# Florida Department of Transportation

**Capital & Operating Assistance Application** Federal Fiscal Year 2021 / State Fiscal Year 2022



# 49 U.S.C. Section 5311, CFDA 20.509 Formula Grants for Rural Areas

Agency Name: Levy County Board of County Commissioners

Project Type(s):

CapitalOperating

# **Application Checklist**

Each of the below items must be included with your Section 5311 Grant Application submittal in the

same order as the checklist.

Application Checklist (this form)

Applicant Information

## PART I - APPLICANT ELIGIBILITY

Eligibility Questionnaire *(only applicable for returning applicants)* 

🔀 Exhibit A: Cover Letter

Exhibit B: Governing Board's Resolution

Exhibit C: Public Hearing Notice

Exhibit D: Local Clearinghouse Agency/RPC Cover Letter *(Required if proposed project is for facilities)* 

Date received: \_\_\_\_

## PART II - FUNDING REQUEST

Form A-1: Current System Description

🔀 Form A-2: Fact Sheet

igodown Organization Chart

Form A-3: Proposed Project Description

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

igtimes Proof of Local Match

Supporting Documentation

Form B-2: Operations Phase- Estimate of Project Costs by Budget Category

🗌 Form B-3: Capital Request

Completed Sample Order Form(s)

Form C: Current Vehicle and Transportation Equipment Inventory

Exhibit I: FDOT Certification and Assurances

🔀 Exhibit J: Standard Lobby Certification

Exhibit K: FTA Section 5333 (b) Assurance

Exhibit L: Leasing Certification

Exhibit M: Certification of Equivalent Service

Form 424: Application for Federal Assistance

Exhibit N: Federal Certifications and Assurances To be submitted in January 2021

Exhibit O: Title VI Plan (*Required if not previously submitted to District*)

Exhibit P: Protection of the Environment (*Required if the proposed project is for facilities*)

🖾 Exhibit Q: Triennial Review- CAP Closeout

# **Applicant Information**

| FDOT   | 49 U.S.C. Section 5311, Formula Grants for Rural Areas:<br>GRANT APPLICATION  |                |  |                       |  |  |
|--|---|----------------|--|-----------------------|--|--|
| Argung (Applicant) Legal   |   |                |  | Physical A            | ddress (No P.O. Bo                               | ox):                                   |
| Levy County Board of C   |   |                |  | alkanna a sa para     | Hathaway Ave., E                                 | Bronson, FL 32621                      |
| Applicant Status:  First- <i>A first-time applicant has not i</i>            |   |                |  |                       |  |  |
| Applicant's County: Levy<br>If Applicant has offices in                      | more tha  | n one coi      | unty, list cou                                       | inty where i          | nain office is locate                            | ed                                     |
| City:<br>Bronson   | State:<br>FL  | -              | Zip + 4 Code:Congressional District:32621-6707Second |                       |  |  |
| Federal Taxpayer ID Nun<br>59-6000717  | nber:   |                | et. May be obt                                       |                       | Unique 9-Digit numbe<br>harge at: http://fedgov. | er issued by Dun &<br>.dnb.com/webform |
| Applicant Fiscal period st<br>State Fiscal period from: July 1               |   |                |  | l, 2021 to            | <u>Sep</u> tember 30, 202                        | 2                                      |
| Project's Service Area: Le<br>List the county or counties that               |   | ved by the     | proposed proj  | ect.                  |  |  |
| Executive Director:<br>Connie Conley   |   |                | Grant Con  | tact Person           | (if different than Ex                            | xecutive Director):                    |
| Telephone: Telephone: 352-486-3485   |   |                |  |                       |  |  |
| Fax:<br>352-486-3312   |   |                | Fax:   |                       |  |  |
| E-mail Address:<br>Conley-connie@levycour                                    | nty.org   |                | Email Add  | ress:                 |  |  |
| Current Vehicle<br>Inventory Enter Number<br>for <b>ENTIRE</b> Fleet in each | Sedans: 0   | Vans           |  | iniVans with<br>mp: 0 | Buses(Cutaways)<br>15                            | Buses (Medium Duty<br>3                |
| category:  | Other:  | <b>.</b>       | . · ·  |                       |  | N/A                                    |
|  |   |                |  |                       |  |  |
| Authorizing Representat  | ive certify   | ing to the     | e informatio   | n contained           | in this application                              | is true and                            |
| accurate.  |   |                |  |                       |  |  |
| Signature (Authorizing R   | -   | tive) <u>×</u> |  |                       |  |  |
| Printed Name: <u>Matthew I</u>   | <u>Brooks</u>   |                |  |                       |  |  |
| Title: <u>Board Chairman</u>   |   |                |  |                       |  |  |
| *Must attach a Resolution  | Email Address: <u>district5@levycounty.org</u><br>*Must attach a Resolution of Authority from your Board (original document) for the person signing <b>ALL</b><br>documents on behalf of your agency. See Exhibit B |                |  |                       |  |  |

# PART I – APPLICANT ELIGIBILITY

# **Eligibility Questionnaire**

This questionnaire applies to returning applicants. If you are a current grant sub-recipient and are not compliant with all FDOT and FTA Section 5311 requirements, you will not be eligible to receive grant funds until compliance has been determined. You must be in compliance at time of grant award execution.

| Are you a returning applicant?<br>*If yes, please answer all questions. If no, disregard<br>remaining questions in this questionnaire.   | 🛛 Yes 🔲 No   |
|--|--|
| Has your agency completed a Triennial Oversight Review?         If yes, what date(s) did the review occur? <u>May 5. 2020</u> If yes, is your agency currently in compliance?         If your agency is not in compliance, do you have a corrective action plan to come into compliance?         If yes, what is the date of anticipated date of corrective action closeout? | Yes    No    Review Scheduled      Was not notified by FDOT District Office      Yes    No      Yes    No      Yes    No |
| Is your agency registered on SAM.gov?<br>Note: Agency must register each year/application cycle.   | Yes<br>If yes, registration expiration date:   |
| Signature<br><u>Matthew Brooks/Board Chairman</u><br>Typed Name and Title<br>Date  | -  |



LEVY COUNTY BOARD OF COUNTY COMMISSIONERS Government Serving Citizens John Meeks

John Meeks Rock Meeks Mike Joyner, Vice Chair Lilly Rooks Matt Brooks, Chair

**Exhibit A: Cover Letter** 

# STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION GRANT APPLICATION

*Levy County Board of County Commissioners,* submits this Application for the Section 5311 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.

*Levy County Board of County Commissioners.* 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 FDOT 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.

This Application is submitted on this \_\_\_\_\_day of \_\_\_\_\_\_, with an original resolution or certified copy of the original resolution authorizing *Matthew Brooks/Board Chairman* to sign this Application.

Levy County Board of County Commissioners

Agency Name

**r** Signature

Matthew Brooks/Board Chairman Typed Name and Title of Authorized Representative

Date

# Original Resolution to be inserted in place of this sheet

# PART II - FUNDING REQUEST

# Form A-1: Current System Description

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

The Levy County Board of County Commission is a government authority appointed and designated as the Community Transportation Coordinator (CTC) that provides various types of trips to the general public/residents of Levy County. All trips are provided in paratransit vehicles and trips types are considered non-emergency. The agency provides door to door, demand response service to residents of Levy County. The ongoing mission is to provide safe, reliable and timely transportation to destinations requested by residents within the agencies service areas. Trips types provided are medical, life sustaining, nutritional, education, shopping and social/recreational trips. The goal of the agency is to continue to provide as many trips as possible to meet the required needs of the residents. The service areas that trips are provided outside of the county include Trenton, Gainesville, and limited areas in Crystal River, Dunnellon and Lecanto. Service areas outside of the county are limited due to the geographical size of Levy County and needing to load as many riders as possible to similar destinations for maximum efficiency. Funding for replacement vehicles is vital to the continued growth and current services provided. Objectives are to continue to increase trips, schedule efficiently, keeping preventive maintenance top priority and to run the agency effectively and efficiently. Pages from the current TDSP relating to mission, goals and objectives, attached.

Please provide information below:

Organizational structure **(attach an organizational chart at the end of this section)** Total number of employees in organization <u>11</u> Total number of transportation-related employees in the organization <u>11</u> Who is responsible for insurance, training, management, and administration of the agency's transportation programs? (Maximum 100 words)

The Levy County Board of County Commissioners provides and oversees insurance for all entities of the county covering properties and vehicles. Training of transit employees is provided by trained individuals within the agency. All trainings follow or exceed the guidelines of the Chapter 14-90 and the System Safety Program Plan. Administration of the agency as a whole is overseen by the department director, while administration of individual programs are implemented by the office manager and the director.

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)

Program funding for the operation of the agency is a combination of funding sources to include:

Transportation Disadvantaged (State), 5311 Operational (Federal), Suwannee River Economic Council (State), Med-waiver (State), and 5311 trips which are comprised of private pay/reduced fare and school trips (not school board trips) only a co-pay for each rider.

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.* 

- Service Hours: The agency provides trips Monday Friday with the exception of Thanksgiving and Christmas Day. Weekend services are provided for dialysis when holiday schedules must be changed. Hours of service run daily from approximately 3:30 18:00 or until last rider has been dropped off. Daily routes are scheduled providing trips to the two ARC's, meal site, dialysis and schools with demand response trips being scheduled within the routes of those subscription trips for efficiency. All services provided are open to the general public.
- Staffing: All staff including office staff are trained and certified to step in and drive as the need arises. Each employee has approximately 80-90 hours of in house training and another 80 hours or more of on the road training with a seasoned driver, before being road tested. Included in training and refresher are the following tools; videos, online RTAP modules, online drug and alcohol, online APD, online NIMS ICS-100 (FEMA), wheelchair securement (video and hands on), First Aid/CPR, online Rule Chapter 14-90, pre-trip inspection of bus, other miscellaneous trainings and training of the SSPP, HSP and TDSP.
- Records Maintenance: Office staff maintain and keep all records of importance. The office manager maintains all records for invoicing of contracts, (with the exception of Federal grants), spreadsheets for revenues and expenditures, rider applications, daily fare box collection, verifying daily manifest for trips, miles and hours. Financial record keeping for Levy County Transit is provided by the Levy County Clerk's office through the Board of County Commissioners. CTS software is used to schedule and maintain all customer trip related information for reporting and scheduling. The department head maintains and retains all employee DOT, drug & alcohol and training files in separate locked cabinets.

