

**Application for Federal Assistance SF-424**

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
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* 3. Date Received: <input type="text" value="06/01/2018"/>	4. Applicant Identifier: <input type="text"/>
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5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>
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**State Use Only:**

6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
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**8. APPLICANT INFORMATION:**

* a. Legal Name: <input type="text" value="Indian River County"/>	
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="59-6000674"/>	* c. Organizational DUNS: <input type="text" value="0792089890000"/>

**d. Address:**

* Street1: <input type="text" value="1801 27th Street"/>
Street2: <input type="text"/>
* City: <input type="text" value="Vero Beach"/>
County/Parish: <input type="text" value="Indian River"/>
* State: <input type="text" value="FL: Florida"/>
Province: <input type="text"/>
* Country: <input type="text" value="USA: UNITED STATES"/>
* Zip / Postal Code: <input type="text" value="32960"/>

**e. Organizational Unit:**

Department Name: <input type="text" value="Community Development Dept."/>	Division Name: <input type="text" value="Metropolitan Planning Org."/>
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**f. Name and contact information of person to be contacted on matters involving this application:**

Prefix: <input type="text"/>	* First Name: <input type="text" value="Brian"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Freeman"/>	
Suffix: <input type="text"/>	
Title: <input type="text" value="Senior Planner"/>	

Organizational Affiliation: <input type="text"/>
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* Telephone Number: <input type="text" value="772-226-1990"/>	Fax Number: <input type="text"/>
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* Email: <input type="text" value="bfreeman@ircgov.com"/>
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**Application for Federal Assistance SF-424**

**\* 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

**Application for Federal Assistance SF-424**

**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="69,776.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="34,888.00"/>
* d. Local	<input type="text" value="34,888.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="139,552.00"/>

**\* 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

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).

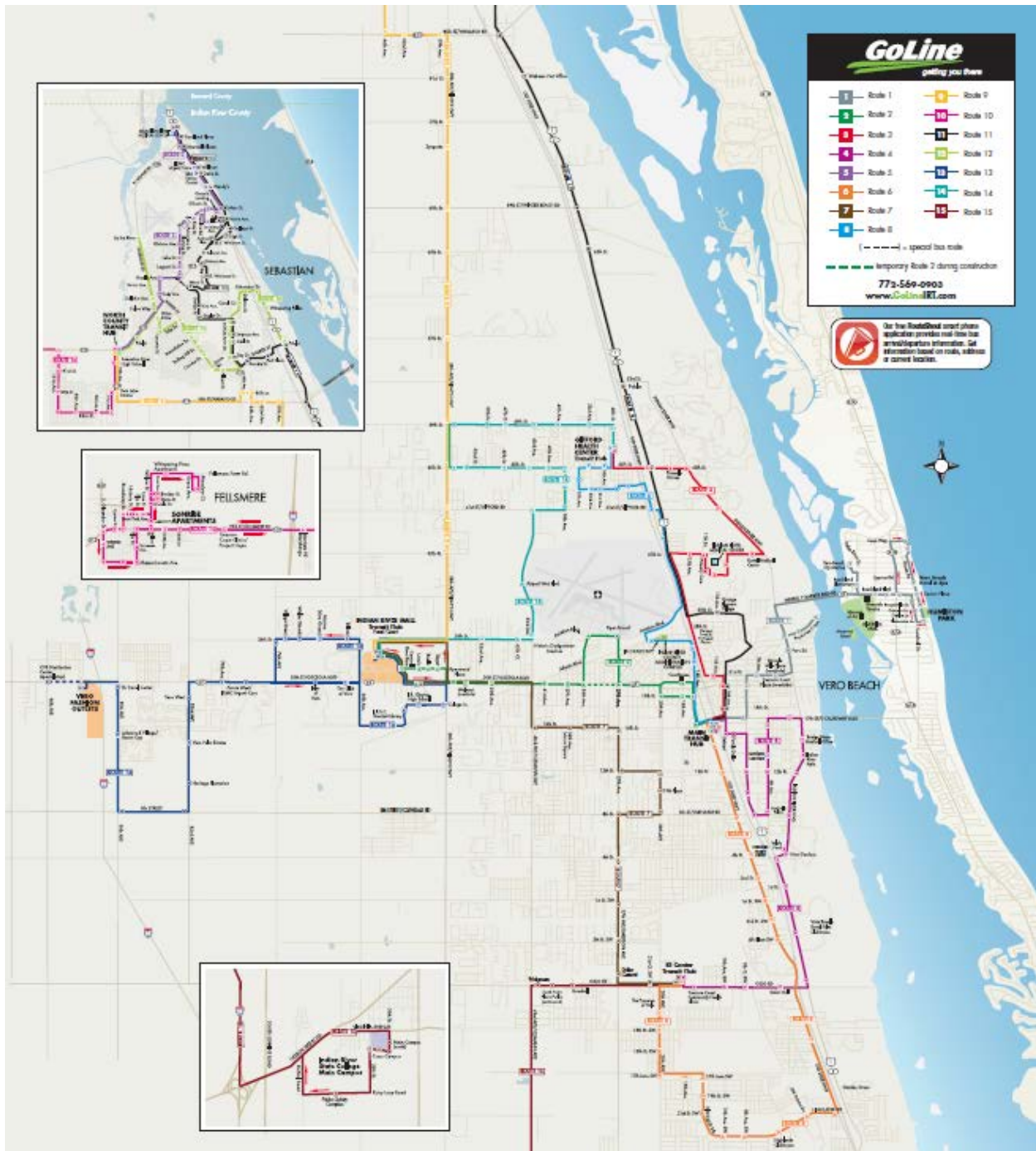
Most GoLine routes are in service six days per week. On weekdays, GoLine routes generally operate from 6 am to 7 pm. Saturday service hours are between 8 am and 5 pm.

