

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2014	2015	2016	2017	2018
Capital Expenditures					
Operating Costs		\$673,358			
External Revenues		(\$336,679)			
Program Income (County)					
In-Kind Match (County)					
NET FISCAL IMPACT		\$336,679			
No. ADDITIONAL FTE POSITIONS (Cumulative)		0			

Is Item Included In Proposed 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:

[Signature]
 OFMB
 8/28

[Signature] 9/2/14
 Contract Dev. and Control
 9-2-14

B. Legal Sufficiency:

[Signature] 9/3/14
 Assistant County Attorney

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) FOR A PROJECT TOTALLING \$673,358 TO OFFSET FIXED ROUTE COSTS IN THE LAKES REGION OF PALM BEACH COUNTY AND A NON-URBANIZED AREA PROGRAM ASSURANCE

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

WHEREAS, 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.

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

1. The Board of County Commissioners does hereby approve the submission of a Grant Application, for a project in the amount of \$673,358, consisting of Federal funds totaling \$336,679 to be passed through FDOT for non-urbanized (rural) Palm Beach County, and other related supporting documents and assurance(s) to FDOT.
2. That the Palm Beach County Administrator, the Executive Director and the Assistant Director of Palm Tran are each authorized to furnish such additional information or documentation that FDOT may require in connection with the project.
3. The Board of County Commissioners acknowledges that the grant will require a 50% match by Palm Beach County in the amount of \$336,679.
4. The Mayor 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.
5. This resolution shall take effect upon 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 Priscilla A. Taylor, Mayor _____
- Commissioner Paulette Burdick, Vice Mayor _____
- Commissioner Hal R. Valeche _____
- Commissioner Shelley Vana _____
- Commissioner Steven L. Abrams _____
- Commissioner Mary Lou Berger _____
- Commissioner Jess R. Santamaria _____

The Mayor thereupon declared the resolution duly passed and adopted this _____ day of _____, 2014.

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 September 2014	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		
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)		
			9. NAME OF FEDERAL AGENCY: Federal Transit Administration		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 2 0 5 0 9			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					
13. PROPOSED PROJECT			14. CONGRESSIONAL DISTRICTS OF:		
Start Date: 7/1/2014		Ending Date: 6/30/2015		a. Applicant 18, 20, 21 and 22	b. Project 18, 20, 21 and 22
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$336,679		a. Yes <input type="checkbox"/>		
b. Applicant	\$336,679		b. No <input type="checkbox"/>		
c. State	\$		THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:		
d. Local	\$		PROGRAM IS NOT COVERED BY E. O. 12372		
e. Other	\$		<input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
f. Program Income	\$				
g. TOTAL	\$673,358		17. IS THE APPLICANT DELINQUENT ON FEDERAL DEBT?		
			<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	Priscilla		Middle Name	A.
Last Name			Taylor		Suffix
b. Title	Mayor, Palm Beach County Board of Commissioners		c. Telephone Number (give area code)	561-355-2030	
				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)**

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

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 September 2014 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.

2013 - 2014
 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.

September 19, 2013.

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

Page 17 and Page 162 (Appendix N)

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

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)

**PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS
PALM TRAN
5311 – Operating Assistance Application
COVER LETTER**

September 9, 2014

Larry Merritt
Planning & Programs Manager
Florida Department of Transportation – District 4
Office of Modal Development
3400 W. Commercial Blvd.
Fort Lauderdale, FL 33309

Dear Mr. Merritt:

Palm Beach County Board of County Commissioners submits this Application for FY2014-Section 5311 Program Grant, and agrees to comply with all assurances and exhibits attached hereto and by this reference made a part thereof, as itemized in the Checklist for Application Completeness.

Palm Beach County Board of County further agrees, to the extent provided by law (in case of a government agency in accordance with Sections 129.07 and 768.28, Florida Statutes) to indemnify, defend and hold harmless the Department and all of its officers, agents and employees from any claim, loss, damage, cost, charge, or expense out of the non-compliance by the Agency, its officers, agents or employees, with any of the assurances stated in this Application.

This Application is submitted on this 9th day of September, 2014 with two (2) original resolutions or certified copies of the original resolution authorizing _____ (Name & Title) to sign this Application.

Palm Beach County

By _____ Date _____

Title _____