



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

## FEDERAL GRANT APPLICATION INSTRUCTIONS

For additional information or assistance, please contact the Transit Office at  
[transitteam@dot.nv.gov](mailto:transitteam@dot.nv.gov)

## OVERVIEW

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, 5311, and 5339. This application has been developed to assist Applicants in applying for program administration, capital funding assistance, and/or operating funding assistance under these programs. The information provided by the Applicant is intended to justify their request for funding. This application is used by the Nevada DOT to evaluate all proposed projects and to complete its annual application to the FTA.

The **FEDERAL GRANT APPLICATION** must be filled out by all Applicants in its entirety. Please use these instructions to assist you in filling out the required forms. All application documents and addenda are available on the Nevada DOT website: <https://www.nevadadot.com/mobility/transit/transit-resources>

Your transit program needs to be described, in its entirety, along with your total project budget. After that is identified, you can then call out the specific projects for which you are requesting federal assistance and the budget(s) for those projects.

Applications must be provided in PDF format (scans will not be accepted) via email or via a USB drive mailed to:

[transitteam@dot.nv.gov](mailto:transitteam@dot.nv.gov)

or

Nevada DOT Transit Office  
Federal Grant Application  
1263 S. Stewart Street, Room 320  
Carson City, NV 89712-0001

Application submissions must be postmarked by, or emailed on or before the **PUBLISHED DUE DATE**.

The Nevada DOT Transit Office staff will review and score all submitted applications. Applications are scored upon the documents and information received within the application packet. **No additional document requests will be made.** Please ensure all required forms, information, addenda, and/or attachments are provided with your Federal Grant Application.

## NEW APPLICANTS

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A new Applicant is an Applicant that did not receive FTA funding assistance administered by the Nevada DOT in the previous federal fiscal year. New Applicants are required to fill out the **NEW APPLICANT ADDENDUM** with their **FEDERAL GRANT APPLICATION**, along with the required attachments or addenda.

Existing subrecipients do not fill out this form.

## APPLYING FOR FEDERAL OPERATING ASSISTANCE

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49 U.S.C. § 5311 provides for the availability of federal funds for operating expenses in small urban and rural areas by way of the FTA Formula Grant Programs administered by the Nevada DOT. Operating assistance Applicants are required to submit the **OPERATING ASSISTANCE ADDENDUM** and the **MULTI-YEAR OPERATING BUDGET FORM** along with their **FEDERAL GRANT APPLICATION**, and any required attachments.

All operating assistance (§5311) is applied for through the **OPERATING ASSISTANCE ADDENDUM** only.

## APPLYING FOR FEDERAL CAPITAL ASSISTANCE

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49 U.S.C. § 5310 and 49 U.S.C. § 5339 provide for the availability of federal funds for capital expenses in small urban and rural areas by way of the FTA Formula Grant Programs administered by the Nevada DOT. Capital assistance Applicants are required to submit the **CAPITAL ASSISTANCE ADDENDUM** and the **MULTI-YEAR CAPITAL BUDGET FORM** along with their **FEDERAL GRANT APPLICATION**, and any required attachments.

All capital assistance (§5310 or §5339) is applied for through the **CAPITAL ASSISTANCE ADDENDUM** only.

## APPLICATION ASSISTANCE

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The Nevada DOT Transit Office has staff available to provide a wide range of technical assistance to Applicants in completing the grant application in its entirety. Questions regarding the application may be directed to the Nevada DOT transit staff via email at [transitteam@dot.nv.gov](mailto:transitteam@dot.nv.gov).

## ONLINE RESOURCES

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Nevada DOT Transit Office Resources

<https://www.nevadadot.com/mobility/transit/transit-resources>

FTA Certifications and Assurances

<https://www.transit.dot.gov/funding/grantee-resources/certifications-and-assurances/certifications-assurances>

## IMPORTANT NOTES

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The purpose of this application for federal financial assistance is to evaluate your program needs through your qualifying responses. Therefore, any information you need to provide to us will encompass, at minimum, your transit specific program and may also include additional information you provide in consideration for federal funding assistance. In some cases, your transit program may have multiple funding sources and those sources need to be identified in order for your application to have the maximum effectiveness. Having the “big picture” of your transit program allows the Nevada DOT Transit Office staff to appropriately evaluate your application and assistance need.

## SCORING CRITERIA

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The Nevada DOT Transit Office staff will review and score all submitted applications. Applications are scored upon the documents and information received within the application packet. **No additional document requests will be made.** Please ensure all required forms, information, addenda, or attachments are provided with your Federal Grant Application.

The Nevada DOT uses the same project selection process for all grants. The Applicant must demonstrate that it has the requisite legal, financial, and technical capacity to responsibly and efficiently implement, administer, and manage the project.

The Transit Office reviews applications for eligibility and completeness prior to scoring. Applications will be scored before recommendations are provided to the Director of the Nevada DOT for allocation of the funds.

Final awards are based upon funding availability from the FTA. Application scoring will be facilitated through evaluation of responses to application questions using the following criteria:

### **Project Need**

Projects will be evaluated upon application responses that address the need for services, how the need was determined, and assessing the current services in the area. *\*Projects will be scored between one and five, with one being representing little need and five representing great need.*

5 points total

### **Financial & Technical Capacity**

Financial and technical capacity will be evaluated upon application responses that exhibit an Applicant's financial and technical ability to carry out the proposed services outlined within their application. *\*Financial and technical capacity will be scored between one and five, with one representing little capacity and five representing requisite capacity.*

5 points total

### **Coordination & Cooperation**

Coordination and cooperation efforts will be evaluated upon application responses that describe the level and quality of coordination efforts by the Applicant with other providers of transportation or transit advocates in the surrounding area. *\*Coordination and cooperation will be scored between one and five, with one representing little coordination and cooperation and five representing satisfactory coordination and cooperation.*

5 points total

### **Compliance Risk**

Compliance risk will be evaluated based upon application responses, compliance monitoring results, and risk assessments conducted by the Transit Office. *\*Projects will be scored between one and five, with one representing high risk and five representing low risk.*

5 points total

### **Previous Project Performance**

Previous performance will be evaluated upon data provided within the application and data available to the Transit Office. Criteria will be evaluated to assess the ability of the Applicant to successfully and efficiently perform the proposed services with the funding requested and/or available. *\*Previous project performance will be scored between one and five, with one representing poor performance and five representing good performance.*

5 points total

### **Fiscal Performance and Budget**

Budgets will be evaluated for project expenses, projected revenues, and local match commitments. Fiscal performance will be reviewed based upon previous awards, reimbursement requests, and funding usage. These criteria will be evaluated to assess the ability of the Applicant to perform the proposed services with the funding requested and/or available. *\*Fiscal performance and budget will be scored between one and five, with one representing poor performance and five representing good performance.*

5 points total

# FEDERAL GRANT APPLICATION DOCUMENT CHECKLIST

## FEDERAL GRANT APPLICATION

	<b>Authorizing Resolution</b> , Page 2
	<b>Local Assurances</b> , Page 3
	<b>Certification of Use of Project Equipment, Facilities, and Property</b> , Page 4
	<b>Certification of Equivalent Service</b> , Page 5
	<b>Certification for Audit Requirements</b> , Page 6
	<b>Special Section 13(c) Warranty - Opinion of Counsel</b> , Page 7
	<b>Certification of Required Policies</b> (not for NEW APPLICANTS), Pages 8-10
	<b>Attachment 1 – FTA Certifications and Assurances</b>
	<b>Attachment 2 – Certificate(s) of Insurance</b>
	<b>Attachment 3 – Agency Organizational Chart</b>
	<b>Attachment 4 – List of All Public or Private Providers of Public Transportation in Service Area</b>
	<b>Attachment 5 – Current Asset Inventory</b>
	<b>Attachment 6 – Proof of Grant Application Advertisement</b>

