**GRANT APPLICATION FOR**

**STATEWIDE COORDINATION AND TECHNICAL ASSISTANCE**

**FOR FISCAL YEAR 2024**



**Issued January 17, 2023**

**ONE ELECTRONIC COPY** must be received by the Office of Local Transit Support by **April 21, 2023 at 3:00 pm.** If applications are not received by this deadline, the Maryland Department of Transportation Maryland Transit Administration (MDOT MTA) reserves the right to not accept your application.

## FY 2024

**STATEWIDE COORDINATION AND**

**TECHNICAL ASSISTANCE**

**Grant Application**

**Grantee:**

**Submitted by:**

*(Contact person for questions regarding this application)*

**Name/Title:**

**Organization:**

**Phone:**

**Fax:**

**Email:**

**Date:**

State Coordination & Technical Assistance (SCATA)

***APPLICATION CHECKLIST***

A COMPLETE application shall consist of the following items in the sequence they are mentioned – the cover page is first. Please, make sure that information provided in the forms addresses the ***SCATA objectives.***

**Cover page (that includes the following):**

X “FY 2024 State Coordination & Technical Assistance (SCATA) Application”

X Applicant organization name and Contact person information.

X Date submitted to MDOT MTA.

X Application Checklist

PROGRAM SUMMARY AND BUDGET FORMS:

**Section 1 – Program Description**

X Section A: Contact Information

X Section B1: Marketing/Advertising Program

X Section C: Project Coordination - Responses to all questions

**Section 2 – Current Service (if applicable)**

 X Form 1: Transportation Program Summary

 X Form 2: Current Service Characteristics

**Section 3 – Budget Request:**

 X Form B-2: Operating Budget Summary

 (Fill out Section (2) - Column: “Other”

* Form B-3: If necessary. N/A
* Operating Project Justification Form N/A

(Complete: Project Description AND Project Justification)

**Section 4 – Program Compliance:**

A, B, AND C – CIVIL RIGHTS

 X Complete ALL sections, use “N/A” where appropriate.

D. Public Hearing—Responses to all questions including attachments:

 X Certified Copy of the Notice received from the newspaper

***and***

If Public Hearing requested and conducted: N/A

* a list of attendees
* minutes of the public hearing
* copies of any written statements received

***or***

If Public Hearing was NOT requested:

 X A letter from the Applicant stating that there were no requests for a Public Hearing (See Appendix B)

E. Private Enterprise Involvement—Responses to all questions including attachments:

 X list of all private operators contacted

 X copy of the notification letter (sample format provided in Appendix C)

If comments were received: N/A

* copies of any comments received
* copies of any responses sent

F. Purchased Transportation N/A

* If applicable, copy of contract

G. Cell Phone Use

 X Copy of policy

**Section 5 – State of Maryland Assurances:**

X Civil Rights Information

X Authorizing Resolution

**SCATA – FY 24**

**PROGRAM DESCRIPTION**

**SECTION 1**

**Statewide Coordination and Technical Assistance for Fiscal Year 2024**

**SECTION 1**

**PROGRAM DESCRIPTION**

**This part of your application is critical in justifying funding requested in your application as well as documenting that planning requirements have been completed. Refer to application instructions for more information on what is required under each section.**

**All responses should be placed in the yellow/shaded boxes, simply place your cursor in the shaded area and type. Copy and Paste where necessary inside the yellow boxes. The boxes will expand with your entries. Address ALL areas.**

**Jurisdiction/Program:**

**Legal Applicant** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A. CONTACT INFORMATION**

**Applicant Organization**

Legal Name:

Mailing Address:

Street Address:

City:    State: MD   Zip code:

Federal Taxpayer ID:

DUNS #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CAGE CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application Submitted By - Must be person named on Authorizing Resolution**

Name:

Title:

Telephone:     Fax:

Email:       TTY:

**Application Contact -Person to whom questions should be directed**

Name:

Title:

Telephone:     Fax:

Email:     TTY:

**Operator Contact--Public Transportation Programs**

Name:

Title:

Organization/Company:

Mailing Address:

Street Address:

City:     State: MD  Zip code:

Telephone:     Fax:

Email:     TTY:

**Operator Contact—SSTAP/ADA Programs**

Name:

Title:

Organization/Company:

Mailing Address:

Street Address:

City:    State: MD  Zip code:

Telephone:     Fax:

Email:     TTY:

**B. OPERATOR/SERVICE DESCRIPTION**

**1. Service Description**

**Provide a general description of all the transportation services your organization provides or administers**. Submit one (1) set of public timetables, schedules, brochures, and maps.

