Central Florida Regional Transportation Authority dba LYNX

SECTION 5310 GRANT APPLICATION FISCAL YEAR 2025-2026

Enhanced Mobility of Seniors and Individuals with Disabilities
In accordance with 49 U.S.C. Section 5310 – Fast Act Section 3006

CHECKLIST FOR APPLICATION ASSISTANCE

Name of Applicant: _____

The following documents must be included in Section 5310 Operating, Vanpool and Capital Assistance Applications in the order listed:

Application:

- ☐ Checklist for Application Assistance
- ☐ Applicant's Cover Letter (Use Template Provided)
- ☐ Agency Information
- ☐ Current System Description
- ☐ Budget Considerations
- ☐ Proposed Project Description
- ☐ Service Area Maps (LYNX provided maps)

Annual Operating Data:

- ☐ Form 1: Sections 1-4
- ☐ Form 2: Funding Request
- ☐ Form 3: Local Match Requirement
- ☐ Form 4: Fact Sheet
- ☐ Form 5: Vehicle Inventory

Required Forms:

- ☐ Application for Federal Assistance (Standard Form 424)
- ☐ Federal Certifications and Assurances
- ☐ Exhibit A: CTC Coordination Contract
  - ☐ CTC Required Meeting Date _____
  - ☐ Previous AOR submitted to CTC (if current coordinating agency)
- ☐ Exhibit B: Single Audit Act, or Certification of Exemption from Single Audit Act
- ☐ Exhibit C: Coordinated Public Transit – Human Services Transportation Plan
- ☐ Exhibit D: Governing Board's Resolution
- ☐ Exhibit E: Certification of Equivalent Service

APPLICANT'S COVER LETTER

When the application is submitted, please attach a copy of the signed and completed form.

CENTRAL FLORIDA REGIONAL TRANSPORTATION AUTHORITY GRANT APPLICATION

_____ (agency name) submits this Application for the Section 5310 Program Grant and agrees to comply with all assurances and exhibits attached hereto and by this reference made a part thereof, as itemized in the Checklist for Application Completeness.

_____ (agency name) further agrees, to the extent provided by law (in case of a government agency in accordance with Sections 129.07 and 768.28, Florida Statutes) to indemnify, defend and hold harmless LYNX and all of its officers, agents and employees from any claim, loss, damage, cost, charge, or expense arising out of the non-compliance by the Agency, its officers, agents or employees, with any of the assurances stated in this Application.

Sunshine Law - Please note: Florida has a very broad public records law. Following the evaluation and scoring of your application, it is subject to this law, and upon request, available for public disclosure.

This Application is submitted on this _____ day of _____ 2024, with an original resolution or certified copy of the original resolution authorizing _____ _____ (Name, Title) to sign this Application.

_____ (agency name)

_____ (name & title of authorized person)

_____ _____

(Signature of authorized person) *[blue ink]* (Date)

NOTE: Agency MUST attach a Resolution of Authority from your Board (original document) for the person signing all documents on behalf of your agency. See Exhibit D.

AGENCY INFORMATION

1. Type of Applicant: (Select applicable box)

   ☐ New ☐ Existing

2. Have you had a Section 5310 project funded by LYNX? (Select applicable box)

   ☐ Yes ☐ No

   If YES, briefly describe your previously funded Section 5310 project and summarize project outcomes for the clients/populations served by your agency: (Max 200 words)

3. Have you had a Section 5310 project funded by the Florida Department of Transportation (FDOT)? (Select applicable box)

   ☐ Yes ☐ No

   If YES, briefly describe your previous Section 5310 project funded by FDOT: (Max 100 words)

4. Did your agency receive $750,000 in Federal Funds last fiscal year? (Select applicable box)

   ☐ Yes ☐ No

5. Did your agency receive federal assistance funds under 49 U.S.C. §§ 5307, 5309, or 5311? (Select applicable box)

   ☐ Yes ☐ No

   If YES, briefly describe your previously funded Section 5307, 5309, or 5311 projects: (Max. 120 words)

6. Does the subrecipient have or previously had any lawsuit(s) filed against them? (Select applicable box) (Obtain all necessary documentation if answer is yes. Do not submit until requested)

   ☐ Yes ☐ No

7. Does the subrecipient have a financial management system in place to track and record program expenditures (Examples: QuickBooks, Visual Bookkeeper, Peachtree, or a Customer Proprietary System)? (Select applicable box)

   ☐ Yes ☐ No

   If YES, please describe system used (Max 100 words):

CURRENT SYSTEM DESCRIPTION

Describe your current system or program. Please, limit your responses to the space provided.

