



The State of Nevada Department of Transportation
Multimodal Planning, Transit Office

CAPITAL ASSISTANCE ADDENDUM

for
Capital Asset Grant (CAG), and
Capital Project Grant (CPG)
assistance under FTA §5310 and §5339 Programs

(must be accompanied by FEDERAL GRANT APPLICATION)

For additional information or assistance, please contact the Transit Office at
transisteam@dot.nv.gov

INTRODUCTION

The Nevada Department of Transportation (Nevada DOT) is the agency designated to apply for, receive, and administer funds under Federal Transit Administration (FTA) Sections 5310 and 5339. This Capital Assistance Addendum has been developed to assist applicants in applying for **Capital Asset Grant (CAG) Assistance** and **Capital Project Grant (CPG) Assistance** under these programs. Special consideration is given by the FTA for **Clean Air Act (CAA)** or **Americans with Disabilities Act (ADA)** activities.

Eligible recipients of §5310 funding are:

1. private nonprofit organizations,
2. local public bodies, and agencies thereof, (including Native American Tribes) approved by the state to coordinate services for seniors and individuals with disabilities, or
3. local public bodies, and agencies thereof, that certify to the Governor that no private nonprofit agencies are readily available in the area,

...that are engaged in transporting seniors and/or individuals with disabilities.

Capital Asset Grant (CAG) Assistance §5310 Program

All CAA and/or ADA vehicles are eligible at up to 85% federal assistance with minimum 15% local match.

All non-CAA and/or non-ADA vehicles are eligible at up to 80% federal assistance with minimum 20% local match.

All CAA and/or ADA facilities are eligible at up to 90% federal assistance with minimum 10% local match.

All non-CAA and/or non-ADA facilities are eligible at up to 80% federal assistance with minimum 20% local match.

Capital Project Grant (CPG) Assistance §5310 Program

All CAA and/or ADA equipment is eligible at up to 90% federal assistance with minimum 10% local match.

All non-CAA and/or non-ADA equipment is eligible at up to 80% federal assistance with minimum 20% local match.

Vehicle rehabilitation is eligible at up to 80% federal assistance with minimum 20% local match.

Vehicle repowering is eligible at up to 80% federal assistance with minimum 20% local match.

The NDOT has determined that Section 5310 funds will be used for the purchase of ADA accessible vehicles. Only after these needs have been met will the NDOT, at its discretion, consider additional eligible projects, as listed below, provided the projects are included in the area's coordinated plan:

- a. Projects that exceed the ADA minimum requirements;
- b. Improve access to fixed-route service and decrease reliance by individuals with disabilities on ADA-complementary paratransit service; or
- c. Provide alternatives to public transportation that assist seniors and individuals with disabilities with transportation.

Eligible recipients of §5339 funding are:

1. state agencies,
2. local public bodies, and agencies thereof,
3. Native American Tribes,
4. nonprofit organizations, or
5. private for-profit operators of public transportation services, as third-party contractors with the state,

...that are engaged in public transportation.

Capital Asset Grant (CAG) Assistance §5339 Program

All CAA and/or ADA vehicles are eligible at up to 85% federal assistance with minimum 15% local match.

All non-CAA and/or non-ADA vehicles are eligible at up to 80% federal assistance with minimum 20% local match.

All CAA and/or ADA facilities are eligible at up to 90% federal assistance with minimum 10% local match.

All non-CAA and/or non-ADA facilities are eligible at up to 80% federal assistance with minimum 20% local match.

Capital Project Grant (CPG) Assistance §5339 Program

All CAA and/or ADA equipment is eligible at up to 90% federal assistance with minimum 10% local match.

All non-CAA and/or non-ADA equipment is eligible at up to 80% federal assistance with minimum 20% local match.

Vehicle rehabilitation is eligible at up to 80% federal assistance with minimum 20% local match.

Vehicle repowering is eligible at up to 80% federal assistance with minimum 20% local match.

Important: The Capital Assistance Addendum (and associated Capital Budget Form) are federal funding requests for an Applicant to have federal assistance apportioned to that Applicant and do not constitute an obligation to make the capital purchase. The purpose of the forms are to allow Applicants to have funds apportioned and available for use during the period for which any capital grantee agreement would be active for that Applicant. Applicants are still required to provide eligible match funds at the time of procurement for any capital asset.