**2. Marketing/Advertising Program**

***Describe*** your outreach and marketing program. Submit one (1) copy or sample of all brochures or advertisements used with your application.

**C. PROJECT COORDINATION**

State and Federal funding streams encourage and require coordination of resources and effort in order to minimize duplication, recognize efficiencies, increase transportation options and opportunities, and to improve overall mobility. Please refer to the section on Project Coordination in the Application Instructions for more guidance when completing this section.

1. **Coordination *Within* Your Organization.**

***Describe*** how programs are integrated with each other and with your total transportation program.

1. **Coordination with Other Organizations**
2. How do you currently coordinate services with other organizations? Describe efforts to share vehicles, trips, seats, passengers, fuel, maintenance, and/or other services with other transportation operators in your service area.

1. Provide a list of all transportation providers and/or organizations that have a program with a transportation element in your service area, and ***describe*** the relationship(s) between programs.

3. **Transportation Advisory Committee.**

Do you have a local Transportation Advisory Committee?

 [ ] YES [ ] NO

If yes, ***describe*** the organizational structure, objectives, membership, meeting schedule, and SUBMIT one (1) copy of minutes from the most recent two meetings.

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**Section 2 & 3 are in attached Excel Document**

**SCATA-24**

**PROGRAM COMPLIANCE**

**SECTION 4**

**STATE COORDINATION AND TECHNICAL ASSISTANCE**

**SECTION 4**

**PROGRAM COMPLIANCE**

**A. CIVIL RIGHTS**

Do you: 1) employ **100 or more** transit-related employees (including temporary, full-time, or part-time employees either directly and/or through contractors); **AND** 2) request or receive State/Federal capital or operating assistance in excess of $1 million in the FY2023, or request or receive planning assistance in excess of $250,000 in FY2023? ***If "Yes", to both questions, provide one copy of your current MDOT MTA approved EEO.***

**[ ]  YES [ ]  NO**

Do you: 1) employ **50-99** transit-related employees (including temporary, full-time, or part-time employees either directly and/or through contractors); **AND** 2) request or receive State/Federal capital or operating assistance in excess of $1 million in the FY2023, or request or receive planning assistance in excess of $250,000 in FY2023? ***If "Yes", to both questions, provide one copy of your current MDOT MTA approved EEO Program.***

**[ ]  YES [ ]  NO**

If your organization does not have an MDOT MTA approved EEO Program or Abbreviated Program, please contact your *program manager, Bruce Hojnacki at 410-767-3758 or bhojnacki@MDOT MTA.maryland.gov.*

The State and any subrecipients that receive funds from FTA for planning, capital, or operating assistance or any combination thereof in excess of $250,000 to award in prime contracts, **NOT** including funds for transit vehicle purchases, in a given Federal Fiscal Year must prepare a DBE Program.

Is the amount of State/Federal funds received in FY2023 for planning, capital, operating assistance, or any combination thereof more than $250,000? ***If "Yes", please provide a copy of your approved DBE Program. If your organization does not have an MDOT MTA approved DBE Program, please contact your program manager.*** ***You must prepare and submit a DBE Program.***

 **[ ]  YES 20 [ ]  NO**

If your project received **less than $250,000**, do you have an MDOT MTA approved DBE Policy Statement? ***If "Yes", please provide a copy of your approved DBE Policy Statement. If your organization does not have an MDOT MTA approved DBE Policy Statement, please contact your program manager.*** ***You must prepare and submit a DBE Policy Statement.***

**[ ]  YES [ ]  NO**

Do you have a purchase of service agreement with a private operator/contractor? ***If "Yes", please provide one copy of the contractor's EEO Program AND their DBE Program or Policy Statement according to the naming protocol illustrated on the Application Checklist.***

**[ ]  YES [ ]  NO**

Do you have a purchase of service agreement with a private operator?

