC		\$0.00	\$0.00
M224	M224 - 114304-CONST STORAGE FAC		\$0.00	\$0.00
M225	M225 - 114305-CONST YARDS&SHOPS		\$0.00	\$0.00
M226	M226 - 114306-CONST SHOP EQUIP		\$0.00	\$0.00
M227	M227 - 114307-CONST ADP HARDWARE		\$0.00	\$0.00
M228	M228 - 114308-CONST ADP SOFTWARE		\$0.00	\$0.00
		Total	\$0.00	\$0.00
		Total	\$0.00	\$0.00
		Total	\$0.00	\$0.00
			ψσ.σσ	ψ0.00

AGENCY COMMENTS			
NCDOT COMMENTS			
	Check	Save	Submit