

RESOLUTION 2016 - 33

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA, AUTHORIZING THE COUNTY ADMINISTRATOR, OR HIS DESIGNEE, TO SIGN AND SUBMIT AN APPLICATION FOR GRANT FUNDING PURSUANT TO 49 U.S.C 5339, INCLUDING ALL REQUIRED SUPPORTING DOCUMENTS AND ALL REQUIRED CERTIFICATIONS AND ASSURANCES.

RECITALS

WHEREAS, St. Johns County has been apportioned for State fiscal year 2016, \$113,331 under 49 U. S. C. Section 5339 Bus and Bus Facilities Program for use in public transportation funding assistance from the Florida Department of Transportation; and

WHEREAS, St. Johns County seeks to submit an application to the Florida Department of Transportation, seeking this grant apportionment under Section 5339 in the amount of \$113,331 for public transportation funding assistance; and

WHEREAS, St. Johns County desires to and has the fiscal and managerial capacity, matching funds and legal 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 the Federal Transit Administration Act of 1964, as amended, including but not limited to this 49 U.S.C. Section 5339 grant; and

WHEREAS, the County Administrator Michael Wanchick or his authorized designee the St Johns County Transit Grant Specialist is hereby designated and authorized on behalf of the Board of County Commissioners of St. Johns County to sign and submit the attached grant application and all required supporting documents and give all required certifications and assurances; and

WHEREAS, the 20 percent matching funds for the \$113,331 in capital will come from the State of Florida in the form of toll revenue credits; and

WHEREAS, the County intends to use the grant funds for the purchase of a replacement bus for the fixed route system; and

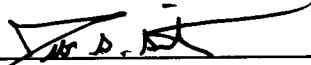
WHEREAS, submittal of the grant application will serve a public purpose.

NOW THEREFORE, BE IT RESOLVED by the Board of County Commissioners of St. Johns County, Florida:

1. The above Recitals are incorporated by reference into the body of this Resolution, and such Recitals are adopted as findings of fact.
2. The Board of County Commissioners hereby authorizes the County Administrator, or his designee, to sign and submit the attached application for the Section 5339 grant, including all required supporting documents and all required certifications and assurances.
3. To the extent that there are typographical or administrative errors that do not change the tenor, tone or concept of this Resolution, then this resolution may be revised without subsequent approval of the Board of County Commissioners.

PASSED AND ADOPTED by the Board of County Commissioners of St. Johns County Florida, this 2nd day of February, 2016.

**BOARD OF COUNTY COMMISSIONERS
OF ST. JOHNS COUNTY, FLORIDA**

By: 
Jeb S. Smith, Chair

ATTEST: Hunter S. Conrad, Clerk

By: 
Deputy Clerk

RENDITION DATE 2/4/2016

**St. Johns County Grant
Application for Fiscal
Year 2017 Section 5339
Bus and Bus Support
Facilities**

SF 424

Application for Federal Assistance SF-424		
* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<input type="text"/> <input type="text"/>
* 3. Date Received:	4. Applicant Identifier:	
<input type="text"/>	<input type="text"/>	
5a. Federal Entity Identifier:	5b. Federal Award Identifier:	
<input type="text"/>	<input type="text"/>	
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
<input type="text"/>	<input type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: <u>Southwest County Commissioners, 301 W. Central, Florida</u>		
* b. Employer/Taxpayer Identification Number (EM/TIN):	* c. Organizational DUNS:	
<u>F596000825</u>	<u>073216990000</u>	
d. Address:		
* Street1:	<u>4040 Lewis Speedway</u>	
Street2:	<input type="text"/>	
* City:	<u>St. Augustine</u>	
County/Parish:	<u>St. Johns</u>	
* State:	<u>Florida</u>	
Province:	<input type="text"/>	
* Country:	<u>USA - UNITED STATES</u>	
* Zip / Postal Code:	<u>32024</u>	
e. Organizational Unit:		
Department Name:	Division Name:	
<u>Transportation Development</u>	<input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	* First Name:	<u>Gary</u>
Middle Name:	<u>L</u>	
* Last Name:	<u>Mackey</u>	
Suffix:	<input type="text"/>	
Title: <u>Transit Grant Specialist</u>		
Organizational Affiliation:		
<input type="text"/>		
* Telephone Number:	Fax Number:	
<u>(904) 209-0630</u>	<u>(904) 209-0631</u>	
* Email: <u>gmackey@sjcfl.us</u>		

Application for Federal Assistance SF-424

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

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 20-526

CFDA Title:

Section 5339

* 12. Funding Opportunity Number:

* Title:

Bus and Bus Facilities Program

13. Competition Identification Number:

Title:

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

St. Johns County, Florida

* 15. Descriptive Title of Applicant's Project:

For the purchase of one replacement split gas for the Fixed Route System with priority service and MTD

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant 6 * b. Program/Project 6

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

17. Proposed Project:

* a. Start Date: 10/1/2011 * b. End Date: 11/2011

18. Estimated Funding (\$):

* a. Federal	<u>1,113,331</u>
* b. Applicant	<u>0</u>
* c. State	<u>2611 Revenue Grant</u>
* d. Local	<u>0</u>
* e. Other	<u>0</u>
* f. Program Income	<u>0</u>
* g. TOTAL	<u>1,113,331</u>

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 _____

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 28, 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:

Prefc: _____ * First Name: Gary

Middle Name: _____

* Last Name: Mackey

Suffix: _____

* Title: Transit Grant Specialist

* Telephone Number: (904) 209-0630 Fax Number: (904) 209-0630

* Email: g.mackey@sjcfla.us

* Signature of Authorized Representative: Gary Mackey * Date Signed: 12/11/2015

Exhibit B

Project

Description

This funding will be used for the replacement of one small bus for the fixed route. These are small buses with a useful life of 5 years or \$150,000 miles. The vehicle to be replaced will have met their useful life. All vehicles will meet ADA standards. We certify that for every procurement action to be funded with this grant, an independent cost estimate will be prepared and available on file along with the corresponding cost/price analysis for the project.

Vehicle to be replaced









VIN#	YEAR	Model	Mileage
1GB9G5AG6A1159200	2011	Chevy	217,483

Exhibit E

Federal

Certifications




and Assurances

View / Modify Recipient        

General
 Contact Persons
 Cert's & Assurances
 Codes
 Payment Codes
 Civil Rights

Organization: 6410 ST. JOHNS COUNTY, FLORIDA

Acronym:	SJCF	NTDB Code:	0
Street:	4040 LEWS SPEEDWAY	FY Start:	August
		Cert's & Assur's:	11/20/2014
		Mstr Agmt Iss'd:	
City/State/Zip:	ST. AUGUSTINE FL 32084 8637	Assistance:	<input checked="" type="radio"/> Yes <input type="radio"/> No
Phone Number:	9042090630	Designated Recipient:	<input checked="" type="radio"/> Yes <input type="radio"/> No
Fax Number:	9042090631		1001 FLORIDA DEPARTMENT
Website:		MPO:	<input checked="" type="radio"/> Yes <input type="radio"/> No
Cost Center:	78400		0 NOT ASSIGNED
Geog. Location:	120252010	Type:	Public, Not a Contractor
Last Updated:	11/25/2014	State DOT:	<input type="radio"/> Yes <input checked="" type="radio"/> No
Active:	<input checked="" type="radio"/> Yes <input type="radio"/> No	OST Type:	County Agency
DBE:	<input type="radio"/> Yes <input checked="" type="radio"/> No	DUNS Number:	073236739

Cat	Description	Applicable N/A	Cert Date	Text
01	REQUIRED FOR EACH APPLICANT	<input checked="" type="checkbox"/> <input type="checkbox"/>	11/20/2014	
02	LOBBYING	<input checked="" type="checkbox"/> <input type="checkbox"/>	11/20/2014	
03	PROCUREMENT AND PROCUREMENT SYSTEM	<input checked="" type="checkbox"/> <input type="checkbox"/>	11/20/2014	

04	PRIVATE SECTOR PROTECTIONS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11/20/2014	
05	ROLLING STOCK REVIEWS AND BUS TESTING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11/20/2014	
06	DEMAND RESPONSIVE SERVICE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11/20/2014	
07	INTELLIGENT TRANSPORTATION SYSTEMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11/20/2014	
08	INTEREST, FINANCING, AND LEASING COSTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11/20/2014	
09	TRANSIT ASSET MGMT AND RECP. SAFETY PL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11/20/2014	
10	ALCOHOL AND CONTROLLED SUBSTANCES T	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11/20/2014	
11	CAPITAL INVESTMENT (FIXED GUIDEWAY AND	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11/20/2014	
12	STATE OF GOOD REPAIR PROGRAM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11/20/2014	
13	FIXED GUIDEWAY MODERNIZATION GRANT PR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11/20/2014	
14	BUS AND BUS FACILITIES PROGRAMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11/20/2014	
15	URBANIZED AREA/PASSENGER FERRY/JARC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11/20/2014	
16	SENIORS/ELDERLY/IND W/DISABL/NEW FREE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11/20/2014	
17	RURAL/NONURBANIZED/APPALACH/OTRB	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11/20/2014	
18	TRIBAL TRANSIT PROGRAMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11/20/2014	
19	LOW OR NO EMISSION/CLEAN FUELS GRANT F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11/20/2014	
20	PAUL S. SARBANES TRANSIT IN PARKS PROGI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11/20/2014	
21	STATE SAFETY OVERSIGHT GRANT PROGRAM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11/20/2014	
22	PUB. TRANS. EMERGENCY RELIEF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11/20/2014	
23	EXPEDITED PROJECT DELIVERY PILOT PROGI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11/20/2014	
24	INFRASTRUCTURE FINANCE PROGRAMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11/20/2014	
Cat	Description	Applicable N/	Cert Date	Text	

