

Application Instructions	<u>Application Instructions</u>
Agency Name	Fort Bend County
Person to be contacted regarding this application	
First Name *	Pamela
Last Name *	LeBrane
Phone Number *	(281) 243-6702
Email Address *	pamela.lebrane@fortbendcountytexas.gov
By checking this box, you are indicating that the service profile for this organization is accurate. *	<input checked="" type="checkbox"/>
Project Service Area *	Urban <input checked="" type="checkbox"/> 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 and commuter services. All services operate Monday through Friday (excluding County Holidays). Demand Response services operate to accommodate first drop-off by 8:00 am and last pick-up by 5:00 pm. Commuter services operate in both the morning and evening as listed on the route schedules.

Demand Response trips are provided within the County limits and/or to destinations in adjoining counties within one (1) mile of the Fort Bend County line. Advanced reservations are required and can be requested up to thirty (30) calendar days in advance. Requests are taken on a first come first serve basis. The County provides additional services such as the Ambassador Program wherein passenger assistants help passengers with disabilities to and from their destinations. The County also continues planning with human service agency transportation providers within the County and continues to stay involved in the regions public transportation efforts .

Commuter services are provided to Greenway Plaza, Galleria, and Texas Medical Center areas of Houston from park and ride locations in Sugar Land and Rosenberg.

In March 2020, the Coronavirus Aid, Relief, and Economic Security (CARES) Act was signed into law. The CARES Act provides support for public transportation in response to COVID-19. During the COVID-19 pandemic, Fort Bend County continued to provide services to the Fort Bend Community including meal delivery to senior citizens. This grant will be used to operate and maintain transit services, which includes administrative leave and furlough expenses for transit personnel due to reduced operations during an emergency and acquiring equipment to keep transit staff safe .

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

In 2005, Fort Bend County Public Transportation Department was formed providing Demand Response services within Fort Bend County and Commuter services going to the Greenway Plaza and Galleria areas. We have since added Commuter Services to the Texas Medical Center as well as Job Access Reverse Commute and New Freedom Services. Funding would provide continued service to individuals in rural areas as well as to individuals who might not have other means of transportation. The benefit is continuity of service to the riders in the areas Fort Bend County currently serves.

As indicated in the project description, Fort Bend County has continued to provide transportation services to the Fort Bend Community during COVID-19. Funding obtained will support operating expenses, including personal protective equipment and cleaning supplies.

3. Describe the anticipated benefits of the project. *

Fort Bend County has a population of more than 764,000. In FY19, the County completed over 407,000 trips in the current service area. During the COVID-19 pandemic, FBCT continued to provide services primarily to the businesses in the Texas Medical Center . Our services provided options for people to get to work or a doctor's appointment. In addition, FBCT worked with local nonprofits to provide meals to seniors by transporting food . These services helped to keep one of the most vulnerable segments of the Fort Bend Community safe during the COVID-19 pandemic.

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

A formal bid process has been completed for purchase of service .

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

Vendor Name	Description of goods/services
First Transit	Purchase of Service

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

Attachments

Upload any additional documents relevant to this application per the application's instructions.

Description

Upload

Vehicle Projects

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

- Are Vehicle Capital expenses parts of the proposed project?

Yes No

- Identify the specific vehicle(s) to be replaced or rebuilt.
 (press the save button for additional rows)
 Enter License and VIN of vehicle to be replaced/rebuilt

License #	VIN	Reason to select this vehicle	Replace/Rebuild
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Note: vehicles must meet useful life standards to be considered for replacement

- Identify the vehicle type(s) to be purchased.
 (press the save button for additional rows)
 Vehicle type to be purchased

Reason to select this vehicle

- 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 .

Yes No N/A

Upload an approved copy of Form PTN-116 Request to Purchase Non-Accessible Vehicle(s) in the field provided below.

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.)

- Are Other Capital expenses part of the proposed project description?

Yes No

- Describe the scope of the Other Capital project in detail.

The other capital expenses outlined in this application include Capital Cost of Contracting for all general public demand response and commuter services already operated by the Fort Bend County. The County currently contracts with First Transit to provide transportation services . Capital costs of contracting are allocated based on our cost allocation model.

Other capital expenses outlined in this application include items such as software and safety equipment.

- 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.

Fort Bend County will use the funds in support of existing transit services being provided.

Attachments

Upload any additional documents relevant to this application per the application's instructions.

Description	Upload
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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 project development life cycle(s) that are included as part of this application for funding.
 - A. Planning and Scoping
 - B. Preliminary Engineering and Environmental Review
 - C. Final Design and Real Estate Acquisition
 - D. Procurement
 - E. Construction

If **C,D, or E** 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. **This question is divided into 3 subparts - 3a through 3c - for the purpose of obtaining detailed information on status and funding for the various phases.**

3a. Identify completed phases and describe the activities that have taken place for those phases. Identify actual costs per phase and funding sources.

Phase	Activities which have taken place	Cost	Funding Source
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Total: \$0

3b. Describe any current activities in progress, by project phase. Identify the cost per phase, funding sources and amounts committed.

Phase	Activities in progress	Cost	Funding Source	Amount Committed
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Total: \$0

\$0

3c. Describe future activities, by project phase. For each phase provide the estimated cost, secured funding sources and amounts, and funds being requested.

Phase	Activities to be accomplished	Cost	Funding Source	Amount Committed	Amount Requested
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Total: \$0

\$0

\$0

4. Provide the facility location if available.

- N/A
- Address
- City
- State
- Zip

5. Describe the facility including the facility function.

Attachments

Upload any additional documents relevant to this application.

Description

Upload

As an authorized official of the Fort Bend County
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 and technical capacity 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.

This includes but is 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.

By checking and completing this document I certify that the above statements are true and that I have the authority to sign this document.

Name

Title

Date

To be electronically signed in eGrants by County Judge upon Commissioner's Court Approval

Budget and Milestones

5311-2020-FT BEND-00131

Agency Name Fort Bend County

Program Type 5311

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	Award Amount	State Match	Local Match	In-Kind Match	Total Funds	Match Ratio	TDC
Third Party Contract Capital Cost of Contracting - 11.71.12		\$57,626				\$57,626		0
	# of Units							
EMER RELIEF - OPERATING 100% - 30.09.08		\$372,934				\$372,934		0
Acquisition - Acquired Software - 11.42.08		\$1,800				\$1,800		0
Project Administration - 11.79.00		\$50,272				\$50,272		0
Acquisition - Equipment - 11.42.06		\$17,448				\$17,448		0
Subtotal:		\$500,080	\$0	\$0	\$0	\$500,080		0



COUNTY ATTORNEY

Fort Bend County, Texas

ROY L. CORDES, Jr.
County Attorney

(281) 341-4555
Fax (281) 341-4557

GRANT REVIEW FORM

On May 6, 2020, the County Attorney's Office reviewed the following:

Grant Application - TxDOT FY20 CARES 5311-2020-FTBEND-00131

Comments: Approved as to form.

This document was reviewed for legal form. Please keep in mind that the special conditions included in this grant award/agreement may create specific obligations for the department in administering this grant funded program. It is incumbent upon the department to read through all terms and conditions associated with the grant to ensure full compliance with all federal requirements.

In addition, please remember to submit a copy of this grant award/agreement with any requests for subsequent purchases made for goods or services using funds from this grant award in order to ensure that all appropriate clauses are added to any agreements with contractors or vendors.

Huma N. Ahmed

Huma N. Ahmed
Assistant County Attorney