- Vehicle Maintenance: Performed by a mechanic employed by Levy County Transit that has all current ASE Certifications, completed A/C maintenance technician, Fogmaker inspection, and Ricon service and repair certifications. He is responsible to perform and diagnosis all services, maintenance and repairs on all buses. Each bus is scheduled for maintenance every 5000 miles, 100,000 mile inspections and annual inspections are completed by end of each year. All repairs are completed at the county maintenance facility on a daily basis. The mechanic is available Monday thru Friday from 6:30 a.m. until all repairs or services for the day have been completed. He is on call on for hours prior to 6:30 and holidays that buses run to provide dialysis trips. Services that may be outsourced would include engine rebuilds, transmission repairs, and body damage repairs. A whiteboard is kept and updated daily with each vehicle and included is the mileage for service due. Daily the mechanic reviews the pre and post trip inspection sheets and when a vehicle is within approximately 600 miles of service, this is noted on the board and scheduling for service of that bus is set. The board is located in the scheduling office for easy review as the trips are scheduled for the daily routes. The scheduler then has access at all times of vehicles coming up for service and aware of when a bus will be pulled out of service, so scheduling of a backup vehicle is used during this period of time. This system tracks when a vehicle is approaching the 5000 mile mark for service or a 100,000 mile service and what vehicles are available for backup.
- Service Routes and Ridership Numbers: The agency has set service routes that are related to the Levy ARC, Alachua ARC, dialysis centers, SREC and schools. The pickup and drop off locations for the listed routes are located at various locations within Levy, Gilchrist County and Gainesville. All other trips are demand response. The demand response trips are provided to residents of the county and destinations include within the county, Gainesville, Crystal River, Dunnellon, and occasionally Lecanto. Unduplicated ridership for this time period is 392. During this period a total of 30,415 rides were provided. Approximately 110 125 trips are scheduled each day.
- System Safety Plan: The agencies SSPP is updated annually or as changes occur within the agency throughout the year. Any major changes to this document would then require board approval by the Levy County Board of County Commissioners
- Drug-free workplace: The agency has a Zero Tolerance Substance Abuse Policy. Chapters 49 CFR Part 40 and 655 are strictly adhered and enforced. All applicants are required to pass pre-employment drug screen testing prior to a job offer. Random, reasonable suspicion, post-accident, return to duty and follow up testing are required as part of the Federal Transit Authority. Random testing is performed every quarter. Record keeping is maintained in the department head office.

 Data Collection Methods: All data needed for reporting comes from CTS Software used to maintain rider information, trips, and destinations. Documentation pertaining to all trips can be pulled from the software for information used for grants, NTD reporting, Rate Model, and Annual Operating Reports. Information pulled include trip counts, mileages, service hours, oneway trips, trip purpose, and a management statistics report.

# **B.** Service Area Profile and Demographics

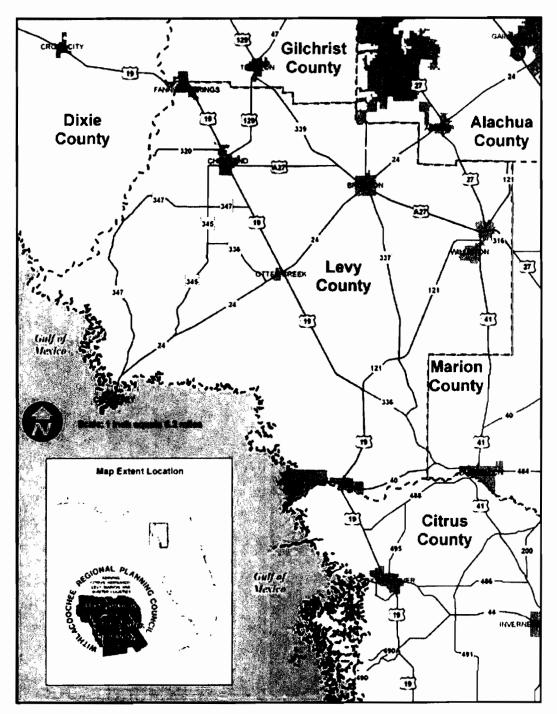
# 1. Levy County Service Area Description

Levy County has a land area of 1,118 square miles and is surrounded by Dixie County, Gilchrist County and Alachua County to the north, Marion County to the east, Citrus County to the south and the Gulf of Mexico to the west. The county has eight incorporated areas including Bronson, Cedar Key, Chiefland, Inglis, Otter Creek, Williston, Yankeetown and a part of Fanning Springs. It also has numerous unincorporated named communities including Fowler's Bluff, Camp Azalea, Rosewood, Gulf Hammock, Morriston, Montbrook and Raleigh. Map 1 shows Levy County's location in relation to the other counties in the state. Map 2 shows the locations of the county's cities, towns and Census Divisions (Cedar Key-Yankeetown, Chiefland and Williston-Bronson).

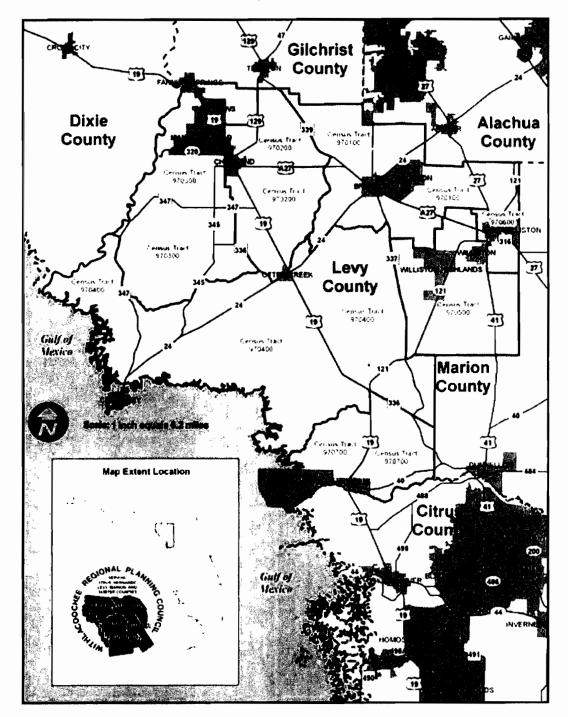
# 2. Demographics

### a. Land Use

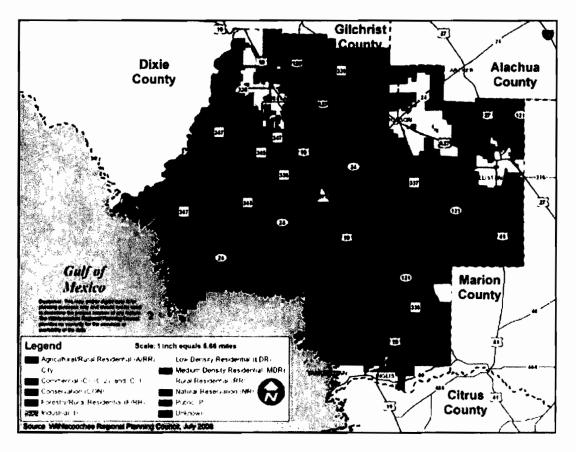
The purpose of this section is to provide information concerning Levy County's existing land use. This information was obtained from Levy County's Comprehensive Plan. As indicated in the Future Land Use Map (see map 3), the major existing land uses in the County are agriculture, forestry and conservation. Less than 5 percent of the County's land area is in residential use. There are population concentrations in numerous incorporated areas and unincorporated named communities dispersed across the county. The dominant trend in recent years, however, has been sparse development on inexpensive lots out in the county. That trend is expected to continue unless certain population magnets, such as heavy industry, appear. Very little industry has been established anywhere in the county to date.



LEVY COUNTY WITHIN THE STATE OF FLORIDA



### LEVY COUNTY CENSUS DIVISIONS, CITIES AND CENSUS DESIGNATED PLACE



#### LEVY COUNTY FUTURE LAND USE

# b. Population/Composition

According to the 2010 US Census Bureau, Levy County's 2010 population was 40,801. The Bureau of Economic and Business Research estimates Levy County's 2017 total population as 40,015. Table 1 shows, the population of Levy County.

#### **Transportation Disadvantaged Trip & Equipment Grant Program**

| APPLICANT                                       | PROJECT   | PROJECT<br>YEAR | PROJECT<br>LOCATION | ESTIMATED<br>PROJECT COST | PROJECT<br>FUNDING SOURCE                     |
|---|---|-----------------|---------------------|---------------------------|---|
| Levy County Board<br>of County<br>Commissioners | Provide trips to<br>transportation<br>disadvantaged<br>individuals. | 2020/21         | Levy County         | \$413,839.00              | Transportation<br>Disadvantaged Trust<br>Fund |
|   |   |                 |                     | \$ 45,982.00              | Levy County Board of<br>County Commissioners  |

#### **Rural Area Capital Assistance Program**

| APPLICANT                                    | PROJECT                                | PROJECT<br>YEAR | LOCATION    | ESTIMATED COST | FUNDING<br>SOURCE                                 |
|--|--|-----------------|-------------|----------------|---|
| Levy County Board of<br>County Commissioners | Purchase one<br>replacement<br>vehicle | 2020/21         | Levy County | \$82,746.00    | Rural Area Capital<br>Assistance<br>Program Grant |

# 5. Goals and Objectives

- GOAL 1 Ensure the availability of transportation services to meet the needs of the transportation disadvantaged.
- **Objective 1.1** Identify the demand for transportation services.
- **Objective 1.2** Provide services to meet as much of the demand for transportation services among the transportation disadvantaged as possible within available resources.
- **Objective 1.3** Employ measures, as needed and appropriate, for controlling the rate at which funding available for non-sponsored trips is expended and for targeting funding available for non-sponsored trips to individuals with the greatest need.
- **Objective 1.4** Monitor and maximize the availability of local, state and federal government funding for transportation services for the transportation disadvantaged.
- **Objective 1.5** Identify and pursue potential sources of additional funding for transportation services and partnership opportunities. Seek, in particular, to stimulate or facilitate the use of private funding to reduce reliance on public subsidies.
- **Objective 1.6** Eliminate physical barriers to the use of transportation services by ensuring compliance with the Americans with Disabilities Act.
- **Objective 1.7** Monitor land use/development patterns to inform decision-making regarding service delivery and the allocation of resources.
- **Objective 1.8** Participate in local, regional and state transportation and comprehensive planning processes to ensure that transportation disadvantaged issues are considered.

#### Transportation Disadvantaged Service Plan

**Objective 1.9** Monitor changes in the health care and other service systems used by the transportation disadvantaged to identify potential impacts on the County's coordinated transportation system.