## NEW APPLICANT ADDENDUM

	<b>Attachment 1 – Equal Employment Opportunity Program or Policy</b>
	<b>Attachment 2 – Title VI Program</b>
	<b>Attachment 3 – Americans with Disabilities Act Policy</b>
	<b>Attachment 4 – Drug and Alcohol Program</b> (if applicable)

## OPERATING ASSISTANCE ADDENDUM

	<b>Performance Data Table</b> , Page 2
	<b>Statement of Acceptance of the Special Section 5333(b) Warranty</b> , Page 3
	<b>Special Section 5333(b) Warranty</b> , Page 4
	<b>Attachment 1 - Narrative Responses to Q1 through Q7</b>
	<b>Attachment 2 – Multi-Year Operating Budget Form</b>

## CAPITAL ASSISTANCE ADDENDUM

	<b>Performance Data Table</b> , Page 3
	<b>Statement of Acceptance of the Special Section 5333(b) Warranty</b> , Page 4 (if applicable)
	<b>Special Section 5333(b) Warranty</b> , Page 5 (if applicable)
	<b>Attachment 1 - Narrative Responses to Q1 through Q9</b>
	<b>Attachment 2 – Multi-Year Capital Budget Form</b>

# FEDERAL GRANT APPLICATION

The Federal Grant Application has been recently updated for the Federal Grant Application process implemented by the Nevada Department of Transportation, Transit Office.

## FEDERAL GRANT APPLICATION – PAGE 1, APPLICANT INFORMATION

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*Legal Name of Applicant (and DBA, if applicable)* - Enter the legal name (and DBA, if applicable) of the Applicant. If the Applicant is a Nevada county, enter the county name. (e.g. Lander County)

*Name of Third-Party Transportation Provider (if applicable)* - Enter the name of the party providing the transportation service, if not Applicant.

*Applicant Physical Address, City, State, ZIP* – Enter the physical address of the Applicant.

*Applicant Mailing Address, City, State, ZIP* – Enter the mailing address of the Applicant (if different than physical address.)

*Applicant NV Vendor Number* – Enter the Applicant's Nevada vendor number. This number is typically the letter "T" followed by eight digits. Contact the Transit Office if you do not know the correct number to use.

*Applicant NV Business License Number* – Enter the Applicant's NV Business License Number.

*Applicant DUNS Number* – Enter the Data Universal Numbering System (DUNS) number for the Applicant.

*Applicant Website* - Enter the business website for the Applicant, if applicable.

*Applicant Contact* – Enter the Applicant contact the Transit Office would communicate with regarding this application.

*Applicant Primary Phone Number* – Enter the primary business phone number for the Applicant.

*Applicant Primary Fax Number* - Enter the primary business fax number for the Applicant.

*Program Contact* - Enter the contact person the Transit Office would communicate with regarding the Applicant's transit program.

*Program Contact Title* - Enter the contact person's title. Include the contact person's agency, if different from Applicant.

*Program Contact Phone Number* - Enter the contact person's phone number.

*Program Contact Email* - Enter the contact person's email.

*Governing Body of Applicant* – Enter the Governing Body of the Applicant.

*Individual with Signing Authority (Authorized Signer)* - Enter the name of the individual with signing authority for the Grant Application and Grantee Agreement with the Nevada DOT. *This is the individual that will sign the agreement via DocuSign, e.g. Board Chair, Agency CEO, or County Manager.*

*Authorized Signer's Title* - Enter the Authorized Signer's title. Include the Authorized Signer's agency, if different from Applicant.

*Authorized Signer's Phone Number* - Enter the phone number of the Authorized Signer.

*Authorized Signer's Email* - Enter the email address of the Authorized Signer.

*Application Addenda* – Indicate which addenda are to be included with your Federal Grant Application.

**Applicants approved for federal funding assistance will receive the Grantee Agreement from the Nevada DOT through DocuSign for signature.**

**Only the Authorized Signer can sign the Grantee Agreement, however, others may receive a copy via DocuSign to view.**

**This can be requested by including a request as an attachment to this application.**

## FEDERAL GRANT APPLICATION – PAGE 2, AUTHORIZING RESOLUTION

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*Resolution Number (if applicable)* - Enter the Resolution Number assigned to this Federal Grant Application.

*Applicant* - Enter the legal name (and DBA, if applicable) of the Applicant. If the Applicant is a Nevada county, enter the county name.

*Governing Body of Applicant* – Enter the name of the Governing Body of the Applicant.

*Job Title* – Enter the Job Title of the position authorized to conduct the activities listed in parts 1 through 5.

*Signature of Authorized Signer* – Signature of the Authorized Signer, not the Applicant Contact.

*Authorized Signer's Printed Name and Title* – Printed Name and Title of the Authorized Signer, not the Applicant Contact.

*Date* – Date signed.

## FEDERAL GRANT APPLICATION – PAGE 3, LOCAL ASSURANCES

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*Applicant* - Enter the legal name (and DBA, if applicable) of the Applicant. If the Applicant is a Nevada county, enter the county name.

*Governing Body of Applicant* – Enter the name of the Governing Body of the Applicant.

*Signature of Authorized Signer* – Signature of the Authorized Signer, not the Applicant Contact.

*Authorized Signer's Printed Name and Title* – Printed Name and Title of the Authorized Signer, not the Applicant Contact.

*Date* – Date signed.

## FEDERAL GRANT APPLICATION – PAGE 4, CERTIFICATION OF USE OF PROJECT ASSETS

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*Applicant* - Enter the legal name (and DBA, if applicable) of the Applicant. If the Applicant is a Nevada county, enter the county name.

*Governing Body of Applicant* – Enter the name of the Governing Body of the Applicant.

*Signature of Authorized Signer* – Signature of the Authorized Signer, not the Applicant Contact.

*Authorized Signer's Printed Name and Title* – Printed Name and Title of the Authorized Signer, not the Applicant Contact.

*Date* – Date signed.

## FEDERAL GRANT APPLICATION – PAGE 5, ADA CERTIFICATION OF EQUIVALENT SERVICE

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*Applicant* - Enter the legal name (and DBA, if applicable) of the Applicant. If the Applicant is a Nevada county, enter the county name.

*Signature of Authorized Signer* – Signature of the Authorized Signer, not the Applicant Contact.

*Authorized Signer's Printed Name and Title* – Printed Name and Title of the Authorized Signer, not the Applicant Contact.

*Date* – Date signed.

## FEDERAL GRANT APPLICATION – PAGE 6, CERTIFICATION FOR AUDIT REQUIREMENTS

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*Applicant* - Enter the legal name (and DBA, if applicable) of the Applicant. If the Applicant is a Nevada county, enter the county name.

*Signature of Authorized Signer* – Signature of the Authorized Signer, not the Applicant Contact.

*Authorized Signer's Printed Name and Title* – Printed Name and Title of the Authorized Signer, not the Applicant Contact.

*Date* – Date signed.

