

Certifications and Assurances of the Regional Agency/Transportation Planning Agency State of California - FTA Section 5311 and Rural CMAQ Transit

Regional Agency/TPA: Nevada County Transportation Commission

Contact Person: Daniel B. Landon

Contact Email: dlandon@nccn.net

Contact Phone: 530-265-3202

Name of Subrecipient: County of Nevada, Transit Services Division

Project Description: FFY 2017 County of Nevada, Transit Services Division Operations

Project Amount and Fund Type

Regional Apportionment	Toll Credits**	Local Match	Total Project Cost	Local Match Source/s
5311 or CMAQ*	1011 Creatis	Book Maion	1040110,000 0050	nation sources
\$449,352	\$	\$3,516,952	\$3,966,304	LTF, STA, Private
				Contributions

^{*} Includes Section 5311 JARC eligible projects

^{**} Prior approval by Caltrans required

Federal Transportation Improvement	nt Program - Metropolitan Planning Orga Planning Agency	nizations/Regional Transportation
Document (or Amendment) Number	Document (or Amendment) Year	FHWA/FTA Federally Approved TIP (Date)

Check all that apply:

X	Some com	bination	of state,	local,	or private	funding	sources	have	been (or w	ill be
cor	nmitted to	provide t	he requir	red loc	cal share.						

- The subrecipient has coordinated with other transportation providers and users in the region, including social service agencies capable of purchasing service.
- The amount requested does not exceed the Federal funds provided to this agency in the approved Federal TIP/Federal Statewide TIP(FSTIP)
- The regional agency/TPA has approved, by resolution, the programming of funds for this Project and Project has met all Statewide Transportation Improvement Program (STIP) requirements.

CertifyingRepresentative:

By signing below, I have read and acknowledge that my agency is in compliance with certifications and assurances as stated above.

Name: Daniel B. Landon Title: Executive Director

Signature: Date: 5/17/2017



Project Descriptions State of California FTA Section 5311

FY 2017

Application

Applicant: County of Nevada, Department of Public Works, Transit Services Division

Please find the sections of this form listed below along with their instructions.

General Project Description - All applicants <u>must</u> complete this section once.

Please select Project Types below for which your agency is applying and complete the relevant section/s of this form.

1.	Operating Assistance Request Details – Applicants who are requesting Operating Assistance funds must complete Section 1.
2.	Capital Vehicle/Equipment Request Details – Applicants who are requesting Capital Assistance funds to purchase vehicles and/or equipment must complete Section 2.
3.	Capital Construction/Real Estate Request Details – Applicants who are requesting Capital Construction and/or Real Estate funds must complete Section 3.
4.	Planning Assistance Request Details – Applicants who are requesting Planning Assistance funds must complete Section 4.
5.	Preventative Maintenance Request Details – Applicants who are requesting Preventative Maintenance funds must complete Section 5.

General Project Description

State of California FTA Section 5311

Answer the following questions regarding the project descriptions:

1.	Indicate the type(s) of public transportation service for the proposed project/s funded by FTA Section 5311. (Check all that apply.)
	Fixed Route - Vehicles will travel on specific roads and stop at pre-designated locations according to a schedule.
	☐ Demand Response - Vehicles will pick people up when they need a ride (Must be open to the general public).
	Deviated Fixed Route - Vehicles will travel from point A to point B but go out of the way to pick up or drop off passengers if necessary (Deviations must be open to the general public).
	☐ Blended Paratransit - Complementary Paratransit Provided on the Same Vehicle as the Fixed Route Service.
	☐ ADA Paratransit Service
	☐ Job Access and Reverse Commute Project (JARC) – JARC projects must be designed to provide transportation for welfare recipients and eligible low-income individuals.
	Commuter Service - Fixed route bus service characterized by service predominantly in one direction during peak periods, and with limited stops and routes of extended length, usually between the central business district and outlying suburbs.
	University Service - An institution of higher education has a formal arrangement with the transit operator to provide university transportation service.
	☐ Charter Service
Western 1	ties and counties served by your project/s: Nevada County, CA including incorporated cities of Grass Valley and Nevada City, ing rural areas and regional service to Placer County, CA and the City of Auburn.
2.	Please fill out the following:
I	At a minimum, transportation service shall be provided between:
6:	00 AM to 8:00 PM from Monday to Saturday

