**LYNX SECTION 5310**

**Fiscal Year 2024-2025 GRANT APPLICATION**

Central Florida Regional Transportation Authority



*In accordance with:*

49 U.S.C. Section 5310 | FAST Act Section 3006

Enhanced Mobility of Seniors and Individuals with Disabilities

**Checklist for Application Assistance**

*Name of Applicant:*

The following documents must be included in Section 5310 Operating, Vanpool and Capital Assistance Applications in the order listed:

This Checklist

Applicant’s Cover Letter (Use Template Provided)

Applicant History

Current System Description

Budget Considerations

Proposed Project Description

Service Area Maps ([LYNX provided maps](http://lynx.maps.arcgis.com/apps/webappviewer/index.html?id=90bfdab26dc2438a93ea0b751394a851))

**Required Excel Documents:**

Form 1: Annual Operating Data, Sections 1-5 (Excel Worksheet)

Form 2: Funding Request (Excel Worksheet)

Form 3: Local Match Requirement (Excel Worksheet)

Form 4: Fact Sheet (Excel Worksheet)

Form 5: Vehicle Inventory (Excel Worksheet)

Application for Federal Assistance (Standard Form 424)

Federal Certifications and Assurances

Exhibit A: CTC Coordination Contract

CTC Required Meeting Date (Place date in text box)

Previous AOR submitted to CTC (if current coordinating agency)

Exhibit B: Single Audit Act, or Certification of Exemption from Single Audit Act

Exhibit C: Coordinated Public Transit – Human Services Transportation Plan

Exhibit D: Governing Board’s Resolution

Exhibit E: Certification of Equivalent Service

# Applicant’s Cover Letter

When application is submitted, please attach a copy of the signed and completed form.

CENTRAL FLORIDA REGIONAL TRANSPORTATION AUTHORITY GRANT APPLICATION

(agency name) submits this Application for the Section 5310 Program Grant and agrees to comply with all assurances and exhibits attached hereto and by this reference made a part thereof, as itemized in the Checklist for Application Completeness.

(agency name) further agrees, to the extent provided by law (in case of a government agency in accordance with Sections 129.07 and 768.28, Florida Statutes) to indemnify, defend and hold harmless LYNX and all of its officers, agents and employees from any claim, loss, damage, cost, charge, or expense arising out of the non-compliance by the Agency, its officers, agents or employees, with any of the assurances stated in this Application.

Sunshine Law - Please note: Florida has a very broad public records law. Following the evaluation and scoring of your application, it is subject to this law, and upon request, available for public disclosure.

This Application is submitted on this day of , 20 with an original resolution or certified copy of the original resolution authorizing Name and Title to sign this Application.

Agency Name

Name and title of authorized individual

(Signature of Authorized Individual) *[blue ink]* (Date)

*NOTE: Agency MUST attach a Resolution of Authority from your Board (original document) for the person signing all documents on behalf of your agency. See Exhibit D.*

# Agency Information

1. Type of Applicant: (Place X in box)

|  |  |  |  |
| --- | --- | --- | --- |
|  | New |  | Existing |

1. Have you had a Section 5310 project funded by LYNX? (Place X in box)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

If YES, briefly describe your previously funded Section 5310 project and summarize project outcomes for the clients/populations served by your agency: (Max 400 words)

|  |
| --- |
|  |

1. Have you had a Section 5310 project funded by the Florida Department of Transportation (FDOT)? (Place X in box)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

If YES, briefly describe your previous Section 5310 project funded by FDOT: (Max 200 words)

|  |
| --- |
|  |

1. Did your agency receive $750,000 in Federal Funds last fiscal year? (Place X in box)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

1. Did your agency receive federal assistance funds under 49 U.S.C. §§ 5307, 5309, or 5311?

(Place X in box)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

If YES, briefly describe your previously funded Section 5307, 5309, or 5311 projects: (Max. 200 words)

|  |
| --- |
|  |

1. Does the subrecipient have or previously had any lawsuit(s) filed against them? (Place X in box) (Obtain all necessary documentation if answer is yes)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

1. Does the subrecipient have a financial management system in place to track and record program expenditures (Examples: QuickBooks, Visual Bookkeeper, Peachtree, or a Customer Proprietary System)? (Place X in box)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

If YES, please describe system used:

|  |
| --- |
|  |

# Current System Description

It is requested that applicants provide the System Description in a question/answer format. Please limit response to two pages. The following information shall be included in the narrative in a detailed manner:

