

Section 5310 Grant Workshop

FY2021 - 2022

LYNX CENTRAL FLORIDA REGIONAL TRANSPORTATION AUTHORITY 🥸

HOUSEKEEPING



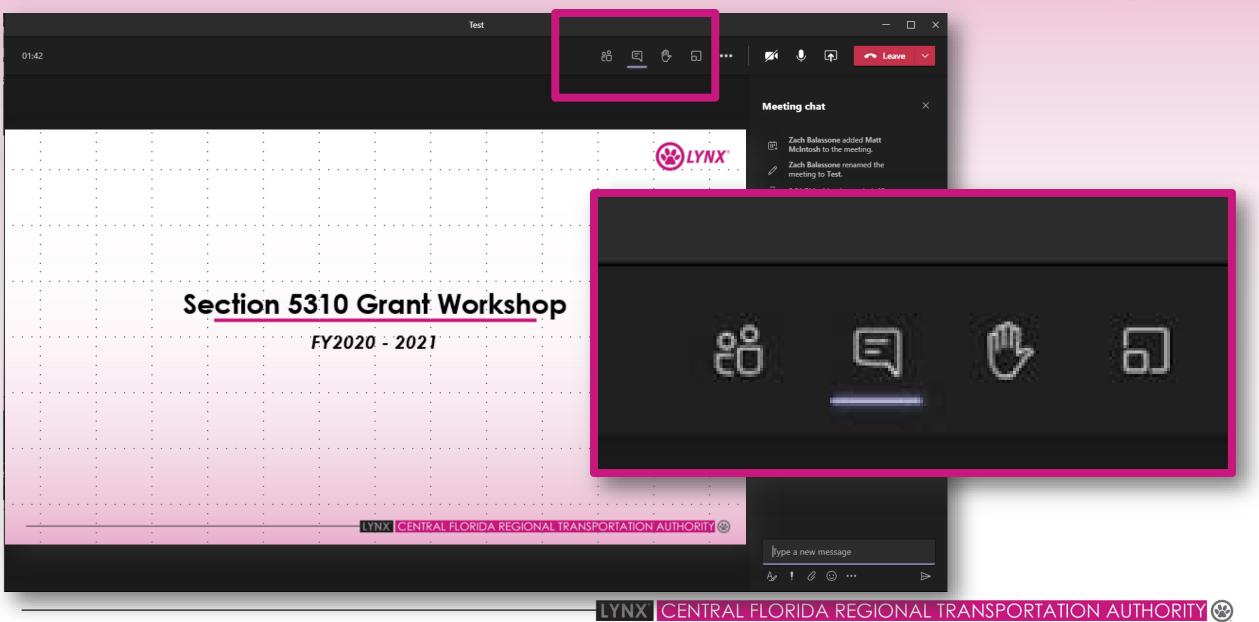
Please Mute Yourself

But what if I have a question???



QUESTIONS?





WELCOME & INTRODUCTIONS



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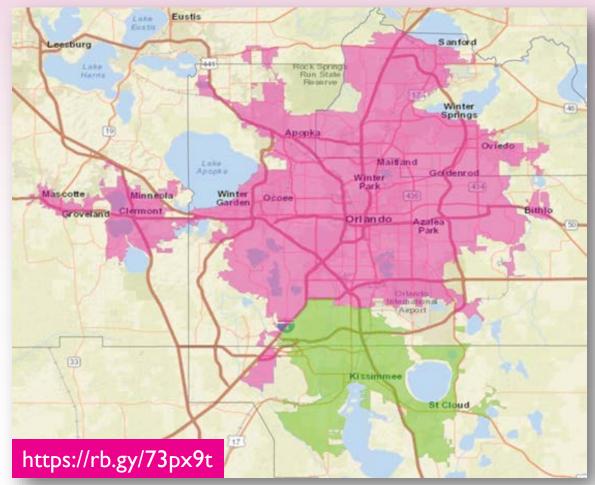
SECTION 5310



What is it for?