## FEDERAL GRANT APPLICATION – PAGE 7, SP. SECTION 13(C) WARRANTY OPINION OF COUNSEL

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*Applicant* - Enter the legal name (and DBA, if applicable) of the Applicant. If the Applicant is a Nevada county, enter the county name.

*Governing Body of Applicant* – Enter the name of the Governing Body of the Applicant.

*Signature of Authorized Signer* – Signature of the Authorized Signer, not the Applicant Contact.

*Authorized Signer's Printed Name and Title* – Printed Name and Title of the Authorized Signer, not the Applicant Contact.

*Date* – Date signed.

*Legal Counsel of Applicant* – Firm or Individual Name of Applicant's Legal Counsel.

*Signature of Applicant Legal Counsel* – Signature of the Applicant's Legal Counsel.

*Legal Counsel's Printed Name* – Printed Name of the Applicant's Legal Counsel.

*Date* – Date signed.

## FEDERAL GRANT APPLICATION – PAGES 8-10, CERTIFICATION OF REQUIRED POLICIES

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**New Applicants of Federal Operating or Capital Assistance – Do not use this form. New Applicants must provide all of these documents, as applicable, with the New Applicant Addendum.**

Existing Recipients of Federal Operating or Capital Assistance – Using the form provided, indicate your policy or program, when it was reviewed **by your agency**, when it is scheduled for the next review **by your agency**, and if it has been submitted to the Nevada DOT. *Policies and programs are required to be reviewed and/or updated by your agency every three (3) years to maintain compliance with regulations.*

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### *Equal Employment Opportunity (EEO – guidance provided through FTA C 4704.1A on EEO Program Elements and Requirements*

Agencies that meet both of the following threshold requirements must prepare and maintain an abbreviated EEO Program:

- a) Employs between 50 – 99 transit-related employees, and
- b) Requests or receives capital or operating assistance in excess of \$1,000,000 or planning assistance in excess of \$250,000 in the previous FFY.

Agencies that meet both of the following threshold requirements must implement all of the EEO Program elements:

- a) Employs 100 or more transit-related employees, and
- b) Requests or receives capital or operating assistance in excess of \$1,000,000, or planning assistance in excess of \$250,000 in the previous FFY.

Agencies that do not meet either of the above threshold requirements must have an EEO Policy.

*Applicant* - Enter the legal name (and DBA, if applicable) of the Applicant. If the Applicant is a Nevada county, enter the county name.

*\*Checkmark\** - Indicate N/A, or if your agency is required to maintain an EEO Policy or an EEO Program (check the one that applies).

*Date the Applicant Last Reviewed or Updated their EEO Program or Policy* - Enter the date your agency last reviewed or adopted the program or policy.

*Date the Applicant is Scheduled to Review or Update their EEO Program or Policy* - Enter the date your agency is scheduled to review or update the program or policy.

*Date the Applicant's Adopted EEO Program or Policy was Submitted to the Nevada DOT* - Enter the date your agency's adopted program or policy was submitted to the Nevada DOT.



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***Title VI Program – guidance provided through FTA C 4702.1B on Title VI Program Requirements***

Applicants must comply with applicable provisions of 49 U.S.C. 5332. These provisions prohibit discrimination based on race, color, religion, national origin, sex, age, disability, and prohibit discrimination in employment or business opportunity. Applicant transportation services must meet a significant portion of the actual transportation needs of individuals with disabilities within a reasonable time.

***Applicant*** - Enter the legal name (and DBA, if applicable) of the Applicant. If the Applicant is a Nevada county, enter the county name.

***Date the Applicant Last Reviewed or Updated their Title VI Program*** - Enter the date your agency last reviewed or adopted the program.

***Date the Applicant is Scheduled to Review or Update their Title VI Program*** - Enter the date your agency is scheduled to review or update the program.

***Date the Applicant's Adopted Title VI Program was Submitted to the Nevada DOT*** - Enter the date your agency's adopted program was submitted to the Nevada DOT.

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***Americans with Disabilities Act (ADA) Policy – guidance provided through FTA C 4710.1 on ADA Requirements***

Section 504 of the Rehabilitation Act of 1973, as amended 29 U.S.C. 794, prohibits discrimination based on disability by recipients or subrecipients of federal financial assistance. The Nevada DOT's FTA subrecipients sign an "Assurance of Non-Discrimination Based on Disability" that states they will not discriminate against individuals with disabilities while providing transportation service.

***Applicant*** - Enter the legal name (and DBA, if applicable) of the Applicant. If the Applicant is a Nevada county, enter the county name.

***Date the Applicant Last Reviewed or Updated their ADA Policy*** Enter the date your agency last reviewed or adopted the policy.

***Date the Applicant is Scheduled to Review or Update their ADA Policy*** - Enter the date your agency is scheduled to review or update the policy.

***Date the Applicant's Adopted ADA Policy was Submitted to the Nevada DOT*** - Enter the date your agency's adopted policy was submitted to the Nevada DOT.

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***Drug and Alcohol (D&A) Program – guidance provided through 49 CFR Part 40 and 49 CFR Part 655***

Section 5311 and 5339 funding Applicants are required to comply with regulations issued by the FTA on drug and alcohol testing, 49 C.F.R. Parts 40 and 655.

***Applicant*** - Enter the legal name (and DBA, if applicable) of the Applicant. If the Applicant is a Nevada county, enter the county name.

***\*Checkmark\**** - Indicate if your agency is required to maintain a D&A Program or is not required to maintain a D&A Program (check the one that applies).

***Date the Applicant Last Reviewed or Updated their D&A Program*** - Enter the date your agency last reviewed or adopted the program.

***Date the Applicant is Scheduled to Review or Update their D&A Program*** - Enter the date your agency is scheduled to review or update the program.

***Date the Applicant's Adopted D&A Program was Submitted to the Nevada DOT*** - Enter the date your agency's adopted program was submitted to the Nevada DOT.

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***Signature Line for Certification of Required Policies***

***Applicant*** - Enter the legal name (and DBA, if applicable) of the Applicant. If the Applicant is a Nevada county, enter the county name.

***Signature of Authorized Signer*** – Signature of the Authorized Signer, not the Applicant Contact.

***Authorized Signer's Printed Name and Title*** – Printed Name and Title of the Authorized Signer, not the Applicant Contact.

***Date*** – Date signed.

### 1. **FTA Certifications and Assurances\***

FTA Certifications and Assurances must be included with this grant application. The Federal Fiscal Year Annual List of Certifications and Assurances for FTA Grants and Cooperative Agreements is made available, annually, in the first few months of the calendar year. **Do not use the forms for the previous Federal Fiscal Year.**

<https://www.transit.dot.gov/funding/grantee-resources/certifications-and-assurances/certifications-assurances>

*\*In the event that the new FFY Annual List of Certifications and Assurances for FTA Grants and Cooperative Agreements is NOT made available in order for Applicants to submit a Federal Grant Application to the Nevada DOT prior to the due date, the Transit Office will accept the prior year's Certs and Assurances form with a notation that the new Certs and Assurances will be provided to our office within ninety (90) days.*

### 2. **Certificate(s) of Insurance (COIs)\*\***

Each Applicant is required to provide certificates of insurance for their agency as shown below:

General Liability Insurance  
Auto Insurance  
Worker's Compensation Insurance

*\*\*The COI(s) must list the Nevada Department of Transportation as the additional insured with reference to the Active Grantee Agreement(s) for FTA §§ 5310, 5311, and/or 5339 federal assistance. These forms need to be updated when agreement numbers change or when policies expire. For this application, Applicants that are current subrecipients must use their current, active agreement number on COIs with the understanding that the agreement number will need to be updated on October 1. New Applicants must list the agreement number as TBD.*

*COI expiration dates must be kept current throughout the life of the agreement/award, per agreement language, so as not to risk having the agreement for federal assistance be unilaterally terminated by the Department.*

### 3. **Agency Organizational Chart\*\*\***

Your agency organizational chart must be included with this grant application. Ensure that the organization of your governing body is included in this chart.

