



**II. FISCAL IMPACT ANALYSIS**

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

Fiscal Years	2017	2018	2019	2020	2021
Capital					
Expenditures					
Operating Costs		\$625,756			
External Revenues		(\$312,878)			
Program Income (County)					
In-Kind Match (County)					
<b>NET FISCAL IMPACT</b>		<b>\$312,878</b>			
No. ADDITIONAL FTE POSITIONS (Cumulative)		0			

Is Item Included In Budget? Yes  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: William 2/13/17  
 Palm Tran, Finance Manager

**III. REVIEW COMMENTS**

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

[Signature]  
 OFMB 2/15  
 JET 2/14 JB 2/15

[Signature] 3/10/17  
 Contract Dev. and Control  
 3/6/17 (TW)

**B. Legal Sufficiency:**

[Signature] 3/9/17  
 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, TOTAL PROJECT COST OF \$625,756 FOR OPERATING AND/OR CAPITAL ASSISTANCE UNDER U.S.C. SECTION 5311(F), INTERCITY BUS SERVICE PROGRAM, AS ADMINISTERED BY THE FLORIDA DEPARTMENT OF TRANSPORTATION (FDOT); ESTABLISHING AND EFFECTIVE DATE.

WHEREAS, the Palm Beach County Board of Commissioners has the authority to apply for and accept grants and make purchases and/or expend funds pursuant to grant awards made by the Florida Department of Transportation as authorized by Chapter 341, Florida Statutes and/or by the Federal Transit Administration Act of 1964, as amended; 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. This resolution applies to Federal Program(s) under 49 U.S.C. Section(s) 5311 (F)
2. The submission of a grant application(s), supporting documents, and assurances to the Florida Department of Transportation is approved.
3. \_\_\_\_\_  
(Authorized Individual by Name and Title) is authorized to sign the application, accept a grant award, and/or expend grant funds pursuant to a grant award, unless specifically rescinded.

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:

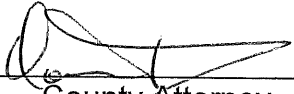
Commissioner Paulette Burdick, Mayor	_____
Commissioner Melissa McKinlay, Vice Mayor	_____
Commissioner Hal R. Valeche	_____
Commissioner Dave Kerner	_____
Commissioner Steven L. Abrams	_____
Commissioner Mary Lou Berger	_____
Commissioner Mack Bernard	_____

The Mayor thereupon declared the resolution duly passed and adopted this

\_\_\_\_\_ day of \_\_\_\_\_, 2017.

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



**Palm Tran**

**Administrative Offices**

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West Palm Beach, FL 33407-4618

(561) 841-4200

FAX: (561) 841-4291

**Palm Tran Connection**

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Suite 101

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**Palm Beach County  
Board of County  
Commissioners**

Paulette Burdick, Mayor

Melissa McKinlay, Vice Mayor

Hal R. Valeche

Dave Kerner

Steven L. Abrams

Mary Lou Berger

Mack Bernard

**County Administrator**

Verdenia C. Baker

*"An Equal Opportunity  
Affirmative Action Employer"*

**STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
GRANT APPLICATION**

The Palm Beach County Board of County Commissioners submits this Application for the Section 5311(f) 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.

The Palm Beach County Board of County Commissioners 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 FDOT 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 \_\_\_\_\_ day of \_\_\_\_\_, 2017 with two (2) original resolutions or certified copies of the original resolution

authorizing \_\_\_\_\_  
(Name & Title) to sign this Application.

The Palm Beach County Board of County Commissioners

By \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

# 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 March 2017	Applicant Identifier
5. APPLICANT INFORMATION Legal Name: Palm Beach County Board of Commissioners			3. DATE RECEIVED BY STATE	State Application Identifier
Organizational DUNS: 078470481			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Address: Street: 3201 Electronics Way City: West Palm Beach County: Palm Beach State: Florida Country: USA		Zip Code: 33407	Organizational Unit Department: Palm Tran Division:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 5 9 - 6 0 0 0 7 8 5		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Claudia Middle Name: Last Name: Salazar Suffix: Email: csalazar@pbcgov.org		
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):		9. NAME OF FEDERAL AGENCY: Federal Transit Administration		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Palm Beach County, Florida		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FDOT 2015 Section 5311 Operating Assistance for Rural Areas		
13. PROPOSED PROJECT Start Date: 7/1/2016 Ending Date: 6/30/2017		14. CONGRESSIONAL DISTRICTS OF: 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	\$312,878	a. Yes <input type="checkbox"/>		
b. Applicant	\$312,878	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	\$	17. IS THE APPLICANT DELINQUENT ON FEDERAL DEBT?		
g. TOTAL	\$625,756	<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	Paulette		Middle Name
Last Name		Burdick		Suffix
b. Title	Mayor, Palm Beach County Board of Commissioners		c. Telephone Number (give area code)	561-355-2202
				e. Date Signed

## EXHIBIT J: STANDARD LOBBYING CERTIFICATION FORM

The undersigned [Palm Beach County Board Of County Commissioners] certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for making lobbying contacts to an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form--LLL, "Disclosure Form to Report Lobbying," (a copy the form can be obtained from <http://www.dot.state.fl.us/transit/Pages/grantsadministration.shtm>) in accordance with its instructions [as amended by "Government wide Guidance for New Restrictions on Lobbying," 61 Fed. Reg. 1413 (1/19/96). Note: Language in paragraph (2) herein has been modified in accordance with Section 10 of the Lobbying Disclosure Act of 1995 (P.L. 104-65, to be codified at 2 U.S.C. 1601, *et seq.*)]

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31, U.S.C. § 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

[Note: Pursuant to 31 U.S.C. § 1352(c)(1)-(2)(A), any person who makes a prohibited expenditure or fails to file or amend a required certification or disclosure form shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such expenditure or failure.]

Palm Beach County Board Of County Commissioners certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. A 3801, *et seq.*, apply to this certification and disclosure, if any.

\_\_\_\_\_  
Signature of County's Authorized Official

\_\_\_\_\_  
Name and Title of County's Authorized Official

\_\_\_\_\_  
Date

**EXHIBIT K: FTA SECTION 5333 (B) ASSURANCE**

(Note: By signing the following assurance, the recipient of Section 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 Rural Area Program (see FTA Circular C 9040.1E, Chapter X); (2) agreeing to alternative comparable arrangements approved by the Department of Labor (DOL); or (3) obtaining a waiver from the DOL.)

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 certifies 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(f) 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, UNIONS OF SUB-RECIPIENTS, AND LABOR ORGANIZATIONS REPRESENTING EMPLOYEES OF SUCH PROVIDERS, IF ANY**

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