# GOAL 2 Ensure that transportation services are provided in the most effective and efficient manner possible.

- **Objective 2.1** Coordinate transportation resources for the transportation disadvantaged available in or planned for the service area to the maximum extent possible.
- **Objective 2.2** Maximize the use of existing transportation resources to meet the demand for transportation services among the transportation disadvantaged.
- **Objective 2.3** Maximize the use of measures that promote effective and efficient service delivery without unduly inconveniencing riders.
- **Objective 2.4** Pursue coordination efforts with other Community Transportation Coordinators as appropriate for the purposes of reducing costs, increasing transportation services available and facilitating the provision of inter county trips.

#### GOAL 3 Ensure that quality transportation services are provided.

- **Objective 3.1** Ensure transportation services are provided in a safe, reliable and courteous manner.
- **Objective 3.2** Monitor and evaluate the performance of the Community Transportation Coordinator.
- **Objective 3.3** Provide processes for addressing service complaints and formal grievances on transportation-related matters.

#### GOAL 4 Ensure program accountability.

- **Objective 4.1** Comply with the requirements of Chapter 427, Florida Statutes, and Rule Chapter 41-2, Florida Administrative Code.
- **Objective 4.2** Prepare plans, contracts, reports and other documents required by Chapter 427, Florida Statutes, and Rule Chapter 41-2, Florida Administrative Code.

#### GOAL 5 Increase public awareness of and involvement in the transportation disadvantaged program.

- **Objective 5.1** Undertake marketing and outreach activities to increase public awareness of and involvement in Florida's Transportation Disadvantaged Program. Project a consumer-oriented, customer service image.
- **Objective 5.2** Conduct at least one public workshop a year to allow individuals, agencies, organizations and others a formal opportunity to provide input on matters relating to local transportation services for the transportation disadvantaged.

Levy County

#### Transportation Disadvantaged Service Plan

#### GOAL 6 Provide affordable transportation services to low-income persons.

- **Objective 7.1** Develop transportation services for daily living activities.
- **Objective 7.2** Research the feasibility of providing deviated fixed route service that provides service within Levy County.
- **Objective 7.3** Advertise the available transportation services once a year.

#### GOAL 7 Increase transportation services provided in Levy County.

- **Objective 7.1** Annually research local, state, and federal funding opportunities to increase services available to the transportation disadvantaged population in Levy County.
- **Objective 7.2** Annually identify projects that can be funded under the Federal Transit Administration's grant programs.

# 6. Implementation Plan

| GOAL/STRATEGIES  | RESPONSIBLE<br>PARTY(IES)                  | DATE    |
|--|--|---------|
| Goal 1: Ensure the availability of transportation services to me transportation disadvantaged population.  | et the needs of the                        |         |
| Identify and monitor demand for transportation disadvantaged services.   | Community<br>Transportation<br>Coordinator | Ongoing |
| Provide services to meet as much of the demand for transportation services among the transportation disadvantaged population as possible within available resources.   | Community<br>Transportation<br>Coordinator | Ongoing |
| Employ measures, as needed and appropriate, for controlling the rate<br>at which funding available for non-sponsored trips is expended and for<br>targeting funding available for non-sponsored trips to individuals with<br>the greatest need.    | Community<br>Transportation<br>Coordinator | Ongoing |
| Monitor and maximize the availability of local, state and federal government funding for transportation services for the transportation disadvantaged.   | Community<br>Transportation<br>Coordinator | Ongoing |
| Identify and pursue potential sources of additional funding for<br>transportation services and partnership opportunities. Seek, in<br>particular, to stimulate or facilitate the use of private funding to reduce<br>reliance on public subsidies. | Community<br>Transportation<br>Coordinator | Ongoing |
| Eliminate physical barriers to the use of transportation services by<br>ensuring compliance with the Americans with Disabilities Act.  | Community<br>Transportation<br>Coordinator | Ongoing |
| Participate in local, regional and state transportation and comprehensive planning processes to ensure that transportation disadvantaged issues are considered.  | Community<br>Transportation<br>Coordinator | Ongoing |
| Monitor changes in the health care and other service systems used by<br>the transportation disadvantaged to identify potential impacts on the<br>County's coordinated transportation system.   | Community<br>Transportation<br>Coordinator | Ongoing |

Levy County Transportation Disadvantaged Service Plan

| GOAL/STRATEGIES  | RESPONSIBLE<br>PARTY(IES) | DATE      |
|--|---------------------------|-----------|
| Goal 2: Ensure that transportation services are provided in the manner possible.                   | most effective and        | efficient |
| Coordinate transportation resources for the transportation   | Community                 | Ongoing   |
| disadvantaged available in or planned for the service area to the                                  | Transportation            |           |
| maximum extent possible.   | Coordinator               |           |
| Maximize the use of existing transportation resources to meet the                                  | Community                 | Ongoing   |
| demand for transportation services among the transportation  | Transportation            |           |
| disadvantaged.   | Coordinator               |           |
| GOAL/STRATEGIES  | RESPONSIBLE<br>PARTY(IES) | DATE      |
| Maximize the use of measures that promote effective and efficient                                  | Community                 | Ongoing   |
| service delivery without unduly inconveniencing riders.  | Transportation            |           |
|  | Coordinator               |           |
| Pursue coordination efforts with other Community Transportation                                    | Community                 | Ongoing   |
| Coordinators as appropriate for the purposes of reducing costs,                                    | Transportation            |           |
| increasing transportation services available and facilitating the provision of inter county trips. | Coordinator               |           |

| GOAL/STRATEGIES  | RESPONSIBLE<br>PARTY(IES)   | DATE     |
|--|---|----------|
| Goal 3: Ensure that quality transportation services are provided   | j,  |          |
| Ensure transportation services are provided in a safe, reliable and courteous manner.                        | Community<br>Transportation<br>Coordinator                                | Ongoing  |
| Monitor and evaluate the performance of the Community Transportation Coordinator.                            | Local Coordinating<br>Board   | Annually |
| Provide processes for addressing service complaints and formal grievances on transportation-related matters. | Local Coordinating<br>Board<br>Community<br>Transportation<br>Coordinator | Ongoing  |

| GOAL/STRATEGIES  | RESPONSIBLE<br>PARTY(IES) | DATE    |
|--|---------------------------|---------|
| Goal 4: Ensure program accountability.                             |                           |         |
| Comply with the requirements of Chapter 427, Florida Statutes, and | Community                 | Ongoing |
| Rule Chapter 41-2, Florida Administrative Code.                    | Transportation            |         |
|  | Coordinator               |         |
| Prepare plans, contracts, reports and other documents required by  | Community                 | Ongoing |
| Chapter 427, Florida Statutes, and Rule Chapter 41-2, Florida      | Transportation            |         |
| Administrative Code.   | Coordinator               |         |

| GOAL/STRATEGIES  | RESPONSIBLE<br>PARTY(IES) | DATE    |
|--|---------------------------|---------|
| Goal 5: Increase public awareness of and involvement in Florida<br>Disadvantaged Program.  | 's Transportation         |         |
| Undertake marketing and outreach activities to increase public<br>awareness of and involvement in Florida's Transportation<br>Disadvantaged Program. Project a consumer-oriented, customer<br>service image. | Transportation            | Ongoing |

# Levy County Transportation Disadvantaged Service Plan

| GOAL/STRATEGIES  | RESPONSIBLE<br>PARTY(IES) | DATE    |
|--|---------------------------|---------|
| Goal 6: Encourage volunteers to participate in the coordinated t     | transportation syst       | em.     |
| Undertake marketing and outreach activities to increase volunteering | Community                 | Ongoing |
| opportunities with the county's coordinated transportation system.   | Transportation            |         |
|  | Coordinator               |         |

| GOAL/STRATEGIES   | RESPONSIBLE<br>PARTY(IES) | DATE     |
|---|---------------------------|----------|
| Goal 7: Provide affordable transportation to low income person          | S.                        |          |
|   | Community                 | Ongoing  |
| Develop transportation services for daily living activities.            | Transportation            |          |
|   | Coordinator               |          |
| Research the feasibility of providing deviated fixed route service that | Community                 | Ongoing  |
| provides service within Levy County.                                    | Transportation            |          |
|   | Coordinator               |          |
| Advertise the available transportation services once a year.            | Community                 | Annually |
|   | Transportation            |          |
|   | Coordinator               |          |

| GOAL/STRATEGIES   | RESPONSIBLE<br>PARTY(IES) | DATE      |
|---|---------------------------|-----------|
| Goal 8: Increase the provision of public transportation in Levy (       | County.                   |           |
| Annually research local, state, and federal funding opportunities to    | Community                 | As needed |
| increase services available to the transportation disadvantaged         | Transportation            |           |
| population in Levy County.  | Coordinator               |           |
| Annually identify projects that can be funded under the Federal Transit | Community                 | As needed |
| Administration's grant programs.  | Transportation            |           |
|   | Coordinator               |           |

# Chapter II: Service Plan

# A. Operations

The operations element is a profile of the Levy County coordinated transportation system. This element is intended to provide basic information about the daily operations of Levy County Transit and its contracted transportation operators.

# **1.** Types, Hours and Days of Service

## a. Hours and Days of Service

Transportation services provided by Levy County Transit are available from 6:00 a.m. to 6:00 p.m. Monday through Friday excluding holidays.

#### The ARC of Levy County (Florida Agency for Persons with Disabilities)

Weekdays (excluding holidays), door to door subscription service within Levy County to the Levy ARC facility in Otter Creek as coordinated through the Levy ARC and the Florida Department of Children and Families.

#### Florida's Managed Medical Care Program (Florida Agency for Health Care Administration)

Service is provided by Managed Medical Assistance Plans through a network of Transportation Management Organizations. Levy County Transit does not have contracts in place to provide service to Managed Medical Care Program clients.

#### Suwannee River Economic Council, Inc. (Florida Department of Elder Affairs)

Weekdays (excluding holidays) subscription trips to meal sites as coordinated through coordination contractor. Currently two sites are served; Chiefland and Williston two days per week.

#### Florida Commission for the Transportation Disadvantaged - Transportation Disadvantaged Program

Weekdays (excluding holidays) door to door and curb to curb reservation and demand response trips for Transportation Disadvantaged Program eligible individuals to various destinations in and out of Levy County (ambulatory and wheelchair).

Levy County Transit does not restrict the time for morning trips. However, Levy County Transit may request that no appointments be made after 2:00 p.m. in order to allow for multi-loading of passengers.

Levy County Transit does not provide medical assistance during transport or assistance with medical devices such as changing oxygen tanks. Persons requiring specialized medical assistance or emergency medical treatment must contact a local medical transportation provider or 911 for emergency medical service.