Your agency organizational chart should include all positions that pertain to the program for which you seek federal assistance.

*\*\*\*Organizational changes must be provided to the Transit Office throughout the life of the agreement/award.*

### 4. **List of All Public or Private Providers of Public Transportation in Service Area**

Provide a full list of all public or private transportation providers in your agency service area.

### 5. **Current Asset Inventory** (Revenue Vehicles, Service Vehicles, Equipment > \$50,000 original retail price) *Current subrecipients must use their TAM Tab from the Invoice or Ridership Workbook to provide their Asset Inventory. New Applicants must completely fill out the Department-provided Current Asset Inventory Form*

### 6. **Proof of Grant Application Advertisement**

Applicants must show proof they have met the requirements stated below by providing, as an attachment to this Federal Grant Application, sufficient evidence of reasonable notification to all transportation providers in the proposed service area. Nevada Department of Transportation State Management Plan, Section J.1.A Application Submission by Subrecipients, Paragraph 3 states:

*"Applicants must ensure that private-for-profit and private non-profit transit operators are given the opportunity to participate in the planning and implementation of the project to the maximum extent feasible. This includes soliciting private companies' participation in their planning process and encouraging private companies to actively participate in the planning process. Applicants must provide reasonable notice to all transportation providers in the proposed service area to inform them of the project and ascertain whether the private providers could participate in the project. This is accomplished by publishing a public notice in a newspaper of general circulation and/or on the Applicant's website, by sending a letter of intent directly to private providers, or by conducting a public participation process."*

# NEW APPLICANT ADDENDUM

## *Equal Employment Opportunity (EEO) – guidance provided through FTA C 4704.1A on EEO Program Elements and Requirements*

Agencies that meet both of the following threshold requirements must prepare and maintain an abbreviated EEO Program:

- a) Employs between 50 – 99 transit-related employees, and
- b) Requests or receives capital or operating assistance in excess of \$1,000,000 or planning assistance in excess of \$250,000 in the previous FFY.

Agencies that meet both of the following threshold requirements must implement all of the EEO Program elements:

- a) Employs 100 or more transit-related employees, and
- b) Requests or receives capital or operating assistance in excess of \$1,000,000, or planning assistance in excess of \$250,000 in the previous FFY.

Agencies that do not meet either of the above threshold requirements must have an EEO Policy.

*New Applicants must submit a copy of their agency EEO Policy, abbreviated EEO Program, or full EEO Program as an attachment to the New Applicant Addendum.*

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## *Title VI Program – guidance provided through FTA C 4702.1B on Title VI Program Requirements*

Applicants must comply with applicable provisions of 49 U.S.C. 5332. These provisions prohibit discrimination based on race, color, religion, national origin, sex, age, disability, and prohibit discrimination in employment or business opportunity. Applicant transportation services must meet a significant portion of the actual transportation needs of individuals with disabilities within a reasonable time.

*New Applicants must submit a copy of their agency adopted Title VI Program as an attachment to the New Applicant Addendum.*

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## *Americans with Disabilities Act (ADA) Policy – guidance provided through FTA C 4710.1 on ADA Requirements*

Section 504 of the Rehabilitation Act of 1973, as amended 29 U.S.C. 794, prohibits discrimination based on disability by recipients or subrecipients of federal financial assistance. The Nevada DOT's FTA subrecipients sign an "Assurance of Non-Discrimination Based on Disability" that states they will not discriminate against individuals with disabilities while providing transportation service.

*New Applicants must submit a copy of their agency adopted ADA Policy as an attachment to the New Applicant Addendum.*

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## *Drug and Alcohol (D&A) Program – guidance provided through 49 CFR Part 40 and 49 CFR Part 655*

Section 5311 and 5339 funding Applicants are required to comply with regulations issued by the FTA on drug and alcohol testing, 49 C.F.R. Parts 40 and 655.

*New §5311 and §5339 Applicants must submit a copy of their agency adopted D&A Program as an attachment to the New Applicant Addendum.*

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## **NEW APPLICANT ADDENDUM – PAGE 2, ATTACHMENTS**

The attachments to the New Applicant Addendum are as follows:

**EEO Policy, abbreviated EEO Program, or full EEO Program**

**Title VI Program**

**ADA Policy**

**Drug & Alcohol Program** (for §§ 5311 and 5339 funding applicants)

# OPERATING ASSISTANCE ADDENDUM

The Operating Assistance Addendum is an updated addendum to be used beginning with the Federal Grant Application.

Each Applicant will fill out only one (1) Operating Assistance Addendum and one (1) Multi-Year Operating Budget Form.

## OPERATING ASSISTANCE ADDENDUM – PAGE 1

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**Program Administration Grant (PAG) Assistance** – The purpose of this assistance is to provide federal assistance to transit projects for eligible program administration expenses at up to 80% with a minimum of 20% local match.

**Capital Project Grant (CPG) Assistance Spent on Operations** – The purpose of this assistance is to provide federal assistance to transit projects for eligible preventative maintenance expenses at up to 95% with a minimum of 5% local match.

**Capital Project Grant (CPG) Assistance Spent on Mobility Management** - The purpose of this assistance is to provide federal assistance to transit projects for eligible mobility management expenses at up to 95% with a minimum of 5% local match.

**Operating Grant (OPG) Assistance** - The purpose of this assistance is to provide federal assistance to transit projects for eligible operating expenses at up to 59.38% with a minimum of 40.62% local match.

## OPERATING ASSISTANCE ADDENDUM – PAGE 2, PERFORMANCE DATA

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**Performance Data for Applicant Agency** – The table provided is for Applicants to enter all historical data for the modes that they operated in the indicated federal fiscal years, even if those modes are not currently or no longer in operation.

Example: Applicants will enter FFY2020 Vehicle Revenue Miles (VRM) in the table in the row for FFY2020 and in the column Vehicle Revenue Miles (VRM).

This procedure will be repeated for each FFY and each data set (VRM, VRH, UPT, Operating Expenses, and Fare Revenues) for the tables titled “**All Modes**”, “**DR**”, “**MB**”, and “**CB**”, as applicable.

The “All Modes” table will be the sum of respective entries of the “DR”, “MB”, and “CB” tables.

## OPERATING ASSISTANCE ADDENDUM – PAGE 3, 5333(B) WARRANTY PART ONE

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*Applicant* - Enter the legal name (and DBA, if applicable) of the Applicant. If the Applicant is a Nevada county, enter the county name.

*Recipient/Contract Provider, if not Applicant* - Enter the name of the third-party transportation provider, if applicable.

*Signature of Authorized Signer* – Signature of the Authorized Signer, not the Applicant Contact.

*Date* – Date signed.

*Authorized Signature for Recipient/Contract Provider* – Signature of the Authorized Signer for the third-party transportation provider, if applicable.

*Date* – Date signed.

*Table* – Enter third-party transportation provider data in the table, if applicable.

