

Application Instructions	<a href="#">Application Instructions</a>
Agency Name	Fort Bend County
Person to be contacted regarding <b>this</b> application	
First Name *	Yvette
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Click [here](#) to download an Obligation Certification.

Obligation Certification \*

By checking this box, you are indicating that the service profile for this organization is accurate. \*

Project Service Area \*  Urban  Rural

If "Urban" is selected, please select the urbanized area.

**General Information**

1. Describe the proposed project(s) for which the funds will be used. \*

Fort Bend County provides general public demand response, deviated fixed route and commuter services. All services operate Monday through Friday (excluding County Holidays). Commuter services are provided into Greenway Plaza, Galleria and Texas Medical Center areas of Houston from park and ride locations in Fort Bend County. The County is also working to construct an additional park and ride facility along the Westpark Toll road in northwest Fort Bend County.

Fort Bend County is seeking \$37,401 in 5339 funds to replace one vehicle in the Commuter fleet. This vehicle has either exceeded useful life and/or are displaying signs of engine deterioration and are facing high emissions maintenance costs.

2. Provide a description of how the need/demand for the proposed project(s) was determined. \*

The County operates 18 commuter vehicles during maximum service, 17 of which are County owned vehicles. As mentioned above, the County is seeking funds to replace one vehicle. The vehicle identified for replacement is part of an aging fleet. The vehicle has either exceeded useful life and/or are displaying signs of engine deterioration and are facing high emissions maintenance costs.

The County recognizes the importance of providing safe and reliable transportation services to the community. Maintaining a healthy fleet of vehicles plays a key role, ensuring our services safe, timely and efficient. Replacing these vehicles would not only ensure safety, but also improve the quality of service being provided.

3. Describe the anticipated benefits of the project. \*

The County's commuter services provide individuals increased access to major employment areas of Houston. It is important to note that our routes to the Texas Medical Center are not only serving the transportation needs of individuals working in the area, but also the needs of individuals seeking medical care and access to the Veterans Hospital; needs which otherwise may go unmet. All of the County's vehicles are ADA accessible to ensure transportation opportunities to all members of the community.

In FY2015, The County's commuter services provided over 250,000 trips. Individuals rely on our services for their livelihood and medical care. It is our mission to ensure our services are safe and we have a reliable fleet to meet the communities transit needs.

4. Identify and describe methods to procure goods and/or services related to this project.

The County is in the final stages of preparing a vehicles solicitation and we anticipate contracting a vehicle vendor in early 2017. Once a contract has been awarded, the County will be able to issue purchase orders for the vehicles and we anticipate the vehicles to be delivered, accepted and paid within a 12 month timeframe.

5. If vendors have been previously selected, complete the following (press the save button for additional rows).

Vendor Name	Description of goods/services
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6. Is the proposed project is consistent with continuing, cooperating, and comprehensive regional transportation planning implemented in accordance with 49 U.S.C. §5301? \*

Yes  No

# Obligation Certification

As an authorized official of the Fort Bend County  
(Organization Name)

**I certify to the following:**

1. The information presented in the application is true and accurate to the best of my knowledge.
2. I have not intentionally made any misstatements or misrepresented the facts.
3. The organization has the resources and technical capacity to support the project.
4. The organization has the resources to provide the required match.
5. The organization uses generally accepted accounting standards for its financial recordkeeping functions.
6. The organization will participate in a continuous, comprehensive dialogue throughout the life of the project including but not limited to:
  - ◆ On-site monitoring by TxDOT personnel
  - ◆ Timely submission of required reports
  - ◆ Timely written notification of events that will affect the outcome of the project.
7. The organization will comply with all applicable federal, state and local laws and regulations. This includes but is not limited to:
  - ◆ Annual Certifications and Assurances
  - ◆ Master grant agreements
  - ◆ Project grant agreements
  - ◆ Applicable federal program circulars and similar federal and state guidance
8. **Applicant Affirmation:** Compensation has not been received for participation in the preparation of the specifications for this call for projects.

**Signed:** \_\_\_\_\_

**Printed/Typed Name:** Robert E. Hebert

**Title:** County Judge

**Date:** \_\_\_\_\_

**Vehicle Projects**

Vehicle projects include the purchase, rebuild and overhaul of vehicles.