3. For the FY you are applying for, did your agency receive any other FTA funds that

would be utilized on this project/s? (agreement #s and dollar amount.) For obligated and your agency received a No	or 5307, the term "receive"	means funds have been					
Yes (which program(s) were u	utilized)						
5307 (Urbanized Area Form	nula Program)						
\$							
5310 (Elderly and Disabled	d Specialized Transit Progr	ram)					
Standard Agreement#	Standard Agreement# \$						
5316 (Job Access and Reve	erse Commute Program)						
Standard Agreement#		\$					
5317 (New Freedom Progr	5317 (New Freedom Program)						
Standard Agreement#		\$					
Other FTA funds							
Specify:	\$						
4. Which one of the following describe	s the project/s for which yo	ou are applying:					
☐ Add new service ☐ Maintain service at current level	Expand existing service	ce to additional areas					
5. How is your project/s service market ☐ Agency Website ☐ Newspaper ☐	ted? (Check all that apply. ☐ Radio	.) ☐ Flyers					
☐ Public Hearing ☐ Television ☐	Other (Please specify):	Community events and activities					
6. Is your agency utilizing indirect cost	s for this project/s?						
☐ Yes No							
If yes, your agency must have a PDF copy the Caltrans Audits and Investigations ap Grant Management System.							

1. Operating Assistance Request Details (Complete only if applying for Operating Assistance)

1. Please describe the **Operating** service: Nevada County Transit Services/Gold Country Stage is a fixed route service that provides a repetitive, specific, public transit bus schedule serving the same origins and destinations along a specific route. The service is a "hub" system that departs and arrives at our central Tinloy Transit Center in Grass Valley, CA which is the main transfer point for all routes with additional transfer locations. The Gold Country Stage system connects population, commercial, and employment centers throughout western Nevada County with six routes weekdays 6:00am-8:00pm and Saturday 7:30am-5:00pm and includes a regional route to Placer County and rural stops in Rough and Ready, Penn Valley, Alta Sierra and Lake of the Pines. The two-zone fare system is based on a local and outlying service area. Cash, daily pass, and monthly pass fares are available with discounts for youth, senior and disabled passengers. Annual passenger boardings are projected to be 184,000 in FY2016-17.

2.	What is	the (Oper	rating	Period	for	this	proje	ct?
7/	1/2016		to	6/3	0/2017	7			

3. Is your current third party contract on file with Caltrans? ☐ Yes If yes, what is the operating period of this contract? Click here to enter a date. Click here to enter a date. to Is there any option to extend beyond the base years? Yes – What are the final option years? Not Applicable 4. If your agency does not have an existing 3rd Party contract for this service, will your agency seek a contract with a third party operator? Yes (Attach the PDF copy of the bid related documents/vendor selection process. If these documents are not available, please provide an estimate of when they would be available). Estimated Date when documents will be available: Click here to enter a date. No (Agency will directly operate Service)

2. Capital Vehicle/Equipment Request Details (Complete only if purchasing vehicles and/or equipment)

1.	The proposed capital purchase is for:
	☐ Vehicle(s) (Must attach PDF copy of two quotes with pricing on base vehicle and all options; Quotes Must be reviewed and approved by Caltrans DRMT Procurement prior to issuance of Purchase Order.)
	Non- ITS Equipment (Attach PDF copy of three (3) estimates of like-kind equipment with this application.)
	☐ Information Technology (IT)/Intelligent Transportation Systems (ITS) Equipment (i.e. Hardware, Software, Fareboxes, GPS, AVL, Smart Cards, Security Cameras, and Vehicle Maintenance System. (Fill out ITS Compliance Form section of this application for Caltrans review and approval).
	☐ Capital Cost of Contracting (Please answer Question 10)
2.	Indicate the type of the proposed vehicle purchase:
	☐ Vehicle Replacement
	Service Expansion

Type (Bus, Van, Trolley, etc.)	Class (Type)	Fuel Type	Length	Passenger Capacity	Full VIN#	Age	Mileage