1. An overview of the organization including its mission, program goals, and how transportation fits into the overall organization mission:

Organization Overview	Description
Mission	
Program Goals	
How transportation fits into the overall organization mission	

2. Organizational structure: type of operation, number of employees, and other pertinent organizational information:

Organizational Structure	Description
Type of Operation	
Total Number of Employees	
Total Number of Transportation Employees	
Other Organizational Information	

3. Breakdown of transportation related employees (drivers, schedulers, dispatchers, etc.):

Position	Number of employees	Average # of years of experience
Drivers		
Schedulers		
Dispatchers		
Transportation Administrator		
Transportation Supervisor		
Transportation Manager		
Other (explain)		

4. Does your agency require CDL certifications, etc.? (Select applicable box)

☐ Yes ☐ No

5. Who is responsible for?

Categories	Description
Insurance	
Training - **How often?**	
Administration of the Transportation Program	

6. Who provides maintenance of the vehicles? How often is maintenance provided? (Max. 100 words)

7. Provide a detailed description of:

	Description
Service Route / Area	
Number of Ridership per route	
Monthly Trips per month	
Unduplicated Passenger per month	
Software or method of data collection for accuracy reporting	

8. Does your agency provide non-urbanized transportation services? (Select applicable box)

☐ Yes ☐ No

BUDGET CONSIDERATIONS

The overall funding request and budget account for 25% of the total score of the project proposals. Use the questions below to provide a narrative of the use of funding for the application.

1. Provide a detailed description of how grant funds will be used. Description below should be an explanation of the Form 2: Funding Request (Max 200 words)

2. Describe the source of match including potential issues in meeting match requirements: (Max 100 words)

PROPOSED PROJECT DESCRIPTION

The proposed project description should be thorough as the evaluation committee will rely heavily on the narrative in reviewing and ranking a grant application.

1. This project will:

		Explain
☐ **Maintain existing services**	Will the quality or efficiency of service improve?	
☐ **Expand existing services**	How does this project achieve expansion (i.e. through increased service hours, increased number of vehicles in service, coordination with other transportation providers, expanded service area, etc.)?	
☐ **Provide a new service**	What is the demand for such a project (what factors led to this project's development; what analysis was conducted to verify need/demand)?	

2. How will the project improve mobility for Seniors and Individuals with disabilities? How will the project remove barriers to transportation services? How will the project expand the transportation mobility options currently available? (Max 200 words)

3. Is your agency coordinating with other federally assisted programs and services? (Select applicable box)

☐ Yes ☐ No

If yes, which program? (Max 100 words)

4. How does the proposed project fit into the coordinated transportation system in the LYNX service area? (*The required meeting with CTC will help with answering this question*) (Max 250 words)

5. Please explain the geographic location of your proposed service area. Will the service operate entirely within the urbanized areas of Orlando and/or Kissimmee, or will some of the services span both urban and non-urbanized areas?

   a. If services span both urban and non-urbanized areas, please explain the methodology used to determine if this project will predominately serve the urbanized areas.

b. Provide a map marked up clearly (in color) to show the proposed service areas and included in the grant application. (http://lynx.maps.arcgis.com/apps/webappviewer/index.html?id=90bfdab26dc2438a93ea0b751394a851)

(Please Insert Map)

6. What priorities does the project address in the LYNX Transportation Disadvantaged Service Plan (TDSP)? TDSP can be found under the Human Services Transportation Plan tab in the following link: FTA 5310 Program | Public Transportation in Orange, Seminole & Osceola (golynx.com)

   a. Are unmet needs or gaps (time-based or geographic) addressed by this project? (Select applicable box)

   ☐ Yes ☐ No

Unmet Needs or Gap	Cite pages and specific references from TDSP

7. If this project helps realize service (operational) efficiencies; what are those efficiencies? How does the project help realize those efficiencies? (Max 100 words)

8. What population(s) will the project serve (elderly, disabled, other transportation disadvantaged groups, general population)? (Max 100 words)

9. How does the project provide a service that the CTC cannot, or at a more efficient rate than the CTC? (Max 100 words)

10. Will the project:
    a. be sustainable after the initial award? (Select applicable box)
        ☐ Yes ☐ No

    b. only be feasible to provide the service(s) with the support of these funds? (Select applicable box)
        ☐ Yes ☐ No

    c. If applicable, how will the project become sustainable?

ANNUAL OPERATING DATA: FORM #1

SECTION 1: Cover Sheet

Period Covered:	***July 1, 2023, to June 30, 2024***
Report Date:	
Provider Name:	
Address:	
City	
Zip code	

Contact Information	
Contact Person:	
Title:	
Phone:	
Fax:	
Email:	

Applicant Certification

I, _____, as an authorized Representative of this company, hereby certify, under the penalties of perjury as stated in Chapter 837.06, F.S., that the information contained in this report is true, accurate, and in accordance with the accompanying instructions.

_____ _____

Authorized representative signature Date

ANNUAL OPERATING DATA: FORM #1

SECTION 2: Trip Information

One-Way Passenger Trips by Passenger Type	
Elderly	
Disabled	
Other	
Total:	0

Unduplicated Passenger Head Count	
Elderly	
Disabled	
Other	
Total:	0

One-Way Passenger Trips by Purpose	
Medical	
Employment	
Education/Day Training	
Nutritional	
Life Sustaining/Other	
Total:	0

Unmet Trips Requests	
Medical	
Employment	
Education/Day Training	
Nutritional	
Life Sustaining/Other	
Total:	0

	Trip & Vehicle Data
	Total Fleet Vehicle Miles
	Total Fleet Vehicle Revenue Miles
	Total Square Miles of Transportation Service
	Number of Days in Service Per Year
	Total Amount of Posted Hours of Operating Monday - Friday
	Total Amount of Posted Hours of Operating Saturday
	Total Amount of Posted Hours of Operating Sunday
	Vehicle Hours per Year
	Vehicle Revenue Hours per Year
	Total Number of Vehicles
	Total Number of Vehicles Operated in Max Service
	Total Number of Wheelchair Accessible Vehicles

Best Practice:

Insert the information from the Required Excel Forms to avoid mathematical mistakes.

ANNUAL OPERATING DATA: FORM #1

SECTION 3: Transportation Department

Drivers:	Number	Annual Hours
Full Time		
Part Time		
Volunteer		
Sub-Total	0.00	0.00

Other Employees:	Number	Annual Hours
Maintenance		
Dispatchers/Schedulers		
Customer Service		
Administrative		
Management		
Other Employees		
Sub-Total	0.00	0.00

	Total Drivers & Other Employees	Total Annual Hours
Total:	0	0.00

** If an employee serves in multiple roles in the organization, place the appropriate percentage for each category. For example: Driver 0.5, Maintenance 0.25, Management 0.25 = 1 Employee.*

Best Practice:

Insert the information from the Required Excel Forms to avoid mathematical mistakes.

ANNUAL OPERATING DATA: FORM #1

SECTION 4: Annual Program Revenue & Expenses

Revenue Type	Amount
Local non-government*	
Local Government	
Commission for the Transportation Disadvantaged	
Department of Transportation	
LYNX FTA Section 5310	
Agency for Healthcare Administration	
Department of Children and families	
Agency for Persons with Disabilities	
Department of Education	
Department of Elder Affairs	
Department of Community Affairs	
Agency for Workforce Innovation	
Department of Juvenile Justice	
Fares/User Fees	
Other**	
Total:	$ 0.00

Include donations, pledges, and fundraising activities in this line.
****Please specifically list Source and Dollar Amount.***

Expense Type	Amount
Labor	
Fringe Benefits	
Services	
Materials and Supplies Consumed	
Utilities	
Casualty and Liability	
Taxes	
Miscellaneous	
Interest	
Leases and Rentals	
Vanpool Lease (Section 5310)	
Capital Purchases	
Contributed Services	
Total:	$ 0.00

Net Program Cost	
Total Program Revenue	$ 0.00
Total Program Expenses –	$ 0.00
Net Program Cost:	

Best Practice:

Insert the information from the Required Excel Forms to avoid mathematical mistakes.

ANNUAL OPERATING DATA: FORM #2

Funding Request

I. Vanpool

Complete this section ONLY if you are applying for the Vanpool program.

Vehicle Type	Quantity	Cost	Months	Sub-total
12 Passenger Vehicle with Wheelchair		$ 690	12	$ 0
10 Passenger Van without Wheelchair		$ 690	12	$ 0
15 Passenger Van without Wheelchair		$ 690	12	$ 0
Turtle Top Bus with Wheelchair		$ 690	12	$ 0
Total Estimated Vanpool Expenses				$ 0.00

Program Cost *(Please, select one)*

$690* Monthly cost if using LYNX provided insurance.

$525* Monthly cost of providing your own insurance (prior approval required).

**Rate subject to change at any time during the award period.*

Vanpool Request and Contribution Subtotals		
Federal Request (50% of Vanpool expense)	$	0.00
Local Cash Contribution (50% of Vanpool expense)	$	0.00
Total:		$ 0.00

Please, identify if the vehicles requested are intended for replacement or expansion.

Vehicle Type	# of vehicles for Replacement	# of vehicles for Expansion
10 Passenger Van without Wheelchair Access		
12 Passenger Van without Wheelchair Access		
15 Passenger Van without Wheelchair Access		
Passenger Van with Wheelchair Access		
Turtle Top Bus with Wheelchair Access		
Total Vehicles:	0	0

II. Vehicle Transfers

Complete this section ONLY if you are applying for the vehicle transfer program.

Vehicle Type	Quantity
10 Passenger Van without Wheelchair Access	
12 Passenger Van without Wheelchair Access	
15 Passenger Van without Wheelchair Access	
Passenger Van with Wheelchair Access	
Turtle Top Bus with Wheelchair Access	
Total Vehicles requested for transfer:	0

Best Practice:

Insert the information from the Required Excel Forms to avoid mathematical mistakes.

ANNUAL OPERATING DATA: FORM #2

III. Operating Assistance

Complete this section ONLY if you are applying for Operating Assistance.

Project Related Operating Expenses:
Expenses for all services proposed in this application. Please be sure to add additional lines as necessary and specify what is included in the "Other" and "Misc." lines if applicable.

Number of Trips if Grant is Awarded	Expected Expenses if Grant is Awarded (Less Vanpool lease cost*)	Cost per Trip	Total:
	$ 0.00	$	$
Project Operating Expenses		**50% Local Match:**	$ $ 0.00

***Calculation of estimated expenses if grant is awarded:**

Category	Expenses Amount
Labor & Fringe Benefits	
Services	
Materials and Supplies Consumed	
Utilities	
Casualty and Liability	
Miscellaneous	
Interest	
Leases and Rentals	
Vanpool Lease (Section 5310)	
Other	
Total:	$ 0.00

IV. Total Project Grant Request and Contribution

Grant Request and Contribution		
Federal Request (Vanpool Subtotal + Operating Assistance Subtotal)	$	0.00
Local Cash Contribution (Vanpool Subtotal + Operating Assistance Subtotal) +	$	0.00
Total Project Cost:	$	0.00

Best Practice:
Insert the information from the Required Excel Forms to avoid mathematical mistakes.

ANNUAL OPERATING DATA: FORM #3

Local Match Requirement

Please complete the Local Match Requirement form and identify the specific sources of funds (public and private) to be used as local contributions. Applicants may provide local match from other federal programs that are eligible to be expended for transportation, with the exception of USDOT/FTA programs. In addition, state the dollar amount associated with each local match funding source.

Source	Amount
Sub-total Match (50% of total project cost)	$ 0.00
Sub-total (required Local Match from Form #2)	$ 0.00
Total Project Cost:	$ 0.00

Attach documentation of match funds, which may consist of, but not be limited to:

- Transportation Disadvantaged (TD) allocation
- Written statements from county commissions, state agencies, city managers, mayors, town councils, organizations, accounting firms, financial institutions, among others

Authorized representative signature

Date

Authorized representative name & title

Best Practice:
Insert the information from the Required Excel Forms to avoid mathematical mistakes.

ANNUAL OPERATING DATA: FORM #4

Fact Sheet

	Previous FY*	Calculations (if grant is awarded)	If Grant is awarded
1 Total number of one-way passenger trips served by the agency PER YEAR (for all purposes)	0		
2 Number of one-way passenger trips provided to elderly and persons with disabilities PER YEAR	0		
3 Number of unduplicated Persons with Disabilities and Elderly served PER YEAR	0		
4 Urbanized Operating Cost per Trip (Total Expenses - Vanpool Lease 5310 ÷ Total Passenger Trips)			
5 Operating Cost per Hour of Service (Total Expenses ÷ Total Revenue Hours)			
6 Operating Cost per Mile of Service (Total Expenses ÷ Total Revenue Miles)			
7 Total number of days that vehicles are regularly in operation to provide elderly and disabled persons service PER YEAR	0		
8 Total number of regular operation hours to provide elderly and disabled person's service: Monday - Friday	0.0		0.0
Saturday	0.0		
Sunday	0.0		
Total hours:	0.0		0.0

* *The data included in this form should match the information provided in Form 1, associated to the Annual Operating Report from the previous fiscal year.*

Best Practice:

Insert the information from the Required Excel Forms to avoid mathematical mistakes.

Standard Form 424

Please complete Standard Form 424 as part of your application. An editable pdf can be found at (**copy and paste** links below):

Standard Form 424 - SF424_4_0-V4.0 (3).pdf
Standard Form 424 Sample - See Section 5310 Grant Manual https://www.golynx.com/corporate-info/doing-business/fta-5310-program.stml

Federal Certifications and Assurances

All applications must include the most recent signed copy of the FTA Certifications and Assurances. These can be found at the following link: FY2024 Annual List of Certifications and Assurances for FTA Grants and Cooperative Agreements (dot.gov)

Exhibit A: CTC Coordination Contract

A copy of the written coordination agreement between the applicant and the CTC in the appropriate service area should be identified as Attachment B and included in the application. The agreement must be specific as to how the services to be provided will complement the services the CTC provides, and how duplication and fragmentation of services will be avoided. If the applicant's service extends into areas covered by more than one CTC, copies of all applicable coordination agreements should be included in the application.

The CTC Coordination Contract is only required for new agencies or agencies proposing a project different to what the previous CTC Coordination Contract stated. If the agency does not have a current Coordination Contract with the CTC, a letter of intent to do so is required in place of the contract. Grant awards will not be made without an appropriate coordination agreement.

CTC Required Meeting

Applicants must meet with the CTC prior to applying and **must include the date of the meeting on the checklist of this application**. The period to meet with the CTC is between **July 15 and July 26, 2024**. To schedule a meeting with the CTC please contact Selita Stubbs at SStubbs@golynx.com or (407) 254-6039.

Exhibit B

Single Audit Act, or Certification of Exemption from Single Audit Act

Applicants will provide their most recent Single Audit Report, with any findings and corrective actions; or, if the audit is not applicable, Applicants will provide a Certification of Exemption from Single Audit Act.

Please complete the template form below. When the application is submitted, please attach a copy of the completed form.

IT IS HEREBY CERTIFIED THAT the Applicant:

1. Will not receive $750,000 or more for the current Fiscal Year from all federal sources combined, and is, therefore, exempt from the Single Audit Act as described in OMB A-133; and

2. In the event the applicant does receive $750,000 or more in total from all federal sources during the current fiscal year, the applicant will comply with the Single Audit Act and submit LYNX a copy of its most recent audit conducted in compliance with the Act within 90 days of audit completion.

