



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

## **OPERATING ASSISTANCE ADDENDUM**

for  
Program Administration Grant (PAG),  
Capital Project Grant (CPG) Operations,  
Capital Project Grant (CPG) Mobility Management, and  
Operating Grant (OPG)  
assistance under the FTA §5311 Program

(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) Section 5311. This Operating Assistance Addendum has been developed to assist applicants in applying for **Program Administration Grant (PAG) Assistance**, **Capital Project Grant (CPG) Assistance Spent on Operations**, **Capital Project Grant (CPG) Assistance Spent on Mobility Management**, and/or **Operating Grant (OPG) Assistance** under this program.

### **Program Administration Grant (PAG) Assistance**

Available under the **§5311 Program** at up to 80% federal assistance with a minimum 20% local match.

### **Capital Project Grant (CPG) Assistance Spent on Operations**

Available under the **§5311 Program** at up to 95% federal assistance with a minimum 5% local match.

### **Capital Project Grant (CPG) Assistance Spent on Mobility Management**

Available under the **§5311 Program** at up to 95% federal assistance with a minimum 5% local match.

### **Operating Grant (OPG) Assistance**

Available under the **§5311 Program** at up to 59.38% federal assistance with a minimum 40.62% local match.

## SPECIAL SECTION 13(C) WARRANTY - OPINION OF COUNSEL

\_\_\_\_\_ has agreed to be the legally and financially responsible party for the  
(APPLICANT)

performance of terms and conditions of the following (and incorporated herein by reference) Special Section 13(c) Warranty, for this grant request.

This will serve as the requisite Opinion of Counsel that the APPLICANT is legally capable of assuming the legal and financial responsibilities for the terms and conditions of the Warranty.

I have reviewed the pertinent federal, state, and local laws and regulations, and I am of the opinion that there is no legal impediment to the APPLICANT assuming these responsibilities.

Furthermore, as a result of my examinations, I can find no pending litigation or legislation that might in any way adversely affect the APPLICANT'S ability to assume and discharge these Responsibilities.

\_\_\_\_\_  
(GOVERNING BODY OF APPLICANT)

\_\_\_\_\_  
Signature of Authorized Signer

\_\_\_\_\_  
Date

\_\_\_\_\_  
(LEGAL COUNSEL OF APPLICANT)

\_\_\_\_\_  
Legal Counsel Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

# 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 multi-year federal grant application. See Federal Grant Application Instructions for more information.

## Q1. 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? 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%.
- f. 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.

## Q2. 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?

## Q3. 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 2, 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 2, 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 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.
  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?
  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 2, but specific to CB, what goal(s) and objective(s) does the applicant have for this award period?
- e. Mobility Management (MM)
1. Describe the applicant services and/or Mobility Management activities.
  2. Provide the entire service area(s) for which the applicant provides mobility management services. *Detailed maps for mobility management service areas must be submitted in addition to narrative responses.*
  3. How was need determined for mobility management services?
  4. Provide the justification for continuation of mobility management service(s) and activities.
  5. Similar to Question 2, but specific to mobility management activities, what goal(s) and objective(s) does the applicant have for this award period?
  6. How have your collaborations with service providers succeeded or failed in creating a more robust, comprehensive transit system?

#### **Q4. 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.

#### **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.
- 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?



## **Q6. Budget Justification**

Please describe how your budget was developed, including consideration of your agency's spending trends and any expected budget contingency amounts, or "padding", that may have been included in the budget by increasing projected expenses or reducing expected revenues to account for economic fluctuations in the project.

Each line item of the proposed budget should be explained, in detail, for review by the Transit Office. Indicate if the budget has increased or decreased from any previous application. Please describe how the increase/decrease in your budget request will maintain, or improve upon, the current levels of service you provide. Include a full financial management plan, inclusive of the transit program, to show distribution of costs within your agency.

For agencies wishing to claim the de minimis rate of 10% of modified total direct costs (MTDC), a clause should be included with the budget justification to certify that the applicant has not received a negotiated indirect cost rate previously. No documentation, aside from this certification, is required for the de minimis rate of 10%. Refer to 2 CFR §200.414 for more information.

For state, local and tribal agencies wishing to use a negotiated indirect cost rate, you must submit documentation showing your approved MTDC rate from your cognizant agency in order to apply the MTDC rate to your budget. In addition, you must submit your agency cost allocation plan used in determining the approved MTDC rate for your agency.

*Attach the Operating Budget Form to this addendum.*

## **Q7. Additional Information**

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

## **OPERATING ASSISTANCE ADDENDUM ATTACHMENTS**

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Attachments to this addendum are as follows:

**Narrative Responses to Q1 through Q7**

**Multi-Year Operating Budget Form** (Department-provided form only)