



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

## INTRODUCTION

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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.**

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#### 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.

## 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.**

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### 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.

All miscellaneous maintenance 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 awarded 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 awarded 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.*

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.

Please be sure to answer all parts of all questions specifically and thoroughly.

## Q1. Purpose

Applicants must briefly describe why they are applying for this Federal Grant, and the asset(s) they plan to purchase. *This is a quick answer to provide reviewers basic knowledge of the intended purchase(s). Details of the purchase will be requested in Question 6.*

- a. What are all the assets that you are requesting to purchase with federal funding assistance? How many?  
e.g. 5 radios, 2 cutaway buses, and indeterminate amount of miscellaneous maintenance equipment.

## 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. How many transit vehicles (service and revenue) are in your fleet? *Must correspond with your Current Asset Inventory.*
- c. 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?*
- d. What is your transit revenue vehicle spare ratio? Spare ratio is defined as the number of spare vehicles divided by the vehicles required for annual maximum service(VOMS). *Example: If your Current Asset Inventory is 10 vehicles, and 2 of those are only used as spares, then your spare ratio is  $2 / (10-2) = 0.25$  or 25%.*
- e. *If your spare ratio is less than 20% and you are not applying for vehicle(s) to expand the fleet, please provide a justification for operating at this rate.*

## 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 (must be complete and accurate), routes, and schedules of each service, as applicable. *If your agency does not operate certain services/ modes, you may respond with "N/A" for that section.*

- 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. 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 Q4(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 Q4(b) Fixed Route section.
  2. 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)?
  3. 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.*
  4. Provide the specific route(s) and schedule(s) for Deviated MB that the applicant or its provider operates.
  5. Does the Deviated MB mode act as an intercity route or provide intercity connectivity for passengers?
  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? Applicants should consider a route as providing intercity connectivity if it gives passengers access to connections between non-urbanized areas and the larger regional or national system of intercity bus service.
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. Coordination Efforts

Applicants must describe the coordination efforts they employ to facilitate greater transportation solutions for passengers. If other transit agencies operate anywhere in your service area, this must be addressed in your answer.

- a. Describe your agency coordination efforts with other transit agencies and mobility managers, including the frequency of communication. If no coordination exists between your agency and another, please explain why.
- b. What information is exchanged during these efforts?
- c. Are schedules developed and routes executed to facilitate connections to neighboring transportation providers? Why or why not?
- d. How are regional trips accommodated?
- e. What ongoing coordination exists and what issues are being addressed jointly?

## Q6. Capital Asset Request Detail

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

- a. Does this request include any of the following? Please answer with a complete list of all types of purchases in your application:
  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.
  7. the purchase of miscellaneous maintenance items as needed for revenue vehicles such as internal replacement parts and repairs.

- b. Does the request include a CAA- or ADA-compliant asset? If so, which asset(s)?
- 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.*  
*\*If the vehicle that is being replaced will still act as a spare, or will be used in any capacity, then that is not considered a replacement, but rather an expansion of inventory.*
- 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 the purchase of a new vehicle will move a current revenue vehicle to act as a spare, then the answer would be "Yes") If yes, how was it determined that a spare asset was needed for the program/project?
- f. Is a 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?

## **Q7. 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?\*
- \*Applicants that plan to make purchases one or more years into the future should account for inflation trends over the amount of time between the application and the estimated date of purchase. The total contingency amount will be combined estimate of current price deviations and estimated annual rates of inflation.*

*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.*

## **Q8. Additional Information**

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

# MULTI-YEAR CAPITAL BUDGET FORM

The Multi-Year Capital Budget Form is a 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 the 5310 and 5339 programs. Special consideration is given by the FTA for **Clean Air Act (CAA)** or **Americans with Disabilities Act (ADA)** activities.

One (1) Multi-Year Capital Budget Form and an accompanying Independent Cost Estimate must be submitted for each separate asset type that will be purchased. The separate asset types are listed below.

Please complete one Budget Form and Independent Cost Estimate for EACH of the following:

1. One or more vehicles of the same make/model.
  - a. If different models of vehicles are being purchased, then each different model will require its own Budget Form and Independent Cost Estimate. For example, if you are purchasing two vans and one bus, then you will have two Budget Forms and two Independent Cost Estimates, one of each for the vans, and one of each for the bus.
2. One or more of the same type of equipment.
  - a. If different kinds of equipment are being purchased, then each type will require its own Budget Form and Independent Cost Estimate.
3. A rehabilitation / repowering of one facility or one vehicle.
4. Purchase or construction of one facility.
5. The total budget for any and all miscellaneous maintenance items yet to be identified.

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

## MULTI-YEAR CAPITAL BUDGET FORM – INDEPENDENT COST ESTIMATES

**To determine pricing for each request, Applicants must generate an independent cost estimate (ICE). This may be done using any of the methods listed in the ICE template provided within the Multi-Year Capital Budget Form. The ICE template is provided as a guide but Applicants may use their own ICE form, provided it is clearly labeled as such.**