

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/Engine: ☐ Gasoline ☐ Diesel ☐ Electric ☐ Other (specify) _____
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/Engine: ☐ Gasoline ☐ Diesel ☐ Electric ☐ Other (specify) _____
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: _____