



# CRRSAA (Coronavirus Response and Relief Supplemental Appropriations 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: Tuesday, May 31, 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:
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City:	County:	Island:	Zip Code:
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Contact Person: (Project Manager)
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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

(CRRSAA projects can be funded at 100% Federal share)

- Priority should be given to payroll and operations of public transit.
- Other cost items eligible under 5310 can be requested, but subrecipients must certify no layoffs, furloughs, reduction in force, or other staff reduction methods will be a result.
- Can be used for Personal Protective Equipment (PPE) and COVID-19 related supplies.
- Can be used to reinstate staff to full time who has been laid off, furloughed, or other due to COVID-19.

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](mailto: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.*

## **CRRSAA (Coronavirus Response and Relief Supplemental Appropriations Act of 2021)\***

**CRRSAA projects can be funded at 100% Federal share**

- Priority should be given to payroll and operations of public transit.
- Other cost items eligible under 5310 can be requested, but subrecipients must certify no layoffs, furloughs, reduction in force, or other staff reduction methods will be a result.
- Can be used for Personal Protective Equipment (PPE) and COVID-19 related supplies.
- Can be used to reinstate staff to full time who has been laid off, furloughed, or other due to COVID-19.
- CRRSAA funding must be included in a separate application and cannot be co-mingled with other funds, including CARES Act funding.
- CRRSAA funding should be directed to the maximum extent possible to payroll and operations of public transit. **Recipients must certify that the subrecipient has not furloughed any employees to use CRRSAA funding for other purposes.**
- Pre-award authority for all projects starts on January 20, 2020.
- All operators are eligible to apply for operating assistance and there is no limit to the amount that can be applied for.
- CRRSAA projects do not need to be updated in the TIP/STIP for Operating expenses or Capital projects when capital expenses do not involve a substantial change to the location, function, or capacity of an asset.
- The CRRSAA waives the requirement for local share for previously apportioned (FY21 and prior) unobligated Section 5310 funds. Any *unobligated* Section 5310 funds may be obligated at a 100-percent Federal share. In addition, CRRSAA funds apportioned to the Section 5310 program may be obligated at a 100-percent Federal share. The use of Section 5310 formula funds must comply with all Section 5310 requirements, including the 55 percent minimum expenditure for “traditional” capital projects, and inclusion of projects in the coordinated plan.

**\*CRRSA funds do not have a lapse date. Awarded funds are available until expended.**

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 CRRSAA (Coronavirus Response and Relief Supplemental Appropriations Act) 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.

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. 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

**6. Transportation Service Area Map**

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

## **7. 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.

## **8. 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.

## 9. Other Federal Requirements

Non-Duplication of Transportation Services (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: (check one)

- 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.

## 10. 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 40 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

**11. Estimated Costs and Expenses (by line item)**

**Project Budget (attach additional sheets, if needed)**

Line Item	Description	5310 Amount	Other Amount	Other Source
<b>Administrative Cost Breakdown</b>				
Payroll/Benefits				
Insurance, services, or supplies (IT, rent, supplies, telecommunications, etc.)				
Other				
Other				
Total		\$ -	\$ -	
<b>Admin. Cost Total</b>		<b>\$ -</b>		
<b>Operation Costs Breakdown</b>				
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		\$ -	\$ -	
<b>Operation Costs Total</b>		<b>\$ -</b>		
<b>Total Project Cost</b>				
<b>5310/Other Total</b>		\$ -	\$ -	
<b>Project Cost Grand Total</b>		<b>\$ -</b>		

**12. Budget Narrative**

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

**13. 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: \_\_\_\_\_

**14. 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: \_\_\_\_\_

## 15. 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 Coronavirus Response and Relief Supplemental Appropriations Act of 2021 ("CRRSAA"). 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. CRRSAA 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 CRRSAA 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 CRRSAA 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 CRRSAA 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: \_\_\_\_\_

## **16. APPLICANT NOTICE**

### Notice to Subrecipients with unspent CARES grant funds:

Those with unspent **Coronavirus Aid, Relief, and Economic Security Act (CARES)** money are **NOT** eligible to apply. CRRSAA funding must prioritize payroll and operational needs. Operating expenses are the costs necessary to operate, maintain, and manage a public transportation system. Examples include driver/dispatch salaries and benefits, fuel, vehicle maintenance, insurance, as well as personal protective equipment and cleaning supplies. Administrative leave for employees due to reductions in service or the need to quarantine is an eligible operating expense. The application should benefit an existing service and/or provide transportation to COVID-19 vaccination sites.

**You can request reimbursement for any eligible expenses incurred on or after January 20, 2020.**