3. List the current vehicle(s) that will be **replaced** (if applicable):

4. List the **vehicle(s)** your agency proposes to **purchase***:

Quantity	Type (Bus, Van, Trolley, etc.)	Class (Type)	Fuel Type	Length	Passenger Capacity	Unit C	ost	Total Cos
_								
					1			
*M	anufactured vehicles	shall not exceed th	e Original Equip	ment Manu	facturers Gross	Vehicle '	Weight Ratir	ng.
	5. List the equ	uipment your age	ency proposes t	o purchas	e:			
Quantity	Description of the	e equipment (Fareb	oxes, AVL, GPS	S, etc.) U	Jnit Cost		Total Cost	;
	a. Des	need for this veh scribe what servion l/or vehicles?	icle(s)/equipmo ce improvemen	ent? How ts would be	did you select e addressed b	the proje y acquiring	ect? ng the equi _l	oment
	a. Destandb. If y	scribe what service	e improvemen	ts would be	e addressed by	y acquirii	ng the equij	oment
	a. Destandb. If y repc. If the second representation of the second representa	scribe what servion I/or vehicles? Your agency is required.	te improvement questing vehicle d.	ts would be	e addressed by	y acquiring why the	ng the equip	

7. Do you intend to lease this 5311 funded vehicle(s)/equipment?

☐ No

Yes

8.	What is your proposed method of procurement Caltrans DRMT Procurement staff must occur types of purchase.) Local Procurement (Attach PDF contains application)	nt? (Procurement review and approval by ar prior to issuance of Purchase Order for all py of RFP/IFB/RFQ and Bid Package to
	Three-like kind bids/quotes (For Pu copy of three-like kind bids/quotes to the	
	☐ Non-Local Procurement/Piggyback Piggyback Worksheet* to this applicati	(Attach PDF copy of assignability letter and on)
	Sole Source (Attach PDF copy of S	ole Source Justification* to this application)
	Other (Specify):	
9.	Complete the proposed procurement schedul	le:
Proc	curement Schedule	Date
Rid I	Package to Caltrans	Click here to enter a date.
	e Purchase Order to Vendor	Click here to enter a date.
	very/Installation	Click here to enter a date.
	e Into Service	Click here to enter a date.
10.	If you are requesting reimbursement for Capi indicate the type of contract below (Contract approved by DRMT Procurement Staff). Service Contract (contractor provides; subrecipient provides vehicles)	must have been reviewed and vides maintenance and transit es)
	Service Contract (contractor provides vehicles and maintenance)	vides transit service only; subrecipient
	☐ Vehicle Maintenance Contract (c subrecipient provides vehicles and tr	
	☐ Vehicle Lease Contract (contract provides maintenance and transit ser	-
	Maintenance/Lease Contract (conmaintenance; subrecipient provides t	
	☐ Turnkey Contract (contractor pro service)*	vides vehicles, maintenance, and transit
	☐ Vehicle/Service Contract (contract service; subrecipient provides mainte	

^{*}Please note that the types of contracts are based on the assumption that contractor provides the assets.

3. Capital Construction/Real Estate Request Details (Complete only if Project includes a Capital Construction/Real Estate Request)

1.	Indicate the type of Construction/Real Estate Acquisition for the proposed project						
	☐ Bicycle Facility						
	Construction of a transit related facility						
	Acquisition of Real Property (if the appraisal is more than \$500,000, submit the appraisal to Caltrans' DRMT)						
	☐ Improvement of a transit related facility						
	Expansion of a transit related facility						
	Purchase and installation of transit related equipment (i.e. bus shelters, benches, and signage)						
	Other (Specify):						
	your construction/real estate acquisition for the activities in great detail and include nplementation plan:						
2.	Is the project shovel ready?						
	☐ Yes ☐ No						
3.	What is the need for this project and did you select the project?						
	a. Describe what service improvements would be addressed by constructing/expanding/improving the facility or acquiring the real property?						

	b. If fundi	ng for this project is approved,	how will the surrounding community benefit
4.	American Triba		me and minority community, Nativeesented groups, community-based grant work.
5.		cy have the experience, and star project, and to submit required r	
	Yes	□ No	
6.	Does your agend	cy have the resources to bring a	bout successful completion of the project?
	Yes	□No	
7.	Do you intent to	lease this property/facility for	incidental use?
8.	What is your pro	oposed method of procurement	?
	Local Procui	rement (Attach RFP/IFB/RFQ a	and Bid Package to this application)
	Three-like ki	ind bids/quotes (Attach three-li	ke kind bids/quotes to this application)
	Non-Local P Worksheet to th	rocurement/Piggyback (Attach	assignability letter and *Piggyback
	Other (Speci	fy):	
9.	Fill out the prop	osed project schedule:	
	chase and Instal	lation of Transit Related	Date
	Package to Caltra	ans	Click here to enter a date.
	e Purchase Order		Click here to enter a date.
Delivery/Installation			Click here to enter a date

