

AGENDA ITEM SUMMARY

Department: Palm Tran ☐ Ordinance ☐ Public Hearing

Approved By: _____

Chief Deputy County Administrator
Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2026	2027	2028	2029	2030
Capital Expenditures					
Operating Costs					
External Revenues					
Program Income(County)					
In-Kind Match(County					
NET FISCAL IMPACT					
#ADDITIONAL FTE					
POSITIONS (CUMULATIVE					

Is Item Included in the current Budget?

☐Yes☒No

Does this item include the use of federal funds?

☒Yes☐No

Does this item include the use of state funds?

☐Yes☒No

Budget Account No:

Fund

Agency

Organization

Object

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

There is no fiscal impact with this item.

Fiscal impact will be identified when the grant is awarded and brought to the BCC.

C. Departmental Fiscal Review:_____

Barbara Hiller, Fiscal Manager II

III. REVIEW COMMENTS:

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

OFMB

Contract Dev. & Control

B. Legal Sufficiency

Assistant County Attorney

C. Other Department Review

Department Director

(THIS SUMMARY IS NOT TO BE USED AS A BASIS FOR PAYMENT.)

RESOLUTION NO. R 2025 -

ADOPT A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS (BCC), OF PALM BEACH COUNTY, FLORIDA, APPROVING THE SUBMISSION OF THE FISCAL YEAR 2026 SECTION 5311 (OFF CYCLE), FORMULA GRANTS FOR RURAL AREAS PROGRAM (CFDA 20.509) GRANT APPLICATION IN THE AMOUNT OF \$1,000,000 CREATING MOBILITY ON DEMAND SERVICES IN THE ACREAGE AND LOXAHATCHEE, SOME OF THE WESTERN-RURAL AREAS OF PALM BEACH COUNTY, AND PARTIALLY OFFSETTING THE OPERATIONAL COSTS OF THE EXTENDED BUSLINK PILOT (PILOT) PROGRAM ZONE, AS ADMINISTERED BY THE FLORIDA DEPARTMENT OF TRANSPORTATION (FDOT); ESTABLISHING AN EFFECTIVE DATE.

WHEREAS, FDOT is authorized to provide funding for a mass transportation project; and

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 FDOT, as authorized by Chapter 341, Florida Statutes, and/or by the Federal Transit Administration Act of 1964, as amended;

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

- 1. This resolution applies to the Federal Program under 49 U.S.C. Section 5311(f).
- 2. The submission of the grant application, supporting documents and assurances to FDOT is hereby approved.
- 3. The County Administrator or Executive Director of Palm Tran is authorized to furnish such additional information as FDOT may require in connection with the project.
- 4. The Mayor of the Board of County Commissioners is authorized to execute the grant application, supporting documents, and assurances.
- 5. 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 Sarah Baxter , Mayor	_____
Commissioner Marci Woodward , Vice Mayor	_____
Commissioner Maria G. Marino	_____
Commissioner Gregg K. Weiss	_____
Commissioner Joel G. Flores	_____
Commissioner Maria Sachs	_____
Commissioner Bobby Powell Jr	_____

The Mayor thereupon declared the resolution duly passed and adopted this _____ day of _____, 2025.

APPROVED AS TO FORM AND
LEGAL SUFFICIENCY

PALM BEACH COUNTY, FLORIDA
BY ITS BOARD OF COMMISSIONERS
Michael A. Caruso, Clerk and Comptroller

By: _____ By: _____
County Attorney Deputy Clerk



Palm Tran

Administrative Offices

100 N. Congress Avenue

Delray Beach, FL 33445

(561) 841-4200

FAX: (561) 841-4291

Palm Tran Connection

50 South Military Trail

Suite 101

West Palm Beach, FL 33415-3132

(561) 649-9838

FAX: (561) 656-7156

www.palmtran.org



**Palm Beach County
Board of County
Commissioners**

Maria G. Marino, Mayor

Sara Baxter, Vice Mayor

Gregg K. Weiss

Joel G. Flores

Marci Woodward

Maria Sachs

Bobby Powell Jr.

County Administrator

Joseph Abruzzo

"An Equal Opportunity Employer"

Official Electronic Letterhead

**STATE OF FLORIDA DEPARTMENT OF
TRANSPORTATION
49 U.S.C Section 5311 GRANT APPLICATION
FFY2026-OFF-CYCLE**

Palm Beach County Board of County Commissioners submits this Application for the Section 5311 Program Grant (Off-Cycle) 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 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 **21st** day of November, **2025** with an original resolution or certified copy of the original resolution authorizing the Mayor to sign this Application.