## OPERATING ASSISTANCE ADDENDUM – PAGE 4, 5333(B) WARRANTY PART TWO

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*Applicant* - Enter the legal name (and DBA, if applicable) of the Applicant. If the Applicant is a Nevada county, enter the county name.

*Union Representative* - Enter the name of the union representative in the region in which this notice is to be displayed. Otherwise, leave blank.

*Service Area Description* – Enter a description of your agency service area for the region in which this notice is to be displayed.

**\*Checkmark\*** - Indicate the purpose for which you have applied for federal assistance.

Operating Assistance: *Enter the FFY(s)*  
and/or

Capital Assistance to Purchase: *Enter the asset(s) to be purchased.*

**Recipients/Contract Provider** – Enter the names of the Recipients/Contract Providers (if different from Applicant) and the Union Representation, if applicable.

**Other Eligible Providers** – Enter the names of any other eligible providers in your agency service area and the Union Representation, if applicable.

**\*Notice\*** – FTA requires that each subrecipient and recipient/contract provider of Section 5311 funding post the Special Section 5333(b) Warranty where affected employees may see it. *Post this notice after it has been filled out.*

## **OPERATING ASSISTANCE ADDENDUM – PAGES 5-8, NARRATIVE SECTION**

---

The narrative portion of the Operating Assistance Addendum asks you to provide detail in seven (7) areas: Agency Description, Agency Accomplishments and Goals, Description of Transportation Program for which Assistance is Requested, Program Oversight, Coordination Efforts, Budget Justification, and Additional Information. **Applicants must respond to Q1 through Q7 on a separate document and attach to the Operating Assistance Addendum as a PDF.** Some questions, or parts of questions, will not be applicable to all Applicants. In those instances, Applicants should indicate “N/A”.

Example:

### *Applicant Narrative Responses*

- Q3**
- a1. Lorem ipsum dolor sit amet, consectetur adipiscing elit. Etiam in finibus arcu, quis rutrum eros. Ut sit amet ultricies erat, eget finibus diam.
  - a8. Curabitur lobortis cursus orci eget posuere. Praesent ullamcorper est eu nibh scelerisque egestas. Suspendisse ac finibus justo, at ornare nunc.
  - b. N/A
  - c. N/A
  - d. N/A
  - e1. Proin vestibulum massa nibh, nec vulputate nulla tempus a. Vestibulum odio purus, pulvinar at sem sit amet, scelerisque sollicitudin nunc.
  - e6. Mauris hendrerit odio nec eros mattis euismod. Sed leo nisi, vulputate eu neque vel, porttitor volutpat diam.
- Q4** Aliquam ullamcorper ex eget turpis blandit ultrices. Sed volutpat ante iaculis orci vestibulum imperdiet. Suspendisse in nunc sapien.

The example narrative response above indicates that the Applicant operates Demand Response (DR) and Mobility Management (MM) services and is responding to those questions. It further indicates that the Applicant does not operate Fixed Route (MB), Deviated Fixed Route (MB), or Commuter Bus (CB) services and is not responding to those questions.

## **OPERATING ASSISTANCE ADDENDUM – PAGE 9, ATTACHMENTS**

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The attachments to the Operating Assistance Addendum are as follows:

**PDF Document with detailed narrative responses to Q1 through Q7; and**

**Multi-Year Operating Budget Form.**

# MULTI-YEAR OPERATING BUDGET FORM

The Multi-Year Operating Budget Form is an updated operating budget request form to be used beginning with the Federal Grant Application.

## MULTI-YEAR OPERATING BUDGET FORM – PAGE 1, SUMMARY

The summary page will auto-populate with the data you enter on subsequent pages. **Do not attempt to alter the summary page.**

The **PAG Expense Budget** section will display the FTA assistance you are requesting and the match required for each year of the application at a 80%/20% split. This information is entered on page 3.

The **CPG Expense Budget** section will display the FTA assistance you are requesting and the match required for each year of the application at a 95%/5% split. This information is entered on page 4.

The **OPG Expense Budget** section will display the FTA assistance you are requesting and the match required for each year of the application at a 59.38%/40.62% split after your Projected Farebox amount is removed. This information is entered on page 5.

The **Eligible Match Budget** section will display your projected Directly Generated Revenues, Eligible Match (local, state, non-USDOT federal, and private party), and Projected In-Kind Match. This information is entered on page 6.

The lower section is the calculated totals from the above sections.

The **Multi-Year Match Required** field calculates the minimum match amount that must be provided by the Applicant. If the amounts in the Eligible Match Budget section do not meet the minimum required match, an error message will appear on the form. You must then correct whatever error is present that prompts the error message.

The **Multi-Year FTA PAG Assistance Requested**, **Multi-Year FTA CPG Assistance Requested**, and **Multi-Year FTA OPG Assistance Requested** fields calculate the total request amounts provided in the upper sections.

The **Multi-Year FTA Total Assistance Requested** field calculates the total multi-year request amounts in the cells just above.

In the blank space to the left of the totals, messages may later appear in reference to your selections on page 2. These messages are for the benefit of the application review team and should not be altered. If you feel a message has appeared in error, review your entries to ensure you have provided the correct information on page 2.

## MULTI-YEAR OPERATING BUDGET FORM – PAGE 2, INDIRECT COST AND DIRECT BENEFIT RATES

**Applicant** - Enter the legal name (and DBA, if applicable) of the Applicant. If the Applicant is a Nevada county, enter the county name.

Indirect Cost Rates (IDC) and Direct Benefit Rates (DBR) are issued on your agency's fiscal year. Any rate you currently possess may expire before the new operating year begins. Please email [transitteam@dot.nv.gov](mailto:transitteam@dot.nv.gov) if you have any questions regarding submitting your IDCs or DBRs. Applicants are still required to have their IDC or DBR reviewed and approved by the NDOT prior to use.

If you opt to use an IDC or DBR rate for this application, you must apply to your cognizant agency for approval and provide that approval with this application in order to use that rate. This includes those opting to use the *de minimis* rate of 10%.

Any information provided on page 2 must be supported with documentation (e.g. request letter, approval letter, etc.).

### Indirect Cost Rate - Percent of Modified Total Direct Costs (MTDC)

MTDC means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each sub-award (regardless of the period of performance of the sub-awards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each sub-award in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

### Indirect Cost Rate - Percent of Total Direct Salaries

This indirect cost rate provides a percentage an awardee can apply to the total direct cost salaries of a program in order to cover indirect salaries for the program. This type of IDC is applicable only for salaries and cannot be applied to other direct expenses.

### Direct Benefit Rate - Per Hour Direct Salary and Benefit Rate

This direct benefit rate provides an hourly wage for each employee in order to cover payroll and fringe benefits. This type of DBR identifies specific employees and is applicable only for the employee specified and cannot be applied to any other employee.

### Direct Benefit Rate - Direct Labor plus Percentage

This direct benefit rate provides a percentage an awardee can apply to the total direct cost salaries of a program in order to cover payroll fringe benefits for those salaries. This type of DBR covers the fringe benefit cost of specific employees and is not used for indirect salary expenses.

1. To begin, enter your agency name in cell C60, highlighted in blue.
2. In each provided table, indicate "Yes" or "No" to each shaded cell. Each field defaults to "No".