Purchase and Installation of Transit Related	Date			
Equipment				
Bid Package to Caltrans	Click here to enter a date.			
Issue Purchase Order to Vendor	Click here to enter a date.			
Delivery/Installation	Click here to enter a date.			
Place Into Service	Click here to enter a date.			

Real Estate Acquisition	Date			
Appraisal of Real Estate	Click here to enter a date.			
Appraisal Review of Real Estate Click here to enter a				
Appraisal Concurrence Click here to enter a date				
stablish Market Value Click here to enter a dat				
Making an Offer Click here to enter a d				
Uneconomic Remnant (If applicable) Click here to enter a				
Filing Condemnation (If applicable) Click here to enter a d				
Administrative Settlements (If applicable)	Click here to enter a date.			
ettlement Concurrence Process (If applicable) Click here to enter a data				
elocation Assistance (If applicable) Click here to enter a da				
Purchase Click here to enter a da				

Or

Purchase and Installation of Transit Related	Date			
Equipment				
Bid Package to Caltrans	Click here to enter a date.			
Issue Purchase Order to Vendor	Click here to enter a date.			
Delivery/Installation	Click here to enter a date.			
Place Into Service	Click here to enter a date.			

10. Is	s your agency planning on using your own labor force to ca	arry out the proposed project?
	Yes No	
11. Is	s the total cost of your project \$100,000 or more, and inclu	de your own labor?
	Yes (Attach your agency's force account plan to this account plan in place, your agency must develop a plan in the grant application to FTA.)	
	□ No	

Note: At all times while the PROJECT property is in the possession or control of the subrecipient, the subrecipient shall be the registered owner and STATE shall be the legal owner or lien holder. The subrecipient shall not transfer ownership of the PROJECT property at any time while the standard agreement is in effect. As the lien holder, the STATE may take possession of the PROJECT property, as a result of the subrecipient's non-compliance with contract terms or by mutual agreement between the STATE and the subrecipient. The STATE shall retain the original Certificate of Title until such time that disposition of the PROJECT property is released by the STATE to the subrecipient or other appropriate party as outlined in Exhibit D, Paragraph 4 of the standard agreement.

4. Planning Assistance Request Details (Complete only if applying for Planning Assistance)

*Please be aware that Caltrans' Division of Transportation Planning administers FTA 5304 Planning Grant Opportunities for transit related projects as well. http://www.dot.ca.gov/hq/tpp/grants.html

1.	Please briefly summarize the proposed planning project?
1.	Please briefly summarize the proposed planning project:
2.	What is the need for this planning project?
3.	How did you select the project?
4.	Describe what service improvements would be addressed by the proposed planning project?
5.	If funding for this project is approved, how will the surrounding community benefit?

6.	Is the agency planning contract with a third party entity for the proposed project?
	Yes (Attach the PDF copy of the bid related documents/vendor selection process. If these documents are not available, please provide an estimate of when they would be available).
	□No
7.	Please identify the stakeholders (e.g. Low-income, minority community, Native American Tribal governments, other underrepresented groups, community-based organizations, and businesses) affected by the grant work.
8,	Describe the outreach and engagement methods that will be used to reach and gather input from stakeholders. Per FTA Circular 9040.1F IV, 3; FTA Circular 9050.1 ChapterVIII-2, & Title 49 USC 5323(b), subrecipient must hold public hearing to receive comments from the public on the proposed planning project.
	Please check applicable below and upload the documents into the "Public Hearing Documentation" form section of the online BlackCat application.
	☐ Municipal Letter of Resolution of Support ☐ Electronic Copy of Published Public Hearing Notice ☐ Affidavit of Public Hearing Notice
	Minutes of Public Hearing, Copies of Exhibits, and Written Statements
9.	Please provide the project scope of work and project Implementation plan.

