



ARPA (American Rescue Plan Act of 2021)

49 U.S.C. Section 5310 Program: Enhanced Mobility for Seniors and Individuals with Disabilities

Subrecipient Application

Due to HDOT by COB: Friday, May 6, 2022

NOTE: Please complete all sections of this application. Application packages with incomplete, inaccurate and/or missing information will not be considered.

Agency Name:	DUNS No:
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Physical Address:

City:	County:	Island:	Zip Code:
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Contact Person: (Project Manager)

Phone:	Fax:	E-mail Address:
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Check Area Project Application to Serve:

Urbanized Area

Oahu

Rural Area

- Island of Hawaii
- Island of Molokai
- Island of Lanai
- Island of Kauai
- Island of Maui

Small Urbanized Area

- Kailua – Kaneohe
- Kahului

TOTAL GRANT AMOUNT REQUESTED (ARPA projects can be funded at 100% Federal share)

- **Available for:**
 - Payroll for public transit providers, including private providers of public transportation
 - Operating costs of public transit during the public health emergency, including the purchase of personal protective equipment
 - Administrative leave for operations or contractor personnel due to reductions in service

Federal Share.....\$ _____.

Applications must be transmitted to the attention of the following before the deadline:

Honolulu Department of Transportation
Statewide Transportation Planning Office
ATTN: 5310 Program Manager
200 Rodgers Boulevard
Honolulu, Hawaii 96819

Fax: (808) 831-7995 or Email: dotstp@hawaii.gov

Please also include an electronic copy of your complete application package on a flash drive or via email to 5310 program manager.

ARPA (American Rescue Plan Act of 2021)*

ARPA projects can be funded at 100% Federal share

As required by the American Rescue Plan Act, funds will be awarded to eligible recipients or eligible subrecipients of Urbanized Area Formula funds or Rural Area Formula funds that, as a result of the Coronavirus disease 2019 (COVID–19), require additional assistance for costs related to operations, personnel, cleaning, and sanitization combating the spread of pathogens on transit systems, and debt service payments incurred to maintain operations and avoid layoffs and furloughs.

To certify that a grant applicant “has not furloughed any employees,” the proposed recipient (as well as its subrecipients and contractors that are providers of public transportation) cannot have furloughed any employees since March 27, 2020 (the enactment date of the CARES Act). For the purposes of certifying that the recipient has not furloughed employees, both direct employees and contractor staff involved in transit maintenance or operations are considered employees.

Private providers of public transportation are eligible to become subrecipients of CARES Act and CRRSAA funds, but not ARP funding.

- **Available for:**
 - **Payroll for public transit providers, including private providers of public transportation**
 - **Operating costs of public transit during the public health emergency, including the purchase of personal protective equipment**
 - **Administrative leave for operations or contractor personnel due to reductions in service**

The Recipient agrees that if it receives Federal funding from the Federal Emergency Management Agency (FEMA) or through a pass-through entity through the Robert T. Stafford Disaster Relief and Emergency Assistance Act, a different Federal agency, or insurance proceeds for any portion of a project activity approved for FTA funding under this Grant Agreement, it will provide written notification to FTA, and reimburse FTA for any Federal share that duplicates funding provided by FEMA, another Federal agency, or an insurance company.

For additional information on the American Rescue Plan Act (ARP) of 2021, please visit:
[Frequently Asked Questions from FTA Grantees Regarding Coronavirus Disease 2019 \(COVID-19\) | FTA \(dot.gov\)](#)

1. General Information – Applicant’s Organization

Authorized representative certifying that the information provided in this application is true and accurate:

Printed Name:	Title:
Signature:	Date Signed:
Email:	Phone:

Agency Website:

Select Type of Business: (choose one)

- Non-Profit Organization
- Government Entity
- Other operator of public transportation services (private or publicly owned)

Previous Section 5310 Funding: (choose one)

- Applicant Organization has received Section 5310 funds in the past.
If yes, provide the last five (5) fiscal years that Section 5310 funds were awarded: _____
- Applicant Organization has never received Section 5310 funding. If denied, provide fiscal year: _____

2. Applicant Organizational Structure

Describe the overall structure of your organization. If available, provide an Organization Chart.

Number of Employees: (The number and type of your employees.)

- ____ Full-Time
- ____ Part-Time
- ____ Volunteer
- ____ Contract
- ____ Other (describe):
- ____ Other (describe):

Service Years: (Identify the number of years your organization has been in business and service years.)

