**PART III**

**CERTIFICATIONS AND ASSURANCES**

**Complete the standard requirements and assurances, inserting the necessary forms at the back of this application.**

1. **Assurances**

* **FTA Assurances and Certifications**
* **Link to FY 2020 FTA Certifications and Assurances:**

<https://www.transit.dot.gov/sites/fta.dot.gov/files/docs/funding/grantee-resources/certifications-and-assurances/147956/fy20-certifications-and-assurances.pdf>

* **Authorizing Resolution**
* **Opinion of Counsel**
* **Civil Rights**
* **Project Assurances**
* **Coordination Assurances**
* **Lobbying Certification**

1. **Private Non-Profit Status**
2. **Regional Coordinating Body or Metropolitan Planning Organization Certificate of Endorsement**
3. **Procedures for Notifying all Transportation Providers**

* **Operator Notification Certification**

**PLEASE NOTE:**

**TYPE THE NAME OF YOUR ORGANIZATION IN EACH BLANK SPACE ON THE FOLLOWING PAGES, USE THE ASSURANCE FORMS PROVIDED.**

**DO NOT RETYPE**

SAMPLE: Authorizing Resolution

**PUBLIC TRANSPORTATION PROGRAM RESOLUTION**

(Name of Authorizing Body)

WHEREAS, the Maryland Transit Administration is the designated recipient in Maryland for grants under the Federal Transit Act; and

WHEREAS, the Maryland Transit Administration will apply for a grant from the US Department of Transportation, Federal Transit Administration and receives funds from the Maryland General Assembly to provide assistance for public transportation projects; and

WHEREAS, the purpose of the Section 5310 program is to improve mobility for seniors and individuals with disabilities throughout the country, by removing barriers to transportation services and expanding the transportation mobility options available. Toward this goal, FTA provides financial assistance for transportation services planned, designed, and carried out to meet the special transportation needs of seniors and individuals with disabilities in all area.

WHEREAS, the Maryland Transit Administration has been designated as the State agency with principle authority and responsibility for administering the Section 5310 Program for small urbanized and rural areas; and

WHEREAS, (Legal Name of Applicant) hereby assures and certifies that it will comply with the Federal and State statutes, regulations, executive orders, and all small administrative requirements related to the applications made to and grants received from the Federal Transit Administration, as well as the provisions of Section 1001 of Title 18, U.S.C.

NOW, THEREFORE, be it resolved that the (Authorized Official’s Title)\* of (Name of Applicant’s Governing Body) is hereby authorized to submit a grant for Federal and State funding, provide the required local match, make the necessary assurances and certifications and be empowered to enter into an agreement with the Maryland Transit Administration to provide public transportation services.

I ( Certifying Official’s Name)\* (Certifying Official’s Title) do hereby certify that the above is true and correct copy of an excerpt from the minutes of a meeting of the (Name of Applicant’s Governing Board) duly held on the day of , .

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Certifying Official Date

**SAMPLE**

**OPINION OF COUNSEL**

Name of Recipient Address of Recipient

Dear (Responsible Official for Recipient):

This communication will serve as the requisite opinion of counsel to be filed with the Federal Transit Administration, United States Department of Transportation, in connection with all applications of (Recipient) for financial assistance pursuant to the provisions of the Federal Transit Act (the "Act") for planning, capital, training, demonstration, and/or operating assistance project(s). The legal authority for (Recipient's) ability to carry out planning, capital, training, demonstration, and/or operating assistance projects directly, by lease, contract, or otherwise is set forth below:

1. (Recipient) is authorized under (cite and quote from legal authority) to provide and assist public transportation by acquisition, construction and operation of existing or additional transit facilities. This assistance may be provided directly by (Recipient) or be lease arrangements with other parties.

2. The authority of (Recipient) to provide for its share of project funds is set forth in (cite source and provide a copy of, for example, local ordinance passed by City Council making local funds available.)