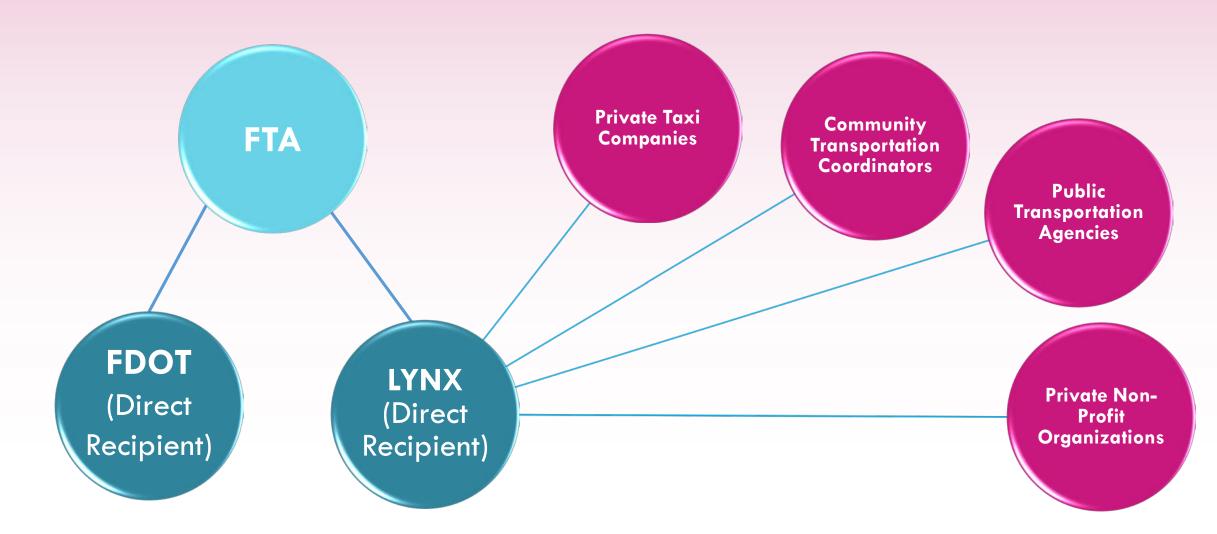
The Section 5310 Grant Program provides funding for agencies to improve mobility for seniors and individuals with disabilities by removing barriers to transportation service and expanding transportation mobility options.

Who is it for?



ELIGIBLE SUB-RECIPIENTS





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ELIGIBLE PROJECTS – (Direct Recipient)

5310 Traditional Capital

- > Vehicles
- Related Vehicle Equipment
- Mobility Management
- Contracted Operating Services

5310 Non-Traditional Capital Projects

- Travel Training
- Volunteer Driver Programs
- Building an accessible path to a bus stop, including curb-cuts, sidewalks, accessible pedestrian signals or other accessible features
- > Improving signage, or way-finding technology
- > Incremental cost of providing same day service or door-to-door service
- > Purchasing vehicles to support new accessible taxi, rides sharing and/or
- Mobility Management Programs





ELIGIBLE PROJECT TYPES

I.Vanpool Program

 LYNX leases the vehicle(s) to your agency to improve mobility of seniors and individuals with disabilities

2. Section 5310 Operating Funds

 Limited operating funds, directly associated with the provision of transportation services meeting 5310 program objectives

3.Vehicle Transfers

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• LYNX may have a limited quantity of vehicles available to be transferred to agencies for uses in-line with the Section 5310 requirements







LYNX Section 5310 Program Priorities



VANPOOL VEHICLES ARE LYNX'S HIGHEST PRIORITY

- All other requests will be of lower priority, additional LYNX priorities are as follows:
 - Maximize transportation resources to safely and efficiently transport the Urbanized Orlando and Kissimmee seniors and individuals with disabilities
 - Increase the mobility options for seniors and persons with disabilities across the urbanized portions of the LYNX service area
 - Continue to provide for the special needs of elderly and persons with disabilities for whom transportation services are unavailable, insufficient or inappropriate

