**Application Checklist**

A complete Annual Transportation Plan will include each of the following items. They should be assembled in the sequence indicated.

Cover Page that includes “FY2021 Annual Transportation Plan,” legal name, jurisdiction name, and date submitted to MDOT MTA.

**Included/ N/A To be Date**

**Complete Submitted**

**PART I-A -Program Description**

A. Contact Information

1. The System for Award Management (SAM)

B. Operators/Service Description

C. Project Coordination

(Attachments-Timetables, Marketing Materials, etc.) **(Part I-A-Timetables.pdf, Part I-A-Marketing.pdf)**

**PART I-B - Current Services**

Form 1: Transportation Program Summary

Form 2: Current Service Characteristics

Form 2a: FY 2018 Service Perf. Summary

Form 6: Revenue Vehicle Inventory

Form 6a: Facilities & Facilities-Related Equipment

Form 6b: Non-Revenue Vehicles & Other Equipment

Form 7: Vehicle Utilization Plan

**PART I-C – Program Compliance, Part I**

A. EEO/DBE/TITLE VI Contacts

B. Civil Rights Compliance – Applicant

EEO Program

**(Part I-C-EEA Plan.pdf)**

DBE Program or Policy Statement

**(Part I-C-DBE Plan.pdf)**

Title VI Policy Statement

**(Part I-C-Title VI Plan.pdf)**

C. Civil Rights Compliance – Contractor

EEO Program

**(Part I-C-Contractor EEO.pdf)**

DBE Program or Policy Statement

**(Part I-C-Contractor DBE.pdf)**

Title VI Policy Statement

**(Part I-C-Contractor Title VI.pdf)**

D. Safety & Security

E. Maintenance

All relevant forms

**(Part I-C-PM Forms.pdf)**

Pre-Trip Inspection

Written contract (s) &

price schedules

Sample of PM Certification

Copy of Facilities Maintenance Plan

**(Part I-C-PM Facility Plan.pdf)**

F. Training

**Included/ N/A To be Date**

**Complete Submitted**

G Purchased Transportation

Copies of current contracts

**(Part I-C-Purchased Transportation.pdf)**

H. Drug and Alcohol Testing Program

**(Part I-C-Drug Alcohol.pdf)**

I. Cell Phone Policy

Copies of policy

**(Part I-C-Phone.pdf)**

**PART II-A** - **FY Budget Request**

Form B-1: FY2021 Grant Budget Summary

Form B-2: Operating Budget

Operating Project Justification

Form B-3: Contract Operator Budget

Form B-4: ADA Operating Budget

ADA Project Justification

Form B-5: Technical Assistance Budget

**PART II-B – FY Capital Project Plan**

Form C-1: Summary of Capital Requests in Order

Form C-2a: Small Bus Cost Worksheet-Type 1A

Form C-2b: Small Bus Cost Worksheet-Type 2A

Form C-2c: Small Bus Cost Worksheet-Type 3A

Form C-2d: Small Bus Cost Worksheet-Type 4A

**Medium Bus Cost Worksheets**

Form C-3a: American Bus-Type 1A

Form C-3b: American Bus-Type 1B

Form C-3c: American Bus-Type 2A

Form C-3d American Bus-Type 3A

Form C-3e: American Bus-Type 4A

Form C-3f: American Bus-Type 4B

Form C-3g: Sonny Merryman-Type 2A

Form C-3h: Sonny Merryman-Type 3A

Form C-3i: Alexander-Dennis-Type 4A

Form C-3j: Alexander-Dennis-Type 4B

Form C-3k: Rohrer-Type 2A

Form C-3l: Rohrer-Type 2B

Form C-3m: Rohrer-Type 3A

Form C-3n: Rohrer-Type 3B

Form C-4: FY2021 Vehicle Requests

Vehicle Replacement Worksheet

Capital Justification Form (Vehicles)

Independent Cost Estimate (ICE)

Form C-5: FY2021 Vehicle Refurbishments

Capital Justification Form (Vehicles)

Independent Cost Estimate (ICE)

Form C-6: FY2021 Future Vehicle Requests

Form C-7: FY2021 Equipment Requests

Capital Justification Form (Equipment)

Independent Cost Estimate (ICE)

Form C-8: FY2021 Future Equipment Requests

Form C-9: FY2021 Facilities Requests

Capital Justification Form (Facilities)

Independent Cost Estimate (ICE)

**Included/ N/A To be Date**

**Complete Submitted**

**PART II-C – Certifications and Assurances**

**Public Transportation Programs (Federal Funding)**

1. State Programs Assurances
2. Certification of Area Agency on Aging
3. Authorizing Resolution
4. Opinion of Counsel
5. Special Section 5333(b) Warranty
6. List of Labor Representatives
7. Civil Rights Certification
8. Certification of Equivalent Service
9. Federal Assurances

**APPLICATION for more than $100,000 in FTA Funds**

1. Certification on Restrictions on Lobbying

**IF APPLICATION for SSTAP ONLY**

1. Assurances for SSTAP
2. Assurances for State Programs
3. Certification of Area Agency on Aging

**PART II-D – Project Compliance, Part II**

1. Public Hearing

**(Part II-D-Public Hearing.pdf)**

Copy of Published Notice

Copies of any written comments

List of Attendees

Minutes from hearing

Letter stating no requests for hearing         

1. Private Enterprise Involvement

**(Part II-D-Private Enterprise.pdf)**

List of Private Operators

Sample of letter to Private Operators

Any comments from Private Operators

**PART II-E – ITS Architecture Conformity Process**

Preliminary ITSQuestionnaire

This section is to be completed by the person who validated the accuracy and completeness of this application.

Validated By: Date:

[Print Name] Add Signature/Title