**[ ]  YES [ ]  NO**

If "Yes", please provide one (1) copy of the contractor's EEO Plan AND their MBE Plan.

|  |
| --- |
| Have you submitted a Title VI Plan to the MDOT MTA within the past three years? If so, when?**[ ]  YES [ ]  NO**If “Yes”, has your Title VI Plan been approved by MDOT MTA?**[ ]  YES [ ]  NO** Are you in a census area with a population more than 200,000?**[ ]  YES [ ]  NO**Date of Approval       ***Please provide one copy of your most recent Title VI Policy Statement/Plan.*** |

**B. CIVIL RIGHTS CONTACTS - Applicant**

**EEO CONTACT - Applicant**

Name

Title

Department/Organization

Phone        E-Mail

Address

City, State ZIP

**MBE/DBE CONTACT - Applicant**

Name

Title

Department/Organization

Phone        E-Mail

Address

City, State ZIP

 **Title VI CONTACT - Applicant**

Name

Title

Department/Organization

Phone        E-Mail

Address

City, State ZIP

**C. CIVIL RIGHTS CONTACTS - Contractors**

**EEO CONTACT - Contractor**

Name

Title

Department/Organization

Phone        E-Mail

Address

City, State ZIP

**MBE/DBE CONTACT - Contractor**

Name

Title

Department/Organization

Phone        E-Mail

Address

City, State ZIP

**Title VI CONTACT - Contractor**

Name

Title

Department/Organization

Phone        E-Mail

Address

City, State ZIP

**D. PUBLIC HEARING**

Applicants are required to provide an opportunity for public comment based on the contents and funding requests to provide citizens a forum to present their views on the projects proposed.

The notice must be published in a newspaper of general circulation informing the public that a three-week period has been established during which they can request a public hearing on the program of projects. The process to request a hearing must be described in the notice (unless the hearing will be conducted whether or not a request is received).

The hearing should be proposed for 30 days from the date of notice with a three-week period to submit a written request for a hearing. The hearing should be held the following week.

The notice must include the following:

* Name of applicant
* Area to be served
* Program of Projects - description of service Budget and financing information. Notice must identify specific dollar amounts of state each project and clearly state that these funds are being applied for from the Maryland Transit Administration.
* Time, date, and place for the public hearing.
* An itemized list of ALL current capital requests.
* Instructions to request a hearing if you are publishing an opportunity for a hearing upon request.
1. Notice of Opportunity for a Public Hearing

Submit a Certified Copy received from the newspaper of the notice.

Date of publication of the notice:

This notice announced: (check one)

 [ ]  a scheduled hearing (no request needed)

[ ]  an opportunity for a hearing upon request.

If the notice announced an opportunity upon request, was a public hearing requested?

[ ]  **YES**

[ ]  **NO** - Submit a letter from the Applicant stating that there were no requests for a Public Hearing. *(See Appendix B)*

2. Location and Record

Where was the public hearing conducted?

Submit each of the following:

* a list of attendees, and
* minutes of the public hearing.

3. Comments

Were any written comments received?

[ ]  **YES** - Submit copies [ ]  **NO**

***Explain*** how public comments received at the hearing or in writing have been addressed and incorporated into your FY2024 program.

**E. PRIVATE ENTERPRISE INVOLVEMENT**

Applicants are required to notify private transportation providers of the opportunity to comment based on the contents and funding requests included in the ATP.

1. Documentation of Private Operator Notification

Date of mailing of the notification:

Submit each of the following:

* a list of all private operators contacted, and
* a copy of the notification letter (sample format provided in Appendix C)
1. Private Sector Reponses

Were any comments received from private operators?

[ ]  **YES** [ ]  **NO**

If **yes**, Submit all the following:

* + - copies of any comments received, and
		- copies of any responses sent by the Applicant to the person commenting on your program.

***Explain*** how private sector comments received at the public hearing or in writing have been addressed and incorporated into your FY2024 program.

1. Description of Private Sector Involvement in the Planning Process

***Describe*** the private sector’s involvement in the project development process prior to the public hearing. Discuss your local transportation Advisory Committee membership and inclusion of private sector representatives.