Funding is available for 1 OR 2 years

Vanpool Program



- The cost of the LYNX Agency Vanpool service is \$690* per vehicle, per month (includes Maintenance, Insurance and Roadside Assistance).
 If the agency decides to provide their own insurance (with LYNX approval), the cost is \$525* per vehicle, per month.
 - ✓ Current vehicle models available*
 - 7 Passenger Chevy Traverse
 - IO Passenger Ford Transit van
 - I2 Passenger ADA Turtle Top van
 - I5 Passenger Ford Transit van

* Specific floorplan requests to suit your operations will be considered



*Additional agency costs include fuel, tolls, or parking if applicable

Vanpool Program



LYNX purchases vehicles with funds granted through the FTA

LYNX leases the vehicles to an Agency (Enterprise)

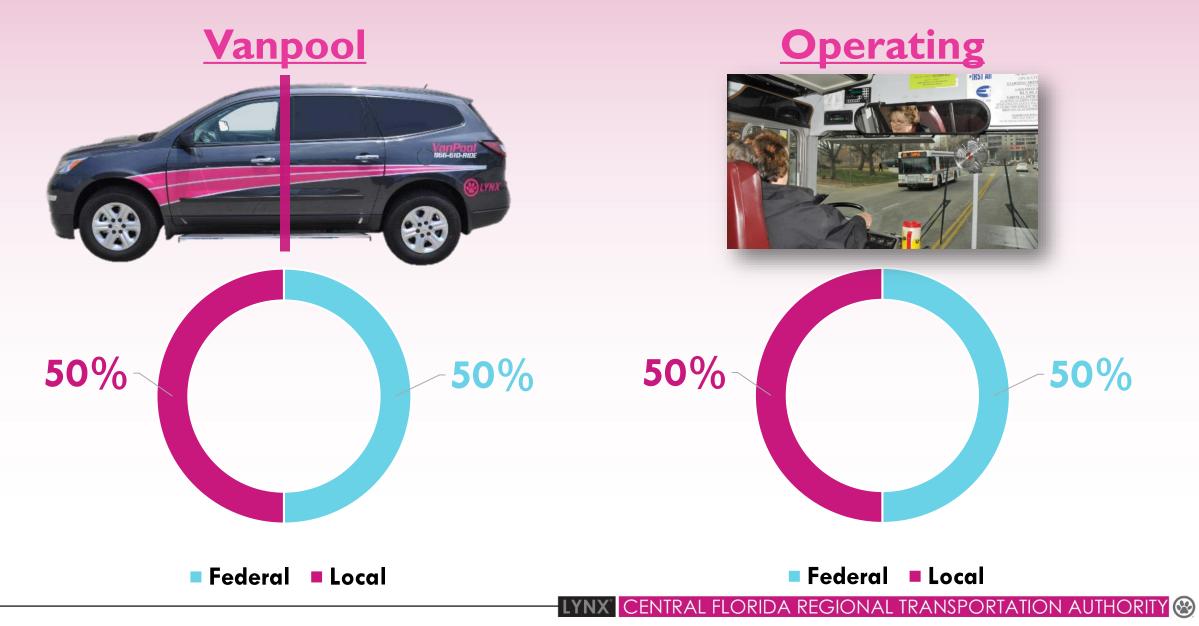
Enterprise leases the vehicle(s) to your agency

Agency pays 100% of the lease to Enterprise and seeks reimbursement from LYNX for 50%

LYNX will reimburse the Agency 50% of the lease

Match Requirements





Sub-Recipient Eligible Projects



Vehicle Transfers

- LYNX may have a limited quantity of vehicles available to be transferred to agencies for uses in-line with the Section 5310 requirements
- Requires FTA approvals
- Agency will be responsible for operating the vehicle for at least one year
 Agency will be responsible for covering all associated operating expenses
 Will be awarded based on strength of application



Compliance Monitoring



If you are awarded funds via the Section 5310 program you will be subject to compliance monitoring by LYNX and the CTC. Funding oversight includes:

- Pre-award site visit
- Reporting requirements
- Vehicle inventory inspection
- Post-award site visit
- CTC annual monitoring





Required Document/Policy/Procedure
Single Audit (if applicable)
Drug and Alcohol Testing Policy
Drug Free Workplace Policy
Non-Discrimination Policy
Grievance Policy (Employee and Customer)
ADA Plan
Affirmative Action Policy
Written Procurement Procedures
Contract Administration Procedures
Records Retention Policy
Disadvantaged Business Enterprise Program
Current Fiscal Year Federal Certifications and Assurances
Preventive Maintenance Plan
Driver Training Plan
Accident Reporting Policy

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Award Requirements



Participation in Regional Coordination Efforts

All agencies applying for Section 5310 funds will be required to participate in the planning process and support the coordination strategies adopted for LYNX's Human Services Coordinated Transportation Plan (HSCTP). Process will start during fall and agencies will receive an invitation to participate.

Vehicle Use

Vehicles must be maintained and used for the intended purpose under which they are provided to subrecipients.

Reporting

All sub-recipients will be required to submit monthly operating data/invoices and quarterly progress reports.

Reviews and Oversight

- Record Keeping and Audits
- On-Site Reviews

Grant Application Dates to Remember

All potential applicants for the Section 5310 grant program in the Orlando/Kissimmee UZA will be offered the following training and technical support:

LYNX Grant Workshops

✓ Friday, January 29, 2021 – Virtual Grant Workshop

Application Questions

 ✓ Submitted via e-mail no later than 5:00 PM on Friday, February 12, 2021

> CTC Meeting

✓ Must meet with CTC by Friday, February 12, 2021

> Sharefile Request

- Monday, February 22, 2021 to znbalassone@transystems.com
- \checkmark Applications can only be submitted via sharefile link
- \checkmark Failure to request link will result in inability to submit





- Application Deadline
 - Monday, March 1, 2021
 - ✓ Uploaded by 5:00 PM
 - ✓ LINK EXPIRES at 5:01 PM!

APPLICATION UPDATES

Application questions have changed

- Application forms have changed
- DO NOT USE OLD APPLICATION
- DO NOT USE OLD EXCEL FORMS

• Simplified/Consistent Signature Pages





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

APPLICATION UPDATES



Checklist for Application Assistance
Name of ApplicanE
The following documents must be included in Section 5310 Operating and Vanpool Assistance Applications in the order listed:
Required Excel Documents:
[] Form 1: Annual Operating Data (Excel Worksheet)
[] Form 2: Funding Request (Excel Worksheet)
[] Form 3: Local Match (Excel Worksheet)
[] Form 4: Fact Sheet (Excel Worksheet)
[] Form 5: Vehicle Inventory (Excel Worksheet)
Form 5: Vehicle Inventory (Excel Worksheet)
Form 5: Vehicle Inventory (Excel Worksheet) Exhibit A: CTC Coordination Contract
Exhibit A: CTC Coordination Contract
Exhibit A: CTC Coordination Contract CTC Required Meeting Date (Place date in text box) CTC Required AOR submitted to CTC (if current coordinating agency)
Exhibit A: CTC Coordination Contract CTC Required Meeting Date (Place date in text box) Previous AOR submitted to CTC (if current coordinating agency) CTC Required Preeting Date (Place date in text box)
Exhibit A: CTC Coordination Contract CTC Required Meeting Date (Place date in text box) Previous AOR submitted to CTC (if current coordinating agency) Previous AOR submitted to CTC (if current coordinating agency) Previous AOR submitted to CTC (if current coordinating agency)
Exhibit A: CTC Coordination Contract CTC Required Meeting Date (Place date in text box) Previous AOR submitted to CTC (if current coordinating agency) 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 A: CTC Coordination Contract CTC Required Meeting Date (Place date in text box) Previous AOR submitted to CTC (if current coordinating agency) CTC Required Meeting Date (race 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

New Checklist Information:

- I. Checklist order has changed to match application order
- 2. New forms
- 3. CTC Coordination added to the checklist

APPLICATION UPDATES



Applicant's Cover Letter

When application is submitted, please print and 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 a damage, cost, charge, or expense arising out of the non-com agents or employees, with any of the assurances stat

Name and title of authorized individual

(Signature of Authorized Individual) [blue ink]

(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.