Palm Beach County Board of County Commissioners (Palm Tran)
Agency Name

Signature (blue ink)

Sara Baxter, Mayor

Typed Name and Title of Authorized Representative

Dec 2, 2025
Date

FFY2026 SECTION 5311 OFF CYCLE Grant Application -Palm Beach County -
Palm Tran

FDOT Certification and Assurances

Palm Beach County Board of County Commissioners certifies and assures to the Florida Department of Transportation regarding its Application under U.S.C. Section 5311 dated **21st** day of **November, 2025**:

- 1 It shall adhere to all Certifications and Assurances made to the federal government in its Application.
- 2 It shall comply with Florida Statutes:
 - Section 341.051–Administration and financing of public transit and intercity bus service programs and projects
 - Section 341.061 (2)–Transit Safety Standards; Inspections and System Safety Reviews
 - Section 252.42 – Government equipment, services and facilities: In the event of any emergency, the division may make available any equipment, services, or facilities owned or organized by the state or its political subdivisions for use in the affected area upon request of the duly constituted authority of the area or upon the request of any recognized and accredited relief agency through such duly constituted authority.
- 3 It shall comply with Florida Administrative Code:
 - Rule Chapter 14-73–Public Transportation
 - Rule Chapter 14-90–Equipment and Operational Safety Standards for Bus Transit Systems
 - Rule Chapter 14-90.0041–Medical Examination for Bus System Driver
 - Rule Chapter 41-2–Commission for the Transportation Disadvantaged
- 4 It shall comply with FDOT's:
 - Bus Transit System Safety Program Procedure No. 725-030-009 (Does not apply to Section 5310 only recipients)
 - Public Transit Substance Abuse Management Program Procedure No. 725-030-035
 - Transit Vehicle Inventory Management Procedure No. 725-030-025
 - Public Transportation Vehicle Leasing Procedure No. 725-030-001
 - Guidelines for Acquiring Vehicles
 - Procurement Guidance for Transit Agencies Manual
- 5 It has the fiscal and managerial capability and legal authority to file the application.
- 6 Local matching funds will be available to purchase vehicles/equipment at the time an order is placed.
- 7 It will carry adequate insurance to maintain, repair, or replace project

vehicles/equipment in the event of loss or damage due to an accident or casualty.

- 8 It will maintain project vehicles/equipment in good working order for the useful life of the vehicles/equipment.
- 9 It will return project vehicles/equipment to FDOT if, for any reason, they are no longer needed or used for the purpose intended.
- 10 It recognizes FDOT's authority to remove vehicles/equipment from its premises, at no cost to FDOT, if FDOT determines the vehicles/equipment are not used for the purpose intended, improperly maintained, uninsured, or operated unsafely.
- 11 It will not enter into any lease of project vehicles/equipment or contract for transportation services with any third party without prior approval of FDOT.
- 12 It will notify FDOT within **24 hours** of any accident or casualty involving project vehicles/equipment, and submit related reports as required by FDOT.
- 13 It will notify FDOT and request assistance if a vehicle should become unserviceable.
- 14 It will submit an annual financial audit report to FDOT (FDOTSingleAudit@dot.state.fl.us), if required.
- 15 It will undergo a triennial review and inspection by FDOT to determine compliance with the baseline requirements. If found not in compliance, it must send a progress report to the local FDOT District office on a quarterly basis outlining the agency's progress towards compliance.

December 2nd, 2025 Date

Signature of Authorized Representative

Sara Baxter, Mayor Typed Name and Title of Authorized Representative

FFY2026 SECTION 5311 OFF CYCLE Grant Application -Palm Beach County -Palm Tran

Standard Lobbying Certification

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 of the form can be obtained from FDOT's website) 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 sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients 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.

The 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.

Executed this 2 day of December, 2025

Signature of Authorized Representative

Sara Baxter, Mayor

FTA Section 5333 (b) Assurance

(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 Rural Area Program (see FTA Circular C 9040.IG, Chapter VIII (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 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 Program.

