

Capital Funding Application Checklist

Organize grant material in this order, please include a completed application checklist with your submission with the application.

All required general and program specific (operational) attachments listed in the call for projects must be submitted to be deemed eligible.

Capital Funding Application Checklist	Complete (yes or no)
Capital Funding Application Part 1 - Applicant Information	
Capital Funding Application Part 2 - Project Need	
Capital Funding Application Part 3 - Vehicle Inventory	
Capital Funding Application Part 4 - Fiscal Managerial Capability	
Capital Funding Application Part 5 - Coordination	
Attachments and Documentation	
- Requirements and Certifications (found in the call for projects in the Requirements and Certifications section)	
- Required Attachments (listed in the Call for Projects located in the introduction section including subsections F and G, and Capital Funding Application)	

One electronic (PDF) application (compiled in this order) must be submitted by

4:00 PM (EST), February 16th, 2026.

Submissions MUST be emailed as one document if technical issues arise when submitting please immediately reach out to Citilink for alternative submission methods.

Please make sure all attachments are clearly identified (labeled) and referenced in your narrative.

Capital Funding Application

Capital Funding Application Instructions

All applications must be completed using the application template with all additional documents, requirements, and certifications at the end of the application. The template can be found on Citilink's website at www.fwcitilink.com. For Capital Funding Applications all applicable documents, assurances, and certifications listed in the Call for Projects **MUST** be submitted before the submission deadline. All documents, assurances, and certifications listed in the Call for Projects are applicable to Capital Funding Applications with the exception of items specifically listed within the Operational Funding Application section of the Call for Projects. Please refer to the Evaluation Criteria section (Appendix B in the call for projects and posted on www.fwcitilink.com) to ensure that your responses in the application (and documentation) meet the listed scoring criteria for the respective questions. The scoring of applications will be solely based off the information submitted to Citilink.

Submissions MUST be emailed as one document if technical issues arise when submitting please immediately reach out to Citilink for alternative submission methods

Capital Funding Application Part 1 – Applicant Information

Application Qualifiers: If your answer is NO to either question below, please do not proceed with the application; applications with a negative answer to either question will not be evaluated.

Question	Response
Does the project address at least one (1) strategy identified in the local coordinated plan?	
Does the applicant have the required local matching funds to cover the matching requirements (20% of capital expenses)?	

Applicant Information

1. Applicant Name and DUNS/UEI:		
2. Applicant Address:		
3. Contact Person:		
4. Telephone Number:		
5. Email Address:		
6. Geographical area served by requested equipment:		
7. Number and Type of Vehicles Requested:		
8. Total Project Cost (capital only): \$		
9. The type of service your organization provides (check A,B, and or C below accordingly)		
A. Demand Response	Yes:_____	No:_____
B. Fixed Route	Yes:_____	No:_____
C. Other (specify)	Yes:_____	No:_____
10. Requested Vehicles will (select one of the below)		

A. Replace existing Service	Yes: _____	No: _____
B. Expand Existing Service	Yes: _____	No: _____
C. Start New Service	Yes: _____	No: _____

11. Total number of one-way passenger trips provided by your agency in 2025:

12. Total vehicle miles traveled by your active vehicle fleet in 2025:
(this is the total distance traveled by active passenger vehicles during the provision of passenger transportation service)

13. Total Operating Expenses in 2025:
(exclude capital vehicle purchases from this cost)

Citilink requires the submission of the Applicant Information Form (the above Forms in the Applicant Information Section) for each organization submitting a Section 5310 application for capital funding. Guidance for completing this form is provided below:

Item Number	Guidance:
1-4	General information - name of applicant organization, address, contact person, telephone number, e-mail address and DUNS number.
5	Applicant type check one.
6	Service area for requested equipment - List name(s) of cities, towns and counties that will be served by the requested equipment.
7	Number and type of vehicles requested summary of Estimated Capital Budget. Example: 2 vans – one each, mini-van and Type C Van
8	Total project cost total cost from Estimated Capital Budget.
9	Type of service Demand Response includes dial a ride, advance registration and door to door specialized service. Fixed Route refers to service following a set route or schedule.
10	Vehicle use - Applicants may request vehicles to replace existing equipment, for the expansion of services, or to start new service.
11	One way passenger trips - total number of one-way passenger trips provided during the past calendar year. Citilink defines a one-way trip as one origin to destination trip for each passenger riding in a vehicle. For example, taking a van with six passengers to the grocery and back to their homes counts as 12 one-way passenger trips.
12	Total Vehicle Miles - The total distance traveled by active passenger vehicles (during the provision of passenger transportation service) during the past calendar year.
13	Total Operating Expenses - The total of all transportation operating costs incurred during the past calendar year, excluding expenses associated with capital grants. Expense figures may be unaudited.

Capital Funding Application Part 2 – Project Need

Instructions: Project Need: Discuss the extent and urgency of need for the requested capital equipment. Each applicant must describe its need to replace or expand transportation capacity.