Consistent Signature Pages

agents or employees, with any of the assurances stated in this A	Agency Name
<u>Sunshine Law</u> - Please note: Florida has a very broad public re and scoring of your application, it is subject to this law, and disclosure.	
This Application is submitted on this day of day of Application or certified copy of the original resolution author Application.	Name and title of authorized individual
Agency Name	

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(Date)

Applicant History:

Past Section 5310 Grant Experience with LYNX

Current System Description:

- Required as part of all applications to help better understand an agency's scope and how transportation fits into their mission
 - For example: Is transportation the only thing that you do, or is transportation a piece of what your organization does?
- Answer each question and sub-question
 Q&A format (Text Boxes Provided)

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:

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

Budget Considerations:

New Question

Provide a detailed description of how grant funds will be used? Description below should be an explanation of the Form 2: Funding Request

Sell your project? HOW ARE YOU USING THE GRANT?



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.

 Provide a detailed description of how grant funds will be used? Description below should be an explanation of the Form 2: Funding Request

Proposed Project Description: →Q&A format

- >Answer each question and sub-question
- Designed to show evaluators that project meets requirements for funding and meets objectives set forth by the Section 5310 program and LYNX
- Some questions have been updated
- >Maps requested must be in COLOR



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:
 - □ Maintain existing services
 - Expand existing services
 - Provide a new service
 - a. If maintaining existing services, will the quality or efficiency of service improve?
 - b. If an expansion of existing services, how does this project achieve that expansion (i.e. through increased service hours, increased number of vehicles in service, coordination with other transportation providers, expanded service area, etc.)?
 - c. If 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)?



Required Excel Documents

Form I:Annual Operating Data

- As support for the information provided on the Budget and in the Fact Sheet
- Should reflect data from July 1, 2019 June 30, 2020
- Must contain data that is verifiable if audited

Form 2: Funding Request

- Vanpool vehicles are either equipped for, or not equipped for, passengers with wheelchairs
- Unit cost the same regardless of vehicle type
- Operating assistance is only eligible if project complies with elements laid out under Eligible Projects
- ➢ Grant award will be for 50% of the total project cost

Project Operating

Complete this section only if you are applying for operating.

Project Related Operating Expenses

Expenses for all services proposed in this application. Please be sure to add additional lines as necessary and specify what is included in the "Other" and "Misc." lines if applicable.

Project E s pense Item	LYN	IX 5310	L	.ocal	То	tal
Labor	\$	-	\$			
Fringe benefits	\$		\$	-		
Services	\$		\$	-		
Utilities	\$		\$	-		
Casualty and liability	\$	-	\$	-		
Taxes	\$	-	\$	-		
Vehicle Expenses	\$	-	\$	-		
Other	\$	-	\$			
	\$	-	\$	-		
	\$		\$	-		
	\$		\$	-		
	\$	-	\$			
Allocated indirect expense*	\$	-	\$			
Project Operating Expen	: :	-	\$	-	\$	-

Allocated Indirect Expenses must have prior CTC written approval and an approved Cost Allocation Plan on file.

Operating Request and Contribution Subtotals

Federal Request (50% of operating expense)

\$

Local Cash Contribution (50% of operating expense)



Required Excel Documents Form 3: Local Match \succ Clearly list the sources and amounts for the Local Match \succ Clearly list other sources of funds received for transportation > Amount from Form 2 must match the total of the local match form for the project.

