

# General Information

Application Instructions

[Application Instructions](#)

Agency Name

Fort Bend County

Person to be contacted regarding **this** application

First Name \*

Pamela

Last Name \*

LeBrane

Phone Number \*

(281) 633-7433

Email Address \*

pamela.lebrane@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. \*

*This grant replaces 5339-R-2022-FT BEND-00019. The balance of funds remaining in the aforementioned grant are now being awarded in 5339-R-2022-FT BEND-00214.*

*Fort Bend County (FBC) will use funds for the purchase of miscellaneous support vehicle and communication equipment.*

*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.*

*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 will provide transportation for commuters residing in the northern portion of Fort Bend County. The transportation route will promote access to job sites, education, job training and other destinations.*

2. Describe how the need/demand for the proposed project(s) was determined. \*

*FBC regularly assesses transit facilities for maintenance, safety, and overall effectiveness of the facility. The support vehicle will be used to conduct assessments, ensuring that any maintenance needs are identified and addressed promptly. In addition to facility maintenance, the support vehicle is vital to community outreach and training for riders to use public transportation and increase community engagement.*

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

*Fort Bend 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.*

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 support vehicle and mobile radio communication equipment.*

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

**Vendor Name**

**Description of goods/services**

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. \*  
 N/A

Yes  No

**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 a miscellaneous support vehicle and communication equipment. The support vehicle will be used to support operations, maintenance, and administrative activities.*

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. \*  
*The miscellaneous support vehicle will be used to support operations, maintenance, and administrative activities, including conducting assessments at transit facilities to ensure that any maintenance needs are identified and addressed promptly, and performing community engagement and training for riders to use public transportation. Mobile radio communication equipment helps to improve transit operations. Effective communication is essential, especially during emergencies. Mobile radio systems provide staff with reliable and real-time communication capabilities, allowing for quick response times and efficient coordination. Effective communication equipment helps to ensure that any issues arising in transit can be addressed promptly, enhancing overall safety and service reliability for riders.*

**Attachments**

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

**Description**  
 FBC Service 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:

- 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

*KP George*

*County Judge*

*Sep 24 2025 10:00AM*

# Budget and Milestones

**Agency Name**

Fort Bend County

**Program Type**

Section 5339 - Rural Bus and Bus Facilities Program - 2022 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.

Description	Scope	Suffix #	TPN	Fuel Type	# of Units	Award Amount	State Match	Local Match	In-Kind Match	Total Funds	TDC Requested?	Match Ratio	TDC Amount	Estimated RFP/IFB Issued	Estimated Contract Award	Estimated First Vehicle Delivered	Estimated Last Vehicle Delivered	Estimated Contract Complete
Acquisition of Support Vehicles - 11.42.11								Gasoline	1	\$46,000			\$46,000	[X]	0	10/01/2025		11/30/2026
Acquisitions - Miscellaneous Equipment - 11.62.20										\$15,721			\$15,721	[X]	0	10/01/2025		11/30/2026
Subtotal:										\$61,721		\$0	\$0	\$0	\$61,721			0