_____

Name & title of authorized person

_____ _____

Signature of authorized person Date

Exhibit C

Coordinated Public Transit – Human Services Transportation Plan

Please complete the template form below. The form is to be completed and signed by an individual **authorized by the governing board** of the applicant agency and submitted with the grant application. When the application is submitted, please attach a copy of the completed form.

The_____ certifies and assures to the Central Florida Regional Transportation Authority dba LYNX in regard to its Application for Assistance under U.S.C. Section 5310 dated _____:

This grant request is derived from a coordinated plan compliant with Federal Transit Administration Circular 9070.iG.

1. The name of this coordinated plan is:

   _____

   _____

2. The agency that adopted this coordinated plan was:

   Central Florida Regional Transportation Authority dba LYNX

3. The date the coordinated plan was adopted was:

   _____

4. The page number of the coordinated plan that this application supports:

   _____

_____

Name & title of authorized person

_____ _____

Signature of authorized person Date

Exhibit D

Governing Board's Resolution

Please complete the template form included below:

A RESOLUTION of _____ (Governing Body) authorizing the signing and submission of a grant application and supporting documents and assurances to the Central Florida Regional Transportation Authority dba LYNX, and the acceptance of a grant award from LYNX.

WHEREAS _____ (Agency name) has the authority to apply for and accept grant awards made by LYNX as authorized by Chapter 341, Florida Statutes and/or by the Federal Transit Administration Act of 1964, as amended.

NOW, THEREFORE, BE IT RESOLVED BY THE _____ _____ (Governing Body) in _____ (City), FLORIDA:

1. This resolution applies to Federal Program(s) under U.S.C. Section(s) _____.
2. The submission of a grant application(s), supporting documents, and assurances to the CFRTA is approved.
3. (Authorized person by name and title) _____ _____ is authorized to sign the application and accept a grant award, unless specifically rescinded.

DULY PASSED AND ADOPTED THIS _____, 2024.

By: _____

Signature, Chairperson of the Board *[blue ink]*

_____

Typed name & Title

ATTEST: _____ (seal)

Exhibit E

Certificate of Equivalent Service

According to Circular 9070.IG, providers of demand responsive service must utilize accessible vehicles, as defined at 49 CFR 37.7 or meet the applicable equivalent service standard. For private and public entities, the service must be equivalent in regard to schedules, response times, geographic areas of service, hours and days of service, availability of information, reservations capability, constraints on capacity or service availability, and restrictions based on trip purpose. If a subrecipient does not have wheelchair accessible vehicles available, a Certificate of Equivalent Service must be on file with LYNX at time of application and should be submitted with the 5310 Application. A certification of Equivalent Service has been provided below**.**

CERTIFICATION OF EQUIVALENT SERVICE

_____(Agency name) certifies that its demand responsive service offered to individuals with disabilities, including individuals who use wheelchairs, is equivalent to the level and quality of service offered to individuals without disabilities. Such service, when viewed in its entirety, is provided in the most integrated setting feasible and is equivalent with respect to:

1. Response time
2. Fares
3. Geographic service area
4. Hours and days of service
5. Restrictions on trip purpose
6. Availability of information and reservation capability
7. Constraints on capacity or service availability

In accordance with 49 CFR Part 37, public entities operating demand responsive systems for the general public which receive financial assistance under 49 U.S.C. 5310 and 5311 of the Federal Transit Administration (FTA) funds must file this certification with the appropriate state program office before procuring any inaccessible vehicle. Such public entities not receiving FTA funds shall also file the certification with the appropriate state office program. Public entities receiving FTA funds under any other section of the FTA Programs must file the certification with the appropriate FTA regional office. This certification is valid for no longer than one year from its date of filing. Non-public transportation systems that serve their own clients, such as social service agencies, are required to complete this form.

_____ (Name & title of authorized person)

_____ _____

Signature of authorized person Date