1. An overview of the organization including its mission, program goals, and how transportation fits into the overall organization mission:

|  |  |
| --- | --- |
| Organization Overview | Description |
| Mission |  |
| Program Goals |  |
| How transportation fits into the overall organization mission |  |

1. Organizational structure: type of operation, number of employees, and other pertinent organizational information:

|  |  |
| --- | --- |
| Organizational Structure | Description |
| Type of Operation |  |
| Total Number of Employees |  |
| Total Number of Transportation Employees |  |
| Other Organizational Information |  |

1. Breakdown of transportation related employees (drivers, schedulers, dispatchers, etc.):

|  |  |  |
| --- | --- | --- |
| Position | Number of employees | Average # of years  of experience |
| Drivers |  |  |
| Schedulers |  |  |
| Dispatchers |  |  |
| Transportation Administrator |  |  |
| Transportation Supervisor |  |  |
| Transportation Manager |  |  |
| Other (explain) |  |  |

1. Does your agency require CDL certifications, etc.? (Place X in box)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

1. Who is responsible for?

|  |  |
| --- | --- |
| Categories | Description |
| Insurance |  |
| Training   * How often? |  |
| Administration of the Transportation Program |  |

1. Who provides maintenance of the vehicles?

|  |
| --- |
|  |

1. Provide a detailed description of:

|  |  |
| --- | --- |
|  | Description |
| Service Route / Area |  |
| Number of Ridership per route |  |
| Monthly Trips per month |  |
| Unduplicated Passenger per month |  |
| Software or method of data collection for accuracy reporting |  |

1. Does your agency provide non-urbanized transportation services?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

# Budget Considerations

The overall funding request and budget account for 25% of the total score of the project proposals. Use the questions below to provide a narrative of the use of funding for the application.

1. Provide a detailed description of how grant funds will be used. Description below should be an explanation of the Form 2: Funding Request (Max 600 words)

|  |
| --- |
|  |

1. Describe the source of match including potential issues in meeting match requirements: (Max 300 words)

|  |
| --- |
|  |

**Proposed Project Description**

The proposed project description should be thorough as the evaluation committee will rely heavily on the narrative in reviewing and ranking a grant application. **It is required that all applicants provide the Project Description in a question/answer format.**

1. This project will:

|  |  |  |
| --- | --- | --- |
|  |  | Explain |
| Maintain existing services | Will the quality or efficiency of service improve? |  |
| Expand existing services | How does this project achieve expansion (i.e. through increased service hours, increased number of vehicles in service, coordination with other transportation providers, expanded service area, etc.)? |  |
| Provide a new service | What is the demand for such a project (what factors led to this project’s development; what analysis was conducted to verify need/demand)? |  |

1. How will the project improve mobility for Seniors and Individuals with disabilities? How will the project remove barriers to transportation services? How will the project expand the transportation mobility options currently available? (Max 500 words)

|  |
| --- |
|  |

1. Is your agency coordinating with other federally assisted programs and services? (Place X in box)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

If yes, which program?

|  |
| --- |
|  |

1. How does the proposed project fit into the coordinated transportation system in the LYNX service area? (*The required meeting with CTC will help with answering this question*) (Max 300 words)

|  |
| --- |
|  |

1. Please explain the geographic location of your proposed service area. Will the service operate entirely within the urbanized areas of Orlando and/or Kissimmee, or will some of the services span both urban and non-urbanized areas?

|  |
| --- |
|  |

* 1. If services span both urban and non-urbanized areas, please explain the methodology used to determine if this project will predominately serve the urbanized areas.

|  |
| --- |
|  |

* 1. Provide a map marked up clearly (in color) to show the proposed service areas and included in the grant application.