### Current Indirect Cost Rates:

Do you have a current indirect cost rate of modified total direct costs? *Use dropdown in cell G69 to answer yes or no.*  
Do you have a current indirect cost rate of total direct salaries? *Use dropdown in cell G70 to answer yes or no.*

### Projected/Future Indirect Cost Rates:

Do you intend to apply for an indirect cost rate of modified total direct costs? *Use dropdown in cell G73 to answer yes or no.*  
Do you intend to apply for an indirect cost rate of total direct salaries? *Use dropdown in cell G74 to answer yes or no.*

### Current Direct Benefit Rates:

Do you have a current direct salary and benefit rate? *Use dropdown in cell N69 to answer yes or no.*  
Do you have a current direct benefit rate of direct labor? *Use dropdown in cell N70 to answer yes or no.*

### Projected/Future Direct Benefit Rates:

Do you intend to apply for a direct salary and benefit rate? *Use dropdown in N73 to answer yes or no.*  
Do you intend to apply for a direct benefit rate of direct labor? *Use dropdown in N74 to answer yes or no.*

**Remember: If you indicate yes in any of the cells, you must provide the appropriate documentation supporting that selection.**

## MULTI-YEAR OPERATING BUDGET FORM – PAGE 3, PAG ASSISTANCE BUDGET

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Beginning in cell B84, you will use your general ledger and describe each PAG expense for which you seek reimbursement through the federal award for each of the two years this form is valid. Make sure to include instances of In-Kind, Indirect Cost, or Direct Benefit expenses, as applicable.

The **Expense Description** column is for your narrative description of the PAG expense.

The **Year 1 Amount** column is for your Year 1 numerical value for the PAG expense.

The **Year 2 Amount** column is for your Year 2 numerical value for the PAG expense.

If you only seek funding for Year 1, leave the Year 2 column as a zero (0).

*Enter data in table B84:M123.*

*To the right of the table, once narrative descriptions and numerical values are fully entered for both years, you will see a percentage that shows you the year-to-year increase or decrease in your budget. You may adjust your line item budget based upon the result of this automatic calculation, if necessary.*

## MULTI-YEAR OPERATING BUDGET FORM – PAGE 4, CPG ASSISTANCE BUDGET

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Beginning in cell B134, you will use your general ledger and describe each CPG expense for which you seek reimbursement through the federal award for each of the two years this form is valid. Make sure to include instances of In-Kind expenses, as applicable. Indirect Costs and Direct Benefit Rates cannot be attributed to CPG expenses.

The **Expense Description** column is for your narrative description of the CPG expense.

The **Year 1 Amount** column is for your Year 1 numerical value for the CPG expense.

The **Year 2 Amount** column is for your Year 2 numerical value for the CPG expense.

If you only seek funding for Year 1, leave the Year 2 column as a zero (0).

[Enter data in table B134:M173.](#)

*To the right of the table, once narrative descriptions and numerical values are fully entered for both years, you will see a percentage that shows you the year-to-year increase or decrease in your budget. You may adjust your line item budget based upon the result of this automatic calculation, if necessary.*

## **MULTI-YEAR OPERATING BUDGET FORM – PAGE 5, OPG ASSISTANCE BUDGET**

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Beginning in cell B184, you will use your general ledger and describe each OPG expense for which you seek reimbursement through the federal award for each of the two years this form is valid. Make sure to include instances of In-Kind or Direct Benefit expenses, as applicable. Indirect Costs cannot be attributed to OPG expenses.

The **Expense Description** column is for your narrative description of the OPG expense.

The **Year 1 Amount** column is for your Year 1 numerical value for the OPG expense.

The **Year 2 Amount** column is for your Year 2 numerical value for the OPG expense.

If you only seek funding for Year 1, leave the Year 2 column as a zero (0).

[Enter data in table B184:M223.](#)

*To the right of the table, once narrative descriptions and numerical values are fully entered for both years, you will see a percentage that shows you the year-to-year increase or decrease in your budget. You may adjust your line item budget based upon the result of this automatic calculation, if necessary.*

## **MULTI-YEAR OPERATING BUDGET FORM – PAGE 6, ELIGIBLE MATCH BUDGET**

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Beginning with **Projected Farebox**, you will enter your projected farebox estimates for each year.

[Enter data in table K234:M236.](#)

*To the right of the table, once narrative descriptions and numerical values are fully entered for both years, you will see a percentage that shows you the year-to-year increase or decrease in your projected farebox revenue. You may adjust your line item budget based upon the result of this automatic calculation, if necessary.*

The next section is for **Projected Directly Generated Revenue**.

The **Revenue Description** column is for your narrative description of the revenue source.

The **Year 1 Amount** column is for your Year 1 numerical value for the revenue amount.

The **Year 2 Amount** column is for your Year 2 numerical value for the revenue amount.

If you only seek funding for Year 1, leave the Year 2 column as a zero (0).

[Enter data in table B243:M250.](#)

*To the right of the table, once narrative descriptions and numerical values are fully entered for both years, you will see a percentage that shows you the year-to-year increase or decrease in your projected directly generated revenue. You may adjust your line item budget based upon the result of this automatic calculation, if necessary.*



The next section is for **Eligible Match**.

The **Match Description** column is for your narrative description of the match source.

The **Year 1 Amount** column is for your Year 1 numerical value for the match source.

The **Year 2 Amount** column is for your Year 2 numerical value for the match source.

If you only seek funding for Year 1, leave the Year 2 column as a zero (0).

*Enter data in table B257:M264.*

*To the right of the table, once narrative descriptions and numerical values are fully entered for both years, you will see a percentage that shows you the year-to-year increase or decrease in your eligible match. You may adjust your line item budget based upon the result of this automatic calculation, if necessary.*

The final section is for **Projected In-Kind Match**.

The **In-Kind Description** column is for your narrative description of the in-kind match source.

The **Year 1 Amount** column is for your Year 1 numerical value for the in-kind match source.

The **Year 2 Amount** column is for your Year 2 numerical value for the in-kind match source.

If you only seek funding for Year 1, leave the Year 2 column as a zero (0).

*Enter data in table B271:M278.*

*To the right of the table, once narrative descriptions and numerical values are fully entered for both years, you will see a percentage that shows you the year-to-year increase or decrease in your projected in-kind match. You may adjust your line item budget based upon the result of this automatic calculation, if necessary.*

Each item you enter under **Projected In-Kind Match** must have a corresponding In-Kind expense detailed on page 3, 4, or 5.

# CAPITAL ASSISTANCE ADDENDUM

The Capital Assistance Addendum is an updated addendum to be used beginning with the Federal Grant Application.

*Important: The Capital Assistance Addendum (and associated Multi-Year 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.*

## When applying for two or more Assets:

### 1. Applicants will complete one (1) section/page of the Multi-Year Capital Budget Form when requesting:

Two or more vehicles of the same type.

Two or more identical pieces of vehicle equipment.

### 2. Applicants will complete two (2) or more sections/pages of the Multi-Year Capital Budget Form when requesting :

Two or more vehicles not of the same type.

Two or more pieces of different vehicle equipment.

Assistance to rehabilitate vehicles and/or facilities.

**Please contact the Transit Office with any questions on how to properly apply for the asset(s) you are requesting.**

## CAPITAL ASSISTANCE ADDENDUM – PAGES 1 & 2

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**Capital Asset Grant (CAG) Assistance §5310 Program** – Provides assistance for Clean Air Act (CAA) and/or Americans with Disabilities Act (ADA) vehicles at up to 85% federal assistance with minimum 15% local match and non-CAA and/or non-ADA vehicles at up to 80% federal assistance with minimum 20% local match.