Source	Amount
	\$
	\$
	\$
Total Local Match – 50 % of Total Project Cost	\$
Required Local Match from Form 2 (Funding	s
Request)	•
Attach documentation of match funds directly after this page. Proof may	consist of, but not be limited to:
 Transportation Disadvantaged (TD) allocation, 	
 Written statements from county commissions, state agencies, city 	y managers, mayors, town councils,
organizations, accounting firms and financial institutions.	
Signature	
in a second s	
Typed Name and Title	



Required Excel Documents

Form 4: Fact Sheet

- Ist column is auto-populated based on the information provided in the other excel worksheets
- The 2nd column is your reasonable projection on what will be accomplished if the grant is awarded
- Document how number of projected trips was determined
- Identify the number of unduplicated passengers being served by your 5310 trips

Form 5:Vehicle Inventory

FORM 4: FACT SHEET

	Previous FY	If Grant is Awarded
1. Number of total one way passenger		
trips served by the agency PER YEAR (for		
all purposes)	-	
2. Number of one way passenger trips		
provided to elderly and persons with		
disabilities PER YEAR	-	
3. Number of unduplicated Persons with		
Disabilities and Elderly served PER YEAR	-	
4. Operating Cost per Trip		
(Total Expenses/Total Passenger Trips)	#DIV/0!	
5. Operating Cost per Hour of Service		
(Total Expenses/Total Revenue Hours)	#DIV/0!	
6. Operating Cost per Mile of Service		
(Total Expenses/Total Revenue Miles)	#DIV/0!	
7. Normal number of days that vehicles		
are in operation to provide elderly and		
disabled persons service PER WEEK	-	
8. Posted hours of normal operations to	M-F:	M-F:
provide elderly and disabled persons	Saturday:	Saturday:
service PER WEEK	Sunday:	Sunday:
	Total:	Total:

Coordinated Public Transit-Human Services Transportation Plan:

- Demonstrate that the project supports elements within the TDSP and list page number(s) that support the project
- https://www.golynx.com/core/fileparse.php/142441/u rlt/LYNX-TDSP-Minor_FINAL_06.02.20.pdf
- Identified priorities
 - ✓ Service Coverage (expansion of services, same day service, scheduling flexibility)
 - ✓ Service Quality (more dependable/on time services)



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 print and 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 9070.1G.

- 1. The name of this coordinated plan is:
- 2. The agency that adopted this coordinated plan was:

Central Florida Regional Transportation Authority dba LYNX

3. The date the coordinated plan was adopted was:

4. The page number of the coordinated plan that this application supports:

Name and title of authorized individual

(Signature of Authorized Individual) [blue ink]

(Date)

APPLICATION SUBMISSION



• ONE (I) COMPLETE APPLICATION MUST BE UPLOADED TO THE SHAREFILE:

 Sharefile request by e-mail by Februry 22, 2021: Zach Balassone <u>znbalassone@transystems.com</u>



Project Selection

- LYNX will provide a multi-agency evaluation committee access to the applications and the evaluation criteria. It will be up to the evaluators to read the applications and score them accordingly.
 - ✓ Documents (15 points)
 - ✓ Budget (25 points)
 - ✓ System Description (14 points)
 - ✓ Proposed project Description (30 points)
 - ✓ Overall Impression (16 max points)
 Max Score: 100 points
- > Internal LYNX staff will be responsible for two rankings:
 - ✓ Prior Sub-recipient Risk Assessment
 - \checkmark Application Fact Sheet

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Application TIPS

Check Your Math!!!

When you don't perform correct calculations, it carries forward, and distorts the rest of your grant application

*Ask for help!

Have team members, friends or family that are not directly involved with your application review your work to ensure it makes sense

* Details, Details, Details

Provide as much detail as possible in your answers and accurately represent your system description and proposed project



CONTACT US:



If you are interested in applying to LYNX for Section 5310 funding, or would like more information on the program, please contact us at:

For Section 5310 Grant Program Information:

Sheila Maldonado Grants Programs Compliance Analyst smaldonado@golynx.com For Sharefile Link:

Zach Balassone

znbalassone@transystems.com