**Application Instructions** 

Agency Name

Person to be contacted regarding this application

First Name \*

Last Name \*

Phone Number \*

Email Address \*

By checking this box, you are indicating that the service profile for

this organization is accurate. \*

Project Service Area \*

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

Application Instructions

Fort Bend County

Kathi

Luu

(281) 243-6777

kathi.luu@fortbendcountytx.gov

•

Urban ✓ Rural

#### **General Information**

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

Fort Bend County (FBC) will use funds for purchase of service, software, surveillance and miscellaneous equipment, project administration and operating expenses.

FBC provides general public demand response and commuter services. All services operate Monday through Friday (excluding County Holidays).

Demand Response services operate to accommodate the first drop- off by 8:00 am and last pick-up by 5:00 pm. 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.

FBC provides additional services such as the Ambassador Program wherein passenger assistants help passengers with disabilities to and from their destinations. FBC continues to plan with human service agency transportation providers within the County and continues to stay involved in the region's 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.

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

The proposed projects will support the continuation of existing public transportation services to address the needs of individuals and families in the Fort Bend County service area. FBC regularly communicates with its riders through surveys, and public comments, and stays in touch with corporations and businesses that are the destination of commute riders. Although ridership has not reached pre-COVID levels, ridership continues to increase.

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

Fort Bend County services bring a better quality of life to individuals, families, communities, and businesses from every walk of life by providing options to get to work, go to school, visit friends, or get to a doctor's appointment.

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

A formal bid process was completed for purchase of service and ambassador services .

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

Vendor Name Description of goods/services

TransDev (formerly First Transit) Purchase of Service

Transit Safety and Security Solution Ambassadors (Bus Attendants)

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

# Fort Bend County General Information

Formula Application 2023 STATE-R-2023-FT BEND-00049

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.

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

Yes ✓ No

Describe the need for the project. Specifically, identify how the project was selected and summarize the anticipated service improvements and/or project benefits to your area.

N/A

Identify the vehicle type(s) to be purchased.

If not applicable, select N/A

NA

(press the save button for additional rows)

Enter License and VIN of vehicle to be replaced/rebuilt

License #

VIN

Mileage

Replace/Rebuild

Reason to select this vehicle

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

Replacement or

ADA Accessible

Reason to select this vehicle

Expansion?

Yes No

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.)

- 5. Are Other Capital expenses part of the proposed project description?
  - ✓ Yes No
- 6. Describe the scope of the Other Capital project in detail.

Other capital expenses include Capital Cost of Contracting for all general public transit services already operated by the County. FBC contracts with TransDev (formerly First Transit) to provide transportation services.

Other capital expenses outlined in this application include software, software maintenance fees, surveillance and security equipment, and miscellaneous 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.

FBC will use the funds in support of existing transit services.

#### Attachments

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

Description Upload

FBC Brochure https://apps2.txdot.gov/apps/egrants2/egrants2\_uploads/829393\_345804-FBT

ServicesBrochureUpdated.pdf

Galleria Map https://apps2.txdot.gov/apps/egrants2/egrants2\_uploads/829393\_345804\_2-G

alleriaRouteMap\_Updated.pdf

# Fort Bend County Vehicle and Other Capital Projects

# Formula Application 2023 STATE-R-2023-FT BEND-00049

Greenway Map

TMC Map

https://apps2.txdot.gov/apps/egrants2/egrants2\_uploads/829393\_345804\_3-G reenwayRouteMap\_Updated.pdf https://apps2.txdot.gov/apps/egrants2/egrants2\_uploads/829393\_345804\_4-T MCRouteMap\_Updated.pdf

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 completed by the County Judge after approval in Commissioners Court

Facilities Specific Evaluation STATE-R-2023-FT BEND-00049

Will this project involve construction, alteration, repair, or purchase of buildings, structures, or other real property? *											
[] Yes [ • ] No											
	[] Identify <u>completed</u> 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							
3b.	Phase	Activities in progress	Cost	Funding Source	Amount Committed						
3c.	Describe <b>future</b> activities, by project phase. For each phase provide the estimated cost, secured funding sources and amounts, and funds being requested. *										
	Describe how amounts were determined.										
	Upload Funding Source Material										
	Description		Upload								
Maps											
Description		Uţ	oload								
Do you own or rent the property? * If renting, upload a copy of the lease.  ( ) Own ( ) Rent/Lease ( ) Location not selected											

5.

**Facilities Specific Evaluation** 5a. Does TxDOT PTN have a lien on this property? () Yes () No 5b. Are there any other liens on the property? () Yes () No 6. Do you have an existing Categorical Exclusion (CE) that was approved by FTA for this project? () Yes () No 7. Do you plan on any joint development or incidental use including leasing space to other parties? () Yes () No 8. Is the facility located within a known flood plain? \* () Yes () No () Location not selected **Description** 