**F. PURCHASED TRANSPORTATION**

If you have a contract with a separate provider who is included on your Form B-2 as Purchased Transportation and you have submitted a Form B-3 on their behalf. Submit one (1) copy of their contracts with your application.

A brief description of the contract arrangement should be included here, including the operator(s), contract term and any options, and the scope of services to be provided.

 **G. Cell Phone Use**

 Do you have a policy regarding the use of cell phones and other portable electronic devices for employees of your program?

[ ] YES [ ] NO

Submit one (1) copy of your local policy.

**SCATA-24**

**CERTIFICATIONS AND ASSURANCES**

**SECTION 5**

**CIVIL RIGHTS INFORMATION**

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.

\_\_\_\_\_\_\_\_\_\_ Initial 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.

\_\_\_\_\_\_\_\_\_\_ Initial here if a summary of all civil rights compliance review activities has not been conducted within the last three (3) years.

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

 (Signature of authorized official & date)

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

 (Print authorized official’s name)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(applicant’s title)

*SAMPLE*

**Authorizing Resolution** #\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, MARYLAND**

(Name of Authorizing Body)

 A RESOLUTION authorizing

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

(title/position of person authorized to file the application)

to file an application with the Maryland Transit Administration of the Maryland Department of Transportation for a Section(s) 5303, 5304, 5307, 5309, 5310, 5311, 5316, 5317 grant(s) under the Federal Transit Act, and/or Statewide Coordination and Technical Assistance grant.

 WHEREAS, the Administrator of the Maryland Transit Administration of the Maryland Department of Transportation is authorized to make grants to counties and to local governments for a mass transportation program of projects, and

 WHEREAS, the contract for financial assistance will impose certain obligations upon the applicant, including the provision by it of the local share of the project costs in the program; and

 WHEREAS, it is required by the United States Department of Transportation in accordance with the provisions of Title VI of the Civil Rights Act of 1964 that, in connection with the filing of an application for assistance under the Federal Transit Act, the applicant give an assurance that it will comply with Title VI of the Civil Rights Act of 1964 and the United States Department of Transportation requirements thereunder; and

 WHEREAS, it is the goal of the applicant that Disadvantaged Business Enterprises be utilized to the fullest extent possible in connection with this project, and that definite procedures shall be established and administered to ensure that DBEs/MBEs shall have the maximum subcontracting opportunities for this project.

NOW, THEREFORE, BE IT RESOLVED by

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Maryland, (Name of Authorizing Body)

the filing of the aforesaid application be endorsed, and

 BE IT FURTHER RESOLVED that the Chief Executive Officer is hereby requested to endorse this resolution, thereby indicating approval thereof; and

 BE IT FURTHER RESOLVED that copies of this resolution be sent to the Maryland Transit Administration of the Maryland Department of Transportation.

ATTEST:

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

Witness Chair/Council Leader

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

Witness Chief Executive Officer

ADOPTED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date

**Certificate**

This certifies that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ did in fact before me this date, sign and execute this application and the foregoing Resolution.

Approved as to Form and Legal Sufficiency:

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

Signature of Recording Officer

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

Title of Recording Officer

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

Date

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

My Commission Expires\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPENDICES**

* Appendix A: Glossary of Terms Used on the Operating Budget Worksheets
* Appendix B: Example of a Letter to Submit in the Event That No Public Hearing was Conducted
* Appendix C: Example of a Letter to Send to Private Operators
* Appendix D: Definitions
* Appendix E: Template of Independent Cost Estimate (ICE) Form
* Appendix F: Sample of Independent Cost Estimate (ICE) Form

**APPENDIX A: Glossary of Terms Used on the Operating Budget Worksheets**

**GENERAL DEFINITIONS AND EXPLANATIONS**

***Eligible Operating Expenses:*** Those expenses directly associated with the daily operation of a transportation program. For example:

- Salaries and fringe benefits of the transportation project director, secretary, bookkeeper, drivers, mechanics, dispatchers or other personnel performing job duties of an administrative nature;

 - License fees and taxes;

 - Fuel and oil;

- Office supplies and items associated with office operations;

 - Facilities and vehicle rental.