5. Preventative Maintenance Request Details (Complete only if applying for Preventative Maintenance)

1.	Please indicate the type of Preventative Maintenance for the proposed project. (Check all that		
	apply): Inspections		
	Repairs or Replacements		
	Overhauls/Refurbish		
	Other; Specify:		
2.	Please describe the Preventative Maintenance activities:		
3.	Does your agency contract with a third party for Preventative Maintenance for existing service?		
	Yes		
	No (Go to question 6)		
1	What is the Period for this project?		
	lick here to enter a date. to Click here to enter a date.		
	Is your current third party contract on file with Caltrans?		
C			
C	Is your current third party contract on file with Caltrans? Yes If yes, what is the period of this contract?		
C	Is your current third party contract on file with Caltrans?		
C	Is your current third party contract on file with Caltrans? Yes If yes, what is the period of this contract? Click here to enter a date. to Click here to enter a date.		
C	Is your current third party contract on file with Caltrans? Yes If yes, what is the period of this contract? Click here to enter a date. to Click here to enter a date. Is there any option to extend beyond the base years?		
C	Is your current third party contract on file with Caltrans? Yes If yes, what is the period of this contract? Click here to enter a date. to Click here to enter a date. Is there any option to extend beyond the base years? Yes – What are the final option years?		
5.	Is your current third party contract on file with Caltrans? Yes If yes, what is the period of this contract? Click here to enter a date. to Click here to enter a date. Is there any option to extend beyond the base years? Yes – What are the final option years? Not Applicable If your agency does not have an existing 3 rd Party contract for this service, will your		

FY 2017 Detailed Budget Summary

Applicant:

County of Nevada, Dept. of Public Works, Transit

Services Division

Budget Category	To	tal
Operating (In House)	\$	2,510,399.60
Operating (3rd Party)	\$	W
Capital Equipment	\$	191
Planning (In House)	\$	
Planning (3rd Party)	\$	
Maintenance	\$	5 4 5
Construction-Real Estate (In House)	\$	r d t.
Construction-Real Estate (3rd Party)	\$	SE:
Total Estimated Expenditures	\$	2,510,399.60

OPERATING PROJECT "IN-HOUSE" BUDGET WORKSHEET

The worksheet provides annual expense categories that applicants should use to calculate project eligible expenses for work done "in-house." The information in this worksheet should be used in completing project budget information within the BlackCat Grants System.

Applicant:	County of Nevada, Dept. of Pub	lic Works	i, I ra	nsit Sei	vices Di	vision
Direct Labor						
(Job Title/Classification)	Description of Task Performed	Total Hours	Hourl	y Rate	Tota	ıl
Transit Services Manager	Management	2080	\$	83.91	\$	174,532.8
Supervising Bus Drivers	Supervision & Driving	4160	\$	44.48	\$	185,036.8
Full Time Drivers	Driving	20,800	\$	35.90	\$	746,720.0
Temporary Drivers	Driving	12500		\$19.74	\$	246,750.0
			\$	2	\$	- 11
			\$	#:	\$:(4
			\$		\$	
			\$	2	\$	7.
			\$	4	\$	124
				Total	\$	1,353,039.6
Direct cost(s) for Employees (Exc	ept Labor)					
	Equipment and Supplies (Itemize)				Amount	
	Vehicle Maintenenace and Fuel				\$	501,652.0
	Building and Shelter Maintenance				\$	46,195.0
Office exp	enses, copier,postage,uniforms,software, computer	s			\$	25,981.0
	Rents & Leases				\$	21,538.0
					\$	
					\$	*
					\$	127
					\$	*
					\$	
					\$	123
				Total	\$	595,366.0
	Other Direct Costs (Itemize)				Amount	
	Interagency Support				\$	415,096.0
8	Special Department Expense and Insurance				\$	91,500.0
	Other Supplies and Services				\$	37,608.0
	Utilities				\$	15,790.0
					\$	總
					\$	141
				Total	\$	559,994.0
	Travel Costs (Itemize)				Amount	
	Mileage Reimbursement				\$	500.0
	Travel/Training				\$	1,500.0
					\$:=0:
					\$	280
					\$	150
					\$	
				Total	\$	2,000.0
direct Cost(s)						
	verhead and Fringe Benefits) (Must have approv	ved ICAP)			Amount	
	Overhead Rate	Percentage		0%		=
				Subtotal		3
		perating	_			



