



PUBLIC NOTICE

STATE OF NEVADA
DEPARTMENT OF TRANSPORTATION
MULTIMODAL PLANNING/TRANSIT SECTION
FEDERAL GRANT APPLICATION
FEDERAL FISCAL YEAR 2017(10/01/16 THRU 09/30/17)

Separate applications are required for each Federal Transit Administration Program applied for.
For further information or assistance, please contact the Transit Division at
775-888-7466 or 775-888-7312

**Applications must be postmarked or hand delivered on or
before: April 15, 2016**

Nevada Department of Transportation
Multimodal Transportation Planning/Transit Section
1263 S. Stewart Street
Carson City, NV 89712

All documents must be signed by persons with signature authority and their legal counsel.

Categories and Criteria — Below are the categories which will be used to rank all submitted applications for FTA funding. It is important to address each category as it pertains to your organization. Funding allocation will be based on how your application ranks among all submitted applications.

Mission/Vision Statement (Page 7 of the application)

Applicant's vision/mission statement: Include the organization's mission statement which clearly states the use of the proposed project funds. It needs to be clear how this funding enhances the organization's objective.

Vehicle (Page 8 and 9 of the application)

(Page 8) Identify vehicle(s) requested as well as if the vehicle(s) is a replacement or an expansion vehicle. Please note any special vehicle(s) options to be requested, (i.e. 4-wheel drive, bike racks, etc.)

(Page 9) Existing vehicle inventory: Describe the existing vehicle fleet. Please list all vehicles in your inventory whether obtained through NDOT or another source.

Insurance: A Certificate of Insurance will need to be provided. The state requires minimum liability coverage and NDOT requires full coverage for the vehicle as long as NDOT holds lien. (The standard insurance for a paratransit vehicle under this program is Liability and Property Damage Insurance with a limit of \$1,000,000. for each occurrence, for bodily injury, and property damage, naming the Department of Transportation as an additional insured. This shall be maintained through the useful life of the vehicle and until NDOT releases lien of the title.)

Budget (Pages 10, 11 & 12)

All applicants complete Page 10 for Operating and Capital purchase funds they are requesting. Remember if you are requesting both operating funds and capital purchase funds separate applications will need to be submitted for each. Page 11 is to be completed for 5311 funds only and page 12 completed for 5339 and 5310 capital funds only. If you are unsure of which funds are most appropriate for you agency NDOT will make the determination when your application is reviewed.

Revenue: This source is separate from the match source. This source offsets the overall budget. This can be in the form of farebox contributions/revenue, donations, or agency financial assistance from service groups, businesses charities, etc.

Match source/availability: The source of the matching funds must be verifiable. A letter stating the monetary commitment from the contributing agency/entity must be included in the application, behind the budget sheets.

Project Justification (Page 13)

Please complete page 13 detailing your agency and its purpose to ensure proper ranking of your application.

Access type: Discuss equal access to your program and use of this service by all persons eligible. This includes, but is not limited to, the Federal Civil Rights Compliance and Activity issues involving Title VI non discrimination, Equal Employment Opportunity, Disadvantaged Business Enterprises and Americans with Disabilities Act; and state access and disability statutes, policies and guidelines.

Service area: List anticipated/proposed routes, schedules, trip priorities, etc. Describe the geographic service area including scheduled and non-scheduled trips to adjoining areas. Please don't include brochures. This needs to be a written document.

Maintenance and Safety (Please include within the submitted Application Packet)

A maintenance plan is required whether there is an existing plan or if a new plan will be developed. This plan should include documented vehicle maintenance/accident repairs and ensure oversight for routine scheduled or non-scheduled maintenance activities.

Training

A training policy is required: At a minimum the policy should contain the frequency, the type and who will be trained in safety, substance abuse awareness, passenger sensitivity, and customer service.

Drug and Alcohol Policy (Please include within the submitted Application Packet)

Sub-recipients of 5311 FTA funds are required to comply with regulations issued by the FTA on drug and alcohol testing, 49 C.F.R. Part 655. Among other requirements, these regulations require that all safety sensitive employees be tested for drug and alcohol use, pre-employment (drug only), random, reasonable suspicion and post accident, that certifications be made and reports submitted. There are limited exceptions to the testing requirements for contract maintenance workers under Section 5311 and for volunteers. Annual reporting of the testing results must be submitted to NDOT by sub recipients on Management Information System (MIS) forms.

Customer Satisfaction and Community Support (Please include within the submitted Application Packet)

Letters of Support: Provide any current (within the past 12 months) letters of support, if available, for the services.

Survey Reports: Include a summary of informal survey results and on-board rider satisfaction if available.

Other: Include any other indications of community support for the program. This can include considerations for funding from groups, strong rider interest, documentation of high levels of interest by client groups at City Council/Supervisors/Commissioners meetings, etc.

FTA Funding Sources

For your application to be considered complete, please only check one funding source. If multiple funding sources are desired please submit a separate application for each.

5310 (Capital/Vehicle) Funds _____ (20% match required)

This program (49 U.S.C. 5310) provides formula funding to States for the purpose of assisting private nonprofit organizations or Governmental entities in meeting the transportation needs of the elderly and persons with disabilities. Eligible subrecipients are private non-profit organizations, governmental authorities where no non-profit organizations are available to provide service, and governmental authorities approved to coordinate services.

5311 (Operating) Funds _____ (40% match required)

5311 (Administration) Funds _____ (20% match required)

5311 (Capital) _____ (5% match require)

This program (49 U.S.C. 5311) provides formula funding to states for the purpose of supporting public transportation in rural areas (populations less than 50,000). Funds may be used for operating, and intercity bus service. It can also be used for job access and reverse commute projects which is defined as a transportation project to finance planning, capital and operating costs that support the development and maintenance of transportation services designed to transport welfare recipients and eligible low-income persons to and from jobs and activities related to their employment. Eligible subrecipients include state agencies, local public bodies, Indian tribes, nonprofit organizations and operators of public transportation services.

5339 (Bus and bus facilities) _____ (20% match required)

This program (49 U.S.C. 5339) provides funding to replace, rehabilitate, and purchase buses and related equipment as well as construct bus-related facilities. This includes the acquisition of buses for fleet and service expansion, bus maintenance and administrative facilities, transfer facilities, bus malls, transport centers, intermodal terminals, park-and-ride stations, passenger shelters and bus stop signs, accessory and miscellaneous equipment such as mobile radio units, fare boxes, computers, shop and garage equipment. Eligible subrecipients include public agencies or private non-profit organizations engaged in fixed-route public transportation, including those providing services open to a segment of the general public as defined by age, disability, or low income.

For more information on the programs above please refer to FTA's website:

http://www.fta.dot.gov/funding/grants_financing_263.html

If you have questions regarding which funding source is appropriate for your service please feel free to contact the NDOT Transit Section at (775) 888-7466 or (775) 888-7312.

Project funding from the programs listed above is subject to the availability of grant funding and the amount of project funding requests received.

APPLICANT'S NAME _____

APPLICATION CHECKLIST			
****INCOMPLETE APPLICATIONS WILL NOT BE DENIED****			
APPLICANT REVIEW	PAGE	APPLICATION CHECKLIST WITH ITEMS REQUIRED	STAFF REVIEW
	4	FTA FUNDING SOURCES	
	7	FEDERAL GRANT APPLICATION	
	9	VEHICLE INVENTORY	
	11	BUDGET	
	following budget	MATCH SOURCE DOCUMENTATION	
	13	PROJECT JUSTIFICATION	
	14	AUTHORIZING RESOLUTION	
Submitted through DocuSign or Hard Copy	15	SPECIAL SECTION 13 (c) WARRANTY OPINION OF COUNSEL	
Submitted through DocuSign or Hard Copy	16-17	FEDERAL FISCAL YEAR 2016 CERTIFICATIONS AND ASSURANCES	
	include in application packet	ADA POLICY (vehicle/passengers information)	
	include in application packet	EEO PLAN	
	include in application packet	DRUG AND ALCOHOL POLICY (5311 Only)	
	include in application packet	VEHICLE/FACILITY MAINTENANCE POLICY	
	include in application packet	TRAINING POLICY	
	include in application packet	VEHICLE POLICY (driver/rider information)	
	include in application packet	COMPLAINT RESOLUTION POLICY	
	include in application packet	COPY OF VEHICLE INSURANCE POLICY (Evidencing Commercial Liability, General Liability, Collision, and Comprehensive Liability Insurance, with a limit of not less than One Million and no/100 Dollars (\$1,000,000.00) per occurrence.)	
	include in application packet	PUBLIC NOTICE- (Please review Appendix A "Certifications and Assurances" - Protections for Private Transportation Providers)	
	include in application packet	CURRENT LETTERS OF SUPPORT (From previous 12 month period of service)	

***Please provide 1 original application and 1 copy**

(Vehicle Inventory as well as other documentation needs to be completed on the spreadsheets attached.)

APPLICANT SIGNATURE

NDOT STAFF SIGNATURE

PLEASE BE ADVISED THAT UPON ACCEPTANCE OF THIS APPLICATION FOR FTA FUNDING THERE MAY BE ADDITIONAL OBLIGATORY REQUIREMENTS UPON ENTERING INTO AN EXECUTED AGREEMENT INCLUDING BUT NO LIMITED TO THE FOLLOWING:

Quarterly Ridership Report (NDOT approved form)

Quarterly Vehicle Performance Measurement Report (NDOT approved form)

Quarterly written copies of current routes, schedules, and fares of the Transportation System

Quarterly written Progress Report (detailing any changes or additions to the System)

Insurance policy certificates, declaration pages and endorsements designating the Nevada Department of Transportation as an additional insured evidencing Commercial Liability, General Liability, Collision, and Comprehensive Liability Insurance, with a limit of not less than One Million and no/100 Dollars (\$1,000,000.00) per occurrence.

Annual U.S. Department of Transportation Drug and Alcohol Testing Management Information System (MIS) Data Collection Form

Follow the Federal Transit Administration (FTA) of the U.S. Department of Transportation 49 CFR Part 655, as amended, that mandates urine drug testing and breath alcohol testing for safety-sensitive positions, and prohibits performance of safety-sensitive functions when there is a positive test result. The U. S. Department of Transportation (USDOT) has also published 49 CFR Part 40, as amended, that sets standards for the collection and testing of urine and breath specimens.

**STATE OF NEVADA
DEPARTMENT OF TRANSPORTATION
TRANSPORTATION AND MULTIMODAL PLANNING/TRANSIT SECTION
FEDERAL GRANT APPLICATION
FEDERAL FISCAL YEAR 2017 (10/01/16 THRU 09/30/17)**

Please fill out a separate application for each Grant Program you are applying for. Attach the original signed documents along with 1 complete copy of your application package and send to the Nevada Department of Transportation Multimodal Transportation Planning/Transit Section 1263 S. Stewart Street Carson City NV, 89712. Please retain 1 complete copy for your records.

Applicant _____

*If you are a County applying on behalf of a transit system, please provide names and addresses for both the County and the transit system.

Physical Address _____

Mailing Address _____

Contact Person/Official _____

Title _____

Telephone _____ **Fax** _____

E-mail address _____

Federal Tax ID# _____

DUNS # _____

Type of Agency _____ Private Non-Profit
_____ Private For-Profit
_____ Governmental Agency
_____ Tribal Agency (Sovereign Nation)
_____ Other (describe)

Type of Service _____ Senior Center/Disabled Workshop
_____ Demand-Response (Dial-a-Ride, Door to Door)
_____ Deviated Fixed-Route
_____ Fixed route
_____ Other (describe)

Mission/Vision Statement: _____

SERVICE

Clientele Served	<input type="checkbox"/> Elderly (60+ years old)	<input type="checkbox"/> General Public (18-59 years old)
	<input type="checkbox"/> Persons with disabilities	<input type="checkbox"/> Children (under age 5)
	<input type="checkbox"/> Low Income/Welfare	<input type="checkbox"/> Children (5-7 years old)
	<input type="checkbox"/> Minority	<input type="checkbox"/> Children (8-17 years old)
	<input type="checkbox"/> Commuters	

The following information is required by the Federal Transit Administration. The economic/racial/ethnic composition of your governing body will not be considered as a factor in awarding this grant.

Our governing body (board of director, city council, etc.) is made up predominantly of minority and/or low income individuals.

Yes No

If you receive capital or operating assistance in excess of \$1 million or planning assistance in excess of \$250,000 and employ 50 or more transit-related employees you must submit an Equal Opportunity plan.

Location

Non-Urban Area (Rural under 50,000 population)

Small Urban Area (50,000 - 200,000 population)

Las Vegas

Reno

Carson City

Cities Served	_____	Counties Served	_____
	_____		_____
	_____		_____
	_____		_____
	_____		_____

VEHICLE/BUSES REQUESTED

COSTS WILL DEPEND ON BIDS RECEIVED	Quantity	VEHICLE DESCRIPTION	Estimated Cost
		Mini van w/Ramp & Dropped Floor	\$50,000.00
		3 ambulatory w/2 wheelchair or	\$50,000.00
		5 ambulatory passengers	\$50,000.00
		Paratransit Type Bus w/Lift	\$75,000.00
		16 ambulatory w/1 wheelchair	\$75,000.00
		Paratransit Shuttle Bus w/Lift	\$77,000.00
		10 ambulatory w/3 wheelchair or	\$77,000.00
		12 ambulatory w/2 wheelchair or	\$71,000.00
		20 ambulatory passengers	\$75,000.00
	Other please attach estimate*		
TOTAL QUANTITY		TOTAL COST	

*Staff may ask for additional documentation

Agency Name _____ Vehicle Inventory - FFY 2017

Vehicle Identification Number	License #/Year	Condition Poor/Good/ Excellent	Year & Vehicle Mode (BU=Bus, CU=Cutaway, VN=Van, MV=Minivan)	Vehicle Length	Seating Capacity	ADA Access Vehicle <u>Yes/No</u> # of ADA seats	Mileage	Funding Source*	Vehicle to be Replaced Yes/No	Lein- holder- see title

*Funding Source - Please provide the largest funding source used to purchase the vehicle. Please be specific. (IE FTA, other federal funds, private or other (describe) Revised 1/28/15

FTA BUDGET (1 of 3) ALL APPLICANTS 5311, 5339, 5310

<u>PROJECT ADMINISTRATION EXPENSES 5311</u>	
Director/Bookkeeper/Secretary (Salaries Including Benefits)	_____
Insurance Premiums	_____
Office Expenses (Phone/Utilities)	_____
Office Supplies	_____
Facilities & Equip Rental	_____
Marketing/Advertising	_____
Cost of Admin For Drug & Alcohol	_____
Other (Specify)	_____
(A) TOTAL ADMIN. EXPENSES	\$ _____

<u>REVENUE</u>	
(MUST INCLUDE PROJECTED FAREBOX REVENUE)	
Source	Dollar Amount
_____	_____
_____	_____
_____	_____
(E) TOTAL REVENUE	\$ _____

<u>CAPITAL OPERATING EXPENSES 5311</u>	
Preventative Maintenance (Defined as all maintenance costs)	_____
Office (Furniture/Computer)	_____
Vehicle Leases	_____
Mobility Management Other (Specify)	_____
(B) TOTAL CAPITAL EXPENSES	\$ _____

<u>MATCH</u>	
Source	Dollar Amount
_____	_____
_____	_____
_____	_____
(F) TOTAL MATCH	\$ _____

<u>OPERATING EXPENSES 5311</u>	
Driver/Dispatcher Salaries (Including Benefits)	_____
Fuel/Oil Fluids	_____
Contract Operator	_____
Other (Specify)	_____
(C) TOTAL OPERATING EXPENSES	\$ _____

<u>CAPITAL PURCHASES (5339 or 5310)</u>	
Buses/Van/Paratransit Vehicle	_____
Radios/Comm Equipment	_____
Bus Facilities (Shelters, Signs)	_____
Vehicle Overhaul/Rehab/etc.	_____
Other (Specify)	_____
(D) TOTAL CAPITAL PURCHASES	\$ _____



5311 BUDGET ONLY (2 of 3)

TOTAL ADMINISTRATION EXPENSES	_____	(A) On Budget Page 1
FTA ADMINISTRATIVE AMOUNT	_____	80% of total
SUB-RECIPIENT ADMINISTRATIVE MATCH 20%		20% of total