Performance Data for Applicant Agency

Applicants must enter all historical data for the modes that they operated in the indicated federal fiscal year, even if that mode is not currently or no longer in operation.

All Modes	Total Vehicle Revenue Miles (VRM)	Total Vehicle Revenue Hours (VRH)	Total Unlinked Passenger Trips (UPT)	Total Operating Expenses	Total Fare Revenues
FFY2020					
FFY2019					
FFY2018					
FFY2017					
FFY2016					

DR	Vehicle Revenue Miles (VRM)	Vehicle Revenue Hours (VRH)	Unlinked Passenger Trips (UPT)	Operating Expenses	Fare Revenues
FFY2020					
FFY2019					
FFY2018					
FFY2017					
FFY2016					

MB	Vehicle Revenue Miles (VRM)	Vehicle Revenue Hours (VRH)	Unlinked Passenger Trips (UPT)	Operating Expenses	Fare Revenues
FFY2020					
FFY2019					
FFY2018					
FFY2017					
FFY2016					

CB	Vehicle Revenue Miles (VRM)	Vehicle Revenue Hours (VRH)	Unlinked Passenger Trips (UPT)	Operating Expenses	Fare Revenues
FFY2020					
FFY2019					
FFY2018					
FFY2017					
FFY2016					

STATEMENT OF ACCEPTANCE OF THE SPECIAL SECTION 5333(b) WARRANTY

All Section 5311 Applicants must execute the following statement of acceptance:

(APPLICANT)

and

(RECIPIENT/CONTRACT PROVIDER, IF NOT APPLICANT)

The Applicant and Recipient/Contract Provider agree to be bound by the terms and conditions of the Special Section 5333(b) Warranty for its pending Section 5311 assistance grant. This warranty shall become a part of any contract between the Nevada DOT and the applicant.

Signature of Authorized Signer

Date

Authorized Signature for Recipient/Contract Provider

Date

Mailing Address of Agency Posting this Notice:	
City, State, ZIP:	
Phone Number:	Fax Number:
E-Mail Address:	

SPECIAL SECTION 5333(b) WARRANTY

This form must be completed by all Applicants.
If there are no other eligible providers in your service area, mark a "N/A" under the Other Eligible Providers section.

(APPLICANT)

(UNION REPRESENTATIVE)

Service Area Description: _____

Operating Assistance for FFY _____

Capital Assistance to purchase: _____

Recipients/Contract Provider (if different from applicant) and Union Representation (Union & Local #):

- 1. _____
- 2. _____
- 3. _____

Other Eligible Providers in Service Area and Union Representation (Union & Local #):

- 1. _____
- 2. _____
- 3. _____
- 4. _____

FTA requires that each subrecipient (or contract provider) of Section 5311 funding post the Special Section 5333(b) Warranty (this page) where affected employees may see it.

The following items must be provided in narrative form on a separate document attached to this addendum. Reminder, this is a single-use capital assistance addendum designed solely for the procurement of capital assets to occur within the 48 months following execution of the grantee agreement through the Nevada DOT.

See Federal Grant Application Instructions for more information.

Q1. Purpose

Applicants must briefly describe the asset(s) they plan to purchase. *This is a quick answer to provide reviewers knowledge of the intended purchase(s). Details of the purchase will be requested in Question 7.*

- a. What are you requesting to purchase with federal funding assistance? How many?

Q2. Agency Description

Applicants* must briefly describe the current services provided, regardless of funding source, in response to the topics below.

**Applicants that are state agencies, local public bodies, or agencies thereof (including Native American Tribes), need only describe the current transportation services provided, regardless of funding source, in response to the topics below.*

- a. Provide a description of your agency mission and objectives.
- b. List the programs your agency manages and the budget for each program. *This includes programs or modes of service not funded by the Department.*
- c. How many transit vehicles (service or revenue) are in your fleet? *Must correspond with your Current Asset Inventory.*
- d. How many transit vehicles does your agency operate in maximum service (VOMS)? *i.e. At peak service, at any time of the year, what is the most vehicles your agency operates at one time?*
- e. What is your transit revenue vehicle spare ratio?

