

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
 Application
 Changed/Corrected Application

* 2. Type of Application:

- New
 Continuation
 Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

* b. Employer/Taxpayer Identification Number (EIN/TIN):

* c. Organizational DUNS:

d. Address:

* Street1:

Street2:

* City:

County/Parish:

* State:

Province:

* Country:

* Zip / Postal Code:

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

Title:

Organizational Affiliation:

* Telephone Number:

Fax Number:

* Email:

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*** 9. Type of Applicant 1: Select Applicant Type:**

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20-509

CFDA Title:

Section 5311

*** 12. Funding Opportunity Number:**

NA

* Title:

Formula Grants for Rural Areas

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Public Transportation Service in Rural Areas of Indian River County

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="77,629.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="38,814.50"/>
* d. Local	<input type="text" value="38,814.50"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="155,258.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

a. This application was made available to the State under the Executive Order 12372 Process for review on

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Form A-1: Current System Description

- (a) Please provide a brief general overview of the organization type (i.e., government authority, private non-profit, etc.) including its mission, program goals, and objectives (Maximum 300 words).

Indian River County's public transportation system consists of the GoLine fixed-route system and the Community Coach demand response system. Both GoLine and Community Coach are operated by the Senior Resource Association, the county's CTC (Community Transportation Coordinator).

The GoLine system consists of 15 fixed routes and provides service throughout Indian River County, including the communities of Vero Beach, Sebastian, Gifford, Fellsmere, and Wabasso. In addition, GoLine Route 15 provides regional service to the Indian River State College Main Campus in Fort Pierce (St. Lucie County).

Most GoLine routes are in service six days per week. On weekdays, GoLine routes generally operate from 6 am to 7 pm. Saturday service hours are between 8 am and 5 pm.

- (b) Please provide information below:

- Organizational structure (attach an organizational chart at the end of this section)
- Total number of employees in organization 1,000+ IRC employees
- Total number of transportation-related employees in the organization 50-99 (SRA employees)

- (c) Who is responsible for insurance, training, management, and administration of the agency's transportation programs? (Maximum 100 words)

Management and administration of Indian River County's public transportation system is by Senior Resource Association (SRA), under contract to the County. SRA also serves as the Community Transportation Coordinator of Indian River County.

- (d) How are the operations of the transportation program currently funded? What are the sources of the funding (e.g., state, local, federal, private foundations, fares, other program fees)? (Maximum 200 words)

Indian River County's public transportation system is funded through a combination of federal and state grants and local matching funds, which are derived from the County's General Fund revenues.

- (e) Fully explain your transportation program:

- Service hours, planned service, routes and trip types;
- Staffing—include plan for training on vehicle equipment such as wheelchair lifts, etc.;
- Records maintenance—who, what methods, use of databases, spreadsheets etc.;
- Vehicle maintenance—who, what, when and where. Which services are outsourced (e.g., oil changes)? Include a section on how vehicles are maintained without interruptions in service ;
- System safety plan;
- Drug-free workplace ; and
- Data collection methods, including how data was collected to complete Exhibit A-2.

*Note: If the applicant is a Community Transportation Coordinator (CTC), **relevant pages** of a Transportation Disadvantaged Service Plan (TDSP) and AOR containing the above information may be provided. **Please do not attach entire documents.***

See attached pages from the Indian River County Transportation Disadvantaged Service Plan, approved on February 28, 2019 (amended May 23, 2019).

Form A-2: Fact Sheet

	Calculations ¹ (current system)	Current System	Calculations (if grant is awarded)	If Grant is Awarded (Estimates are acceptable)
1 Number of total one way trips served by the agency PER YEAR. *				93,500
2 Number of individuals served unduplicated (first ride per fiscal year) PER YEAR. **	Not available for fixed-route		Not available for fixed-route	NA
3 Number of vehicles used for this service ACTUAL.		1		1
4 Number of ambulatory seats. AVERAGE PER VEHICLE (Total ambulatory seats divided by total number of fleet vehicles)		28		28

¹ If a software program is used to obtain the required data for the fact sheet, please include the source of the data, i.e., Trapeze).

	Calculations (current system)	Current System	Calculations (if grant is awarded)	If Grant is Awarded (Estimates are acceptable)
5	Number of wheelchair positions AVERAGE PER VEHICLE (Total wheelchair positions divided by total number of fleet vehicles)		2	2
6	Vehicle miles traveled. PER YEAR	From RouteMatch	84,000	From RouteMatch 84,000
7	Average vehicle miles. PER DAY		286 miles (weekdays) 198 miles (Saturdays)	286 miles (weekdays) 198 miles (Saturdays)
8	Normal vehicle hours in operation. PER DAY		13 (weekdays) 9 (Saturdays)	13 (weekdays) 9 (Saturdays)
9	Normal number of days in operation. PER WEEK		6	6
10	Trip length (roundtrip). AVERAGE	From GIS	22 miles	From GIS 22 miles

The information listed should be specific to the Section 5311 funds and not agency wide.

**One-way passenger trip* is the unit of service provided each time a passenger enters the vehicle, is transported, and then exits the vehicle. Each different destination would constitute a passenger trip.

** The unduplicated riders are for current year and the subsequent year once the grant is awarded

Form A-3: Proposed Project Description

(a) How will the grant funding improve your agency's transportation service? Provide detail.