Description

Upload

STATE-R-2023-FT BEND-00049

Budget and Milestones STATE-R-2023-FT BEND-00049

Agency Name Fort Bend County

Program Type STATE-R

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

If yes, please enter the Indirect Rate

Attachments

Description Upload

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

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

<b>Description</b> Third Party Contract Capital Cost of		Scope			Fuel Type			
Contracting - 11.71.12		Award Amount			In-Kind Match			
	# of Units	\$24,664	State Match	Local Match		Total Funds \$24,664	Match Ratio	<b>TDC</b> 0
Description		Scope						
Acquisition - Acquisitioned Software - 11.42.08		Award Amount						
11.42.06		\$11,100				Total Funds		TDC
		\$11,100				\$11,100		0
Description		Scope						
Acquisition - Surveillance/Security -								
11.42.09		Award Amount						
		\$5,200				Total Funds		TDC
		_				\$5,200		0
Description		Scope						
Acquisition - Miscellaneous Equipment - 11.42.20		Award Amount						
- 11.42.20		\$4,976				Total Funds		TDC
		φ4,970				\$4,976		0
Description		Scope				ψ4,570		· ·
Project Administration - 11.79.00		Сооро						
.,		Award Amount						
		\$38,791				Total Funds		TDC
						\$38,791		0
Description		Scope						
Operating - 30.09.01								
		Award Amount						
		\$268,589				Total Funds		TDC
						\$268.589		0
		Award Amount	State Match	Local Match	In-Kind Match	Total Funds		TDC
Subtotal:		\$353,320	\$0	\$0	\$0	\$353,320		0

# **WE ARE FBT**

The mission of Fort Bend Transit (FBT) is to provide safe and efficient public transportation services while maintaining service quality and customer satisfaction.

FBT is proud to offer two distinct services for Fort Bend County:

#### **Commuter Service**



### **Demand Response Service**



Every day we aim to deliver and continue to grow on the expectations of those we serve by providing **convenient** access to public transit; **affordable** public transit; **safe** public transit; and **reliable** public transit to and from your destination.

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving Federal financial assistance (42 U.S.C. Section 2000d).

Fort Bend County is committed to ensuring that no individual who uses our services is excluded from participation, denied benefits, or discriminated against. If you believe you have been subjected to discrimination, you may file a complaint by calling the Fort Bend Transit Civil Rights Officer at 281-633-7433.

You may send a written complaint to Fort Bend Transit Department, ATTN: Civil Rights Officer, 301 Jackson St., Richmond, TX 77469, or via email at transit@fbctx.gov.

Complaints may also be filed with the following organization no later than 180 days after the date of the alleged discrimination: Federal Transit Administration, Office of Civil Rights, ATTN: Complaint Team, East Building, 5th Floor - TCR, 1200 New Jersey Avenue, SE, Washington, DC 20590.



#### **Physical Address:**

#### **Mailing Address:**

3737 Bamore Road 301 Jackson Street Rosenberg, TX 77471 Richmond, TX 77469

(281) 633-RIDE (7433) transit@fortbendcountytx.gov www.FBCTransit.org

# Fort Bend County Public Transportation Services







#### **Commuter Services**



FBT's Commuter Park and Ride provides week-day service to the Texas Medical Center (TMC), Greenway Plaza, and the Galleria. Services begin as early as 4:30 a.m. and end as late as 9:00 p.m.

Park and Ride Locations can be found at:

- » Fort Bend County Fairgrounds
- » University of Houston Sugar Land
- » AMC Theater First Colony

For additional information on park and ride locations, as well as pricing, route schedules and maps, visit www.FBCTransit.org.

### **Demand Response**

#### **Service Information**

Demand Reponse is a curb-to-curb service with pick-ups limited to within Fort Bend County. Drop-offs are allowed up to one mile outside the county line. If you require assistance with boarding or exiting the bus, this must be requested when your trip is scheduled.

#### To schedule a ride:

Call (281) 633-RIDE (7433) Monday – Friday, 8:00 a.m. to 5:00 p.m.

Please have the following information ready to give to our reservationists:

- Your name and/or Client ID#
- » Home address
- Telephone number
- » Pick-up and drop-off address
- » Appointment time and/or pick-up time

# Things to Know Before You Ride

- **»** We do not offer same day rides.
- » Reservations can be made at least one day in advance, or up to 30 days in advance.
- » This is a shared ride service.
- Trips are scheduled based on time and space availability.
- » Bus service is not provided on County observed holidays. A complete list of holidays, as well as our Passenger Guidelines, can be found on our website www.FBCTransit.org.

#### **Canceling a Trip**

- » Call reservations as soon as possible.
- » Cancellations made the same day as your trip will be considered a "late cancel."
- » Six or more no-shows, cancels-atdoor, and/or late cancels within a 90day period may result in a 30-day suspension from service.

#### When Riding the Bus

- » Passengers must be ready 15 minutes before their scheduled pick-up. Please note the bus may arrive up to 15 minutes after your pick-up time. Not being ready or canceling at the door will count against our suspension policy.
- » All passengers must wear seatbelts.
- » An approved seat restraint must be provided for children 40 lbs or less.
- » Passengers 12 years or younger must be accompanied by an adult 18 years or older.

#### ONLY \$1.00 each way

Demand Response is \$1.00 per person per one-way trip. All passengers are required to pay, unless riding solely as a personal care assistant.



#### TMC Commuter Park & Ride Service Map Indicates FBT Service Stops **BEND** a smarter way to travel MEMORIAL A. MacElegic Med **HERMANN** Poss HOSPITAL Sterling John Freeman **BEN TAUB GENERAL** University Moursund METHODIST HOSPITAL HOSPITAL Bertner TEXAS CHILDREN'S M.D. ANDERSON-P CANCER CENTER HOSPITAL ST. LUKES **CENTER** M.D. HOSPITAL Bates Holcombe Cate Terrace **SHRINERS** HOSPITAL Pressler Cambridge Ringhess S. Braeswood Fannin Old Spanish **VETERANS** Trail **MEDICAL** Mixon **CENTER**

# FORT BEND TRANSIT a smarter way to travel

#### Galleria Commuter Park & Ride Service Map

Indicates FBT Service Stops





## Greenway Plaza Commuter Park & Ride Service Map

Indicates FBT Service Stops