Q3. Agency Accomplishments and Goals

Applicants must describe accomplishments from prior awards and goals for the upcoming funding cycle for their transportation program, regardless of funding source.

- a. Describe your program's accomplishments from current and prior award periods.
- b. What program goals exist for this application award period and beyond and what are some of the steps that will be taken toward accomplishing these goals?
- c. What have been some of the challenges in meeting program goals and what are some anticipated hurdles to meeting future goals?

Q4. Description of Transportation Program for which Assistance is Requested

Applicants must describe the current or proposed service(s) to be provided, including the service areas, routes, and schedules of each service, as applicable. *Do not include responses for services/modes your agency does not operate.*

- a. Demand Response (DR)
 1. Is the DR mode Directly Operated (DO) by the applicant or provided by a third-party that is not the applicant and constitutes Purchased Transportation (PT)?
 2. Provide a description of the entire service area(s) for which the applicant or its provider operates. *Detailed maps for DR must be submitted in addition to narrative responses.*
 3. Provide the specific route(s) and schedule(s) for DR that the applicant or its provider operates.
 4. Does the DR mode provide intercity connectivity for passengers?

5. How was need determined for DR service?
 6. Provide the justification for continuation of DR service(s).
 7. How many transit vehicles does your agency operate in maximum service (VOMS) for DR? *i.e. At peak service, at any time of the year, what is the most vehicles your agency operates at one time?*
 8. Similar to Question 3, but specific to DR, what goal(s) and objective(s) does the applicant have for this award period?
- b. Fixed Route (MB)
1. Is the MB mode Directly Operated (DO) by the applicant or provided by a third-party that is not the applicant and constitutes Purchased Transportation (PT)?
 2. Provide the entire service area(s) for which the applicant or its provider operates. *Detailed maps for MB, including Complementary Paratransit, must be submitted in addition to narrative responses.*
 3. Provide the specific route(s) and schedule(s) for MB that the applicant or its provider operates.
 4. Does the MB mode act as an intercity route or provide intercity connectivity for passengers?
 5. Describe how the Complementary Paratransit requirement of your MB service is met.
 6. How was need determined for MB service?
 7. Provide the justification for continuation of MB service(s).
 8. How many transit vehicles does your agency operate in maximum service (VOMS) for MB? *i.e. At peak service, at any time of the year, what is the most vehicles your agency operates at one time?*
 9. Similar to Question 3, but specific to MB, what goal(s) and objective(s) does the applicant have for this award period?
- c. Deviated Fixed Route (MB)
1. Is the Deviated MB mode Directly Operated (DO) by the applicant or provided by a third-party that is not the applicant and constitutes Purchased Transportation (PT)?
 2. Provide the entire service area(s) for which the applicant or its provider operates. *Detailed maps for Deviated MB must be submitted in addition to narrative responses.*
 3. Provide the specific route(s) and schedule(s) for Deviated MB that the applicant or its provider operates.
 4. Does the Deviated MB mode act as an intercity route or provide intercity connectivity for passengers?
 5. Are on-request, off-route deviations available to all riders or only certain individuals, such as persons with disabilities?

If on-request, off-route deviations are available to all riders, CONTINUE filling out the Q3(c) Deviated Fixed Route section.

If on-request, off route deviations are only available to certain individuals, such as persons with disabilities, STOP. Your service is not considered Deviated Fixed Route and you must fill out the Q3(b) Fixed Route section.
 6. How was need determined for Deviated MB service?
 7. Provide the justification for continuation of Deviated MB service(s).
 8. How many transit vehicles does your agency operate in maximum service (VOMS) for Deviated MB? *i.e. At peak service, at any time of the year, what is the most vehicles your agency operates at one time?*