The following table summarizes GoLine ridership by route.

Route	Quarter (FY 15/16)				FY 15/16 Total	FY 14/15 Ridership	Percent Change
	1	2	3	4			
1	21,956	24,339	20,025	17,426	83,746	76,491	9.5%
2	50,004	54,031	40,145	43,016	187,196	192,953	-3.0%
3	23,650	22,627	20,686	28,280	95,243	93,365	2.0%
4	30,645	32,686	27,647	26,384	117,362	115,932	1.2%
5	14,430	14,990	21,493	19,578	70,491	58,892	19.7%
6	12,821	14,382	15,961	10,946	54,110	53,240	1.6%
7	12,786	13,821	13,146	12,564	52,317	54,082	-3.3%
8	31,437	31,707	27,287	31,216	121,647	112,943	7.7%
9	19,555	19,486	13,752	15,458	68,251	88,034	-22.5%
10	22,843	24,865	20,347	25,537	93,592	97,630	-4.1%
11	5,569	7,297	6,238	5,040	24,144	20,874	15.7%
12	9,920	10,371	7,278	14,629	42,198	45,052	-6.3%
13	13,694	13,970	8,671	9,113	45,448	47,563	-4.4%
14	18,563	19,772	19,182	22,629	80,146	69,599	15.2%
15	4,602	4,895	3,301	2,846	15,644	16,297	-4.0%
16 *	1,033	1,793	1,029	644	4,499	2,338	92.4%
Total	293,508	311,032	266,188	285,306	1,156,034	1,145,285	0.9%

\* Note: Route 16 was in service for one quarter during FY 14/15.

Below is a map of the GoLine system:



## EXHIBIT A-1 FACT SHEET

The data below is for GoLine Route #10 (fixed route), which serves the rural Fellsmere community. At the North County Transit Hub, Route #10 passengers are able to connect with three other GoLine routes, which provide service to destinations in the communities of Sebastian and Vero Beach.

	<b>CURRENTLY</b>	<b>IF GRANT IS AWARDED *</b>
1. Number of one-way passenger trips. <b>PER YEAR</b>	93,500	93,500
2. Number of individuals served unduplicated (first ride per rider per fiscal year). <b>PER YEAR</b>	NA	NA
3. Number of vehicles used for this service. <b>ACTUAL</b>	1	1
4. Number of ambulatory seats. <b>AVERAGE PER VEHICLE</b> (Total ambulatory seats divided by total number of fleet vehicles)	28	28
5. Number of wheelchair positions. <b>AVERAGE PER VEHICLE</b> (Total wheelchair positions divided by total number of fleet vehicles)	2	2
6. Vehicle Miles traveled. <b>PER YEAR</b>	84,000	84,000
7. Average vehicle miles <b>PER DAY</b>	286 (weekdays) 198 (Saturdays)	286 (weekdays) 198 (Saturdays)
8. Normal vehicle hours in operation. <b>PER DAY</b>	13 (weekdays) 9 (Saturdays)	13 (weekdays) 9 (Saturdays)
9. Normal number of days in operation. <b>PER WEEK</b>	6	6
10. Trip length (roundtrip). <b>AVERAGE</b>	22 miles	22 miles

- Estimates are acceptable.

## Exhibit B

Indian River County uses funds from the Section 5311 program to provide public transportation service in rural areas within Indian River County, including the community of Fellsmere. The provided public transportation service includes fixed-route (GoLine Route 10) as well as demand response (Community Coach). GoLine is Indian River County's fixed-route public transportation system.

GoLine Route 10 provides hourly service from Fellsmere to the North County Transit Hub. There are over 25 bus stop locations throughout Fellsmere along Route 10. At the North County Transit Hub, Fellsmere passengers can transfer to other routes which provide service to many destinations located in Sebastian, including Walmart, Winn-Dixie, Publix, and medical offices. In addition, passengers can also transfer to Route 9, which provides service to the Indian River Mall in Vero Beach.

Route 10 is in operation six days per week. On weekdays, operating hours are from 6 am to 7 pm. On Saturdays, operating hours are from 8 am to 5 pm. Bus service is provided on all holidays, except Thanksgiving, Christmas, and New Year's Day.

As with much of the GoLine system, Route 10 has experienced significant increases in ridership in recent years. During FY 2016, Route 10 provided service to 93,592 passengers.