## b. Holidays

Transportation services will only be provided on the following holidays for passengers travelling to dialysis and chemotherapy appointments who have no other means of transportation.

Veteran's Day Thanksgiving Thanksgiving Holiday (day after Thanksgiving) Christmas Day Christmas Holiday (day after Christmas) New Year's Day Martin Luther King, Jr.'s Birthday Presidents' Day Memorial Day Independence Day Labor Day Good Friday

## c. Bariatric Transportation

Levy County Transit will transport all common wheelchairs. A common wheelchair is defined as a device which does not exceed 30 inches in width and 48 inches in length measured two inches above the ground and does not weigh more than 600 pounds when occupied. Wheelchairs that exceed these dimensions and weight may not be transported.

# 2. Accessing Services

### a. Hours of Operation

**Office Hours:** Riders are encouraged to make arrangements for reservation for transportation services by calling the Levy County Transit office in Bronson between 7:00 a.m. to 5:00 p.m. Monday through Friday (excluding holldays). Individuals who use the TDD system can reach Levy County Transit through the Florida Relay Service at 1.800.955.8771.

Hours of Operation: Monday through Friday, 6:00 a.m. to 6:00 p.m. (excluding holidays).

Passengers must be ready to be picked-up two (2) hours prior to their scheduled pick up time.

### b. Phone Number

352.486.3485.

## c. Advance Notification Time

Trip reservations must be made a minimum of three days in advance (not including weekends/holidays).

# Form A-2: Fact Sheet

|   |  | <b>Calculations</b> <sup>1</sup><br>(current system)                         | Current<br>System | <b>Calculations</b> <sup>1</sup> (if grant is awarded)                               | If Grant is<br>Awarded<br>(Estimates are<br>acceptable) |
|---|--|--|-------------------|--|---|
| 1 | Number of total one-way trips<br>served by the agency <b>PER YEAR.</b> *   | •  | 20,933            | 20933x40%=29,306.20<br>Reinstatement of trips to ARC's and<br>SREC lost during COVID | 29,306  |
| 2 | Number of individuals served<br>unduplicated (first ride per fiscal<br>year) <b>PER YEAR. **</b>                                   | -  | 324               | 324x25%=405  | 405   |
| 3 | Number of vehicles used for this service <b>ACTUAL</b> .   | CTS Software – Statistic Report<br>used for trip info: 10/1/19 –<br>09/30/20 | 16                | One less vehicle due to retiring 2<br>and one new replacement                        | 15  |
| Y | Number of ambulatory seats.<br><b>AVERAGE PER VEHICLE</b> (Total<br>ambulatory seats divided by total<br>number of fleet vehicles) | 235/17=13.82   | 13.82             | 223/16=13.93   | 13.93   |

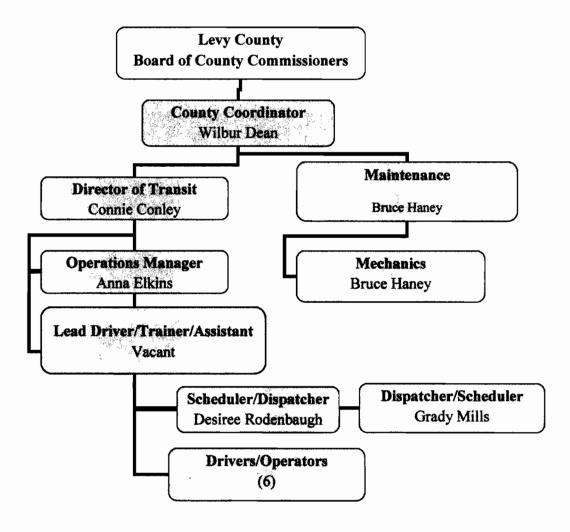
<sup>1</sup> If a software program is used to obtain the required data for the fact sheet, please include the source of the data, i.e., Trapeze).

|           |   | <b>Calculations</b><br>(current system)  | Current<br>System | <b>Calculations</b> (if grant is awarded)             | If Grant is<br>Awarded<br>(Estimates are<br>acceptable) |
|-----------|---|--|-------------------|---|---|
| 5         | Number of wheelchair positions<br><b>AVERAGE PER VEHICLE</b> (Total<br>wheelchair positions divided by<br>total number of fleet vehicles) | 31/17=1.82   | 1.82              | 29/16=1.81  | 1.81  |
| 6         | Vehicle miles traveled. <b>PER YEAR</b>   | CTS Software – Statistic Report<br>used for trip info: 10/1/19 –<br>09/30/20                                   | 330,737           | 330,737x25%=413,421.25                                | 413,421   |
| ار<br>است | Average vehicle miles. <b>PER DAY</b>   | 330,737/262/6.21=203.27<br>Miles/days of service/average<br>vehicles used for service                          | 203.27            | 413421/262/7=225.42                                   | 225.42  |
| 8         | Normal vehicle hours in operation. <b>PER DAY</b>   | 13311.93/262/6.21=8.18<br>Hours/days of service/average<br>vehicles used for service                           | 8.18              | 10x7x262=18,340<br>Hours x Vehicles x days of service | 10  |
| 9         | Normal number of days in<br>operation <b>. PER WEEK</b>   | Monday-Friday, with exception<br>of a Saturday or Sunday service<br>to cover holiday schedules for<br>dialysis | 5                 |   | 5   |
| 1 [       | Trip length (roundtrip). <b>AVERAGE</b>   | 330,737/20933=15.79<br>Miles/Trips   | 15.79             | 413,421/29,306=14.10<br>Miles/Trips                   | 14.10   |

10,5° 14m

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

# 5.1 Levy County Transit Organization Chart



## 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.

*Provide more hours of service?* Monday - Friday service is currently being provided, with hours beginning as early as 3:30 a.m. until approximately 18:00 hours or until the last rider has been dropped off. With the hours trips are being provide, there is no room for improvement during the week day service provided. Weekend services are not provided at this time largely due to costs associated with weekend trips. In the event additional funding was to become available, trips could be provided on weekends, as has occurred in the past.

**Expand Service to a larger geographic area?** Levy County is a large county consisting of 1118 square miles, with a population of approximately 40,000 residents. The transit office is located in Bronson, which is the County seat and basically the center of the County. From Bronson to Cedar Key, (Levy County) is 33 miles. To transport a rider from Cedar Key into Gainesville, is a 59 mile one way trip. For example, if service were to be expanded into Marion County (Ocala), the distance from the transit office alone is 38 miles. Trip lengths such as this type of trip would not be cost effective and pulls a driver out of the area for extended lengths of time for one possibly two riders. This would ultimately lead the agency to hire additional drivers to provide only a few trips.

*Provide Shorter Headways?* Scheduling of trips in a rural area the size of Levy County is challenging but all efforts are made to be as efficient as possible.

*Provide more trips?* Efforts are continually made for public awareness that the agency provides transportation to the general public. Applications for services are mailed and received back in the office on a daily basis for new ridership. All applications are approved for transportation. With the current COVID pandemic, ridership has been drastically reduced. This is due to many riders not wanting to be out in public and many appointments are being done virtually, so riders do not have to go into an appointment.

*Replace existing equipment?* Vehicle inventory is replaced or moved into reserve/backup, once the threshold of 5 years and 200,000 miles have been met. With the distance of daily travel, vehicles have well exceeded the 200,000 miles once the vehicle has met the 5 year threshold. As for other equipment, new computers and server were recently replaced through a State grant. Equipment that may be needed for repairs of vehicles has not been an issue or concern for several years. If the need arises for replacement of such equipment the agency has matching funds for grants that would assist in replacement.

*Purchase additional vehicles/equipment?* For this FY 21/22 grant period, the only vehicles that will be purchased are previously awarded vehicles. For this FY 21/22 grant period, no additional vehicles will be purchased. The agency has sufficient vehicles to perform current and any additional growth in trips. **Challenges/Difficulties –** Without the additional reimbursement received from the 5311 funds, this agency would be hard pressed to provide all the needed trips that are currently being provided. This agency provides private pay/reduced fare trips for those residents that do not meet the threshold guidelines under the Transportation Disadvantaged grant funds. The majority of the trips provided under the private pay/reduced fare, are life sustaining, such as grocery shopping. Levy County Transit is a self-sufficient county agency that must provide services based on a budget of grants received and contracted revenues. The agency budget does not include funding from the County's general budget. With the award of 5311 funding, all current and future trips will continue to be provided.

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.

Funding requested for this grant is used to assist with expenditures related to trips that are not subsidized by other funding sources. These trips are open to the general public and are not prioritized. All financial records are recorded and maintained with the County's finance office, run by the Clerk of Court, Levy County. All invoicing of grants are reviewed and approved by the finance office prior to submitting to the district office for reimbursement. Reports are periodically pulled from the ADG website and reviewed by the director to oversee and regulate expenditures as needed to maintain current FY budget.

All reporting required by State and Federal guidelines are prepared by the director of the agency. Reports pulled for all reporting requirements are kept indefinitely in files specific to the report. These reports are submitted in a timely manner.

Maintenance records are kept in the office and updated daily by the mechanic. Each vehicle has an individual maintenance/repair file, with current work orders and invoices attached.

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

This specific grant funding is fundamental in providing trips that are not subsidized by another funding source. Without the funding, there are many trips the agency would be unable to provide. The agency solely survives on the funding received from federal, state and local agreements to provide trips as the CTC, to the residents of the county. Service hours and possibly days of service could be effected if not fully funded.

**All** Non-**CTC Applicants:** Have you met with the CTC and, if so, how are you providing a service they cannot? Provide detailed information supporting this determination. *Applications submitted without the appropriate CTC coordination agreement may be rejected by FDOT. Grant awards will not be made without an appropriate coordination agreement.* 

N/A

This coordination agreement must be enforced the entire time of the grant (vehicle life or operating PTGA expiration).

## **Operating Requests Only**

(a) Please specify year of activity for operating assistance.

FY 2022

### **Capital Requests Only**

- (a) If this capital request includes equipment, please describe the purpose of the request.
- (b) If you are requesting a vehicle that requires a driver with a CDL:
  - Who will drive the vehicle?
  - How will you ensure that your driver(s) maintain CDL certification?
- (c) If the requested vehicles or equipment will be used by a lessee or private operator under contract to the applicant agency, identify the proposed lessee/operator.
  - Include an equitable plan for distribution of vehicles/equipment to lessees and/or private operators.

(d) If this capital request is for bus related facilities

- Please provide any pertinent documents that may be on record, to make a determination on such things as reasonableness of cost, sufficiency of preliminary engineering and design work completed.
- Please provide a full, detailed scope of the project, including but not limited to a project schedule, construction days, method of procurement, etc.
- Please provide a detailed description of all project activities included in the construction of the facility.

NOTE: If awarded, the agency must prepare a draft/proposed facilities/building maintenance plan that will need to be adopted after construction of facilities.

| Estimated Transportation Program Operating & Administrative Expenses<br>October 1, 2021 to September 30, 2022 |   |           |  |  |  |
|---|---|-----------|--|--|--|
| Code  | Object Class                            | Amount    |  |  |  |
| 5010  | Labor                                   | \$454,743 |  |  |  |
| 5015  | Fringe Benefits                         | \$383,278 |  |  |  |
| 5020  | Services                                | \$27,300  |  |  |  |
| 5030  | Materials and Supplies                  | \$176,000 |  |  |  |
| 5040  | Utilities                               | \$25,000  |  |  |  |
| 5050  | Casualty and Liability Costs            | \$20,000  |  |  |  |
| 5060  | Taxes                                   | \$0.00    |  |  |  |
| 5100  | Purchased Transportation                | \$0.00    |  |  |  |
| 5090  | Miscellaneous                           | \$22,500  |  |  |  |
| 5230  | Capital Leases                          | \$0.00    |  |  |  |
| 5260  | Depreciation                            | \$0.00    |  |  |  |
| -   | Other                                   | \$0.00    |  |  |  |
|   | Grand Total All Expenses \$1,108,821.00 |           |  |  |  |

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

| Estimated            | Estimated Transportation Program Operating & Administrative Revenues<br>October 1, 2021 to September 30, 2022 |           |  |  |  |  |
|----------------------|---|-----------|--|--|--|--|
| Code                 | Object Class  | Amount    |  |  |  |  |
| 4111                 | Passenger-Paid Fares  | \$70,000  |  |  |  |  |
| <b>4</b> 1 <b>12</b> | Organization-Paid Fares   | \$85,000  |  |  |  |  |
| 4310                 | General Revenues of the Local<br>Government   | \$0.00    |  |  |  |  |
| 4390                 | Other Local Funds   | \$15,000  |  |  |  |  |
| 4420                 | State Transportation Fund   | \$459,821 |  |  |  |  |
| 4500                 | Federal Funds-5311 CARES Act  | \$400,000 |  |  |  |  |
| 4610                 | Contributed Services  | \$0.00    |  |  |  |  |
| 4630                 | Sales and Disposals of Assets   | \$0.00    |  |  |  |  |
|                      | Other – State Med-waiver  | \$79,000  |  |  |  |  |
|                      | Grand Total All Revenues \$1,108,821.00   |           |  |  |  |  |

|                       | Proof of Local Match - Operating Projects                       |                   |
|-----------------------|---|-------------------|
|                       | <b>Operating Project Total:</b>                                 | \$                |
|                       | Match Source  | Amount            |
| TD – Trip & Equipment |   | <b>\$</b> 459,821 |
| State - Med-waiver    |   | \$79,000          |
| SREC                  |   | \$15,000          |
|                       |   | \$                |
|                       |   | \$                |
|                       |   | \$                |
|                       | <b>Operating Match Total:</b><br>50% of Operating Project Total | \$553,821.00      |

| Proof of Local M | atch – Capital Projects                              |       |
|------------------|--|-------|
| C                | Capital Project Total:                               | \$    |
| Match Source     | Ar   | nount |
|                  |  | \$    |
|                  |  | \$    |
|                  |  | \$    |
|                  |  | \$    |
|                  |  | \$    |
|                  |  | \$    |
|                  | Capital Match Total:<br>10% of Capital Project Total | \$    |

Attach documentation of match funds directly after this page. Proof may consist of, but not be limited to:

- Transportation Disadvantaged (TD) allocation,
- Letter on official letterhead from the applicant's CEO attesting to match availability and commitment,
- Written statements from county commissions, state agencies, city managers, mayors, town councils, organizations, accounting firms and financial institutions.
- γ\_\_\_\_\_

Signature

*Matthew Brooks/Board Chairman Typed Name and Title of Authorized Representative* 

Date

| 43202718401/43202818401 |
|-------------------------|
| 61018                   |
| July 1, 2020            |
|                         |

### EXHIBIT "C"

## STATE FINANCIAL ASSISTANCE (FLORIDA SINGLE AUDIT ACT)

# THE STATE RESOURCES AWARDED PURSUANT TO THIS AGREEMENT CONSIST OF THE FOLLOWING:

### SUBJECT TO SECTION 215.97, FLORIDA STATUTES:

| Awarding Aganov      | Commission for the Transportation Disadvantaged/Florida Department |
|----------------------|--|
| Awarding Agency:     | of Transportation  |
| State Project Title: | COMMISSION FOR THE TRANSPORTATION DISADVANTAGED (CTD)              |
|                      | TRIP AND EQUIPMENT GRANT PROGRAM                                   |
| CSFA Number:         | 55.001   |
| *Award Amount:       | \$413,839.00   |

\*The state award amount may change with supplemental agreements

Specific project information for CSFA Number 55.001 is provided at: <u>https://apps.fldfs.com/fsaa/searchCatalog.aspx</u>

### COMPLIANCE REQUIREMENTS APPLICABLE TO STATE RESOURCES AWARDED PURSUANT TO THIS AGREEMENT:

State Project Compliance Requirements for CSFA Number 55.001 are provided at: <u>https://apps.fldfs.com/fsaa/searchCompliance.aspx</u>

The State Projects Compliance Supplement is provided at: <u>https://apps.fldfs.com/fsaa/compliance.aspx</u>

2022-5311 Grant Application Reporting

10/26/20 13:09 bu210\_pg.php/Job No: 51934

#### LEVY COUNTY COMMISSIONERS Selective 2 Year Comparison

#### Page 1 of 1 USER: CONNIE

#### for Fiscal Year: 2021, Version: 11, Revenue Accounts

| Account       |                  | 2019         | 2019        | 2020            | 2020       | 2021         |
|---------------|------------------|--------------|-------------|-----------------|------------|--------------|
| Number        | Description      | Budget       | Actual      | Budget          | Actual     | Budget       |
| 108-3314920   | Fed-5311 AR897   | 0.00         | 0.00        | 0.00            | 0.00       | 0.00         |
| 108-3314921   | Fed-5317 ARA92   | 0.00         | 0.00        | 0.00            | 0.00       | 0.00         |
| 108-3314924   | FED 5311 G0765   | 225,000.00   | 0.00        | 240,084.00      | 0.00       | 0.00         |
| 108-3314928   | Fed-5317 G0V28 # | 0.00         | 101,434.74  | 0.00            | 0.00       | 0.00         |
| 108-3314940   | Fed-5311 ARQ87   | 0.00         | 0.00        | 0.00            | 0.00       | 0.00         |
| 108-3314998   | Fed-5311 Operati | 100,000.00   | 0.00        | 0.00            | 0.00       | 0.00         |
| 108-331G253   | Fed-5311 G1930 # | 240,084.00   | 61,002.24   | 0.00            | 179,081.76 | 0.00         |
| 108-331G272   | Fed-5311 G1L06 # | Inavailable  | UNTIL CARES | Funding Expense | 11A 0.00   | 387,300.00   |
| 108-331G276   | Fed-5311 CARES # | 0.00         | 0.00        | 1,387,903.00    | 0.00       | 1,167,800.00 |
| 108-3344922   | ST TD 2016/17    | 0.00         | 0.00        | 0.00            | 0.00       | 0.00         |
| 108-3344927   | St - TD 2016/17  | 0.00         | 0.00        | 0.00            | 0.00       | 0.00         |
| 108-3344932   | Shirley Conroy R | 0.00         | 0.00        | 0.00            | 0.00       | 0.00         |
| 108-3344934   | ST-T/E G0M58 #21 | 378,513.00   | 0.00        | 0.00            | 0.00       | 0.00         |
| 108-3344937   | St RCAP 2017 GOG | 0.00         | 0.00        | 0.00            | 0.00       | 0.00         |
| 108-334G230   | St T/E G0X41 #23 | 0.00         | 294,289.04  | 459,803.00      | 0.00       | 0.00         |
| 108-334G234   | St Local Program | 14,536.00    | 14,535.11   | 0.00            | 0.00       | 0.00         |
| 108-334G255   | St T/E G1A43 #2  | 0.00         | 88,847.60   | 0.00            | 279,746.44 | 459,821.00   |
| 108-334G260   | St-RCAP G1B03    | 17,560.00    | 17,560.00   | 0.00            | 0.00       | 0.00         |
| 108-334G278   | St. T/E G1008 #2 | 0.00         | 0.00        | 0.00            | 59,604.09  | 0.00         |
| 108-3443002   | Fees-Farebox     | 45,000.00    | 20,978.50   | 45,000.00       | 19,340.00  | 12,500.00    |
| 108-3443003   | Fees-Medicaid/Ac | 15,000.00    | 5,481.00    | 0.00            | 0.00       | 0.00         |
| 108-3443005   | Fees-Med Waiver  | 79,000.00    | 101,054.15  | 79,000.00       | 45,625.56  | 79,000.00    |
| 108-3443006   | Fees-SREC        | 7,500.00     | 20,504.19   | 7,500.00        | 8,890.42   | 15,000.00    |
| 108-3443007   | Fees-Med Waiver/ | 0.00         | 0.00        | 0.00            | 0.00       | 0.00         |
| 108-3443008   | Fees-Misc        | 45,000.00    | 64,504.79   | 45,000.00       | 41,398.24  | 45,000.00    |
| 108-3611000   | Interest         | 0.00         | 112.94      | 0.00            | 160.98     | 0.00         |
| 108-3612000   | Dividends        | 0.00         | 0.00        | 0.00            | 0.00       | 0.00         |
| 108-3650001   | Sale of Surplus  | 0.00         | 0.00        | 0.00            | 0.00       | 0.00         |
| 108-3660002   | Donations-Transi | 0.00         | 0.00        | 0.00            | 0.00       | 0.00         |
| 108-3690003   | Miscellaneous Re | 0.00         | 15.00       | 0.00            | 80.00      | 0.00         |
| 108-3694001   | Reimb-Miscellane | 0.00         | 778.00      | 0.00            | 0.00       | 0.00         |
| 108-3694008   | Reimb-Workmand's | 0.00         | 0.00        | 0.00            | 0.00       | 0.00         |
| 108-3810010   | Transfer/General | 50,000.00    | 50,000.00   | 50,000.00       | 0.00       | 62,300.00    |
| 108-3899001   | SOURCE - BEGINNI | 200,000.00   | 0.00        | 300,000.00      | 0.00       | 325,000.00   |
| 108-3899002   | Cash Bal Fwd-Res | 0.00         | 0.00        | 0.00            | 0.00       | 0.00         |
| 108-3899003   | Est Uncollectibl | 44,751.00-   | 0.00        | 47,000.00-      | 0.00       | 109,000.00-  |
| ** Grand Tota | als **           | 1,372,442.00 | 841,097.30  | 2,567,290.00    | 633,927.49 | 2,444,721.00 |

| Budget Category         | Local     | Federal   | Total                                   |
|-------------------------|-----------|-----------|---|
| Salaries                | 200,000   | 200,000   | 400,000                                 |
| Fringe Benefits         | 150,000   | 150,000   | 300,000                                 |
| Contractual<br>Services |           |           |   |
| Travel                  |           |           | • |
| Other Direct Costs      | 37,500    | 37,500    | 75,000                                  |
| Indirect Costs          |           |           |   |
| Totals                  | \$387,500 | \$387,500 | \$775,000                               |

## Form B-2: Operations Phase- Estimate of Project Costs by Budget Category

Budget category amounts are estimates. While the contract is active, amounts can be shifted between items without amendment (because they are all within the Operations Phase), but the revised budget must be submitted to the District to be approved and updated in the Florida Accountability Contract Tracking System (FACTS).