(<http://lynx.maps.arcgis.com/apps/webappviewer/index.html?id=90bfdab26dc2438a93ea0b751394a851>)

(Please Insert Map)

1. What priorities does the project address in the LYNX Transportation Disadvantaged Service Plan (TDSP)? TDSP can be found under the Human Services Transportation Plan tab in the following link: [FTA 5310 Program | Public Transportation in Orange, Seminole & Osceola (golynx.com)](https://www.golynx.com/corporate-info/doing-business/fta-5310-program.stml)
   1. Are unmet needs or gaps (time-based or geographic) addressed by this project? (Place X in box)

.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

|  |  |
| --- | --- |
| Unmet Needs or Gap | Cite pages and specific references from TDSP |
|  |  |
|  |  |
|  |  |
|  |  |

1. If this project helps realize service (operational) efficiencies; what are those efficiencies? How does the project help realize those efficiencies?

|  |
| --- |
|  |

1. What population(s) will the project serve (elderly, disabled, other transportation disadvantaged groups, general population)?

|  |
| --- |
|  |

1. How does the project provide a service that the CTC cannot, or at a more efficient rate than the CTC?

|  |
| --- |
|  |

1. Will the project:
   1. be sustainable after initial award? (Place X in box)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

* 1. only be feasible to provide the service(s) with the support of these funds? (Place X in box)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

* 1. If applicable, how will the project become sustainable?

|  |
| --- |
|  |

# Required Excel Documents

\* Please submit Forms in both PDF (signed) and Excel Format with the Application Submission

All required excel documents available at:

<https://www.golynx.com/corporate-info/doing-business/fta-5310-program.stml>

## Form 1: Annual Operating Data

As support for the information provided on the Budget and in the Fact Sheet, please complete the Annual Operating Data in the Excel Workbook, Sections 1 to 5, provided at the link above. When the application is submitted, please attach a copy of the completed “Annual Operating Data” worksheet.

## Form 2: Funding Request

Please complete the 5310 Funding Request in the Excel Workbook provided at the link above. When the application is submitted, please attach a copy of the completed “Funding Request” worksheet.

## Form 3: Local Match Requirement

Please complete the Local Match Requirement form in the Excel Workbook provided at the link above. Identify the specific sources of funds (public and private) to be used as local contribution. Applicants may provide local match from other federal programs that are eligible to be expended for transportation, with the exception of USDOT/FTA programs. In addition, state the dollar amount associated with each local match funding source. Authorized Representative **must sign the form**.

## Form 4: Fact Sheet

Please complete the Fact Sheet in the Excel Workbook provided at the link above. When the application is submitted, please attach a copy of the completed “Fact Sheet” worksheet.

## Form 5: Vehicle Inventory

Please complete the Vehicle Inventory in the Excel Workbook provided at the link above. When the application is submitted, please attach a copy of the completed form.

# Standard Form 424

Please complete Standard Form 424 as part of application. An editable pdf can be found at (**copy and paste** links below):

Standard Form 424 - [SF424\_4\_0-V4.0 (3).pdf](file:///C:\Users\bgarces\Documents\Brenda's%20Docs\SF424_4_0-V4.0%20(3).pdf)

Standard Form 424 Sample - See Section 5310 Grant Manual <https://www.golynx.com/corporate-info/doing-business/fta-5310-program.stml>

# Federal Certifications and Assurances

All application must include the most recent signed copy of the FTA Certifications and Assurances. These can be found at the following link:

[FY2023 Annual List of Certifications and Assurances for FTA Grants and Cooperative Agreements (dot.gov)](https://www.transit.dot.gov/sites/fta.dot.gov/files/2023-01/FY23-certifications.pdf)

# Exhibit A: CTC Coordination Contract

A copy of the written coordination agreement between the applicant and the CTC in the appropriate service area should be identified as Attachment B and included in the application. The agreement must be specific as to how the services to be provided will complement the services the CTC provides, and how duplication and fragmentation of services will be avoided. If the applicant’s service extends into areas covered by more than one CTC, copies of all applicable coordination agreements should be included in the application.

The CTC Coordination Contract is only required for new agencies or agencies proposing a project different to what the previous CTC Coordination Contract stated. If agency does not have a current Coordination Contract with the CTC, a letter of intent to do so is required in place of the contract. Grant awards will not be made without an appropriate coordination agreement.

## CTC Required Meeting

Applicants must meet with the CTC prior to submitting an application and **must include the date of the meeting on the checklist of this application**. The period to meet with the CTC is between **July 24 and August 4, 2023**. To schedule a meeting with the CTC please contact Selita Stubbs at [SStubbs@golynx.com](mailto:SStubbs@golynx.com) or (407) 254-6039.

# Exhibit B: Single Audit Act, or Certification of Exemption from Single Audit Act

Applicants will provide their most recent Single Audit Report, with any findings and corrective actions; or, if the audit is not applicable, Applicants will provide a Certification of Exemption from Single Audit Act.