3. I have reviewed the pertinent Federal, State and local laws, and I am of the opinion that there is no legal impediment to your making applications for financial assistance pursuant to the Act. Furthermore, as a result of my examination, I find that there is no pending or threatened litigation for other any which might in any way adversely affect any proposed project(s), or the ability of (Recipient) to carry out such projects.

Sincerely,

Legal Counsel

**CIVIL RIGHTS INFORMATION**

As a condition of receipt of funding from Section 5307, 5310, 5311, 5316 and/or 5317 of the Federal Transit Act, information is needed from you on the implementation of Title VI, Civil Rights. You must submit the following as part of your application.

1. **Lawsuits or Complaints**

Attach to this certification a list of any active lawsuits or complaints naming your agency which allege discrimination on the basis of race, color, or national origin with respect to service or other transit benefits. The list should include; the date the lawsuit or complaint was filed, a summary of the allegation, the status of the lawsuit or complaint, including whether the parties to a lawsuit have entered into a consent decree.

\_\_\_\_\_\_\_\_\_\_ Check here if no such lawsuits or complaints have occurred within the past

year, a Statement to this effect must be submitted.

2. **Federal Financial Assistance**

Attach a description of all pending applications for financial assistance, and all financial assistance currently provided by other Federal agencies.

3. **Civil Rights Compliance Reviews**

Attach a summary of all civil rights compliance review activities conducted in the last three years. The summary should include; the purpose or reason for the review, the name of the agency or organization that performed the review, a summary of the findings and recommendations of the review, a report on the status and/or disposition of such findings and recommendations.

\_\_\_\_\_\_\_\_\_\_ Check here if a summary of all civil rights compliance review activities is not needed.

This review would be included as part of your A-128 or A-133 Single Audit or Triennial Review or conducted by the U.S. Office of Civil Rights, Federal Transit Administration.

(Signature of authorized official & date)

(Print authorized official’s name)

(Applicant’s title)

**NON-PROFIT STATUS**

Insert one of the following as evidence of your organizations non-profit status:

1. A copy of the Articles of Incorporation filed with the Maryland Department of Assessments and Taxation, or

2. A copy of the determination letter from the U.S. Internal Revenue Service documenting your organization's private, non-profit status.

Although a copy of either of the above is acceptable, submission of Item # 2 (above), IRS documentation, greatly expedites the State and FTA reviews of your non-profit status.

The documents submitted for this part of your application **must** reflect the current and correct name of your organization.

**Maryland Department of Transportation**

**Maryland Transit Administration**

**Maryland Section 5310 Program**

**PROJECT ASSURANCES**

1. For applications for all capital projects, I certify that the 20% local contribution will be available when required, in the form of cash or certified check. I understand that for non-vehicle capital projects the maximum amount available for reimbursement from the MDOT MTA will be 80%. For all projects in this application, I certify that the local match will be provided from sources other than Federal DOT funds. (Federal Community Development Block Grant, Revenue Sharing, and Appalachian Regional Commission funds may be used.)

2. I have reviewed the foregoing estimates of operating expenses and revenues, and to the best of my knowledge, these Statements are reasonable, and the proposed project is within the financial capability of the organization to operate. I understand that the maximum amount for reimbursement from the MDOT MTA will be 50%.

3. I certify that any vehicles purchased on behalf of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ under the Section 5310 Program in Maryland will not be used in the transportation of school pupils to and/or from educational facilities defined and recognized by the Maryland Department of Education. I further certify that said vehicles will be utilized in full compliance with program guidelines and regulations, and in general accordance with the plan as approved in this application.

4. I certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is incorporated in the State of Maryland as a private, non-profit organization; and furthermore, that said organization is currently in good standing with the Maryland Department of Assessments and Taxation.

5. I certify that equipment purchased under this Federal grant program on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will be maintained in accordance with the maintenance and inspections schedules provided by the manufacturer.

6. I certify that based on my experience with and a review of the organization's records, that the organization has the requisite fiscal and managerial capability to operate the project.

7. I certify that vehicles purchased under this Federal grant program on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will, to the extent practical, be used for coordination with other non-profit organizations.

