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|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Application Instructions                                                                               | <u>Application Instructions</u>                                                                                                                                                                                                                 |
| Agency Name                                                                                            | Fort Bend County                                                                                                                                                                                                                                |
| Person to be contacted regarding <b>this</b> application                                               |                                                                                                                                                                                                                                                 |
| First Name *                                                                                           | Yvette                                                                                                                                                                                                                                          |
| Last Name *                                                                                            | Maldonado                                                                                                                                                                                                                                       |
| Phone Number *                                                                                         | (281) 633-7433                                                                                                                                                                                                                                  |
| Email Address *                                                                                        | Yvette.Maldonado@fortbendcountytx.gov                                                                                                                                                                                                           |
| Click <a href="#">here</a> to download an Obligation Certification.                                    |                                                                                                                                                                                                                                                 |
| Obligation Certification *                                                                             | <a href="https://apps2.txdot.gov/apps/egrants2/egrants2_uploads/711544-2018-07-xxSTATE-R-2018-FTBEND-00086Certificate.pdf">https://apps2.txdot.gov/apps/egrants2/egrants2_uploads/711544-2018-07-xxSTATE-R-2018-FTBEND-00086Certificate.pdf</a> |
| 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 (FBC) is requesting \$305,275 in Section 5311 State funds to be utilized as follows:

11.71.12 - Third Party Contract Capital Cost of Contracting \$22,546

11.42.20 - Acquisition - Miscellaneous Equipment \$11,025

11.32.08 - Acquisition - Furniture & Graphics \$25,000

11.79.00 - Project Administration \$18,194

30.09.01 - Operating \$228,510

FBC provides general public demand response, deviated fixed route, 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. Deviated fixed route and 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.

The deviated fixed route services are limited to within the County limits with timed stops at designated locations within this area. Vehicles can deviate short distances from the route to pick-up and drop-off clients or to accommodate pick-up and drop-offs at high demand locations.

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. The County is also in the process of constructing an additional park and ride facility along the Westpark Toll Road in northwest FBC.

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 surrounding community benefit would be continuity of service to the riders in the areas Fort Bend County currently serves.

As indicated in the project description, Fort Bend County has targeted multiple agencies, organizations, and institutions in the pursuit of coordinating existing transportation services and implementing new transportation services. Funding obtained will continue to support all of our coordination activities and projects.

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

In FY17, the County completed over 381,000 trips in the current provided service area. The County is helping to bring a better quality of life to individuals, families, communities, and businesses. Our services offer personal mobility and freedom for people from every walk of life by providing options to get to work, go to school, visit friends, or get to a doctor's appointment as well as a reduction in Vehicle Miles Traveled. The Project will not only directly reduce emissions by eliminating passenger-vehicles, but it will also reduce emission by alleviating congestion on the road.

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 as well as the Ambassador program.

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

| <b>Vendor Name</b> | <b>Description of goods/services</b> |
|--------------------|--------------------------------------|
| First Transit      | Purchase of Service                  |
| Parkwest           | Transportation Staff Assistance      |

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

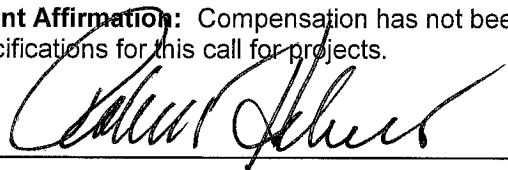
☒ Yes No

## 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: 6/28/2018

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

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   |               |             |             |     |
|-----------------------------------------------------------------|------------|--------------|-------------|-------------|---------------|-------------|-------------|-----|
| Third Party Contract Capital Cost of Contracting - 11.71.12     | # of Units | Award Amount | State Match | Local Match | In-Kind Match | Total Funds | Match Ratio | TDC |
|                                                                 | 1          |              | \$22,546    |             |               | \$22,546    |             | 0   |
| Description<br>Acquisition - Miscellaneous Equipment - 11.42.20 | # of Units |              | State Match |             |               | Total Funds |             | TDC |
|                                                                 | 1          |              | \$11,025    |             |               | \$11,025    |             | 0   |
| Description<br>Acquisition - Furniture & Graphics - 11.32.08    | # of Units |              | State Match |             |               | Total Funds |             | TDC |
|                                                                 | 1          |              | \$25,000    |             |               | \$25,000    |             | 0   |
| Description<br>Project Administration - 11.79.00                | # of Units |              | State Match |             |               | Total Funds |             | TDC |
|                                                                 | 1          |              | \$18,194    |             |               | \$18,194    |             | 0   |
| Description<br>Operating - 30.09.01                             | # of Units |              | State Match |             |               | Total Funds |             | TDC |
|                                                                 | 1          |              | \$228,510   |             |               | \$228,510   |             | 0   |
|                                                                 |            | Award Amount | State Match | Local Match | In-Kind Match | Total Funds |             | TDC |
| Subtotal:                                                       |            | \$0          | \$305,275   | \$0         | \$0           | \$305,275   |             | 0   |