TOTAL CAPITAL EXPENSES	_____	(B) On Budget Page 1
FTA CAPITAL AMOUNT	_____	95% of total
SUB-RECIPIENT CAPITAL AMOUNT		5% of total

TOTAL OPERATING EXPENSES	_____	(C) On Budget Page 1
TOTAL FAREBOX REVENUE	_____	(E) On Budget Page 1
NET OPERATING EXPENSES	_____	Total expenses minus total farebox
FTA OPERATING AMOUNT	_____	60% of total
SUB-RECIPIENT OPERATING AMOUNT		40% of total

PLEASE LIST FUNDING BELOW IN WHOLE DOLLARS

TOTAL FTA FUNDS REQUESTED (FTA ADMINISTRATION, CAPITAL & OPERATING FROM ABOVE)

SUB-RECIPIENT MATCH ADMINISTRATION, CAPITAL & OPERATING FROM ABOVE)

ESTIMATED ANNUAL HOURS OF SERVICE _____

This is the number of hours you estimate you will operate transit services for the next year (Oct. 1 thru Sept. 30)

***COST PER REVENUE SERVICE HOUR** _____

This is the total net projected expenses divided by the estimated annual hours of service.

5311 Rural & Small Urban \$6.2M Statewide

This program provides funding for the purpose of supporting public transportation in areas of less than 50,000 populations. Funding may be used for operating and intercity bus services. It can also be used for job access and reverse commute projects which is defined as a transportation projects to finance planning and operating costs that support the development and maintenance of transportation services designed to transport welfare recipients and eligible low-income persons to and from jobs and activities related to their employment.

5339 / 5310 CAPITAL PURCHASES ONLY (Page 3 of 3)

PLEASE LIST FUNDING BELOW IN WHOLE DOLLARS

TOTAL FTA FUNDS REQUESTED 80%

(FROM D ON BUDGET PAGE 1 OR ESTIMATED ATTACHMENT.)

SUB-RECIPIENT MATCH 20%

(FROM D ON BUDGET PAGE 1 OR ESTIMATED ATTACHMENT.)

5339 Bus and Bus Facilities \$1M Statewide

This program provides funding to replace, rehabilitate, and purchase buses and related equipment as well as construct bus-related facilities. This includes the acquisition of buses for fleet and service expansion, bus maintenance and administrative facilities, transfer facilities, bus malls, transport centers, intermodal terminals, park-and-ride stations, passenger shelters and bus stop signs, accessory and miscellaneous equipment such as mobile radio units, fare boxes, computers, and shop and garage equipment.

5310 Enhanced Mobility for Seniors & Individuals with Disabilities \$170K Statewide

This program provides funds to 1) serve the special needs of transit-dependent populations beyond traditional public transportat service, where public transportation is insufficient, inappropriate, or unavailable; 2) projects that exceed the requirements of the Americans with Disabilities Act (ADA); 3) projects that improve access to fixed route service and decreased reliance on complementary paratransit; and 4) project that are alternatives to public transportation.

PROJECT JUSTIFICATION

1. Please describe in detail your transportation program and how this funding will enhance the services offered. (Attach additional sheets if necessary.)

2. Describe the transportation services currently being provided by your organization and/or others in the same region.

3. Provide a detailed picture of your organization. Provide information regarding how your organization came to be. Include the future vision for the organization.

4. Describe any (proposed or currently in use) connectivity/coordination efforts with surrounding area transit providers (future/existing).

Please print out this document, fill in and obtain signatures, then include with your Application Package to the Nevada Department of Transportation.

AUTHORIZING RESOLUTION

APPLICANT _____
(Printed Name of Transportation Provider)

AUTHORIZED REPRESENTATIVE _____
(Printed name of Authorized Representative)

Resolution authorizing the filing of an application for a Federal Transit Administration / Nevada Department of Transportation grant under 49 USC Chapter 53.

WHEREAS, the U S Department of Transportation (USDOT) is authorized to make grants to states through the Federal Transit Administration (FTA) to support transportation projects under 49 USC Chapter 53; and

WHEREAS, the Nevada Department of Transportation (NDOT) has been designated by the Governor to administer certain transportation projects under 49 USC Chapter 53; and

WHEREAS, the contract for financial assistance will impose certain obligations upon the APPLICANT, including provisions by it of the local share of project costs;

NOW, THEREFORE, BE IT RESOLVED BY THE APPLICANT:

That the above named representative is authorized to execute and file an application with NDOT on behalf of our agency to aid in the financing of capital, administration, and / or operating costs pursuant to 49 USC Chapter 53; and

That the above named representative is authorized to furnish such additional information as NDOT may require in connection with the application or the project.