## Cost Reimbursement

The Agency will submit invoices for cost reimbursement on a:





Other:

basis upon the approval of the deliverables including the expenditure detail provided by the Agency.

# **Exhibit I: FDOT Certification and Assurances**

*Levy County Board of County Commissioners,* certifies and assures to the Florida Department of Transportation regarding its Application under U.S.C. Section 5311 dated \_\_\_\_\_ day of . 2020

- 1 It shall adhere to all Certifications and Assurances made to the federal government in its Application.
- 2 It shall comply with Florida Statues:
  - Section 341.051-Administration and financing of public transit and intercity bus service programs and projects
  - Section 341.061 (2)-Transit Safety Standards; Inspections and System Safety Reviews
  - Section 252.42 Government equipment, services and facilities: In the event of any
    emergency, the division may make available any equipment, services, or facilities owned or
    organized by the state or its political subdivisions for use in the affected area upon request of
    the duly constituted authority of the area or upon the request of any recognized and
    accredited relief agency through such duly constituted authority.
- 3 It shall comply with Florida Administrative Code:
  - Rule Chapter 14-73–Public Transportation
  - Rule Chapter 14-90-Equipment and Operational Safety Standards for Bus Transit Systems
  - Rule Chapter 14-90.0041-Medical Examination for Bus System Driver
  - Rule Chapter 41-2-Commission for the Transportation Disadvantaged
- 4 It shall comply with FDOT's:
  - Bus Transit System Safety Program Procedure No. 725-030-009 (Does not apply to Section 5310 only recipients)
  - Public Transit Substance Abuse Management Program Procedure No. 725-030-035
  - Transit Vehicle Inventory Management Procedure No. 725-030-025
  - Public Transportation Vehicle Leasing Procedure No. 725-030-001
  - Guidelines for Acquiring Vehicles
  - Procurement Guidance for Transit Agencies Manual
- 5 It has the fiscal and managerial capability and legal authority to file the application.
- 6 Local matching funds will be available to purchase vehicles/equipment at the time an order is placed.
- 7 It will carry adequate insurance to maintain, repair, or replace project vehicles/equipment in the event of loss or damage due to an accident or casualty.
- 8 It will maintain project vehicles/equipment in good working order for the useful life

of the vehicles/equipment.

- 9 It will return project vehicles/equipment to FDOT if, for any reason, they are no longer needed or used for the purpose intended.
- 10 It recognizes FDOT's authority to remove vehicles/equipment from its premises, at no cost to FDOT, if FDOT determines the vehicles/equipment are not used for the purpose intended, improperly maintained, uninsured, or operated unsafely.
- 11 It will not enter into any lease of project vehicles/equipment or contract for transportation services with any third party without prior approval of FDOT.
- 12 It will notify FDOT within **24 hours** of any accident or casualty involving project vehicles/ equipment, and submit related reports as required by FDOT.
- 13 It will notify FDOT and request assistance if a vehicle should become unserviceable.
- 14 It will submit an annual financial audit report to FDOT (FDOTSingleAudit@dot.state.fl.us), if required.
- 15 It will undergo a triennial review and inspection by FDOT to determine compliance with the baseline requirements. If found not in compliance, it must send a progress report to the local FDOT District office on a quarterly basis outlining the agency's progress towards compliance.

Date

メ\_

Signature of Contractor's Authorized Official

<u>Matthew Brooks/Board Chairman</u> Name and Title of Contractor's Authorized Official

## Exhibit J: Standard Lobbying Certification

The undersigned *Levy County Board of County Commissioners* certifies, to the best of his or her knowledge and belief, that:

- 1 No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- 2 If any funds other than Federal appropriated funds have been paid or will be paid to any person for making lobbying contacts to an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form--LLL, "Disclosure Form to Report Lobbying," (a copy of the form can be obtained from <u>FDOT's website</u>) in accordance with its instructions [as amended by "Government wide Guidance for New Restrictions on Lobbying," 61 Fed. Reg. 1413 (1/19/96). Note: Language in paragraph (2) herein has been modified in accordance with Section 10 of the Lobbying Disclosure Act of 1995 (P.L. 104-65, to be codified at 2 U.S.C. 1601, et seq.)]
- 3 The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31, U.S.C. § 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

NOTE: Pursuant to 31 U.S.C. § 1352(c)(1)-(2)(A), any person who makes a prohibited expenditure or fails to file or amend a required certification or disclosure form shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such expenditure or failure.

The *Levy County Board of County Commissioners*, certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. A 3801, et seq., apply to this certification and disclosure, if any.

Date \_\_\_\_\_\_, 2020

\_\_\_\_\_\_Signature of Contractor's Authorized Official

Matthew Brooks, Board Chairman Name and Title of Contractor's Authorized Official

8

## Exhibit K: FTA Section 5333 (b) Assurance

(Note: By signing the following assurance, the recipient of Section 5311 and/or 5311(f) assistance assures it will comply with the labor protection provisions of 49 U.S.C. 5333(b) by one of the following actions: (1) signing the Special Warranty for the Rural Area Program (see FTA Circular C 9040.IG, Chapter VIII (2) agreeing to alternative comparable arrangements approved by the (Department of Labor (DOL); or (3) obtaining a waiver from the DOL.)

The <u>Levy County Board of County Commissioners</u>, (hereinafter referred to as the "Recipient") HEREBY ASSURES that the "Special Section 5333 (b) Warranty for Application to the Small Urban and Rural Program" has been reviewed and certifies to the Florida Department of Transportation that it will comply with its provisions and all its provisions will be incorporated into any contract between the recipient and any sub-recipient which will expend funds received as a result of an application to the Florida Department of Transportation under the FTA Section 5311 Program.

2020

Date

Matthew Brooks, Board Chairman Name and title of authorized representative

Signature of authorized representative

Note: All applicants must complete the following form and submit it with the above Assurance.

LISTING OF RECIPIENTS, OTHER ELIGIBLE SURFACE TRANSPORTATION PROVIDERS, UNIONS OF SUB-RECIPIENTS, AND LABOR ORGANIZATIONS REPRESENTING EMPLOYEES OF SUCH PROVIDERS, IF ANY

| 1<br>Identify Recipients of<br>Transportation<br>Assistance Under this<br>Grant. | 2<br>Site Project by Name,<br>Description, and<br>Provider (e.g. Recipient,<br>other Agency, or<br>Contractor)  | 3<br>Identify Other Eligible<br>Surface Transportation<br>Providers (Type of<br>Service) | 4<br>Identify Unions (and<br>Providers) Representing<br>Employees of Providers<br>in Columns 1, 2, and 3 |
|--|---|--|--|
| Levy County Board of<br>County<br>Commissioners/Levy<br>County Transit           | Application 49 U.S.C.<br>Section 5311 Operating<br>Assistance for FY<br>2021/2022, to help in<br>assisting with the cost of<br>providing trips to the<br>general public in Levy<br>County provided by<br>Levy County Transit, the<br>CTC for Levy County. | N/A  | Laborers' International<br>Union of North America,<br>CIO  |
|  |   |  |  |

#### OMB Number: 4040-0004

Expiration Date: 12/31/2022

| Application for Federal Assistance SF-424  |                           |  |  |  |  |  |  |  |  |  |
|--|---------------------------|--|--|--|--|--|--|--|--|--|
| * 1. Type of Submission:   | * 2. Type of Application: | * If Revision, select appropriate letter(s): |  |  |  |  |  |  |  |  |
| Preapplication   | New New                   |  |  |  |  |  |  |  |  |  |
| Application  | Continuation              | • Other (Specify):                           |  |  |  |  |  |  |  |  |
| Changed/Corrected Application  | Revision                  |  |  |  |  |  |  |  |  |  |
| * 3. Date Received:  | 4. Applicant Identifier:  |  |  |  |  |  |  |  |  |  |
| N/A  |                           |  |  |  |  |  |  |  |  |  |
| 5a. Federal Entity Identifier:     5b. Federal Award Identifier:                                 |                           |  |  |  |  |  |  |  |  |  |
| N/A  |                           |  |  |  |  |  |  |  |  |  |
| State Use Only:  |                           |  |  |  |  |  |  |  |  |  |
| 6. Date Received by State: 7. State Application Identifier: 1001                                 |                           |  |  |  |  |  |  |  |  |  |
| 8. APPLICANT INFORMATION:  |                           |  |  |  |  |  |  |  |  |  |
| *a. Legal Name: Levy County a P  | Political Subdivision     | of the State of Florida                      |  |  |  |  |  |  |  |  |
| * b. Employer/Taxpayer Identification Nu   | mber (EIN/TIN):           | * c. UEI:                                    |  |  |  |  |  |  |  |  |
| 59-6000717   |                           | 082643511000                                 |  |  |  |  |  |  |  |  |
| d. Address:  |                           |  |  |  |  |  |  |  |  |  |
| * Street1: 310 School St   | reet                      |  |  |  |  |  |  |  |  |  |
| Street2:   |                           |  |  |  |  |  |  |  |  |  |
| * City: Bronson  |                           |  |  |  |  |  |  |  |  |  |
| County/Parish:   |                           |  |  |  |  |  |  |  |  |  |
| * State: FL: Florida   |                           |  |  |  |  |  |  |  |  |  |
| Province:  |                           |  |  |  |  |  |  |  |  |  |
| * Country: USA: UNITED S   | USA: UNITED STATES        |  |  |  |  |  |  |  |  |  |
| * Zip / Postal Code: 32621-9998  | 32621-9998                |  |  |  |  |  |  |  |  |  |
| e. Organizational Unit:  |                           |  |  |  |  |  |  |  |  |  |
| Department Name:   |                           | Division Name:                               |  |  |  |  |  |  |  |  |
|  |                           |  |  |  |  |  |  |  |  |  |
| f. Name and contact information of person to be contacted on matters involving this application: |                           |  |  |  |  |  |  |  |  |  |
| Prefix:  | * First Nam               | e: Connie                                    |  |  |  |  |  |  |  |  |
| Middle Name:   |                           |  |  |  |  |  |  |  |  |  |
| * Last Name: Conley  |                           |  |  |  |  |  |  |  |  |  |
| Suffix:  |                           |  |  |  |  |  |  |  |  |  |
| Title: Director  |                           |  |  |  |  |  |  |  |  |  |
| Organizational Affiliation:  |                           |  |  |  |  |  |  |  |  |  |
|  |                           |  |  |  |  |  |  |  |  |  |
| * Telephone Number: 352-486-3485   | )<br>                     | Fax Number:                                  |  |  |  |  |  |  |  |  |
| *Email: conley-connie@levycounty.org   |                           |  |  |  |  |  |  |  |  |  |

