



Meeting Date:	December 21, 2010	[X]	Consent	[]	Regular
		[]	Ordinance	[]	Public Hearing
Department:	Palm Tran				
Submitted By:	Palm Tran				
Submitted for:	Palm Tran				

Attachments:

1. Resolution (3 originals)
2. Section 5311 Grant Application – Standard Form 424 (2)
3. Exhibit I (2)

Recommended By:  Dec 7, 2010
Department Director Date

Approved By:  12/20/10
Assistant County Administrator Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2011	2012	2013	2014	2015
Grant Expenditures					
Operating Costs	490,848				
External Revenues	(245,424)				
Program Income (County)					
In-Kind Match (County)					
NET FISCAL IMPACT	245,424				
# ADDITIONAL FTE POSITIONS (Cumulative)	0				

Is Item Included In Current Budget? Yes X No
Budget Account No.: Fund 1341 Department 542 Unit. 5101 Object Various
Program Reporting Category

B. Recommended Sources of Funds/Summary of Fiscal Impact:

C. Departmental Fiscal Review: John Murphy
John Murphy, Finance Manager


III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Dev. and Control Comments:

Handwritten signature: *[Signature]*
 Date: 12/14/2010
 Stamp: OFMB
 Date: 12/13/10
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John J. Jones 12/14/10
Contract Dev. and Control
12/14/10

B. Legal Sufficiency:


Assistant County Attorney

C. Other Department Review:

Department Director

**A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF
PALM BEACH COUNTY, FLORIDA, APPROVING THE SUBMISSION
OF A SECTION 5311 GRANT APPLICATION TO THE FLORIDA
DEPARTMENT OF TRANSPORTATION (FDOT) AND THE SUBMITTAL
OF A NON-URBANIZED AREA PROGRAM ASSURANCE;
ESTABLISHING AN EFFECTIVE DATE.**

WHEREAS, the Palm Beach County Board of Commissioners has the authority to apply for and accept grants, and to make purchases and/or expend funds pursuant to grant awards made by FDOT, as authorized by state and federal law;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA, that:

1. FDOT requires that grant applicants submit a resolution showing the applicant's intention to apply for a federally funded grant under 49 U.S.C. Section 5311.
2. The Board of County Commissioners does hereby approve the submission of a grant application, in the amount of \$245,424 of Federal funds to be passed through FDOT for non-urbanized (rural) Palm Beach County, and other related supporting documents and assurance(s) to FDOT, and acknowledges that the grant will require a match by Palm Beach County in the amount of \$245,424.
3. The Chair is authorized to sign the application, and to execute and file with such application any assurances or other documents required by the Florida Department of Transportation effectuating the purposes of Title VI of the Civil Rights Act of 1964.
4. That Palm Beach County, through its Chair, is authorized to set forth and execute disadvantaged business enterprise policies in connection with the project's procurement needs.

This resolution shall take effect immediately upon its adoption.

The foregoing resolution was offered by Commissioner _____, who moved its adoption. The motion was seconded by Commissioner _____, and upon being put to a vote, the vote was as follows:

Commissioner Karen T. Marcus, Chair	_____
Commissioner Shelley Vana, Vice Chair	_____
Commissioner Paulette Burdick	_____
Commissioner Steven L. Abrams	_____
Commissioner Burt Aaronson	_____
Commissioner Jess R. Santamaria	_____
Commissioner Priscilla A. Taylor	_____

The Chair thereupon declared the resolution duly passed and adopted this _____ day of _____, 2010.

APPROVED AS TO FORM AND
LEGAL SUFFICIENCY

PALM BEACH COUNTY, FLORIDA,
by its BOARD OF COMMISSIONERS
Sharon R. Bock, Clerk and Comptroller

By: _____
County Attorney

By: _____
Deputy Clerk

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED December 2010	Applicant Identifier	
			3. DATE RECEIVED BY STATE	State Application Identifier	
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Palm Beach County Board of Commissioners			Organizational Unit Department: Palm Tran		
Organizational DUNS: 078470481			Division:		
Address:			Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street: 3201 Electronics Way			Prefix:	First Name: Claudia	
City: West Palm Beach			Middle Name:		
County: Palm Beach			Last Name: Salazar		
State: Florida		Zip Code: 33407	Suffix:		
Country: USA			Email: csalazar@pbcgov.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN)			Phone Number (give area code)		Fax Number (give area code)
5 9 - 1 3 5 6 4 0 8			561-841-4241		561-656-7443
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) B. County Other (specify)		
			9. NAME OF FEDERAL AGENCY: Federal Transit Administration		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
TITLE (Name of Program):			FDOT 2011 Section 5311 Operating Assistance for Rural Areas		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Palm Beach County, Florida					
13. PROPOSED PROJECT			14. CONGRESSIONAL DISTRICTS OF:		
Start Date: 10/1/2010		Ending Date: 9/30/2011	a. Applicant 16, 19, 22 and 23		b. Project 16, 19, 22 and 23
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal		\$245,424	a. Yes <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:		
b. Applicant		\$245,424	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
c. State		\$			
d. Local		\$			
e. Other		\$			
f. Program Income		\$	17. IS THE APPLICANT DELINQUENT ON FEDERAL DEBT?		
g. TOTAL		\$490,848	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix		First Name	Karen	Middle Name	
				T.	
Last Name		Marcus		Suffix	
b. Title		Chair, Palm Beach County Board of Commissioners		c. Telephone Number (give area code)	
				561-355-2205	
d. Signature of Authorized Representative				e. Date Signed	

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

PALM TRAN

5311

Grant Application

EXHIBIT I

FTA Section 5333 (b) Assurance

ATTACHMENT 3
Page 1 of 1

Single Audit Act

(Note By signing the following assurance, the recipient of Section 5311 and/or 5311(f) assistance assures it will comply with the labor protection provisions of 49 U.S.C. 5333(b) by one of the following actions: (1) signing the Special Warranty for the Non-Urbanized Area Program; (2) agreeing to alternative comparable arrangements approved by the Department of Labor (DOL); or (3) obtaining a waiver from the DOL.)

The Palm Beach County Board Of County Commissioners (hereinafter referred to as the "Recipient") HEREBY ASSURES that the "Special Section 5333 (b) Warranty for Application to the Small Urban and Rural Program" has been reviewed and certified to the Florida Department of Transportation that it will comply with its provisions and all its provisions will be incorporated into any contract between the recipient and any sub-recipient which will expend funds received as a result of an application to the Florida Department of Transportation under the FTA Section 5311 Program.

Dated _____ (Name of Title of Authorized Representative)

(Signature of Authorized Representative)

Note: All applicants must complete the following form and submit it with the above Assurance.

LISTING OF RECIPIENTS, OTHER ELIGIBLE SURFACE TRANSPORTATION PROVIDERS, AND LABOR ORGANIZATIONS REPRESENTATIVES EMPLOYEES OF SUCH PROVIDERS, IF ANY
(See Appendix for Example)

1 Identify Recipients of Transportation Assistance under this Grant.	2 Site Project by Name, Description, and Provider (e.g. Recipient, other Agency, or Contractor)	3 Identify Other Eligible Surface Transportation Providers (Type of Service)	4 Identify Unions (and Providers) Representing Employees of Providers in Columns 1, 2, and 3.
Palm Tran	5311 Operating Funds Non-Urbanized Palm Beach County	None	ATU Local 1577