The undersigned certifies that the foregoing is a true and correct statement.

(Printed Title of Authorized Representative)

(Signature of Authorized Representative) Dated _____

Please print out this document, fill in and obtain signatures, then include with your Application Package to the Nevada Department of Transportation.

Special Section 13(c) Warranty
OPINION OF COUNSEL

The APPLICANT _____
(Name of Transportation Provider)

has agreed to be the legally and financially responsible party for the 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.

(Printed name of Legal Counsel)

(Signature of Legal Counsel)

Dated _____

(Printed name of APPLICANT'S authorized representative)

(Printed title of APPLICANT'S authorized representative)

(Signature of APPLICANT'S authorized representative)

Dated _____

FTA FISCAL YEAR 2016 CERTIFICATIONS AND ASSURANCES

**FEDERAL FISCAL YEAR 2015 CERTIFICATIONS AND ASSURANCES FOR
FEDERAL TRANSIT ADMINISTRATION ASSISTANCE PROGRAMS**

(Signature pages alternative to providing Certifications and Assurances in TEAM-Web)

Name of Applicant: _____

The Applicant agrees to comply with applicable provisions of Groups 01 – 24. _____

OR

The Applicant agrees to comply with applicable provisions of the Groups it has selected:

<u>Group</u>	<u>Description</u>	
01.	Required Certifications and Assurances for Each Applicant.	_____
02.	Lobbying.	_____
03.	Procurement and Procurement Systems.	_____
04.	Private Sector Protections.	_____
05.	Rolling Stock Reviews and Bus Testing.	_____
06.	Demand Responsive Service.	_____
07.	Intelligent Transportation Systems.	_____
08.	Interest and Financing Costs and Acquisition of Capital Assets by Lease.	_____
09.	Transit Asset Management Plan and Public Transportation Agency Safety Plan.	_____
10.	Alcohol and Controlled Substances Testing.	_____
11.	Fixed Guideway Capital Investment Grants Program (New Starts, Small Starts, and Core Capacity) and Capital Investment Program in Effect before MAP-21 Became Effective.	_____
12.	State of Good Repair Program.	_____
13.	Fixed Guideway Modernization Grant Program.	_____
14.	Bus and Bus Facilities Formula Grants Program and Bus and Bus-Related Equipment and Facilities Grant Program (Discretionary).	_____
15.	Urbanized Area Formula Grants Programs/ Passenger Ferry Grants Program/Job Access and Reverse Commute (JARC) Formula Grant Program.	_____
16.	Seniors/Elderly/Individuals with Disabilities Programs/New Freedom Program.	_____
17.	Rural/Other Than Urbanized Areas/Appalachian Development/Over-the-Road Bus Accessibility Programs.	_____
18.	Tribal Transit Programs (Public Transportation on Indian Reservations Programs).	_____
19.	Low or No Emission/Clean Fuels Grant Programs.	_____
20.	Paul S. Sarbanes Transit in Parks Program.	_____
21.	State Safety Oversight Grant Program.	_____
22.	Public Transportation Emergency Relief Program.	_____
23.	Expedited Project Delivery Pilot Program.	_____
24.	Infrastructure Finance Programs.	_____

FTA FISCAL YEAR 2016 CERTIFICATIONS AND ASSURANCES

FEDERAL FISCAL YEAR 2015 FTA CERTIFICATIONS AND ASSURANCES SIGNATURE PAGE
(Required of all Applicants for FTA funding and all FTA Grantees with an active Capital or Formula Project)

AFFIRMATION OF APPLICANT

Name of the Applicant: _____

Name and Relationship of the Authorized Representative: _____

BY SIGNING BELOW, on behalf of the Applicant, I declare that it has duly authorized me to make these Certifications and Assurances and bind its compliance. Thus, it agrees to comply with all Federal statutes and regulations, and follow applicable Federal guidance, and comply with the Certifications and Assurances as indicated on the foregoing page applicable to each application its Authorized Representative makes to the Federal Transit Administration (FTA) in Federal Fiscal Year 2015, irrespective of whether the individual that acted on his or her Applicant's behalf continues to represent it.

