

State of Hawaii
Department of Transportation
Statewide Transportation Planning Office

FTA 5310 Funded Vehicle Substitution Request

Please check the box(es) that pertains to your substitution request:

I have received an official FTA 5310 subrecipient award letter from HDOT/STP. (attach a copy)
If checked, specify: FFY _____ Award Date: _____ Award Amount: \$____, ____.

I have received a Unique Entity Identifier (UEI) from Sam.gov. Yes _____ No _____
If yes, provide your UEI: _____ (12-digit alphanumeric number)

I have corresponded with HDOT/STP 5310 Program Manager, prior to this form transmittal.
If yes, attach email correspondence. (This confirms your intentions and assures processing consistency.)

I. Organization Information

A. Name of Subrecipient Organization _____ C. Telephone Number _____

B. Address _____ D. Fax Number _____

City _____ State _____ Zip _____ E. Email Address _____

II. Awarded Vehicle Information

A. Federal Fiscal Year: _____

B. Grant Number (FAIN): _____

C. Number of Seats: _____

D. Number of Wheelchair Accommodations: _____

E. Total Number of Vehicles: _____

F. Fuel Type: _____

G. Vehicle Type: Cutaway Van Minivan Bus Other (specify) _____

III. Substituted Vehicle Information

H. Federal Fiscal Year: _____

I. Grant Number (FAIN): _____

J. Number of Seats: _____

K. Number of Wheelchair Accommodations: _____

L. Total Number of Vehicles: _____

M. Fuel Type: _____

N. Vehicle Type: Cutaway Van Minivan Bus Other (specify) _____

IV. Subrecipient Substitution Justification

Please describe your reasoning for needing the substitution of your originally awarded vehicle.:

V. Certification by Subrecipient Organization

I hereby certify that I am authorized to act on behalf of the above-mentioned organization for the substitution of the subject vehicle(s) and that the information in this form and all attachments are true and correct.

Signature _____ Date _____

Print Name _____ Date _____

VI. Hawaii State Department of Transportation Use Only

Recommendation and Comments: _____

Approved Disapproved Signature: _____ Date: _____