Civil Rights State of California DRMT Federal Programs Application

Applicant: County of Nevada, Department of Public Works, Transit Services Division

1. Are or were there any Title VI related lawsuits/complaints filed within the past year? If yes, does the review of lawsuits/complaints denote a pattern of discrimination?
☐ Yes ⊠ No
 Please provide the following information to Caltrans DMT: The date the lawsuit/complaint was filed The name and address of the complainant A summary of the allegation
2. Are complaints documented and listed? Yes No
3. Has a federal (FTA) civil rights compliance review been performed within the past year?
☐ Yes No
If yes, attach PDF copy of the following information:
 The name of the agency or organization conducting the review A summary of findings and recommendations The status or disposition of the recommendations
**Special requirements for <u>first-time</u> applicants
If first time applicants have previously received funding from another Federal agency, the applicant must provide information regarding Title VI compliance history. Please provide the following information to Caltrans DMT a summary of compliance review activities conducted in the past three (3) years.
1. The purpose or reason for the review
2. Name of agency that performed the review

3. Summary of findings and recommendations of the review
4. Status and/or disposition of such findings and recommendations,
5. A brief description of any pending applications for Federal funding
6. Did any Federal agency find the applicant to be in noncompliance with any civil rights requirement?
☐ Yes ☐ No



Charter Bus State of California DRMT Federal Programs Application

Applicant: County of Nevada, Department of Public Works, Transit Services Division

1. Does your agency provide	de charter services? If yes, go to question #2 through #4
Yes	⊠ No
	FTA funded or maintained vehicles provided under one of the this section. If yes, check the exception that best describes the charter
Government	t officials on official government business
Qualified H	uman Service Organization (QHSOs)
Leasing FT	A funded equipment and drivers
When no re	gistered charter provider responds to notice from an agency
Agreement	with registered Charter providers
Petitions to	the Administrator
3. Did the transit agency p providing the requested	rovide notice to all registered charter providers prior to charter service?
☐ Yes	□No
4. Was all charter service timely?	reporting
Yes	□No
Reporting schedule is as fol	lows:
Quarter January 1 – March 31 April 1 – June 30 July 1 – September 30 October 1- December 31	ReportDeadline April 30 July 30 October 30 January 30



Disadvantage Business Enterprise (DBE) State of California DRMT Federal Programs Application

Applicant: County of Nevada, Department of Public Works, Transit Services Division

1.	What enforcement mechanisms does the subrecipient use for DBE requirements? Please explain.
	Construction engineer monitors DBE participation during any construction. Actual payment
	records to DBE firms are kept and submitted to oversight agency upon final completion of
	projects. Contract provisions require authorizations and justification to change subs; if there is
	DBE subrecipient sustitution, a good faith effort must be made to replace with a DBE.
	Unauthorized substtutions result in penalties.

2.	prior to substituting a D	1	ontract award?		
	X Yes	☐ No	□ N/A		
3.	Does the subrecipient n applicable work on feder		ntractors to ensure that DBEs are actually performing ojects?		
	Yes	☐ No	□ N/A		
4.	. Did the subrecipient receive any complaints or procurement protests alleging that it did not comply with the DBE regulations for federally funded projects?				
	Yes (Go t	o question #6)	⊠ No		
5.	Any interested party of the basis that the Cou the County failed to for from interested partie fide protest filed in a t	nay file a bid pr nty of Nevada (ollow its own Pr is regarding its p imely manner p	or handling protests? Please explain. Totest with County of Nevada Purchasing Department on County) failed to comply with a federal or state law or that occurement regulations. The County will entertain protests procurement actions. The County will respond to any bona provided that the protest is not of a frivolous or vexatious re-Bid, Pre-Award and Post-Award procurement Protest		

Policies and Procedures so that all procurement protests/disputes are filed, processed and resolved in a manner consistent with the requirements of the Federal Transit Administration (FTA) Circular (4220.1F) Third PArty Contracting Guidance, dated November 1, 2008. The availability of review of bid protests by FTA is as follows: 1. A grantee's failure to have or follow its protest procedures, or its failure to review a complaint or protest; or 2. Violations of federal laws or regulations.

6. Do 1	the complaints indica	te any problems with the DBE program?	
	Yes	⊠ No	
		s sample DBE program, "Section 26.37 Moni examples of monitoring and enforcement mec	

compliance. http://www.fta.dot.gov/civilrights/dbe/civil_rights_5771.html



CALIFORNIA DEPARTMENT OF TRANSPORTATION DIVISION OF RAIL & MASS TRANSPORTATION Rural Transit and Intercity Bus Branch

FEDERAL TRANSIT ADMINISTRATION (FTA) SECTION 5311 REGIONAL PROGRAM OF PROJECTS (POP)

FEDERAL FISCAL YEAR 2017



All Section 5311, 5311(f), and Rural CMAQ Transit Applications and POPs are due May 24th, 2017. However, if there are issues meeting the deadlines, please notify your HQ Liaison as soon as possible.

County/Region: Nevada County	vision No. Revision Submission Date:
Original Submission Date: 4/21/2017 Re	VISIOII IVO.
FEDERAL	FISCAL YEAR 2017
Section 5311 I	Program of Projects (POP)
X Regular 53	11
(A) Available Funding:	Commission (+) 0
Estimated Apportion	Carryover: (+) 0 ment [FFY 2017]: (+) 532,850
	UNDS AVAILABLE: = 532,850
(B) Programming (POP): Complete Parts I an	ad II
	Federal Share
Part	Part II. Capital - Total: (+) 532,850 Part II. Capital - Total: (+) 0
	(B) Total [Programmed]: (=) 532,850
(C) Balance	Federal Share
	(A) Total Funds Available: (+) 532,850
	(B) Total [Programmed]: (-) 532,850
	* Balance: (=) 0
*BALANCE – Regional Apportionment Fu	nds ONI V
o Please Note -	
funds must be program	med in subsequent year ermined by the Department
• Inal approval to be det • Request/Letter to carryover fun	ds should include -
justification for progra	mming postponement
purpose and project plate pu	ocal Transportation Planning Agency
	zed STIP): Complete Part III (For reference only).
Request for transfer will be applied for <u>directly</u> through the District - Local Assistance District Engineer, and Headquarters' Division	Federal Share (D) Part III. Flex Fund - Total: 0
of Local Assistance. Division of Rail & Mass Transportation will	(D) Fart III. Flex Fullu - Iotal: U

FUNDING SUMMARY

I ea	leral	Shar	e
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(B) Regional Apportioned - Total [Programmed]: (+) 532,850

(D) Flex Fund - Total: (+) 0

GRAND TOTAL [Programmed]: (=) 532,850

Contact Person/Title: Daniel B. Landon, Executive Director Date: April 21, 2017

Phone Number: (530) 265-3202

Statewide Transportation Improvement Program (STIP)

Section 5311 projects are included in the Department of Transportation's (Department) Statewide Transportation Federal Improvement Program (FSTIP), which All federal funds to be used for transit projects must be included in a federally approved STIP. A Transportation Planning Agency (TPA) must ensure that is jointly approved by the Federal Highway Administration (FHWA) and FTA

A copy of the federally approved STIP Page must be attached for all projects to be programmed through the Section 5311 program. The project description and associated dollar amounts must be consistent with the federally approved STIP information.

Rural Transit & Procurement staff will submit Non-MPO / Rural Transportation organizations projects directly to the Department's Division of Transportation Metropolitan Planning Organizations (MPOs) are responsible for programming projects within their jurisdiction. Upon receiving the POPs from the Districts, Programming for inclusion into the FSTIP.

For further guidance see the Department's Division of Transportation Programming website: http://www.dot.ca.gov/hg/transprog/fedpgm.htm

For all Operating Projects - a complete application MUST be submitted with this POP. PART I. Regional Apportionment - Operating Assistance

Subrecipient	Project Description	Federal Share (2017 Funds)	Carryover Funds Utilized	Local Share (Excluding Toll Credit)	Toll Credit Amount	Net Project Cost	PROGRAM OF PROJECTS DOC YR	PROGRAMMED DATE OR AMENDMENT #
Nevada County	Gold Country Stage	449,352		3,516,952		3,966,304 2017	2017	
Town of Truckee	Truckee Transit	83,498		1,241,316		1,324,814 2017	2017	
	Operating Assistance Funds Total	532,850		4,758,268		5,291,118		

For all Capital Projects - a complete application MUST be submitted with this POP. PART II. Regional Apportionment - Capital

ROGRAM OF ROJECTS DATE OR DOC YR AMENDMENT#		
PROGRAM OF OF PROJECTS DOC YR		
rt Net Project PROJECTS OF PROJECTS It Cost DOC YR AM		
Toll Credit Amount		
Local Share (Excluding Toll Credit)		
Carryover Funds Utilized		
Federal Share		
Project Description		Capital Total
Subrecipient		

For Flex Fund Projects - a complete application MUST be submitted with this POP. *Federalized STIP projects must complete CTC allocation PART III. FLEX FUNDS (i.e. CMAQ, STP, or Federalized STIP*) if applicable

process.

PROGRAMMED DATE OR AMENDMENT #	
PROGRAM OF PROJECTS DOC YR	
Net Project Cost	
Toll Credit Amount	
Local Share (Excluding Toll Credit)	
Carryover Funds Utilized	
Federal	
Fund	
Project Description	Capital Total
Subrecipient	

#

			Current/End Mileage
	Explain:		In Service Date
	Other	Vehicle Description	VIN.#
rmation	se 🔲 Piggyback	Vehic	Length
ment Info	cal Purcha		Fuel
PART IV. Vehicle Replacement Information	State Contract Docal Purchase		Type Number of Fuel Passengers Type
ART IV. Ve	State Cont		Type

Disposition Date



Application Certification State of California **DRMT Federal Programs Application**

Applicant: County of Nevada, Department of Public Works, Transit Services Division

FTA Program: FTA 5311 Program

Fiscal Year: 2017

I hereby certify that I am the authorized signee for the above listed applicant. I also herby certify that I have reviewed the organizational information and application forms submitted in the BlackCat system and all statements, information, and representations made are true and correct to the best of my knowledge. I also hereby certify that adequate local share as described in herein will be available to execute this project(s).

Please Enter Name & Title of Authorized Signee Below:

Name: Trisha Tillotson

Title: Director of Public Works, County of Nevada

(Please Sign in Blue Ink)

Date: 6/27/2017



State of California FTA 5311, 5311(f), 5339 & CMAQ

Section 5333(b) Documentation and Agreement by Subrecipient to Terms and Conditions of the Special Sections 5333(b) Warranty

1. Subrecipient Name:

County of Nevada, Department of Public Works, Transit Services Division

2. Fiscal Year: 2017

3. I certify for the Subrecipient that, in the Organizations page of the BlackCat System, all current operators of public transportation (including the subrecipient's system) and corresponding labor organizations (if applicable) representing the employees of the provider's agency service area that are eligible or potentially eligible recipients of federal Section 5311, 5311(f), 5339 or CMAQ funding assistance are listed and up to date.

Exclude human service agency providers from this list unless they provide transportation to the general public; Exclude taxi operators unless they provide shared-ride transportation on a regular and continuing basis.

4. Certification:

I certify for the Subrecipient that, with respect to the subject Section 5311, 5311(f), 5339, or CMAQ **Operating** or **Capital** projects, I have reviewed the Special Section 5333(b) Warranty for the Section 5311, 5311(f), 5339, or CMAQ programs including the Model Agreement which is a part thereof, and with full knowledge of the terms and conditions of said Warranty and Model Agreement, I certify that the Subrecipient agrees to comply with the terms and conditions of said Warranty and Model Agreement for the duration of the Section 5311, 5311(f), 5339, or CMAQ projects and, further, that these terms and conditions will be a part of any and all agreements and contracts between or among the Federal Government, the State of California, the Subrecipient, entered into with respect to the subject Section 5311, 5311(f), 5339, or CMAQ projects.

Also, I acknowledge that, for the purposes of the Special Section 5333(b) Warranty for the Section 5311, 5311(f), 5339, or CMAQ programs, the State of California is neither the legally nor financially responsible party under the Special Warranty, and the State assumes no special obligations under the Special Warranty that are not otherwise part of its normal obligations as a grant administering agency.

Please Enter Name & Title of Authorized Signee Below:

Name: Trisha Tillotson

Title: Director of Public Works, County of Nevada

Sign Here: (Please Sign in Blue Ink)

Date: 6/27/2017