**Capital Project Grant (CPG) Assistance §5310 Program** – Provides assistance for CAA and/or ADA equipment at up to 90% federal assistance with minimum 10% local match; non-CAA and/or non-ADA equipment at up to 80% federal assistance with minimum 20% local match; vehicle rehabilitation at up to 80% federal assistance with minimum 20% local match; and vehicle repowering at up to 80% federal assistance with minimum 20% local match.

**Capital Asset Grant (CAG) Assistance §5339 Program** – Provides assistance for CAA and/or ADA vehicles at up to 85% federal assistance with minimum 15% local match; non-CAA and/or non-ADA vehicles at up to 80% federal assistance with minimum 20% local match; CAA or ADA facilities at up to 90% federal assistance with minimum 10% local match; and non-CAA and/or non-ADA facilities at up to 80% federal assistance with minimum 20% local match.

**Capital Project Grant (CPG) Assistance §5339 Program** – Provides assistance for CAA and/or ADA equipment at up to 90% federal assistance with minimum 10% local match; non-CAA and/or non-ADA equipment at up to 80% federal assistance with minimum 20% local match; vehicle rehabilitation at up to 80% federal assistance with minimum 20% local match; and vehicle repowering at up to 80% federal assistance with minimum 20% local match.

## CAPITAL ASSISTANCE ADDENDUM – PAGE 3, PERFORMANCE DATA

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**Performance Data for Applicant Agency** – The table provided is for Applicants to enter all historical data for the modes that they operated in the indicated federal fiscal years, even if those modes are not currently or no longer in operation.

Example: Applicants will enter FFY2020 Vehicle Revenue Miles (VRM) in the table in the row for FFY2020 and in the column Vehicle Revenue Miles (VRM).

This procedure will be repeated for each FFY and each data set (VRM, VRH, UPT, Operating Expenses, and Fare Revenues) for the tables titled “**All Modes**”, “**DR**”, “**MB**”, and “**CB**”, as applicable.

The “All Modes” table will be the sum of respective entries of the “DR”, “MB”, and “CB” tables.

## **CAPITAL ASSISTANCE ADDENDUM – PAGE 4, 5333(B) WARRANTY PART ONE**

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**Page 1 of the Special Section 5333(b) Warranty must be filled out by §5339 Applicants that did not request operating assistance with the Operating Assistance Addendum.**

*Applicant* - Enter the legal name (and DBA, if applicable) of the Applicant. If the Applicant is a Nevada county, enter the county name.

*Recipient/Contract Provider, if not Applicant* - Enter the name of the third-party transportation provider, if applicable.

*Signature of Authorized Signer* – Signature of the Authorized Signer, not the Applicant Contact.

*Date* – Date signed.

*Authorized Signature for Recipient/Contract Provider* – Signature of the Authorized Signer for the third-party transportation provider, if applicable.

*Date* – Date signed.

*Table* – Enter third-party transportation provider data in the table, if applicable.

## **CAPITAL ASSISTANCE ADDENDUM – PAGE 5, 5333(B) WARRANTY PART TWO**

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**Page 2 of the Special Section 5333(b) Warranty must be filled out by §5339 Applicants that did not request operating assistance with the Operating Assistance Addendum.**

*Applicant* - Enter the legal name (and DBA, if applicable) of the Applicant. If the Applicant is a Nevada county, enter the county name.

*Union Representative* - Enter the name of the union representative in the region in which this notice is to be displayed. Otherwise, leave blank.

*Service Area Description* – Enter a description of your agency service area for the region in which this notice is to be displayed.

*\*Checkmark\** - Indicate the purpose for which you have applied for federal assistance.

Operating Assistance: *Enter the FFY(s)*

and/or

Capital Assistance to Purchase: *Enter the asset(s) to be purchased.*

*Recipients/Contract Provider* – Enter the names of the Recipients/Contract Providers (if different from Applicant) and the Union Representation, if applicable.

*Other Eligible Providers* – Enter the names of any other eligible providers in your agency service area and the Union Representation, if applicable.

*\*Notice\** – FTA requires that each subrecipient and recipient/contract provider of Section 5311 funding post the Special Section 5333(b) Warranty where affected employees may see it. *Post this notice after it has been filled out.*

## **CAPITAL ASSISTANCE ADDENDUM – PAGES 6-9, NARRATIVE SECTION**

---

The narrative portion of the Capital Assistance Addendum asks you to provide detail in nine (9) areas: Purpose, Agency Description, Agency Accomplishments and Goals, Description of Transportation Program for which Assistance is Requested, Program Oversight, Coordination Efforts, Capital Asset Request Detail, Capital Asset Pricing and Budget, and Additional Information. **Applicants must respond to Q1 through Q9 on a separate document and attach to the Capital Assistance Addendum as a PDF.** Some questions, or parts of questions, will not be applicable to all Applicants. In those instances, Applicants should indicate “N/A”.

Example:

Applicant Narrative Responses

- Q4**    **a1.**    Lorem ipsum dolor sit amet, consectetur adipiscing elit. Etiam in finibus arcu, quis rutrum eros. Ut sit amet ultricies erat, eget finibus diam.
- a8.**    Curabitur lobortis cursus orci eget posuere. Praesent ullamcorper est eu nibh scelerisque egestas. Suspendisse ac finibus justo, at ornare nunc.
- b.**        N/A
- c.**        N/A
- d1.**    Proin vestibulum massa nibh, nec vulputate nulla tempus a. Vestibulum odio purus, pulvinar at sem sit amet, scelerisque sollicitudin nunc.
- d8.**    Mauris hendrerit odio nec eros mattis euismod. Sed leo nisi, vulputate eu neque vel, porttitor volutpat diam.
- Q5**    Aliquam ullamcorper ex eget turpis blandit ultrices. Sed volutpat ante iaculis orci vestibulum imperdiet. Suspendisse in nunc sapien.

The example narrative response above indicates that the Applicant operates Demand Response (DR) and Commuter Bus (CB) services and is responding to those questions. It further indicates that the Applicant does not operate Fixed Route (MB) or Deviated Fixed Route (MB) services and is not responding to those questions.

**CAPITAL ASSISTANCE ADDENDUM – PAGE 10, ATTACHMENTS**

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The attachments to the Capital Assistance Addendum are as follows:

- PDF Document with detailed narrative responses to Q1 through Q9; and**
- Multi-Year Capital Budget Form.**

# MULTI-YEAR CAPITAL BUDGET FORM

The Multi-Year Capital Budget Form is an updated capital budget request form to be used beginning with the Federal Grant Application.

This Multi-Year Capital Budget Form 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.

## When applying for two or more Assets:

### 1. Applicants will complete one (1) section/page of the Multi-Year Capital Budget Form when requesting:

Two or more vehicles of the same type.

Two or more identical pieces of vehicle equipment.

### 2. Applicants will complete two (2) or more sections/pages of the Multi-Year Capital Budget Form when requesting :

Two or more vehicles not of the same type.

Two or more pieces of different vehicle equipment.

Assistance to rehabilitate vehicles and/or facilities.

**Please contact the Transit Office with any questions on how to properly apply for the asset(s) you are requesting.**

## DEFINITIONS

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The use of **ADA (Americans with Disabilities Act)** indicates that the asset directly affects the accessibility of an asset. Examples include purchasing an ADA-compliant vehicle, an ADA hydraulic passenger lift, or purchasing/constructing an ADA facility.