FTA intends that the Certifications and Assurances the Applicant selects on the other side of this document should apply to each Project for which it seeks now, or may later seek FTA funding during Federal Fiscal Year 2015.

The Applicant affirms the truthfulness and accuracy of the Certifications and Assurances it has selected in the statements submitted with this document and any other submission made to FTA, and acknowledges that the Program Fraud Civil Remedies Act of 1986, 31 U.S.C. 3801 *et seq.*, and implementing U.S. DOT regulations, "Program Fraud Civil Remedies," 49 CFR part 31, apply to any certification, assurance or submission made to FTA. The criminal provisions of 18 U.S.C. 1001 apply to any certification, assurance, or submission made in connection with a Federal public transportation program authorized by 49 U.S.C. chapter 53 or any other statute

In signing this document, I declare under penalties of perjury that the foregoing Certifications and Assurances, and any other statements made by me on behalf of the Applicant are true and accurate.

Signature _____ Date: _____

Name _____
Authorized Representative of Applicant

AFFIRMATION OF APPLICANT'S ATTORNEY

For (Name of Applicant): _____

As the undersigned Attorney for the above named Applicant, I hereby affirm to the Applicant that it has authority under State, local, or tribal government law, as applicable, to make and comply with the Certifications and Assurances as indicated on the foregoing pages. I further affirm that, in my opinion, the Certifications and Assurances have been legally made and constitute legal and binding obligations on it.

I further affirm that, to the best of my knowledge, there is no legislation or litigation pending or imminent that might adversely affect the validity of these Certifications and Assurances, or of the performance of its FTA Project or Projects.

Signature _____ Date: _____

Name _____
Attorney for Applicant

Each Applicant for FTA funding and each FTA Grantee with an active Capital or Formula Project must provide an Affirmation of Applicant's Attorney pertaining to the Applicant's legal capacity. The Applicant may enter its signature in lieu of the Attorney's signature, provided the Applicant has on file this Affirmation, signed by the attorney and dated this Federal fiscal year.

REFERENCES:

Nevada Department of Transportation (NDOT) FTA grant application packet
www.nevadadot.com Public Involvement and Meetings/Transportation Planning/Public Transit/Apply for Grant Funding

Federal Fiscal 2015 Certifications and Assurances
http://www.fta.dot.gov/documents/Fiscal_Year_2015_Annual_List_of_Certifications_and_Assurances_for_FTA_Grants_and_Cooperative_Agreements.pdf

Moving Ahead for Progress in the 21st Century (MAP-21)
<http://www.fta.dot.gov/map21.html>

United States Department of Transportation (USDOT)
www.dot.gov

Federal Transit Administration (FTA)
www.fta.dot.gov

Title 49 USC Chapter 53 Grant Programs
http://www.fta.dot.gov/legislation_law/12915.html

Best Practices Procurement Manual
http://www.fta.dot.gov/grants/13054_6037.html

OMB Circulars A-102 Uniform Administrative Requirements for Grants
http://www.whitehouse.gov/omb/circulars_a102

OMB Circular A-122 Cost Principals for Non-Profit Organizations
http://www.whitehouse.gov/omb/circulars_a122_2004/

OMB Circular A-87 Cost Principals for State, Local and Indian Tribal Governments
http://www.whitehouse.gov/omb/circulars_a087_2004/

Americans with Disabilities Act (ADA)
www.fta.dot.gov/civil_rights.html

Drug and Alcohol Regulations
<https://www.federalregister.gov/articles/2001/08/09/01-19234/prevention-of-alcohol-misuse-and-prohibited-drug-use-in-transit-operations>

United States of American Department of Transportation FTA Master Agreement
<http://www.fta.dot.gov/documents/14-Master.pdf>

Data Universal Numbering System (DUNS) information
<http://www.dnb.com/get-a-duns-number.html>

Title 49 USC Chapter 5323(a)(1)—Private Sector Participation
http://www.fta.dot.gov/documents/FTA_C_9040.1F.pdf