Please complete the template form below. When application is submitted, please attach a copy of the completed form.

IT IS HEREBY CERTIFIED THAT the Applicant:

1. Will not receive $750,000 or more for the current Fiscal Year from all federal sources combined, and is, therefore, exempt from the Single Audit Act as described in OMB A-133; and
2. In the event the applicant does receive $750,000 or more in total from all federal sources during the current fiscal year, the applicant will comply with the Single Audit Act and submit LYNX a copy of its most recent audit conducted in compliance with the Act within 90 days of audit completion.

Name and title of authorized individual

(Signature of Authorized Individual) (Date)

# Exhibit C: Coordinated Public Transit – Human Services Transportation Plan

Please complete the template form below. The form is to be completed and signed by an individual **authorized by the governing board** of the applicant agency and submitted with the grant application. When application is submitted, please attach a copy of the completed form.

The certifies and assures to the Central Florida Regional Transportation Authority (dba LYNX) in regard to its Application for Assistance under U.S.C. Section 5310 dated :

This grant request is derived from a coordinated plan compliant with Federal Transit Administration Circular 9070.iG.

* + - 1. The name of this coordinated plan is:

* + - 1. The agency that adopted this coordinated plan was:

Central Florida Regional Transportation Authority dba LYNX

* + - 1. The date the coordinated plan was adopted was:

* + - 1. The page number of the coordinated plan that this application supports:

Name and title of authorized individual

(Signature of Authorized Individual) (Date)

# Exhibit D: Governing Board’s Resolution

Please complete the template form included below: When application is submitted, please attach a copy of the completed form.

A RESOLUTION of the (Governing Body) authorizing the signing and submission of a grant application and supporting documents and assurances to the Central Florida Regional Transportation Authority (dba LYNX), and the acceptance of a grant award from LYNX.

WHEREAS, (Applicant) has the authority to apply for and accept grant awards made by LYNX as authorized by Chapter 341, Florida Statutes and/or by the Federal Transit Administration Act of 1964, as amended;

NOW, THEREFORE, BE IT RESOLVED BY THE (Governing

Body)

, FLORIDA:

1. This resolution applies to Federal Program(s) under U.S.C. Section(s)

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1. The submission of a grant application(s), supporting documents, and assurances to the CFRTA is approved.
2. (Authorized Individual by Name and Title) is authorized to sign the application and accept a grant award, unless specifically rescinded.

DULY PASSED AND ADOPTED THIS , 20

By: (Signature, Chairperson of the Board) *[blue ink]*

(Typed name & title)

ATTEST:

(seal)

# Exhibit E: Certificate of Equivalent Service

According to Circular 9070.IG, providers of demand responsive service must utilize accessible vehicles, as defined at 49 CFR 37.7 or meet the applicable equivalent service standard. For private and public entities, the service must be equivalent in regard to schedules, response times, geographic areas of service, hours and days of service, availability of information, reservations capability, constraints on capacity or service availability, and restrictions based on trip purpose. If a subrecipient does not have wheelchair accessible vehicles available, a Certificate of Equivalent Service must be on file with LYNX at time of application and should be submitted with the 5310 Application. A certification of Equivalent Service has been provided below**.**

**CERTIFICATION OF EQUIVALENT SERVICE**

***(Agency Name)*** certifies that its demand responsive service offered to individuals with disabilities, including individuals who use wheelchairs, is equivalent to the level and quality of service offered to individuals without disabilities. Such service, when viewed in its entirety, is provided in the most integrated setting feasible and is equivalent with respect to:

1. Response time;
2. Fares;
3. Geographic service area;
4. Hours and days of service;
5. Restrictions on trip purpose;
6. Availability of information and reservation capability; and
7. Constraints on capacity or service availability.

In accordance with 49 CFR Part 37, public entities operating demand responsive systems for the general public which receive financial assistance under 49 U.S.C. 5310 and 5311 of the Federal Transit Administration (FTA) funds must file this certification with the appropriate state program office before procuring any inaccessible vehicle. Such public entities not receiving FTA funds shall also file the certification with the appropriate state office program. Such public entities receiving FTA funds under any other section of the FTA Programs must file the certification with the appropriate FTA regional office. This certification is valid for no longer than one year from its date of filing. Non-public transportation systems that serve their own clients, such as social service agencies, are required to complete this form.

Name and title of authorized individual

(Signature of Authorized Individual) (Date)