9. Similar to Question 3, but specific to Deviated MB, what goal(s) and objective(s) does the applicant have for this award period?
- d. Commuter Bus (CB)
1. Is the CB mode Directly Operated (DO) by the applicant or provided by a third-party that is not the applicant and constitutes Purchased Transportation (PT)?
 2. Provide the entire service area(s) for which the applicant or its provider operates. *Detailed maps for CB must be submitted in addition to narrative responses.*
 3. Provide the specific route(s) and schedule(s) for CB that the applicant or its provider operates.
 4. Does the CB mode act as an intercity route or provide intercity connectivity for passengers?
 5. How was need determined for CB service?
 6. Provide the justification for continuation of CB service(s).
 7. How many transit vehicles does your agency operate in maximum service (VOMS) for CB? *i.e. At peak service, at any time of the year, what is the most vehicles your agency operates at one time?*
 8. Similar to Question 3, but specific to CB, what goal(s) and objective(s) does the applicant have for this award period?

Q5. Program Oversight

For Directly Operated Transportation or Mobility Management service(s), describe the program oversight activities used by your agency and/or governing board in the scheduled oversight of your program. Include information about performance reviews, reports, and corrective action plans.

For Purchased Transportation or Mobility Management service(s), describe the program oversight activities used by your agency and/or governing board in the scheduled oversight of the third-party program. Include information about performance reviews, reports, and corrective action plans. If applicable, provide the third-party company name, contact name and email, physical and mailing addresses, and phone number.

Q6. Coordination Efforts

Applicants must describe the coordination efforts they employ to facilitate greater transportation solutions for passengers.

- a. Describe your agency coordination efforts with other transit agencies and mobility managers, including the frequency of communication.
- b. What information is exchanged during these efforts?
- c. Are schedules developed and routes executed to facilitate connections to neighboring transportation providers?
- d. How are regional trips accommodated?
- e. What ongoing coordination exists and what issues are being addressed jointly?

Q7. Capital Asset Request Detail

Provide a detailed description of the nature of your request. Identify the following:

- a. Is this request for:
 1. the purchase, rehabilitation, or repowering of a transit (revenue) vehicle;
 2. the purchase, rehabilitation, or repowering of a service (maintenance or supervisor) vehicle;
 3. the purchase or rehabilitation of an administration, maintenance, or passenger facility;

4. the purchase or rehabilitation of administration, maintenance, or passenger facility equipment;
 5. the purchase or rehabilitation of vehicle-related equipment (equipment on or attached to vehicle);
 6. the purchase or rehabilitation of an item not listed above. Describe the item.
- b. Is the request for a CAA- or ADA-compliant asset?
 - c. Does this request replace an asset that is to be retired or disposed*? Yes or No.
If yes, how was it determined that the asset(s) needed to be replaced or disposed? Identify the asset(s) being replaced.
**For vehicles, the asset(s) must be listed on the Current Asset Inventory Form provided as an attachment to the Federal Grant Application provided with this addendum. All fields on the Current Asset Inventory Form must be completed.*
 - d. Does this request rehabilitate or repower an asset**? Yes or No.
If yes, how was it determined that the asset(s) needed rehabilitation or repowering? Identify the asset(s) being rehabilitated or repowered.
***For vehicles, the asset(s) must be listed on the Current Asset Inventory Form provided as an attachment to the Federal Grant Application provided with this addendum. All fields on the Current Asset Inventory Form must be completed.*
 - e. Does this request provide a spare asset to the transit program/project? Yes or No.
If yes, how was it determined that a spare asset was needed for the program/project?
 - f. Is the purpose of this request to expand the current transit program/project or service area? Yes or No.
If yes, how was need determined to justify program/project expansion?

Q8. Capital Asset Pricing and Budget

- a. How was pricing determined for the request?
- b. Was a contingency amount calculated and included with the request to account for price deviations? What was the contingency amount used and how was it determined?

You may provide informal quotes with this request, but you may not engage a vendor in the procurement process until such time as the award has been granted by the NDOT.

Your requested amount must include a contingency to account for future price deviations. Attach the Capital Budget Form to this addendum.

Q9. Additional Information

Please provide any additional information for consideration of your application for capital funding assistance.

CAPITAL ASSISTANCE ADDENDUM ATTACHMENTS

Attachments to this addendum are as follows:

Narrative Responses to Q1 through Q9

Multi-Year Capital Budget Form (Department-provided form only)