***Ineligible Expenses:*** Expenses relating to the transportation program which are not directly related to the daily operations of the program. For example:

- Expenses of a city council in considering transit matters;

 - Charitable contributions and donations;

 - Entertainment expenses;

 - Fines and penalties;

 - Interest expenses on loans; and

- Depreciation accrued on facilities or equipment purchased with Federal and/or State grants.

 **Definitions of Terms Used on Operating Budget Worksheet**

***Vehicle Operations***

*Driver salaries -Includes all wages paid to drivers for the operation of passenger vehicles or the value of time spent driving.*

*Dispatcher salaries -Includes all wages paid to individuals responsible for the dispatching of passenger vehicles or the value of time spent dispatching.*

*Fringe benefits -Includes the cost of fringe benefits for drivers and dispatchers.*

*Fuel and oil -Includes the cost of gasoline, diesel fuel, engine oil and other lubricants.*

*Tubes and tires - Includes maintenance, purchase, and rental of tubes and tires.*

*Vehicle insurance - Includes the cost of vehicle and transportation related types of insurance.*

*Vehicle lease - Includes the cost of leasing vehicles used to transport passengers.*

*Vehicle license -Includes the cost of licensing and/or registering vehicles used to transport passengers and vehicles used to support operations.*

*Vehicle storage - Includes the costs of renting a facility to store passenger vehicles or project related equipment.*

*Training - Includes training costs for operations employees.*

*Other - the cost of expenses not categorized above that contribute to the operation of your program. All items must be specified.*

***Purchased Service*** *-* These items must include the cost of any portion of service purchased from another.

***Maintenance***

*Mechanic salaries* - Includes all wages paid to mechanics on staff or the value of their time.

*Fringe benefits* - Includes the cost of fringe benefits for mechanics on staff.

*Maintenance service* - Includes the cost of outside contracts for maintenance of passenger vehicles.

*Preventative Maintenance* Includes monthly service and supplies to maintain the vehicle in state of good repair in order to reach the expected Useful Life of the vehicle.

*Materials & supplies* - Includes the cost of materials and supplies to maintain passenger vehicles and includes any materials and supplies not provided through a maintenance service contract.

*Maintenance facility* - Includes costs incurred by renting a facility in which vehicles are maintained by staff mechanics.

*Equipment rental* - Includes costs of renting maintenance equipment and includes any equipment rental costs not provided through a maintenance service contract.

*Utilities* - Includes all utility costs for maintenance facilities. If maintenance facilities are not metered separately, all utility costs should be included in the Administration utilities costs.

*Training* - Includes training costs for maintenance employees.

*Other* - Includes other maintenance costs not categorized above that contribute to the operation of your transportation program. All items must be specified.

***Administration***

*Administrator salary* - Includes all wages paid to the administrator of the agency for time allotted to the transportation programs or the value of their time spent on transportation‑type administrative duties.

*Manager salary* - Includes all wages paid to the manager of the transportation program for time allotted to the transportation programs or the value of their time spent on transportation management duties.

*Secretary salary* - Includes all wages paid for secretarial/clerical support for the duties.

*Bookkeeper salary* - Includes all wages paid for bookkeeping support for the transportation programs or the value of time spent on bookkeeping duties.

*Other staff* - Includes all wages paid to other staff not categorized above supporting the transportation programs or the value of their time. Other staff must be itemized.

*Fringe benefits* - Includes the cost of fringe benefits for the staff included in the salary categories listed above.

*Materials & supplies* - Includes all the cost of office materials and supplies.

*Telephone* - Includes all telephone rental, purchase and installation costs.

*Office rental* - Includes the cost of renting office space for the transportation program.

*Utilities* - Includes all utility costs for the administrative offices or for all facilities if they are not metered separately that are attributed to the space allocated to transportation.

*Office equipment* -Includes the cost of renting office equipment for the use of the transportation program or a proportionate amount.

*Training* - Includes training costs for administrative employees.

*Other* - Includes other administrative costs not categorized above that contribute to the operation of your transportation program. All items must be specified.

***Revenue*** - List all revenues received by the project which cannot be included as the local match.

*Contracts* - Revenues earned from special services on a continuing contract basis. Revenues derived from purchase of transportation passenger service contracts may be treated as contract revenue to the system if payments are made directly to the transportation operator by a human service agency.

*Advertising* - Amounts earned from advertising on vehicles or facilities.

*Other* - Revenues earned from transportation of mail, newspapers and other miscellaneous revenue attributable to operations. Non‑passenger transportation is allowed only if passengers are not displaced to provide these services.

***Net Project Cost*** - This amount represents the difference between total operating expenses and revenues and is the amount of eligible expenses to be covered by

local and Federal/State shares.

***Local Share*** - The local share includes all local funds contributed to meet the net project cost. Cash may include local appropriations or cash derived from other sources.

***Funds Requested*** - This is the amount of Federal/State funds requested and cannot exceed allowable percent of the net project cost.

**APPENDIX B: Example of a Letter to Submit in the Event That No Public Hearing was Conducted**

Date

*(name of your program manager)*

Office of Local Transit Support

Maryland Transit Administration

6 St. Paul Street

Baltimore, MD 21202-1614

Dear \_\_\_\_:

This letter serves to confirm that:

* \_\_\_\_\_\_\_(*Name of Applicant*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ afforded an opportunity for a public hearing on the FY2024 Statewide Coordination and Technical Assistance (SCATA) program of projects (POP) and budget. This notice was published in \_\_(*name of newspaper*)\_\_\_\_\_\_ on \_\_\_(*date*)\_\_\_\_\_, with the proposed public hearing to be held on \_\_\_(*date*)\_\_\_ if any requests were received by \_\_\_\_(*date*)\_\_\_\_\_(see attached copy of ad).
* No requests to hold the public hearing were received by the due date.
* Written comments received during the 30-day public comment period are attached. These comments were addressed in the manner described as follows: \_\_(*describe*)\_\_\_ (*Delete this paragraph if no written comments were received*.)
* No written comments on the POP or budget were received from the public. *(Delete this sentence if written public comments were received)*

As a result, the program of projects in the FY2024 Statewide Coordination and Technical Assistance (SCATA) is finalized as submitted.

 Sincerely,

*Signature of authorized official*

**APPENDIX C: Example of a Letter of Notification to be Sent to Private Operators**

Date

Company Name

Address

Subject: FY2024 Statewide Coordination and Technical Assistance (SCATA)

Salutation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is submitting an application for grant funds from the Maryland Department of Transportation and the Maryland Transit Administration. This letter is to notify you about *your organization’s* application, our FY2024 Statewide Coordination and Technical Assistance (SCATA), and to solicit your comments on the proposed plan.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is a \_\_\_\_\_\_\_\_\_\_\_\_\_\_*Describe Organization Services* . *Your organization’s name*  is applying for grant funding to continue to operate these public and specialized transportation services.

The FY2024 Statewide Coordination and Technical Assistance (SCATA) contains requests for funding assistance for the following programs:

***(include those that apply to your application)***

* the Statewide Special Transportation Assistance Program (SSTAP) which provides funds for transportation of elderly persons and persons with disabilities;
* the Section 5311 of the Federal Transit Act which provides funds for general public transit service in rural areas;
* the Section 5307 of the Federal Transit Act which provides funds for general public transit service in urbanized areas;
* the Section 5310 of the Federal Transit Act which provides funds for the enhanced mobility of seniors and individuals with disabilities.
* the State Americans with Disabilities Act (ADA) program which provides funds for federally-required paratransit services for persons with disabilities; and
* also included in our request, Federal and State capital funding assistance is being requested for the following items: ***(list each item identified on form C1 of the application)***

The details of how these funds will be used are documented in the FY2024 Statewide Coordination and Technical Assistance (SCATA), which will be available for review beginning \_\_(*date*)\_\_, at \_\_(*location*)\_\_ between the hours of \_\_\_\_ a.m. and \_\_\_\_ p.m. Monday through Friday. Written comments on this plan may be submitted through \_\_(*date*)\_\_ to \_\_\_(*name/mailing address*)\_\_\_.

***(Depending on whether you have a public hearing or an opportunity for a public hearing, the closing paragraph should be one of the following two options.)***

* ***(if Public Hearing:)***

A public hearing on this plan will be conducted at \_\_(*time*)\_\_, on \_\_(*date*)\_\_, at \_\_(*location*)\_\_. Should anyone attending the meeting require special assistance, such as a sign language interpreter, notify \_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_ no later than \_\_(*date*)\_\_.

* ***(if Opportunity for Public Hearing:)***

A public hearing will be held only upon request. Any person desiring a public hearing must submit a written request to \_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_ no later than \_\_(*time*)\_\_, on \_\_(*date*)\_\_. Should a public hearing be requested, it will be held at \_\_(*time*)\_\_, on \_\_(*date*)\_\_, at \_\_(*location*)\_\_. Even if you do not request a public hearing, you are welcome to submit your written comments for consideration.

If you should need any additional information on our service proposal, please contact \_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 Sincerely,

 *Signature of Program Director*

cc: *Bruce Hojnacki*

 Program Manager

**APPENDIX D: Definitions**

Associated Transit Improvements (ATI) – This type of improvement used to be referred to as “transit enhancements.” An ATI is a project “designed to enhance public transportation service or use and that [is] physically or functionally related to transit facilities.”

Fatalities – Anyone who dies associated with transit revenue operations

Injuries – Anyone who requires immediate medical transportation away from the scene associated with transit revenue operations

Reportable Incident

* Any event resulting in 1 or more fatalities
* Any event resulting in 1 or more injuries
* Any event resulting in total property damage of $25,000 or more

**APPENDIX E – TEMPLATE OF**

**INDEPENDENT COST ESTIMATE (ICE) FORM**

**You may use this form as a template for your agency’s Independent Cost Estimate. Place this form on your agency letterhead and incorporate into your Procurement Procedures.**

**NAME OF AGENCY**

## INDEPENDENT COST ESTIMATE (ICE) FORM

**Agency Name:**

**Project Name:**

**Grant Number:**

**Date:**

**Project Description: (must include type of good or service, number of units, preliminary**

**specifications or dimensions, product longevity, warranty and/or product service**

**requirements and number of purchase options expected to be exercised)**

**Date(s) and number of Estimates (cite each estimate source):**

**Estimate (cite expected unit price and extended price, including all services and required components):**

**Method of Obtaining Estimate (check appropriate section):**

 Obtained direct estimate from vendor(s):

 Published List Price:

 Past Agency Pricing (date and contract):

\_\_\_\_ Engineering or Technical Estimate:

 Independent Third-Party Estimate:

\_\_\_\_ Other (specify):

**Additional Comments:**

**Rationale for Type of Procurement (explain why the type of procurement and cost estimate was selected):**

**Prepared By:** **Date Prepared:**

**Phone: Email:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **APPENDIX F: EXAMPLE OF INDEPENDENT COST ESTIMATE (ICE) FORM** |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**FINDING WAYS TOGETHER**

**INDEPENDENT COST ESTIMATE (ICE) FORM**

**Agency Name: FINDING WAYS TOGETHER**

**Project Name: OFFICE FURNITURE**

**Grant Number: FW47SCATAC2024**

**Date: January 28, 2022**

**Project Description:** Finding Ways Together seeks to purchase a 36” 4-drawer legal size lateral file cabinet for its headquarters. The cabinet must have a lock. No specific color is required. This is a one-time purchase. No specific color required.

**Date(s) and number of Estimates (cite each estimate source):**

* January 9, 2019 Three on-line quotes

**Estimate (cite expected unit price and extended price, including all services and required components):**

* $695.00 per unit including free shipping

**Method of Obtaining Estimate (check appropriate section):**

 Obtained direct estimate from vendor(s):

 x Published List Price:

 Past Agency Pricing (date and contract):

\_\_\_\_ Engineering or Technical Estimate:

 Independent Third-Party Estimate:

\_\_\_\_ Other (specify):

**Additional Comments:** Cabinet must be delivered within three (3) weeks of ordering it.

**Rationale for Type of Procurement (explain why the type of procurement and cost estimate was selected):**

* Small procurement less than $1,000.00

**Prepared By:** Juanita Cruz, Director **Date Prepared:** January 28, 2022

**Phone:** 301-555-5463 **Email:** JCruz@FindingWaysTogether.com