The use of **CAA (Clean Air Act)** indicates that the asset directly affects air quality. Examples include purchasing a CAA-compliant vehicle (an electric vehicle, for example) or purchasing CAA-compliant equipment.

The use of **non-ADA** indicates that the asset does not directly affect the accessibility of an asset.

The use of **non-CAA** indicates that the asset does not directly affect air quality.

## §5310 ELIGIBLE RECIPIENTS

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### 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.**

## §5310 ELIGIBLE PROJECTS

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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 §5310 projects include:

- CAA/ADA Vehicle Purchases
- non-CAA/non-ADA Vehicle Purchases (*only after need has been met as outlined in the section above*)
- Vehicle Rehabilitation or Repowering (*only after need has been met as outlined in the section above*)
- CAA/ADA Equipment Purchases (*only after need has been met as outlined in the section above*)
- non-CAA/non-ADA Equipment Purchases (*only after need has been met as outlined in the section above*)

## §5339 ELIGIBLE RECIPIENTS

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### 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.

## §5339 ELIGIBLE PROJECTS

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### Eligible §5339 projects include:

- CAA/ADA Vehicle Purchases
- non-CAA/non-ADA Vehicle Purchases
- Vehicle Rehabilitation or Repowering
- CAA/ADA Equipment Purchases
- non-CAA/non-ADA Equipment Purchases
- CAA/ADA Facility Construction or Purchases
- non-CAA/non-ADA Facility Construction or Purchases

## MULTI-YEAR CAPITAL BUDGET FORM – TAB 1, BUDGET SECTIONS/PAGES 1, 2, & 3

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Using this form, Applicants will describe the item(s) for which they are requesting capital funding assistance. **Three budget pages have been provided on this one tab.**

**Applicant** - Enter the legal name (and DBA, if applicable) of the Applicant. If the Applicant is a Nevada county, enter the county name.

**Purchase Request Type:** From the dropdown menu, select one of the following:

§5310 CAA/ADA Vehicle Purchase (fleet and service expansion)

§5339 CAA/ADA Vehicle Purchase (fleet and service expansion)

§5310 non-CAA/non-ADA Vehicle Purchase (fleet and service expansion, including service and supervisor vehicles)

§5339 non-CAA/non-ADA Vehicle Purchase (fleet and service expansion, including service and supervisor vehicles)

§5310 Vehicle Rehabilitation or Repowering (bus rebuilds, overhauls, new engines, new transmissions, alternative powering, etc.)

§5339 Vehicle Rehabilitation or Repowering (bus rebuilds, overhauls, new engines, new transmissions, alternative powering, etc.)

§5310 CAA/ADA Equipment Purchase (equipment installed on buses – ramps, lifts, securements, etc.)

§5339 CAA/ADA Equipment Purchase (equipment installed on buses – ramps, lifts, securements, etc.)

§5310 non-CAA/non-ADA Equipment Purchase (equipment installed on buses – radios, security cameras, fare collection, etc.)

§5339 non-CAA/non-ADA Equipment Purchase (equipment installed on buses – radios, security cameras, fare collection, etc.)

§5339 CAA/ADA Facility Construction or Purchase (CAA or ADA facility procurements or upgrades)

§5339 non-CAA/non-ADA Facility Construction or Purchase (non-CAA or non-ADA facility procurements or upgrades)

**Expense Type:** \*auto populates when purchase request type is selected\*

**Federal Share %/Match Share %** \*auto populates when purchase request type is selected\*

**Product Description:** Applicants will enter a detailed narrative description of the product/item/asset for which they are applying. This product/item/asset must align with the request presented within the Capital Assistance Addendum.

**Quantity Requested:** Applicants will enter the quantity requested.

**Price per Item:** Applicants will enter the price per product/item/asset.

**Contingency Percentage:** Applicants will enter a contingency percentage for each product/item/asset. This percentage must match with the request presented within the Capital Assistance Addendum.

**Contingency Amount per Item:** \*auto populates when quantity, price, and contingency percentages are entered\* This number shows the contingency amount per item using the contingency percentage set by the applicant.

**Total Budget:** \*auto populates when quantity, price, and contingency percentages are entered\* This number shows the total amount of the items requested by multiplying the quantity and price and adding the contingency percentage to each item.

**Federal Share \$/Match Share \$:** \*auto populates total is calculated\* This number shows the federal and local match split required for acquisition.

**Source of Match:** Applicants will enter the source and amount of match funds being used for this request.

**Anticipated Purchase Date(s):** These fields appear after a quantity is entered by the Applicant. For single- or multi-year capital requests, Applicants are required to enter anticipated purchase dates for assets requested. This enables Applicants to request assistance for more than one asset over the course of the next four (4) years. The *Anticipated Purchase Date* is the date you anticipate placing the order(s) for the asset(s).

**Example 1:**

*An Applicant requests assistance for three (3) E450 Cutaways to be purchased over the next four (4) years. The Applicant has anticipated replacement dates for three vehicles in their current asset inventory for May 2022, October 2023, and June 2025. The three vehicles are to be replaced at different times.*

The Applicant will completely fill out the form, as instructed, and three (3) Anticipated Purchase Date fields will appear. In the first Anticipated Purchase Date field, **\*\*Enter Purchase #1\*\***, the Applicant will enter “E450 Cutaway #1” and in the date field, Enter MM/YYYY, the Applicant will enter “5/2022” which will format as May 2022.

In the second Anticipated Purchase Date field, **\*\*Enter Purchase #2\*\***, the Applicant will enter “E450 Cutaway #2” and in the date field, Enter MM/YYYY, the Applicant will enter “10/2023” which will format as October 2023.

Finally, in the third Anticipated Purchase Date field, **\*\*Enter Purchase #3\*\***, the Applicant will enter “E450 Cutaway #3” and in the date field, Enter MM/YYYY, the Applicant will enter “6/2025” which will format as June 2025.

Example 2:

An Applicant requests assistance for three (3) Minivans to be purchased over the next four (4) years. The Applicant has anticipated replacement dates for three vehicles in their current asset inventory for April 2022, April 2022, and July 2025. Two vehicles are to be replaced at the same time and one is to be replaced at another time.

The Applicant will completely fill out the form, as instructed, and three (3) Anticipated Purchase Date fields will appear. In the first Anticipated Purchase Date field, **\*\*Enter Purchase #1\*\***, the Applicant will enter “Minivans #1 & #2” and in the date field, Enter MM/YYYY, the Applicant will enter “4/2022” which will format as April 2022.

In the second Anticipated Purchase Date field, **\*\*Enter Purchase #2\*\***, the Applicant will enter “Minivan #3” and in the date field, Enter MM/YYYY, the Applicant will enter “7/2025” which will format as July 2025.

The third Anticipated Purchase Date field, **\*\*Enter Purchase #3\*\***, the Applicant will enter “N/A” and in the date field, Enter MM/YYYY, the Applicant will enter “N/A”.

## **MULTI-YEAR CAPITAL BUDGET FORM – TAB 2-4, INDEPENDENT COST ESTIMATES**

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To determine pricing for each request, Applicants must obtain quotes, generate an independent cost estimate, or select the items from a published pricing list.

If required, these tabs are provided to Applicants to conduct the independent cost estimate (ICE) for their request. Applicants may choose to use their own ICE form, provided it is clearly labeled as an ICE.