1. Are Vehicle Capital expenses parts of the proposed project? \*

Yes  No

2. Describe the scope of the project: for the purchase of a vehicle, identify if the vehicles will be used for expansion or replacement; for rebuild or overhaul, identify the vehicles to be rebuilt/overhauled or describe them by vehicle type. \*

The vehicle replacement being requested in this application has exceeded useful life and is displaying signs of engine deterioration and are facing high emissions maintenance costs. This vehicle will be a replacement vehicles for our Commuter fleet.

3. For each separate vehicle project, describe the need for the project. Specifically, identify how the project was selected and what service improvements and/or project benefits are to be addressed (press the save button for additional rows). \*

**Vehicle Project Description**

**Description of Project Need, Selection and Benefit**

Replacement Commuter Vehicle

The County is seeking \$37,401 in 5339 funds to replace a vehicle in our Commuter vehicle fleet.

4. If vehicles are proposed to be purchased, will the vehicles be ADA accessible. \*

**Note1:** A non-accessible vehicle requires a "waiver" with the Public Transportation Coordinator's endorsement prior to entering into a grant agreement.

**Note2:** All fixed route service vehicles are required by FTA to be accessible and will not be granted waivers.

If no, please upload an approved copy of Form PTN-116 Request to Purchase Non-Accessible Vehicle(s) in the field provided below.

Yes  No  N/A

Form PTN-116 upload

**Other Capital**

Other Capital includes, but is not limited to: shop equipment, communication and computer equipment, hardware and/or software, preventive maintenance, purchase of service, and other miscellaneous equipment. (Program limitations may apply.)

5. Are Other Capital expenses part of the proposed project description? \*

Yes  No

6. Describe the scope of the Other Capital project in detail. \*

7. Describe the need for the Other Capital project. Specifically, identify how the project was selected and what service improvements and/or project benefits are to be addressed. \*

**Attachments**

Please upload any additional documentation that you feel may be relevant to this application.

**Description**

**Upload**

**Construction and Rehabilitation Projects**

Construction and Rehabilitation Projects can include the following phases:

Planning, Preliminary Engineering (including environmental review), Final Design and Real Estate Acquisition, Construction/Rehabilitation.

1. Are Construction and/or Rehabilitation related expenses part of the proposed project? \*

Yes  No

2. Identify the Construction and Rehabilitation project phases that will be included as part of the proposed project: \*

A. Planning

B. Preliminary Engineering  
(including environmental review)

C. Final Design and Real Estate  
Acquisition

D. Construction/Rehabilitation

If **C** or **D** are selected above, please upload a copy of your FTA Region 6 Categorical Exclusion Worksheet  
(if this project is not eligible as a categorical exclusion please contact your PTC):

FTA Region 6 Categorical Exclusion Worksheet

3. Describe the scope of the Construction and Rehabilitation project in detail. \*

4. Describe the need for the Construction and Rehabilitation project. Specifically, identify how the project was selected and what service improvements and/or project benefits are to be addressed. \*

5. Provide the facility location if available.

N/A

Address

City

State

Zip

6. Describe the facility including the facility function. \*

**Note:** Agencies must receive consultation with PTN prior to Construction and Rehabilitation projects. Consultation is necessary prior to the inclusion of Construction and Rehabilitation projects in a PGA.

**Budget and Milestones**

5339-R-2016-FT BEND-00231

**Agency Name** Fort Bend County

**Program Type** 5339-R

**Does this budget include indirect costs? \*** Yes  No

**If yes, please enter the Indirect Rate** %

**Attachments**

If this budget includes In-Kind funds please upload supporting documentation.

Description	Upload

When entering budget line items, fill out a row and then press the save button for additional rows.

Description			Scope			Fuel Type			
Replace - Bus 30' - 11.12.03			Award Amount			Diesel Fuel			
<b>Cost Per Unit</b>	<b># of Units</b>	<b>Total Cost</b>	<b>Award Amount</b>	<b>State Match</b>	<b>Local Match</b>	<b>In-Kind Match</b>	<b>Total Funds</b>	<b>Match Ratio</b>	<b>TDC</b>
\$37,401	1	\$37,401	\$37,401				\$37,401		0
<b>Subtotal:</b>		\$37,401	\$37,401	\$0	\$0	\$0	\$37,401		0