8. I certify that the services provided or offered to be provided by existing public or private transit or paratransit operators are unavailable, insufficient, or inappropriate to meet the special needs of the seniors and individuals with disabilities proposed to be served by the assistance sought under this application.

9. Verification

I am an officer of the non-profit organization applying herewith and am authorized to make this verification on its behalf. The Statements and certifications in the foregoing document are true of my own knowledge.

I declare that the foregoing is true and correct.

Signature of Authorized Official\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COORDINATION ASSURANCE**

The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(recipient) assures, in accordance with the requirements of Section 5310 (b)(5) of Federal Transit Laws, Title 49, United States Code, Chapter 53, as amended, that the program to be assisted under this grant application provides for the maximum feasible coordination of its transportation services with transportation services assisted by other Federal sources.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Official

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (printed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

CERTIFICATION OF RESTRICTIONS ON LOBBYING

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Authorized Person) hereby certify to the Maryland Transit Administration of the Maryland Department of Transportation, on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Applicant-Grantee) that to the best of my knowledge and belief:

1. No Federal appropriated funds have been or will be paid by or on behalf of the Applicant to any person to influence or attempt to influence an officer or employee of any Federal agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress regarding the award of Federal assistance, or the extension, continuation, renewal, amendment, or modification of any Federal assistance agreement; and

a. If any funds other than Federal appropriated funds have been or will be paid to any person to influence or attempt to influence an officer or employee of any Federal agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with any application for Federal assistance, the Applicant assures that it will complete and submit Standard Form-LLL, “Disclosure Form to Report Lobbying,” including information required by the instructions accompanying the form, which form may be amended to omit such information as authorized by 31 U.S.C. 1352.

b. The language of this certification shall be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, subagreements, contracts under grants, loans, and cooperative agreements).

2. The Applicant understands that this certification is a material representation of fact upon which reliance is placed by the Federal Government and that submission of this certification is a prerequisite for providing Federal assistance for a transaction covered by 31 U.S.C. 1352. The Applicant also understands that any person who fails to file a required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Official & Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

**Regional Coordinating Body Certificate of Endorsement**

A certificate of endorsement by the appropriate Coordinating Body and or Metropolitan Planning Organization (MPO) is required for all applicants in order to be considered for Section 5310 funding in Maryland.

1. Applicants submit one electronic copy via email of Part II – Sections 1 through 5 to the appropriate Regional Coordinating Body and or MPO by **November 30, 2020.**

* Shore Transit (Somerset, Wicomico, Worcester)
* Maryland Upper Shore Transit - MUST (Caroline, Cecil, Dorchester, Kent, Queen Anne's, Talbot)

* Southern Maryland Regional Transportation Coordination Committee - Calvert, Charles and St. Mary's counties)
* Tri County Council of Western Maryland (Allegany, Frederick, Garrett and Washington counties)
* Baltimore Metropolitan Council (Anne Arundel, Baltimore, Carroll, Harford, Howard counties)
* Washington Metropolitan Council of Governments (Montgomery and Prince George’s counties)

2. A technical subcommittee of the Regional Coordinating Bodies reviews applications to ensure transportation services are coordinated to the maximum extent feasible and the projects are included in or derived from the region’s most recent human service transportation coordination plan. Applications are reviewed based on:

* Applicant's knowledge of other providers’ purpose, capabilities, and areas served;
* Degree to which proposed project demonstrates transportation coordination with local or regional service agencies and existing transit and paratransit providers;
* Extent of coordination of services, maintenance, fuel, and training;
* Percentage of operating time other agencies have use of applicant's vehicles;
* Existence of contracts or agreements for purchasing or providing transportation services;
* Applicant's involvement in local or regional coordination efforts.

3. The subcommittee makes recommendation to the full Coordinating Body. The Coordinating Body reviews subcommittee's recommendation and determines applications for endorsement. Applications are not ranked but are given an endorsement or non-endorsement. A debriefing from the Regional Coordinating Body may be requested by any applicant that receives a non-endorsement.

4. The Coordinating Body presents endorsed projects to MDOT MTA (and thereby the SCCHST Review Subcommittee) by **December 31, 2020**. The SCCHST Review Subcommittee considers the Regional Coordinating Bodies endorsements as part of award process.

6. The SCCHST Review Subcommittee will meet to review and rank submitted projects during the week of **February 22, 2021**.

Maryland Department of Transportation

Maryland Transit Administration

Section 5310 Program

##### REGIONAL COORDINATING BODY OR METROPOLITAN PLANNING ORGANIZATION CERTIFICATE OF ENDORSEMENT

for

Transportation Projects of Private, Non-Profit Organizations

Applying for Assistance in Maryland under Section 5310 of the

Fixing America’s Surface Transportation Act (FAST Act)

State FY2022 and FY2023

This serves as recognition and certification of the transportation service to be provided to seniors and individuals with disabilities by (Applicant Agency) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as an essential service for the Region and is coordinated to the maximum extent feasible with other transportation services. The services proposed are found to be necessary to meet area transportation needs, are included in or derived from the most recent regional human service transportation coordination plan, and therefore this agency’s application for FY 2022-2023 Section 5310 funding in Maryland is endorsed.

Regional Coordinating Body or

Metropolitan Planning Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Planning Official: (typed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Above Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_ Consistent with State Coordination

\_\_\_\_\_\_\_ Inconsistent with State Coordination

Maryland Department of Transportation

Maryland Transit Administration

Maryland Section 5310 Program

#### PRIVATE SECTOR INVOLVEMENT CERTIFICATION

#### PUBLIC NOTICE CERTIFICATION

#### OPERATORS NOTIFICATION CERTIFICATION

Please provide a description of Private Sector Involvement and include sample copy of the certified public notice and one sample copy of the letter that was sent requesting comments on the proposed project were sent to each of the transit and paratransit operators, both public and private, listed below who are known to be providers of transportation in our service area.

Description of Private Sector Involvement:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments

Received\*

Operator Contacted Address Yes No

I certify that I have made a good faith effort to notify all transit and paratransit operators, both public and private, in my service area, and they have been contacted concerning the transportation service we propose to provide for the elderly and persons with disabilities.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Official

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (printed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**When you complete your application:**

This application including a transmittal letter to Nancy Huggins (contact information is below) in its entity should be uploaded to: [https://mtaolts.ecopwise.com](https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmtaolts.ecopwise.com%2F&data=02%7C01%7Cnhuggins%40mdot.maryland.gov%7C3d52cb53dc7f4dbecbaf08d8541899ee%7Cb38cd27c57ca4597be2822df43dd47f1%7C0%7C0%7C637351811933318677&sdata=%2F9y82MCJv8o0%2FLmHqY%2F1gEGKH9%2BWvkfYV6nJdFAlEVk%3D&reserved=0).

Please note, your one FILE may include different documents but [they] must be clearly marked as to which PART and/or SECTION it refers to.

For example:

PART II, Section General Information, OR

PART II, Section 5 Fiscal Information/Budget, OR

PART II, Vehicle Worksheets/Order Forms

PART III, Certifications and Assurances

SUPPLEMENTAL DOCUMENTS/INFORMATION

**HARD COPY APPLICATIONS WILL NOT BE ACCEPTED;**

**ALL APPLICATIONS MUST BE UPLOADED TO** [https://mtaolts.ecopwise.com](https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmtaolts.ecopwise.com%2F&data=02%7C01%7Cnhuggins%40mdot.maryland.gov%7C3d52cb53dc7f4dbecbaf08d8541899ee%7Cb38cd27c57ca4597be2822df43dd47f1%7C0%7C0%7C637351811933318677&sdata=%2F9y82MCJv8o0%2FLmHqY%2F1gEGKH9%2BWvkfYV6nJdFAlEVk%3D&reserved=0)

**NO LATER THAN JANUARY 15, 2021 BY 4:00 PM.**

**Transmittal Letter Information:**

Nancy Huggins

Program Manager

Maryland Transit Administration

6 St. Paul Street, 8th Floor

Baltimore, Maryland 21202