| * 9. Type of Applicant 1: Select Applicant Type: B: Contry: Government Type of Applicant 2: Select Applicant Type: Type of Applicant 3: Select Applicant Type: Type of Applicant 4: Select Applicant Type: Type of Applicant 4: Select Applicant Type: Type of Applicant 5: Select Applicant 5: Se | Application for Federal Assistance SF-424                        |
|--|--|
| Type of Applicant 2: Select Applicant Type:   Type of Applicant 3: Select Applicant Type:     * Other (specify):      * 10. Name of Federal Agency: Eederal Transit Administration 11. Catalog of Federal Agency:   Eederal Transit Administration   11. Catalog of Federal Domestic Assistance Number:   20.509   CFDA Title:   Formula Grants for Rural Areas, Section 5311   12. Funding Opportunity Number:   bot Applicable   Title:   N/A   13. Competition Identification Number:   bot Applicable   Title   N/A   14. Areas Affected by Project (Cities, Counties, States, etc.):   Levy County   Adatachment   View Attachment   * 15. Descriptive Title of Applicant's Project:   Fundiu used to assist in new and current transportation trips, not subsidized by any other revenue/   Attach supporting documents as specified in agency instructions.   | * 9. Type of Applicant 1: Select Applicant Type:                 |
| Type of Applicant 3: Select Applicant Type:         • Other (specify):         • Other (specify):         • I. Name of Foderal Agency:         Federal Transit Administration         11. Catalog of Federal Domestic Assistance Number:         20.509         CFDA Title:         Formula Grants for Rural Areas, Section 5311         • 12. Funding Opportunity Number:         Not. Applicable         • Tifle:         N/A         13. Competition Identification Number:         Mick         N/A         14. Areas Affected by Project (Chies, Counties, States, etc.):         Levy County       Add Attachment         View Attachment         • 18. Descriptives Title of Applicant's Project:         Punds used to assist io new and current transportation trips, not subsidized by any other revenue/funding source.   | B: County Government   |
|  | Type of Applicant 2: Select Applicant Type:                      |
| Other (specify):   |  |
| *10. Name of Federal Agency:         Federal Transit Administration         11. Catalog of Federal Domestic Assistance Number:         20.509         CFDA Title:         Formula Grants for Rural Areas, Section 5311         *12. Funding Opportunity Number:         Not Applicable         *The:         N/A         13. Competition Identification Number:         Not Applicable         Title:         N/A         14. Areas Affected by Project (Cities, Counties, States, etc.):         I. Levy County         Add Attachment         View Attachment         *15. Descriptive Title of Applicant's Project:         Funda used to assist in new and current transportation trips, not subsidized by any other revenue/         Attach supporting documents as specified in agency instructions.   | Type of Applicant 3: Select Applicant Type:                      |
| *10. Name of Federal Agency:         Federal Transit Administration         11. Catalog of Federal Domestic Assistance Number:         20.509         CFDA Title:         Formula Grants for Rural Areas, Section 5311         *12. Funding Opportunity Number:         Not Applicable         *The:         N/A         13. Competition Identification Number:         Not Applicable         Title:         N/A         14. Areas Affected by Project (Cities, Counties, States, etc.):         I. Levy County         Add Attachment         View Attachment         *15. Descriptive Title of Applicant's Project:         Funda used to assist in new and current transportation trips, not subsidized by any other revenue/         Attach supporting documents as specified in agency instructions.   |  |
| Pederal Transit Administration         11. Catalog of Federal Domestic Assistance Number:         20.509         CFDA Tille:         Pormula Grants for Rural Areas, Section 5311         *12. Funding Opportunity Number:         Not: Applicable         *Tille:         N/A         13. Competition Identification Number:         Not: Applicable         Tille:         N/A         14. Areas Affected by Project (Cities, Counties, States, etc.):         Levy County       Add Attachment         View Attachment         *15. Descriptive Title of Applicant's Project:         Pinds used to assist in new and current transportation trips, not subsidized by any other revenue/         Match supporting documents as specified in agency instructions.  | * Other (specify):   |
| Pederal Transit Administration         11. Catalog of Federal Domestic Assistance Number:         20.509         CFDA Tille:         Pormula Grants for Rural Areas, Section 5311         *12. Funding Opportunity Number:         Not: Applicable         *Tille:         N/A         13. Competition Identification Number:         Not: Applicable         Tille:         N/A         14. Areas Affected by Project (Cities, Counties, States, etc.):         Levy County       Add Attachment         View Attachment         *15. Descriptive Title of Applicant's Project:         Pinds used to assist in new and current transportation trips, not subsidized by any other revenue/         Match supporting documents as specified in agency instructions.  |  |
| 11. Catalog of Federal Domestic Assistance Number:         20.509         CFDA Title:         Formula Grants for Rural Areas, Section 5311         *12. Funding Opportunity Number:         Not Applicable         *Title:         N/A         13. Competition Identification Number:         Not Applicable         Title:         N/A         14. Areas Affected by Project (Cities, Counties, States, etc.):         ILEVY       County         Add Attachment       View Attachment         *18. Descriptive Title of Applicant's Project:         Punda used to assist in new and current transportation trips, not subsidized by any other revenue/         funding source.  | * 10. Name of Federal Agency:                                    |
| 20.509<br>GFDA Title:<br>Pormula Grants for Rural Areas, Section 5311<br>*12. Funding Opportunity Number:<br>Not Applicable<br>Title:<br>Not Applicable<br>Title:<br>Not Applicable<br>Title:<br>N/A<br>14. Areas Affected by Project (Citles, Counties, States, etc.):<br>Levy County<br>Add Attachment Delete Attachment View Attachment<br>*18. Descriptive Title of Applicant's Project:<br>Punds used to assist in new and current transportation trips, not subsidized by any other revenue/<br>funding source.  | Federal Transit Administration                                   |
| CFDA Title:         Formula Grants for Rural Areas, Section 5311         * 12. Funding Opportunity Number:         Not Applicable         * Title:         N/A         13. Competition Identification Number:         N/A         Title:         N/A         14. Areas Affected by Project (Cities, Counties, States, etc.):         I. Areas Affected by Project (Cities, Counties, States, etc.):         I. Areas Affected by Project (Cities, Counties, States, etc.):         I. Areas Affected by Project (Cities, Counties, States, etc.):         I. Areas Affected by Project (Cities, Counties, States, etc.):         I. Areas Affected by Project (Cities, Counties, States, etc.):         I. EVY       County         Add Attachment       View Attachment         * 15. Descriptive Title of Applicant's Project:         Funds used to assist in new and current transportation trips, not subsidized by any other revenue/         funding source.         Attach supporting documents as specified in agency instructions.   | 11. Catalog of Federal Domestic Assistance Number:               |
| Formula Grants for Rural Areas, Section 5311         * 12. Funding Opportunity Number:         Not Applicable         * Title:         N/A         13. Competition Identification Number:         Not Applicable         Title:         N/A         It. Areas Affected by Project (Cities, Counties, States, etc.):         Levy County       Add Attachment         * 16. Descriptive Title of Applicant's Project:         Funds used to assist in new and current transportation trips, not subsidized by any other revenue/<br>funding source.         Attach supporting documents as specified in agency instructions.  | 20.509   |
| *12. Funding Opportunity Number:         Not Applicable         * Title:         N/A         13. Competition Identification Number:         Not Applicable         Title:         Not Applicable         Title:         N/A         14. Areas Affected by Project (Citles, Counties, States, etc.):         Image: I  | CFDA Title:  |
| Not Applicable         * Title:         N/A         13. Competition Identification Number:         Not Applicable         Title:         N/A         14. Areas Affected by Project (Cities, Counties, States, etc.):         Image: Descriptive Title of Applicant's Project:         * 15. Descriptive Title of Applicant's Project:         Funds used to assist in new and current transportation trips, not subsidized by any other revenue/         funding source.         Attach supporting documents as specified in agency instructions.  | Formula Grants for Rural Areas, Section 5311                     |
| Not Applicable         * Title:         N/A         13. Competition Identification Number:         Not Applicable         Title:         N/A         14. Areas Affected by Project (Cities, Counties, States, etc.):         Image: Descriptive Title of Applicant's Project:         * 15. Descriptive Title of Applicant's Project:         Funds used to assist in new and current transportation trips, not subsidized by any other revenue/         funding source.         Attach supporting documents as specified in agency instructions.  |  |
| Title: N/A       A      |  |
| N/A         13. Competition identification Number:         Not Applicable         Title:         N/A         I. Areas Affected by Project (Cities, Counties, States, etc.):         I. Areas Affected by Project (Cities, Counties, States, etc.):         I. Aveas Affected by Project (Cities, Counties, States, etc.):         I. Areas Affected by Project (Cities, Counties, States, etc.):         I. Aveas Affected by Project (Cities, Counties, States, etc.):         I. Aveas Affected by Project (Cities, Counties, States, etc.):         I. Aveas Affected by Project (Cities, Counties, States, etc.):         I. Aveas Affected by Project (Cities, Counties, States, etc.):         I. Aveas Affected by Project (Cities, Counties, States, etc.):         I. Aveas Affected by Project (Cities, Counties, States, etc.):         I. Aveas Affected by Project (Cities, Counties, States, etc.):         I. Aveas Affected by Project (Cities, Counties, States, etc.):         I. Aveas Affected by Project (Cities, Counties, States, etc.):         I. Aveas Affected by Project:         Funds used to assist in new and current transportation trips, not subsidized by any other revenue/         funding source.         Attach supporting documents as specified in agency instructions.  |  |
| 13. Competition identification Number:         Not Applicable         Title:         N/A         14. Areas Affected by Project (Cities, Counties, States, etc.):         I. Levin County         Add Attachment         Delete Attachment         View Attachment         * 15. Descriptive Title of Applicant's Project:         Funds used to assist in new and current transportation trips, not subsidized by any other revenue/         funding source.   |  |
| Not Applicable         Title:         N/A         14. Areas Affected by Project (Cities, Counties, States, etc.):         Image: County         Add Attachment         Delete Attachment         View Attachment         * 15. Descriptive Title of Applicant's Project:         Funds used to assist in new and current transportation trips, not subsidized by any other revenue/funding source.         Attach supporting documents as specified in agency instructions.  |  |
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| Title:         N/A         14. Areas Affected by Project (Cities, Counties, States, etc.):         Levy County         Add Attachment         Delete Attachment         View Attachment         * 15. Descriptive Title of Applicant's Project:         Funds used to assist in new and current transportation trips, not subsidized by any other revenue/funding source.         Attach supporting documents as specified in agency instructions.   | 13. Competition Identification Number:                           |
| N/A         14. Areas Affected by Project (Cities, Counties, States, etc.):         Levy County         Add Attachment         Delete Attachment         View Attachment         *15. Descriptive Title of Applicant's Project:         Funds used to assist in new and current transportation trips, not subsidized by any other revenue/<br>funding source.         Attach supporting documents as specified in agency instructions.   | Not Applicable   |
| 14. Areas Affected by Project (Cities, Counties, States, etc.):         Image: Levy County         Add Attachment         Delete Attachment         View Attachment         *15. Descriptive Title of Applicant's Project:         Funds used to assist in new and current transportation trips, not subsidized by any other revenue/funding source.         Attach supporting documents as specified in agency instructions.  | Title:   |
| Levy County       Add Attachment       Delete Attachment       View Attachment         * 15. Descriptive Title of Applicant's Project:       Funds used to assist in new and current transportation trips, not subsidized by any other revenue/funding source.         Attach supporting documents as specified in agency instructions.  | N/A  |
| Levy County       Add Attachment       Delete Attachment       View Attachment         * 15. Descriptive Title of Applicant's Project:       Funds used to assist in new and current transportation trips, not subsidized by any other revenue/funding source.         Attach supporting documents as specified in agency instructions.  |  |
| Levy County       Add Attachment       Delete Attachment       View Attachment         * 15. Descriptive Title of Applicant's Project:       Funds used to assist in new and current transportation trips, not subsidized by any other revenue/funding source.         Attach supporting documents as specified in agency instructions.  |  |
| <pre>* 15. Descriptive Title of Applicant's Project: Funds used to assist in new and current transportation trips, not subsidized by any other revenue/ funding source. Attach supporting documents as specified in agency instructions.</pre>   | 14. Areas Affected by Project (Cities, Counties, States, etc.):  |
| Funds used to assist in new and current transportation trips, not subsidized by any other revenue/funding source.         Attach supporting documents as specified in agency instructions.   | Levy County Add Attachment Delete Attachment View Attachment     |
| Funds used to assist in new and current transportation trips, not subsidized by any other revenue/funding source.         Attach supporting documents as specified in agency instructions.   | * 15 Descriptive Title of Applicant's Project:                   |
| Attach supporting documents as specified in agency instructions.   | <b>_</b>   |
|  | funding source.  |
|  |  |
| Add Attachments         Delete Attachments         View Attachments  | Attach supporting documents as specified in agency instructions. |
|  | Add Attachments Delete Attachments View Attachments              |