Will it be used to:

- Provide more hours of service?
- Expand service to a larger geographic area?
- Provide shorter headways?
- Provide more trips?
- Replace existing equipment?
- Purchase additional vehicles/equipment?

Also, highlight the challenges or difficulties that your agency will overcome if awarded these funds.

Section 5311 is a formula grant program for public transportation service in rural areas. In Indian River County, GoLine Route 10 provides service to the rural community of Fellsmere. In addition to providing service throughout Fellsmere, Route 10 also connects each hour at the North County Hub with Routes 5, 9, and 12. Via an easy transfer, rural residents are able to travel to destinations throughout Indian River County.

The Section 5311 funds will be used for operating assistance to maintain rural public transportation service via Route 10, which provides over 90,000 unlinked passenger trips each year.

Most GoLine routes, including Route 10, are in service six days per week. On weekdays, GoLine routes generally operate from 6 am to 7 pm. Saturday service hours are between 8 am and 5 pm.

Across the United States, transit systems are facing an increasingly precarious situation with regards to ridership and fiscal sustainability. Unlike many other systems, GoLine continues to see increases in ridership each year. Awarding this grant will contribute to the financial sustainability of a public transportation system that has been quite successful in efficiently serving the needs of its community.

- (b) If a grant award will be used to maintain services as described in Form A-1, specifically explain how it will be used in the context of total service. Make sure to include information on how the agency will maintain adequate financial, maintenance, and operating records and comply with FTA reporting requirements including information for the Annual Program of Projects Status Reports, Milestone Activity Reports, NTD reporting, DBE reports etc.

Indian River County's public transportation system consists of the GoLine fixed route system and Community Coach demand response service. GoLine is funded through a combination of federal, state, and local sources. Indian River County is the designated recipient of federal assistance and contracts with the Senior Resource Association for the operation of both GoLine and Community Coach.

The GoLine route network consists of 15 routes that provide service throughout Indian River County. Route 10 provides service to the rural community of Fellsmere and is eligible for funding through the Section 5311 program.

Indian River County and its contracted service provider, the Senior Resource Association, comply with all applicable federal and state requirements. Via the TrAMS program, financial status reports and milestone progress reports are submitted quarterly to FTA, and ridership and safety reports are submitted monthly. FTA conducts triennial reviews of the system, with the most recent occurring in 2019.

(c) If this grant is not fully funded, can you still proceed with your transportation program? Explain.

Indian River County relies upon the 5311 grant program for operating assistance to provide public transportation service in rural areas of the county. If this grant is not awarded, Indian River County will need to examine its financial capacity for maintaining current levels of service. Cutbacks in service would likely occur through the curtailment of routes or service hours.

(d) **New agencies only:** Have you met with the CTC and, if so, how are you providing a service they cannot? Provide detailed information supporting this requirement.

NA

Applications submitted without the appropriate CTC coordination agreement may be rejected by FDOT. Grant awards will not be made without an appropriate coordination agreement. This coordination agreement must be enforced the entire time of the grant (vehicle life or operating JPA expiration).

Form B-1: Financial Capacity – Proposed Budget for Transportation Program

Estimated Revenues <i>See Instruction Manual</i>	Revenue Amount <i>Entire Transportation Program</i>
Passenger Fares for Transit Service (401)	
Special Transit Fares (402)	
School Bus Service Revenues (403)	
Freight Tariffs (404)	
Charter Service Revenues (405)	
Auxiliary Transportation Revenues (406)	
Non-transportation Revenues (407)	
Total Revenue	\$ -
Other Revenue Categories	
Taxes Levied directly by the Transit System (408)	
Local Cash Grants and Reimbursements (409)	\$ 38,814.50
Local Special Fare Assistance (410)	
State Cash Grants and Reimbursements (411)	\$ 38,814.50
State Special Fare Assistance (412)	
Federal Cash Grants and Reimbursements (413)	\$ 77,629.00
Interest Income (414)	
Contributed Services (430)	
Contributed Cash (431)	
Subsidy from Other Sectors of Operations (440)	
Total of Other Revenue	\$ 155,258.00
Grand Total All Revenue (Line 1)	\$ 155,258.00

Estimated Expenses <i>See Instruction Manual</i>	Expense Amount <i>Entire Transportation Program</i>
Labor (501)	
Fringe & Benefits (502)	
Services (503)	
Materials & Supplies (504)	
Vehicle Maintenance (504.01)	
Utilities (505)	
Insurance (506)	
Licenses & Taxes (507)	
Purchased Transit Service (508)	\$ 155,258.00
Miscellaneous (509)*	
Leases & Rentals (512)	
Depreciation (513)	
Grand Total All Expenses (Line 2)	\$ 155,258.00

Shortfall	
Source	Amount
1 - Estimated Revenues (enter number from line 1)	\$ 155,258.00
2 - Estimated Expenses (enter number from line 2)	\$ 155,258.00
3. Shortfall (Subtract Line 2 from Line 1)	\$ -
4. Enter Total Amount Requested from Form 424, Line 18(g)	\$ 77,629.00
5. * If request (Line 4) is more than needed shortfall identified on Line 3, provide justification:	
5311 grant is included in estimated revenues	