- ____ year(s) Applicant Organization has been in business
- ____ year(s) transportation services were provided
- ____ year(s) transportation services were provided for the elderly and/or disabled

3. Applicant Organization Transportation Management Information

Describe the organization's experience in providing transportation services for the elderly and/or disabled individuals.

Transportation Human Resources (Describe the employee position(s) your agency utilizes for transportation operations and management, roles and responsibilities, and number of hours performed by each per week.)

4. Transportation Information – Driver Selection and Training

Check all items that you require of or consider in hiring your drivers.

- Verify driver credentials and records
- Physical examination
- Drug and alcohol testing
- Driver training
- Driver experience
- CDL
- Other (describe):

Check all training areas that your organization provides to your drivers.

- Vehicle driving
- Vehicle use
- Vehicle equipment use, including ADA equipment
- Ambulatory client vehicle assistance
- Non-ambulatory client vehicle assistance
- Service program that transportation is provided for
- Vehicle pre- and post-trip check procedures
- Vehicle maintenance and repair procedures
- Vehicle accident procedures
- Other (describe)

5. Transportation Information – Vehicle Maintenance

Check all items your organization requires for the maintenance of company vehicles.

- Employee(s) are assigned to provide for vehicle maintenance
- Vehicle regular maintenance policy
- Vehicle preventive maintenance policy
- Vehicle pre- and post-trip vehicle checklists
- Vehicle unscheduled maintenance policy
- Other (explain)

Repair & Maintenance (Provide the name of repair and maintenance agencies that you use to service your vehicle fleet. If your repair and maintenance are done in-house, indicate so.)

1. Chassis Repair and Maintenance Service

2. Body Repair & Maintenance Service

3. Lift/Ramp/Gurney Equipment Repair & Maintenance Service

6. Transportation Services

Coordinated Transportation Services (Describe your existing efforts in coordinating your transportation programs or services with other public, private service agencies and paratransit agencies. Describe benefits gained from this coordination effort, and any plans to expand your coordinated services.)

Transportation Service Changes (Describe any changes to your transportation services comparing past to current, reason for change, its impacts, and future plans.)

7. Applicant Organization Non-Transportation Programs

Program Name: _____

1. Program Description (Type of Service Provided):

2. Client Type & Characteristics:
[] Elderly and/or Persons with Disabilities (describe) [] Other (describe)

3. Days & Hours of Program Operation:

Monday:	:	am	~	:	pm	Friday:	:	am	~	:	pm
Tuesday:	:	am	~	:	pm	Saturday:	:	am	~	:	pm
Wednesday:	:	am	~	:	pm	Sunday:	:	am	~	:	pm
Thursday:	:	am	~	:	pm						

4. Average Number of Clients Served by the Program per Month:

_____ per month

5. Additional Information (attach separate sheets, as deemed necessary):

Other attachments: YES NO

8. Transportation Service Area Map

Describe the service area your organization serves: (attach a geographical map or geocoded address locations)

9. Project Benefits and Sustainability

Describe the benefits to be gained by the program, applicant organization, public, community, government, elderly clients, disabled, non-elderly/disabled clients, economy etc.

Describe the deficiencies and shortcomings to the program's existing and future services, or other negative outcomes that may arise should the project not be awarded.

10. Financial Information

Financial Statement - Provide and attach for the current or most recent period and two (2) previous years. These statements will be used to review financial stability and sustainability.

Fluctuations in Revenue and Income - If fluctuations in estimated revenue or expenses vary or are expected to vary over the next five (5) years, provide the reasons for the anticipated or actual fluctuations and how such fluctuations will affect the program's financial stability and sustainability.

11. Other Federal Requirements

Non-Duplication of Transportation Services (check one) (Your organization is prohibited from providing any duplication of services to the elderly and/or disabled community unless there is an unmet need for such transportation service). The application must include at least:

- Letters from public, private and para-transit operators within the Applicant Organization's transportation service area notifying the Department indicating that their current and near future operations do not provide similar services proposed in the application.

- Efforts of notification to public, private and paratransit operators with similar transportation services within the Applicant Organization's transportation service area. Please provide:
 - Copies of public notice in area newspapers with written comments from other transportation providers indicating that your current and near future transit services are not similar; and/or
 - The date and name of transportation providers contacted indicating that your current and near future transit services are not similar.

Private Non-Profit Organizations: Provide the following:

- Copy of current Annual Domestic Non-Profit Corporation Exhibit or Non-Profit Status Letter from the Internal Revenue Service; and
- Copy of Incorporation Documentation

Government Agencies: Certify that public entity does not provide same transportation services provided by private or para-transit operators.

- Signed letter by the Director of the Government Agency and the Mayor of the County certifying that no other public, private, or para-transit operator is willing and able to provide the transportation service of the Applicant Organization.

Title VI of the Civil Rights Act of 1964

- Signed Title VI of the Civil Rights Act of 1964 assurance.

Nondiscrimination on the Basis of Handicap as Required by 49 CFR Part 27

- Signed Nondiscrimination on the Basis of Handicap as Required by 49 CFR Part 27 assurance.

12. Certifying Authority

I am duly authorized to make the following certification on behalf of the Applicant Organization and based on my position, knowledge, and experience with the Applicant Organization:

- 1) the information contained in the Application, including attachments, is true and correct;

2) the Applicant has the requisite fiscal, managerial, and legal capabilities to carry out the operations and maintenance of the Project in accordance with 49 U.S.C. Section 5310; and

3) the Applicant shall adhere to the federal, state, and local requirements related to the Project.

Signature Title

Executed on _____ at _____
Date City/County and State

13. Costs and Expenses (by line item)

Project Budget (attach additional sheets, if needed)

Line Item	Description	5310 Amount	Other Amount	Other Source
Administrative Cost Breakdown				
Payroll/Benefits				
Insurance, services, or supplies (IT, rent, supplies, telecommunications, etc.)				
Other				
Other				
Total		\$ -	\$ -	
Admin. Cost Total		\$ -		
Operation Costs Breakdown				
Contracted services				
Materials and supplies				
Fuel, Maintenance (oil change, tire rotation, lift maint., etc.)				

Payroll/Benefits (Position, Direct/Contracted staff, FTE, etc.)				
Occupancy				
Phone/Internet				
Other				
Other				
Total		\$ -	\$ -	
Operation Costs Total		\$ -		
Total Project Cost				
5310/Other Total		\$ -	\$ -	
Project Cost Grand Total		\$ -		

14. Budget Narrative

Provide a written narrative explaining the administrative, operation, capital and construction costs breakdowns reflected in the above Project Budget Table.

15. Standard Assurance with Regard to Non-discrimination as Required by 49 CFR Part 27



**STATE OF HAWAII
DEPARTMENT OF TRANSPORTATION
STATEWIDE TRANSPORTATION PLANNING OFFICE
200 RODGERS BOULEVARD
HONOLULU, HAWAII 96819-1812**

**Standard Assurance with Regard to
Nondiscrimination as Required by 49 CFR Part 27**

Name of Applicant Organization: _____

Pursuant to the requirements of Section 504 of the Rehabilitation Act of 1973(29 U.S.C. 794) the aforementioned Applicant Organization in desiring to avail itself of Federal financial assistance from the United States Department of Transportation (USDOT), hereby gives assurance that no qualified handicapped person shall, solely by reason of his or her handicap, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination, including discrimination in employment, under any program or activity that receives or benefits from Federal financial assistance provided by theUSDOT 49 U.S.C. Section 5310 Program.

The Applicant Organization further assures that its programs will be conducted, and its facilities operated, in compliance with all the requirements imposed by or pursuant to 49 CFR Part 27.

The person or persons whose signatures appear below are authorized to sign the assurance on behalf of the Applicant Organization.

Signed by: _____ Date: _____

Print Name: _____

Title: _____

16. Title VI of the Civil Rights Act of 1964 Assurance of Compliance



**STATE OF HAWAII
DEPARTMENT OF TRANSPORTATION
STATEWIDE TRANSPORTATION PLANNING OFFICE
200 RODGERS BOULEVARD
HONOLULU, HAWAII 96819-1812**

**Title VI of the Civil Rights Act of 1964
Assurance of Compliance**

Name of Applicant Organization: _____

Hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (Public Law 88-352) and all requirements imposed by the United States Department of Transportation (USDOT), to the end that, in accordance with Title VI of the Act, no person in the United States shall, on the ground of race, color or national origin, be excluded from participation, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant Organization receives Federal financial assistance from the Section 5310 Program; and hereby gives assurance that it will immediately take any measures necessary to effectuate this agreement.

If any personal property is so provided this assurance shall obligate the Applicant Organization for the period during which it retains ownership or possession of the property. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant Organization by the USDOT under the Section 5310 Program, this assurance shall obligate that the Applicant Organization, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provisions of similar services or benefits. In all other cases, this assurance shall obligate the Applicant Organization for the period during which the Federal financial assistance is extended to it by the USDOT 49 U.S.C. Section 5310 Program.

This assurance is given in consideration of and for the purpose of obtaining any and all federal grants, loans, contracts, property, discounts, or other Federal financial assistance extended after the date hereof to the Applicant Organization by the USDOT under the 49 U.S.C. Section 5310 Program. The Applicant Organization recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the United States shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Applicant Organization; its successors, transferees, and assignees. The person or persons whose signatures appear below are authorized to sign assurance on behalf of the Applicant Organization.

Signed by: _____ Date: _____

Print Name: _____

Title: _____

17. Covid-19 Special Provisions and Certification



STATE OF HAWAII
DEPARTMENT OF TRANSPORTATION
STATEWIDE TRANSPORTATION PLANNING OFFICE
200 RODGERS BOULEVARD
HONOLULU, HAWAII 96819-1812

COVID-19 SPECIAL PROVISIONS & CERTIFICATION

This 2021 Call for Projects is subject to funding authorized by the American Rescue Plan Act of 2021 ("ARPA"). By executing this certification, the Applicant certifies it shall comply with the following if awarded funds under the 2021 Call for Projects:

- A. Compliance with CDC Mask Order. The Centers for Disease Control and Prevention ("CDC") Order of January 29, 2021, titled *Requirement for Persons to Wear Masks While on Conveyances and at Transportation Hubs* ("CDC Mask Order"), is within the meaning of "Federal Requirement" as that term is defined in the FTA Master Agreement. One of the objectives of the CDC Mask Order is "[m]aintaining a safe and operating transportation system". The Subrecipient agrees that it will comply, and will require all third-party participants to comply, with the CDC Mask Order.
- 1) Enforcement for Non-Compliance. The Subrecipient agrees that STP or the FTA may take enforcement action for non-compliance with the CDC Mask Order, including:
- a) Enforcement actions authorized by 49 USC § 5329(g);
 - b) Referring the Subrecipient to the CDC or other Federal authority for enforcement action;
 - c) Enforcement actions authorized by 2 CFR §§ 200.339 - .340; and
 - d) Any other enforcement action authorized by Federal law or regulation.
- B. ARPA provides funding for eligible programs at 100% federal share, with no local match required, subject to the following Subrecipient certifications (select one only):
- The Subrecipient certifies that it, and its subrecipients and contractors that are providers of public transportation, have not furloughed any employees since March 27, 2020; or
 - The Subrecipient certifies that it and any subrecipient or contractor that is a provider of public transportation: (a) are currently not furloughing any employees; (b) have, to the maximum extent possible, brought back any employees previously furloughed as a direct result of financial challenges caused by the COVID-19 public health emergency; or (c) have rehired, or posted to rehire, any positions of employees who were laid off as a result of financial challenges caused by the COVID-19 public health emergency; or
 - The Subrecipient certifies that it and any subrecipient or contractor that is a provider of public transportation: (a) intend, to the maximum extent possible, to use ARPA funds to bring back any employees previously furloughed as a direct result of financial difficulties caused by the COVID-19 public health emergency; (b) intend to use ARPA funds to rehire any positions of employees who were laid off as a direct result of financial challenges caused by the COVID-19 public health emergency; and (c) will explain how they have spent ARPA funds on payroll, operations, or payroll and expenses of private providers of public transportation "to the maximum extent possible".

C. The Subrecipient agrees that if it receives Federal funding from the Federal Emergency Management Agency (FEMA) or through a pass-through entity through the Robert T. Stafford Disaster Relief and Emergency Assistance Act, a different Federal agency, or insurance proceeds for any portion of a project activity approved for FTA funding under this Grant Agreement, it will provide written notification to FTA, and reimburse FTA for any Federal share that duplicates funding provided by FEMA, another Federal agency, or an insurance company.

Applicant Name: _____

Authorized Signature: _____ Date: _____

Printed Name and Title: _____