| Application   | for Federal Assistanc          | e SF-424              |                      |                |                     |                |  |  |
|---|--------------------------------|-----------------------|----------------------|----------------|---------------------|----------------|--|--|
| 16. Congressie  | onal Districts Of:             |                       |                      |                |                     |                |  |  |
| * a. Applicant  | 2                              |                       |                      | * b. Pro       | gram/Project 3,5    |                |  |  |
| Attach an additio   | onal list of Program/Project C | ongressional District | ts if needed.        |                |                     |                |  |  |
|   |                                |                       | Add Attachment       | Delete         | Attachment View     | w Attachment   |  |  |
| 17. Proposed  | Project:                       |                       |                      |                |                     |                |  |  |
| * a. Start Date:  | 07/01/2021                     |                       |                      |                | b. End Date: 06/30  | /2022          |  |  |
| 18. Estimated   | Funding (\$):                  |                       |                      |                |                     |                |  |  |
| * a. Federal  |                                | 387,500.00            |                      |                |                     |                |  |  |
| * b. Applicant  |                                | 387,500.00            |                      |                |                     |                |  |  |
| * c. State  |                                | 0.00                  |                      |                |                     |                |  |  |
| * d. Local  |                                | 0.00                  |                      |                |                     |                |  |  |
| * e. Other  |                                | 0.00                  |                      |                |                     |                |  |  |
| * f. Program Inc  | come                           | 0.00                  |                      |                |                     |                |  |  |
| * g. TOTAL  |                                | 775,000.00            |                      |                |                     |                |  |  |
| * 19. Is Applica  | ation Subject to Review By     | / State Under Exec    | cutive Order 12372   | Process?       |                     |                |  |  |
| a. This app   | plication was made availab     | le to the State unde  | er the Executive Or  | der 12372 Pro  | ocess for review on |                |  |  |
| b. Progran  | n is subject to E.O. 12372 t   | out has not been se   | elected by the State | for review.    |                     |                |  |  |
| C. Program  | n is not covered by E.O. 12    | 372.                  |                      |                |                     |                |  |  |
| * 20. Is the Ap   | plicant Delinquent On Any      | Federal Debt? (If     | "Yes," provide ex    | planation in a | ttachment.)         |                |  |  |
| Yes   | No No                          |                       |                      |                |                     |                |  |  |
| If "Yes", provid  | de explanation and attach      |                       |                      |                |                     |                |  |  |
|   | _                              |                       | Add Attachment       | Delete         | Attachment Vie      | w 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)  |                                |                       |                      |                |                     |                |  |  |
| ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency  |                                |                       |                      |                |                     |                |  |  |
| specific instruct   |                                |                       |                      |                |                     |                |  |  |
| Authorized Re   | epresentative:                 |                       |                      |                |                     |                |  |  |
| Prefix:   |                                | * Firs                | st Name: Matthe      | w              |                     |                |  |  |
| Middle Name:  |                                |                       |                      |                |                     |                |  |  |
| * Last Name:  | Brooks                         |                       |                      |                |                     |                |  |  |
| Suffix:   |                                |                       |                      |                |                     |                |  |  |
| * Title: Bo   | oard Chairman                  |                       | -                    |                |                     |                |  |  |
| * Telephone Nu  | imber: 352-486-5218            |                       |                      | Fax Number:    |                     |                |  |  |
| * Email: district5@levycounty.org   |                                |                       |                      |                |                     |                |  |  |
| * Signature of A  | Authorized Representative:     |                       |                      |                |                     | * Date Signed: |  |  |
|   |                                | x                     |                      |                |                     |                |  |  |



Florida Department of Transportation

RON DESANTIS GOVERNOR 1109 S. Marion Avenue MS 2018 Lake City, FL 32025

KEVIN J. THIBAULT, P.E. SECRETARY

October 30, 2020

Ms. Connie Conley Director Levy County Transit 970A E. Hathaway Avenue Bronson, Florida 32621

#### Re: Levy County Transit Grant Review - Letter of Compliance, May 2020

Dear Ms. Conley,

I'm pleased to notify you that the Department has completed the Levy County Transit Grant Review, May 2020 and we find your agency to be in compliance with State and Federal requirements.

We appreciate the level of support and cooperation received from the Agency's staff during the Grant Review and also noted your efforts in addressing the requirements set forth by the Department's Procedures. We will be scheduling our next Grant Review per State requirements. If you have any questions or would like to discuss any concerns in the meantime, please contact me at (386) 961-7870 or sandra.collins@dot.state.fl.us. We look forward to continuing to work with your agency in your efforts to serve transportation needs of your constituents.

Sincerely,

DocuSlaned by: Sandra Collins E15FFE6335D54C6

Sandra Collins, CPM Programs Coordinator Florida Department of Transportation District Two Office 1109 South Marion Avenue Lake City, FL 32025-5874 Phone: (386) 961-7870 Email: sandra.collins@dot.state.fl.us

cc: Doreen Joyner-Howard (FDOT), Janell Damato (FDOT), Thee Perry (FDOT), Christina Nalsen (FDOT), Santanu Roy (HDR), Micah Gilliom (HDR), Lauren Adams (HDR)

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Florida Department of Transportation

RON DESANTIS GOVERNOR 1109 S. Marion Avenue MS 2018 Lake City, FL 32025

KEVIN J. THIBAULT, P.E. SECRETARY

October 30, 2020

Ms. Connie Conley Director Levy County Transit 970A E. Hathaway Avenue Bronson, Florida 32621

#### Re: Letter of Compliance with Rule Chapter 14-90, Florida Administrative Code

Dear Ms. Conley,

I'm pleased to notify you that the Department has completed the Levy County Transit Bus Transit System Safety, Security, and Maintenance Review, May 2020 and we find your agency to be in compliance with the provisions of Rule Chapter 14-90, Florida Administrative Code (F.A.C.). Thank you for addressing the findings from the subject review and subsequently communicating the completion of the corrective actions through October 30, 2020.

We appreciate the level of support and cooperation received from the agency's staff during the compliance audit and noted your efforts in addressing safety system compliance with the subject Rule. Per the Department's Bus Transit System Safety Program Procedure 725-030-009-j, we will be returning to your agency within 3 years for our next compliance audit. If you have any questions or would like to discuss any concerns in the meantime, please contact me at (386) 961-7870 or sandra.collins@dot.state.fl.us. We look forward to continuing to work with your agency in your efforts to serve the safe transportation needs of your constituents.

Sincerely,

DocuSigned by: Sandra Collins

-E15FFE6335D54C6.

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