Dec 2, 2025

Date

Sara Baxter, Mayor

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

APPROVED AS TO FORM AND LEGAL SUFFICIENCY

By: _____

Palm Beach County Attorney

Leasing Certification

Memorandum for FTA 5311

Date: December 2, 2025

From: Sara Baxter, Mayor (Authorized Representative)

Signature: _____

Palm Beach County Board of County Commissioners

Typed or printed agency name

To: Florida Department of Transportation, District Office Modal Development Office/Public Transit

***Subject::** FFY25/SFY26 GRANT APPLICATION TO THE FEDERAL TRANSIT ADMINISTRATION, OPERATING OR CAPITAL GRANTS FOR RURAL AREAS PROGRAM, 49 UNITED STATES CODE SECTION 5311*

Leasing:

Will the Palm Beach County Board of County Commissioners, as applicant to the Federal Transit Administration Section 5311 Program, lease the proposed vehicle(s) or equipment out to a third-party?

☒ *No*

☐ *Yes*

If yes, specify to whom:

NOTE: It is the responsibility of the applicant agency to ensure District approval of all lease agreements.

Certification of Equivalent Service

CERTIFICATION OF EQUIVALENT SERVICE

Palm Beach County Board of County Commissioners certifies that its demand responsive service offered to individuals with disabilities, including individuals who use wheelchairs, is equivalent to the level and quality of service offered to individuals without disabilities. Such service, when viewed in its entirety, is provided in the most integrated setting feasible and is equivalent with respect to:

- 1 Response time;
- 2 Fares;
- 3 Geographic service area;
- 4 Hours and days of service;
- 5 Restrictions on trip purpose;
- 6 Availability of information and reservation capability; and
- 7 Constraints on capacity or service availability.

In accordance with 49 CFR Part 37, public entities operating demand responsive systems for the general public which receive financial assistance under 49 U.S.C. 5310 and 5311 of the Federal Transit Administration (FTA) funds must file this certification with the appropriate state program office before procuring any non-accessible vehicle. Such public entities not receiving FTA funds shall also file the certification with the appropriate state office program. Such public entities receiving FTA funds under any other section of the FTA Programs must file the certification with the appropriate FTA regional office. This certification is valid for no longer than one year from its date of filing. Non-public transportation systems that serve their own clients, such as social service agencies, are required to complete this form.

Executed this **2** day of **December 2025**

Sara Baxter, Mayor

Name and title of authorized representative

Signature of authorized representative

Proof of Local Match

Source	Amount
The required match is included In Palm Tran's FY2026 Proposed Budget	\$500,000
Grant Application	1,000,000
Required Match 50 %	500,000
Total Project Cost	1,000,000

The Palm Beach County Board of County Commissioners, certifies of affirms it has allocated sufficient funds to satisfy the match requirements of this grant application.

When the grant is awarded, a budget amendment will be brought to the BCC for approval, identifying the local match

December 2, 2025

Date

Signature of Authorized Representative

Sara Baxter, Mayor

Typed Name of Authorized Representative

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

*** 2. Type of Application:**

- ☒ New
☐ Continuation
☐ Revision

*** If Revision, select appropriate letter(s):**

*** Other (Specify):**

*** 3. Date Received:**

11/21/2025

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:** Palm Beach County Board of County Commissioners

*** b. Employer/Taxpayer Identification Number (EIN/TIN):**

59-60000785

*** c. UEI:**

XL2DNFMPCR44

d. Address:

*** Street1:** 301 North Olive Ave

Street2:

*** City:** West Palm Beach

County/Parish:

*** State:** FL: Florida

Province:

*** Country:** USA: UNITED STATES

*** Zip / Postal Code:** 33401-4705

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

*** First Name:**

Malorie

Middle Name:

*** Last Name:**

Lassalle

Suffix:

Title: DEB/Grant Coordinator

Organizational Affiliation:

*** Telephone Number:** 561 276 1261

Fax Number:

*** Email:** mlassalle@pbc.gov

Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

* 12. Funding Opportunity Number:

FF2025_SF2026 offcycle

* Title:

Section 5311 Program Formula Grants for Rural Areas (off cycle)

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Enhancing East-West Connectivity in Palm Beach County

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424**16. Congressional Districts Of:*** a. Applicant * b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:* a. Start Date: * b. End Date: **18. Estimated Funding (\$):**

* a. Federal	500,000.00
* b. Applicant	500,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,000,000.00

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on .
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☒ c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**☐ Yes ☒ No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)**

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title: * Telephone Number: Fax Number: * Email: * Signature of Authorized Representative: * Date Signed: