



**II. FISCAL IMPACT ANALYSIS**

**A. Five Year Summary of Fiscal Impact:**

Fiscal Years	2014	2015	2016	2017	20--
Capital					
Expenditures					
Operating Costs	\$600,046				
External Revenues	(\$300,023)				
Program Income (County)					
In-Kind Match (County)					
<b>NET FISCAL IMPACT</b>	(\$300,023)				
No. ADDITIONAL FTE POSITIONS (Cumulative)	0				

Is Item Included In Current Budget? Yes X No \_\_\_\_\_  
 Budget Account No.: Fund 1341 Dep't. 542 Unit 5101  
 Object Various Reporting Category \_\_\_\_\_

**B. Recommended Sources of Funds/Summary of Fiscal Impact:**  
 Match expenses will be met from 1340-540-5110/5140

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

**III. REVIEW COMMENTS**

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

OFMB 5/28/2013  
 5/28/13 DM 5-24-13 SC

Contract Dev. and Control 5/30/13  
 5-30-13 BCD heeler

**B. Legal Sufficiency:**

Assistant County Attorney 6/5/13

**C. Other Department Review:**

\_\_\_\_\_  
 Department Director

RESOLUTION NO. R -

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 \$300,023 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 \$300,023.

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 Steven L. Abrams , Mayor \_\_\_\_\_
- Commissioner Priscilla A. Taylor, Vice Mayor \_\_\_\_\_
- Commissioner Hal R. Valeche \_\_\_\_\_
- Commissioner Paulette Burdick \_\_\_\_\_
- Commissioner Shelley Vana \_\_\_\_\_
- Commissioner Mary Lou Berger \_\_\_\_\_
- Commissioner Jess R. Santamaria \_\_\_\_\_

The Chair thereupon declared the resolution duly passed and adopted this \_\_\_\_\_ day of \_\_\_\_\_, 2013.

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		2. DATE SUBMITTED June 2013	Applicant Identifier
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	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name: Palm Beach County Board of Commissioners		<b>Organizational Unit</b>	
Organizational DUNS: 078470481		Department: Palm Tran	
Address:		Division:	
Street: 3201 Electronics Way		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: West Palm Beach		Prefix:	First Name: Claudia
County: Palm Beach		Middle Name:	
State: Florida		Last Name: Salazar	
Zip Code: 33407		Suffix:	
Country: USA		Email: csalazar@pbcgov.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 5 9 - 1 3 5 6 4 0 8		Phone Number (give area code) 561-841-4241	Fax Number (give area code) 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)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER TITLE (Name of Program):		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FDOT 2014 Section 5311 Operating Assistance for Rural Areas	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Palm Beach County, Florida		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 16, 19, 22 and 23      b. Project 16, 19, 22 and 23	
13. PROPOSED PROJECT Start Date: 7/1/2014      Ending Date: 6/30/2015		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$300,023		
b. Applicant	\$300,023		
c. State	\$		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$600,046		
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 Steven	Middle Name L.	
Last Name Abrams	Suffix		
b. Title Mayor, Palm Beach County Board of Commissioners	c. Telephone Number (give area code) 561-355-2204		
d. Signature of Authorized Representative		e. Date Signed	

**PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS  
PALM TRAN  
5311  
EXHIBIT I  
FTA Section 5333 (b) Assurance**

**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)**

<b>1</b> Identify Recipients of Transportation Assistance under this Grant.	<b>2</b> Site Project by Name, Description, and Provider (e.g. Recipient, other Agency, or Contractor)	<b>3</b> Identify Other Eligible Surface Transportation Providers (Type of Service)	<b>4</b> 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

**EXHIBIT K**

**Coordinated Public Transit-Human Services Transportation Plan**

The Palm Beach County Board of Commissioners, as the Community Transportation Coordinator (CTC) certifies and assures to the Florida Department of Transportation in regard to its Application for Assistance under U.S.C. Section 5311 dated June 2013 that:

1) This grant request is derived from a coordinated plan compliant with Federal Transit Administration Circular FTA C 9040.1F.

2) The name of this coordinated plan is provided below.

2011 - 2012  
Transportation Disadvantaged Service Plan  
and  
Human Service Transportation Coordinated Plan

3) The agency that adopted this coordinated plan is provided below.

Palm Beach County Metropolitan Planning Organization

4) The date the coordinated plan was adopted is provided below.

November 14, 2012

5) The page number of the coordinated plan that this application supports.

Page 108 – Goal 1: Provide the highest level of accessible and available fixed route bus service to the Transportation Disadvantaged.

Page 108 – Goal 2: Increase the utilization of the fixed route system by those who are Transportation Disadvantaged and ADA.

Dated \_\_\_\_\_

\_\_\_\_\_  
(Name of Title of Authorized Representative)

\_\_\_\_\_  
(Signature of Authorized Representative)