

# General Information

Application Instructions

[Application Instructions](#)

Agency Name

Fort Bend County

Person to be contacted regarding **this** application

First Name \*

Phaedra

Last Name \*

Dinkins

Phone Number \*

(281) 633-6704

Email Address \*

Phaedra.Dinkins@fortbendcountytx.gov

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

Project Service Area \*

Urban

Rural

**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 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-served basis.*

*Commuter services are provided to Greenway Plaza/Galleria Uptown Transfer, Texas Medical Center and Downtown areas of Houston from park and ride locations in Sugar Land and Rosenberg. FBC recently completed a park and ride facility along the Westpark Toll Road in northwest Fort Bend County. The Westpark Park and Ride provides transportation for commuters residing in the northern portion of Fort Bend County. Transportation routes promote access to job sites, education, job training, and other 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.*

*Fort Bend County requests TDC's as a match for the purchase of vehicles and equipment. These vehicles will replace vehicles that have reached useful life.*

*Below is the ALI budget breakdown:*

*Acquisition Replacement ALI 11.42.04 Award Amount \$980,743*

*Acquisition Miscellaneous Equipment ALI 11.42.20 Award Amount \$15,000*

2. Describe 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 commuters.*

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

*Fort Bend County services bring a better quality of life to individuals, families, and communities from every walk of life by providing options to get to work, school, health care, or recreation as well as a reduction in Vehicle Miles Traveled. This project will help reduce emissions by alleviating congestion on the road.*

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

*A formal bid or state cooperative may be used to purchase rolling stock and miscellaneous equipment (i.e. bus wraps).*

5. If vendors have been previously selected, complete the following.

**Vendor Name**

**Description of goods/services**

*Model 1 (formerly Creative Bus Sales)*

*Rolling Stock*

6. Is the proposed project 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 and Other Capital Projects

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

*The project will support the continuation of safe and reliable public transportation services. The vehicles selected for replacement have reached useful life.*

3. Identify the specific vehicle(s) to be replaced or rebuilt.\*

If not applicable, select N/A

N/A

Enter License, VIN, and mileage of vehicle(s) to be replaced/rebuilt

License #	VIN	Replace/Rebuild	Mileage	Reason to select this vehicle
136-4087	1FDFE4FS8JDC29771	Replace	257078	The vehicle has reached its useful life.
139-4094	1FDFE4FS0JDC29778	Replace	261112	The vehicle has reached its useful life.
139-4100	1FDFE4FS9JDC36244	Replace	223021	The vehicle has reached its useful life.
139-4104	1FDFE4FS3JDC36238	Replace	241457	The vehicle has reached its useful life.

Note: vehicles must meet useful life standards to be considered for replacement

4. Identify the vehicle type(s) to be purchased. \*

Vehicle type to be purchased	Replacement or Expansion?	ADA Accessible	Reason to select this vehicle
Type 3 - 16 Passenger	Replacement	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Similar capacity.

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

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

## 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 bus wraps.*

*The contract for bus wraps is currently under procurement.*

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. \*

*Bus wraps are an integral part of the overall program for brand identity, outreach, and safety. Instant recognition by the client, cost-effective way to increase brand awareness to existing and potential passengers. The vinyl wraps also help to keep the vehicles in better condition by protecting the vehicle's body from scratches and small dents from road debris.*

## Attachments

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

Description  
FBC Brochure

Upload  
FBT Services Brochure Updated.pdf

## Facilities Specific Evaluation

Will this project involve construction, alteration, repair, or purchase of buildings, structures, or other real property? \*

Yes

No

# Obligation Certification

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:

- o On-Site monitoring by TxDOT personnel
- o Timely submission of required reports
- o 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:

- o Annual Certifications and Assurances
- o Master grant agreements
- o Project grant agreements
- o 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

*KP George*

*County Judge*

*Mar 27 2026 2:12PM*

# Budget and Milestones

[Print Budget And Milestones Page](#)

**Agency Name**

Fort Bend County

**Program Type**

Section 5339 Discretionary - Rural Bus and Bus Facilities Program - 2026 Cycle

**Does this budget include indirect costs? \***

Yes

No

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

%

**Attachments**

You may upload additional documentation here.  
(If this budget includes In-Kind funds you are required to 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	Suffix #	TPN	Fuel Type	# of Units	Award Amount	State Match	Local Match	In-Kind Match	Total Funds	TDC Requested?	TDC Match Ratio	TDC Amount	Estimated RFP/IFB Issued	Estimated Contract Award	Estimated First Vehicle Delivered	Estimated Last Vehicle Delivered	Estimated Contract Complete	
Replace - Bus <30' - 11.12.04							Gasoline	4		\$980,743			\$980,743	[X]		05/28/2026	03/31/2027	04/30/2027	06/30/2027
Acquisition - Miscellaneous Equipment - 11.42.20										\$15,000			\$15,000	[X]					06/30/2027
Subtotal:										\$995,743		\$0	\$0	\$0	\$995,743				