Affirmation of Certifications and Assurances	
<p>FEDERAL FISCAL YEAR 2015 FTA CERTIFICATIONS AND ASSURANCES SIGNATURE PAGE (Required of all Applicants for FTA funding and all FTA Grantees with an active Capital or Formula Project)</p> <p>AFFIRMATION OF APPLICANT</p> <p>Name of the Applicant: ST. JOHNS COUNTY, FLORIDA</p>	

Official's Name:	Gary L Mackey	PIN: <input type="text"/>
Attorney's Name:	David M Migut	

Exhibit G

State

Certifications

and Assurances

4.4. EXHIBIT G: CERTIFICATION AND ASSURANCES TO FDOT

To be completed and signed by an individual authorized by the governing board of the applicant agency and submitted with the grant application.

The _____ (undersigned) Gary L. MacIvey certifies and assures to the Florida Department of Transportation in regard to its Application under U.S.C. Section 5339 dated 12/11/2015:

- 1) It shall adhere to all Certifications and Assurances made to the federal government in its Application.
- 2) It shall comply with Florida Statutes:
 - a. Section 341.051- Administration and financing of public transit and intercity bus service programs and projects
 - b. Section 341.061 (2) - Transit Safety Standards; Inspections and System Safety Reviews
- 3) It shall comply with Florida Administrative Code
 - a. Rule Chapter 14-73 - Public Transportation
 - b. Rule Chapter 14-90 - Equipment and Operational Safety Standards for Bus Transit Systems
 - c. Rule Chapter 14-90.0041 - Medical Examination for Bus System Driver
 - d. Rule Chapter 41-2 - Definitions
- 4) It shall comply with the FDOT's:
 - a. Bus Transit System Safety Program Procedure No. 725-030-009
 - b. Public Transit Substance Abuse Management Program Procedure No. 725-030-035
 - c. Transit Vehicle Inventory Management Procedure No. 725-030-025
 - d. Public Transportation Vehicle Leasing Procedure No. 725-030-001
 - e. FDOT Guidelines for Acquiring Vehicles
 - f. 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 the FDOT, if the Department 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 the Department.
- 13) It will submit an annual financial audit report to FDOT (FDOTSingleAudit@dot.state.fl.us), if required by FDOT.

Date: 12/11/2015

Gary L. Mackey, Transit Grant Specialist

(Typed name and title of authorized representative)



(Signature of authorized representative)

Exhibit J

Lobbying

4.5. EXHIBIT J: STANDARD LOBBYING CERTIFICATION FORM

FEDERAL FISCAL YEAR 2016

NOTE: All grant awards issued to a recipient in the amount of \$100,000 or more must include a signed standard lobbying certification form.

The undersigned [Contractor] 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.

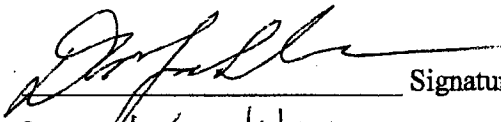
(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for making lobbying contacts to an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, 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 sub-awards at all tiers (including subcontracts, sub-grants, 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.]

The Contractor, _____, 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 Contractor's Authorized Official

Daniel Locklean

Assistant County Administrator Name and Title of Contractor's Authorized Official

12/11/2015 Date

Exhibit K

FTA Section

5333 (b)

Assurance

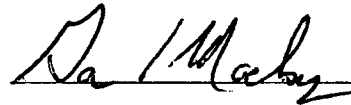
4.6.EXHIBIT K: FTA SECTION 5333 (B) ASSURANCE

(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 9040.1E, Chapter X); (2) agreeing to alternative comparable arrangements approved by the Department of Labor (DOL); or (3) obtaining a waiver from the DOL.)

The Recipient St. Johns County (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 5339 Program.

Dated 12/11/2015

Gary L. Mackay, Transit Grant Specialist
(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

(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
St. Johns County Florida	Replace one Fixed Route Vehicle	St. Johns County, Council on Aging The Fixed Route provider	None