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|  | 49 U.S.C. Section 5310 Program**Enhanced Mobility for Seniors and Individuals with Disabilities*****for a Non-Profit or Regional Transportation Authority***FTA 5310 Subrecipient Application**Deadline to Apply: June 14, 2024 by 12noon HST** |
| **NOTE: Please complete all sections of this application. Application packages with incomplete and/or missing information will not be considered.** |
| **Agency Name:** | **UEI No:** |
| **Physical Address:** |
| **City:** | **County:** | **Island:** | **Zip Code:** |
| **Contact Person:****(Project Manager)** |
| **Phone:** | **Fax:** | **E-mail Address:** |
| Check Area Project Application to Serve:Urbanized Area Rural Area Small Urbanized Area**□ Oahu □ Island of Hawaii □ Kailua – Kaneohe****□ Island of Molokai □ Kahului*** **Island of Lanai**
* **Island of Kauai**
* **Island of Maui**
 |
| **TOTAL GRANT AMOUNT REQUESTED****Federal Share (80% Grant Fund) …..…………..………….$ , . Local Share (20% Applicant Match) ………………...…….$ , .**  Check this box if more than one (1) vehicle is included in the total estimated cost of projects below. **Estimated Total Cost of Project(s)………………...……….$ , .**  |
| Authorized representative certifying the information contained in this application is true and accurate:Printed Name: Title: Signature: Date: Email: Phone:  |
| Applications must be transmitted to the attention of the following before the deadline:Honolulu Department of Transportation Statewide Transportation Planning Office ATTN: 5310 Program Manager200 Rodgers BoulevardHonolulu, Hawaii 96819Fax: (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.*****NOTE: While this 5310 application is available for your use, applications will NOT be accepted prior to the Spring 2024 public solicitation date.** |

**1. General Information – Applicant’s Information**

Name of Applicant Organization:

Address:

City: State: Zip Code: Authorizing Representative and Title:

Name:

Title:

Telephone:

Fax:

Email:

Website:

Type of Business: (choose one)

 Non-Profit Organization

 Government Entity or Regional Transportation Authority (RTA)  Transportation Provider (Private or Public)

Previous Section 5310 Funding: (check one)

Applicant Organization has received Section 5310 funds in the past. If yes, provide the last Fiscal year the Section 5310 Project was awarded.

[

 Applicant Organization has never received Section 5310 funding.

Service Area: Choose one option that best describes the population size of the total service area.

[

 Population less than 50,000 - Non-Urbanized Area  Population between 50,000 - 199,999 - Urbanized Area

Population equal to or greater than 200,000 - Urbanize Area

**2a. 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

**2b. Applicant Organization's 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.)

**3a. 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) |

**3b. 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

**3c. 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.)

**3d. Transportation Information – List All Non-FTA and FTA-Funded Vehicles In Your Fleet (repeat this page as necessary)**

|  |
| --- |
| Applicant Organization Name: |
| **Year** | **Make** | **Model** | **License Plate #** | **VIN** | **Odometer Reading** | **Seating Capacity** | **W/C Lift or Ramp** | **# of W/C Tiedown** | **Program Name** | **5310****Yes/No** |
|  |  |  |  |  |  |  |  |  |  |  |
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**4a. Applicant Organization’s Non-Transportation Programs - (describe one program**

Program Name:

1. Program Description – Type of Service Provided
2. Client Type & Characteristics

[ ] Elderly and/or Persons with Disabilities (describe) [ ] Other (describe)

1. Days & Hours of Program Operation

a

a

a

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Monday: | : | am - | : | pm | Friday: | : | am - | : | pm |
| Tuesday: | : | am - | : | pm | Saturday: | : | am - | : | pm |
| Wednesday: | : | am - | : | pm | Sunday: | : | am - | : | pm |
| Thursday: | : | am - | : | pm |  |  |  |  |  |

1. Average Number of Clients Served by the Program per Month

per month

1. Additional Information (attach a separate sheet if necessary) is attached: YES NO

**4b. General Information – Applicant Organization’s Transportation Programs – (describe one program per page and repeat this page as necessary)**

Program Name:

1. Describe the Program’s Transportation Service:
2. Client Type & Characteristics:

[ ] Elderly and/or Persons with Disabilities [ ] Other - describe

1. Days & Hours of Program Operation:

Monday: Friday:

Tuesday: Wednesday: Thursday:

**:** am - : pm

: am - : pm

a

a

**:** am - : pm

**:** am - : pm

Saturday: Sunday:

**:** am - : pm

**:** am - : pm

**:** am - : pm

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

per month

1. Additional Information (attach a separate sheet if necessary): is attached: YES NO

**5a. Project Information – Project Use (describe for each vehicle). To apply for multiple vehicles complete and attach additional copies of these required responses in this section separately for each vehicle.**

Identify the program for which the vehicle will be used.

Program Name:

1a. Projected Monthly Primary Use

|  |  |  |
| --- | --- | --- |
|  | Projected Unduplicated Riders | Projected Single Trips |
| Elderly Non-Disabled |  |  |
| Non-Elderly Disabled |  |  |
| Elderly Disabled |  |  |
| Total |  |  |

1b. Describe the Primary Use of the vehicle you are applying for.

2a. Projected Monthly Incidental Use:

|  |  |  |
| --- | --- | --- |
|  | Projected Unduplicated Riders | Projected Single Trips |
| Non-Elderly Non-Disabled (clients of organization) |  |  |
| Staff/Volunteer/Other |  |  |
| Total |  |  |

2b. Describe the Incidental Use and how it will not affect the Primary Use of the transportation of the elderly and/or disabled.

1. Projected Monthly Percentages of Usage:

|  |  |  |
| --- | --- | --- |
|  | Projected Unduplicated Riders | Projected Single Trips |
| Primary Use | % | % |
| Incidental Use | % | % |

1. Transportation Service Area:
2. Transportation Service Benefits:
3. Passenger Fees or Fares per Single Trip:
4. Select the ALI and Scope Code(s), if known:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Pick One** | **Activity Description** | **Activity Code** | **Activity Type** | **FTA Program** |
|  | buy <30' bus for replacement | 11.12.04 | Capital | 5310 |
|  | buy van for replacement | 11.12.15 | Capital | 5310 |
|  | buy bus for expansion | 11.13.04 | Capital | 5310 |
|  | buy van for expansion | 11.13.15 | Capital | 5310 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Pick One** | **Scope Description** | **Scope Code** | **Scope Type** | **FTA Program** |
|  | Bus Rolling Stock | 111-00 | Capital | 5310 |
|  | Other Capital Items (Bus) | 117-00 | Capital | 5310 |
|  | 5310 Projects | 641-00 | Other | 5310 |

**5b. Project Information – Project Need (describe for each vehicle). To apply for multiple vehicles complete and attach additional copies of these required responses in this section separately for each vehicle.**

Describe the need and justification for the vehicle, how needs are determined and how the vehicle will address the needs.

**5c. Project Information – Project Benefits and Sustainability (describe for each vehicle). To apply for multiple vehicles complete and attach additional copies of these required responses in this section separately for each vehicle.**

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.

**5d. Project Information – Vehicle Description (describe for each vehicle). To apply for multiple vehicles complete and attach additional copies of these required responses in this section separately for each vehicle.**

Please select the vehicle type:

|  |  |  |  |
| --- | --- | --- | --- |
| Vehicle Type | Seating Capacity (Including Driver) | No. of Wheelchair Position(s) | Select Vehicle Type (Check One Only) |
| Minivan | 6 | 0 | □ |
| Minivan | 6 | 1 | □ |
| Modified Raised Roof Van (Mid Roof) | 10 | 2 | □ |
| Cutaway Van | 14 | 3 | □ |
| Unmodified Raised Roof Van (Mid Roof) | 14 | N/A | □ |

Please select the fuel or engine type:

|  |  |
| --- | --- |
| Fuel or Engine Type | Select Fuel or Engine Type (Check any or all preferred alternatives) |
| Gasoline | □ |
| Diesel | □ |
| Electric Battery | □ |
| Electric Fuel Cell | □ |
| Hybrid Electric | □ |
| Hybrid Plug-in | □ |

|  |  |
| --- | --- |
| A. Total Estimated Vehicle Cost | $ **.** |
| B. Federal Funds Requested – maximum amount is 80% of A | $ **.** |
| C. Applicant Organization Share – A minus B (must be at least 20% of Total Project Cost) | $ **.** |

Source of Share Cost: Identify the source of your organization’s share. Funds must be available before the project is awarded to the vendor.

Vehicle Use (check one only)

Replacement: The vehicle will be used to replace a similar vehicle in an existing transportation service program.

[

* Provide the license plate number of the proposed motor vehicle to be replaced:
* If the proposed vehicle to be replaced is FTA-funded, has a Vehicle Disposal or Vehicle De-obligation Application been submitted to the department? Yes  No
	+ If so, provide date.

Expansion: The vehicle will be used for an existing transportation service and will provide additional transportation service to this program.

[

New Service: The vehicle will be used for a new transportation service for a new program or a program that does not currently have transportation service.

[

**6. Financial Information**

Financial Statement - Provide and attach for the current or most recent period and two 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 two years, provide the reasons for the anticipated or actual fluctuations and how such fluctuations will affect the program's financial stability and sustainability.

**7. Legal Information**

Legal Resource (check one)

 The Applicant Organization has legal counsel

[

 The Applicant Organization does not have legal counsel

[

**8. 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; andCopy 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.

**9. 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

|  |
| --- |
| 10. Certification of Coordinated Services |
| Picture1.png    **STATE OF HAWAII DEPARTMENT OF TRANSPORTATION****STATEWIDE TRANSPORTATION PLANNING OFFICE**200 RODGERS BOULEVARDHONOLULU, HAWAII 96819-1812**Certification of Coordinated Services**The Coordinated Public Transit – Human Services Transportation Plan is required by the Federal Transit Administration (FTA) to identify eligible projects for funding under the Enhanced Mobility for Seniors and Individuals with Disabilities (Section 5310) Program. This coordinated plan maximizes the 5310 program collective coverage by minimizing duplication of services.The undersigned certifies, to the best of his or her knowledge and belief, that in providing effective and efficient use of Section 5310 federal assistance, similar services for transporting the elderly or disabled are not being provided by another organization serving the same service area.To that effect, the following verification and proof of nonduplication of transportation services is provided:1. The Applicant acknowledges that the following transportation services are provided to the elderly and disabled: (select all that apply)

□ Fixed Route □ Public Transportation □ Other□ Demand Response □ Private Transportation Specify 1. The Applicant has included geographic location information for the service areas or riders : (see attachment)

□ Bus Lines/Service Area Map □ Bus Schedules/Stops List □ Other□ Geocoded Addresses/Map □ Demand Response Call List Specify 1. The Applicant does not have a subcontractor applying for 5310 program funds in the same fiscal year: (Select one)

□ True □ False □ Unknown (attach a list of current subcontractors)Applicant Name: Authorized Signature: Date: Printed Name and Title:  |

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| 11. Title VI of the Civil Rights Act of 1964 Assurance of Compliance |
| Picture1.png    **STATE OF HAWAII DEPARTMENT OF TRANSPORTATION****STATEWIDE TRANSPORTATION PLANNING OFFICE**200 RODGERS BOULEVARDHONOLULU, HAWAII 96819-1812**Title VI of the Civil Rights Act of1964 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 herby gives assurance that it will immediately take any measures necessary to effectuated 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 purposed 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 USDOT49 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 4 9 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:  |

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| 12. Standard Assurance with Regard to Non-discrimination as Required by 49 CFR Part 27 |
| Picture1.png    **STATE OF HAWAII DEPARTMENT OF TRANSPORTATION****STATEWIDE TRANSPORTATION PLANNING OFFICE**200 RODGERS BOULEVARDHONOLULU, 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 the USDOT 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:  |

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| 13. Certification of Equivalent Service |
| Picture1.png   **STATE OF HAWAII DEPARTMENT OF TRANSPORTATION****STATEWIDE TRANSPORTATION PLANNING OFFICE**200 RODGERS BOULEVARDHONOLULU, HAWAII 96819-1812**Certification of Equivalent Service**The applicant certifies that its demand responsive service offered to individuals with disabilities, including individuals who use wheelchairs, is equivalent to the level and quality of service offered to individuals without disabilities. Such service, when viewed in its entirety, is provided in the most integrated setting feasible and is equivalent with respect to Response Time, Fares, Geographic Service Area, Hours and Days of Services, Restrictions on Trip Purpose, Availability of Information and Reservation Capability and Constraints on Capacity and Service Availability.Purchase or lease of new non-rail vehicles by public entities operating a demand responsive system for the general public. Except as provided in this section, a public entity operating a demand responsive system for the general public making a solicitation after August 25, 1990, to purchase or lease a new bus or other new vehicle for use on the system, shall ensure that the vehicle is readily accessible to and usable by individuals with disabilities, including individuals who use wheelchairs.If the system, when viewed in its entirety, provides a level of service to individuals with disabilities, including individuals who use wheelchairs, equivalent to the level of service it provides to individuals without disabilities, it may purchase new vehicles that are not readily accessible to and usable by individuals with disabilities.In accordance with [49 CFR 37.77,](https://www.ecfr.gov/current/title-49/section-37.77) a public entity receiving FTA funds under 49 U.S.C. 5311 or a public entity in a small urbanized area which receives FTA funds under 49 U.S.C. 5307 from a state administering agency rather than directly from FTA, which determines that its service to individuals with disabilities is equivalent to that provided other persons shall, before any procurement of an inaccessible vehicle, file with the appropriate state program office a certificate that it provides equivalent service meeting the standards of paragraph (c) of this section. Public entities operating demand responsive service receiving funds under any other section of the FT Act shall file the certificate with the appropriate FTA regional office. A public entity which does not receive FTA funds shall make such a certificate and retain it in its files, subject to inspection on request of FTA. All certificates under this paragraph may be made and filed in connection with a particular procurement or in advance of a procurement; however, no certificate shall be valid for more than one year. A copy of the required certificate is found in appendix C to this part. The waiver mechanism set forth in § 37.71(b)-(g)(unavailability of lifts) of this subpart shall also be available to public entities operating a demand responsive system for the general public.Applicant Name: Authorized Signature: Date: Printed Name and Title:  |

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| 14. Certification and Restrictions on Lobbying |
| Picture1.png   **STATE OF HAWAII DEPARTMENT OF TRANSPORTATION****STATEWIDE TRANSPORTATION PLANNING OFFICE**200 RODGERS BOULEVARDHONOLULU, HAWAII 96819-1812**Federal Requirement**I, hereby certify(Name and title of official)On behalf of that:(Name of Bidder/Company Name) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement. If any funds other than federal appropriated funds have been paid or will be paid to any person influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress in connection with the federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form – LLL, “Disclosure Form to Report Lobbying,” in accordance with its instructions. The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including sub-contracts, sub-grants and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. § 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the 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.The undersigned certifies or affirms the truthfulness and accuracy of the contents of the statements submitted on or with this certification and understands that the provisions of 31 U.S.C. Section 3801, et seq., are applicable thereto.**Certification**Applicant Name: Authorized Signature: Date: Printed Name and Title:  |

15a. Disclosure of Lobbying Activities



**STATE OF HAWAII DEPARTMENT OF TRANSPORTATION**

**STATEWIDE TRANSPORTATION PLANNING OFFICE**

200 RODGERS BOULEVARD

HONOLULU, HAWAII 96819-1812

# Federal Requirement

**DISCLOSURE OF LOBBYING ACTIVITIES** Approved by OMB

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352 0348-0046

(See reverse for public burden disclosure.)

|  |  |  |
| --- | --- | --- |
| 1. **Type of Federal Action:**
	1. contract
	2. grant
	3. cooperative agreement
	4. loan
	5. loan guarantee
	6. loan insurance
 | 1. **Status of Federal Action:**
	1. bid/offer/application
	2. initial award
	3. post-award
 | 1. **Report Type:**
	1. initial filing
	2. material change

**For Material Change Only:**year quarter date of last report  |
| **4. Name and Address of Reporting Entity:****Prime Subawardee**Tier , *if known* :**Congressional District**, *if known* : | **5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:****Congressional District**, *if known* : |
| **6. Federal Department/Agency:** | **7. Federal Program Name/Description:**CFDA Number, *if applicable* :  |
| **8. Federal Action Number,** *if known* **:** | **9. Award Amount,** *if known* **:**$ |
| **10. a. Name and Address of Lobbying Registrant b. Individuals Performing Services** (*including address if* |
| (*if individual, last name, first name, MI* ): | *different from No. 10a* ) (*last name, first name, MI* ): |
| **11.** Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of factupon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less that $10,000 and not more than $100,000 for each such failure. | Signature: |  |  |
| Print Name:Title: Telephone No.: Date:  |
| **Federal Use Only:** | Authorized for Local ReproductionStandard Form LLL (Rev. 7-97) |

15b. Instructions for Completion of SF-LLL, Disclosure of Lobbying Activities



**STATE OF HAWAII DEPARTMENT OF TRANSPORTATION**

**STATEWIDE TRANSPORTATION PLANNING OFFICE**

200 RODGERS BOULEVARD

HONOLULU, HAWAII 96819-1812

# Federal Requirement

**INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES**

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employeeof any agency, a Member of Congress, an officer or employeeof Congress, or an employeeof a Member of Congress in connection with a covered Federalaction. Completeall items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriateclassification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriateclassification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizationallevel below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).

1. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.