Answer the following questions thoroughly, but briefly. All answers must be completed utilizing the Project Need Answer Template below. Attach and reference vehicle repair history, vehicle pictures or other evidence of vehicle need to the application.

A. **Project Need: Answer the following questions thoroughly, but briefly.** Attach vehicle repair history, vehicle pictures or other evidence of vehicle need.

1. Provide a brief overview of your agency programs and service area. If contracting for service, also provide an explanation of the service provider arrangement.

2. Vehicle Usage Information: for **b-i provide data for each requested vehicle separately, vehicle data, not agency data by filling in the blanks.**

- a. Describe the service your agency will provide with the requested equipment (type of service; 5310 population to be served - seniors, individuals with disabilities, or both, service hours, days of service, trip purpose, demographics of ridership characteristics – including race, ethnicity, percent of seniors, and percent of individuals with a disability, eligibility, and service area).

Complete b. – i. for each requested vehicle, copy if necessary

- b. Is the requested vehicle for replacement or expansion?
- c. Number of unduplicated transportation clients per year
- d. Number of one-way passenger trips provided per year
- e. Average number of hours the vehicle will be in service on a weekly basis (include the hours that the vehicle will be utilized by other agencies).
- f. Average number of weekly one-way passenger trips
 - i. Average number of passengers per vehicle trip
 - ii. Number of passenger trips that are wheelchair passengers
- g. Vehicle seating Capacity (with and without wheelchair spaces occupied). If capacity will vary for the trips provided by the vehicle, please list all capacities that will be utilized; i.e. based on configurations, the vehicle could have a capacity of 3, 5, or 8 for certain types of trips.
 - i. A: Vehicle seating Capacity with wheelchair spaces occupied
 - ii. Vehicle seating Capacity without wheelchair spaces occupied
 - iii. Varying Capacity:
 - h. If capacity will vary for trips, please estimate the percentage of vehicle use at that capacity, i.e. a capacity of 3 for 25% of trips, 5 for 50% of trips, and 8 for 25% of trips.
 - i. Varying Capacity (**If this applies**):
 - Capacity of _____ for _____ % of trips
 - Capacity of _____ for _____ % of trips
 - Capacity of _____ for _____ % of trips
 - Capacity of _____ for _____ % of trips

3. IF REQUESTING REPLACEMENT VEHICLES - - Provide the following information:
 - a. Explain and demonstrate urgency of need for equipment requested:
age/condition/mileage (**12/31/2025**) of vehicle(s) to be replaced, condition of active vehicle fleet, availability of backup vehicles, accessibility needs (refer to Vehicle Inventory)
 - b. Attach and reference repair history of major expenses (engine, transmission, cooling, etc), photos and other information as appropriate.

4. IF REQUESTING EXPANSION VEHICLES - Provide the following information:
 - a. Explain and provide documentation on how need was identified. If applicable, provide the number of trip denials during the past year, or people on waiting list. How many of these trip denials are individuals with disabilities?
 - b. How will your agency pay for the cost (driver wages, fuel, maintenance) of operating the additional vehicle(s)?

5. Briefly describe how the proposed equipment helps to address any identified senior/disabled transportation service gaps/needs in your service area. Specifically, those identified in the Coordinated Plan as well as those specific to your agency's clients. Please provide ridership characteristics of your service including race, percent of riders that are seniors, and the percent of riders that are individuals with disabilities.
6. **Please provide the Vehicle Serial Number for each vehicle your agency wants to replace.** These numbers must match the vehicle serial numbers on your Vehicle Inventory.
7. If requesting a Small/Medium/Large Transit vehicle without a lift, *provide a brief explanation why your agency is requesting a non-lift vehicle.*

8. Provide a brief description of the applicant and its background with implementing this type of project (enhanced mobility for seniors and individuals with disabilities).

9. List current sources and amounts of local funding.

Capital Funding Application Part 3 - Vehicle Inventory

VEHICLE INVENTORY – AS OF 12/31/2025							
Mark vehicle(s) this request would replace with an asterisk (*)							
Year/ Model	Vehicle Type	Vehicle Serial Number	Lift/ Ramp Equipped	Seating Capacity	Capital Funding Sources Federal and Local	Odometer Mileage as of 12/31/2025	Condition of Vehicle (see below)
*04/Example	C	3BOYB1117H517K923	YES	10	Section 5310	149,799	Fair
Total Seating Capacity of Active Vehicles:							
	Vehicle Type Abbreviations			Please use the following scale to indicated Condition of Vehicle:			
	CAR	Sedan/Station Wagon					
	MV	Mini-van		GOOD - Requires standard maintenance			
	LFMV	Low Floor Mini-van		FAIR - Requires frequent minor problems			
	A	Standard Van		POOR - Requires frequent major problems			
	B	High Top van, no lift		BAD - use presents continued major mechanical problems			
	C	High Top van <u>with</u> lift					

	BOVC	Body on Chassis vehicle					
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Vehicle Inventory Instructions:

1. Include all active passenger transportation vehicles in your fleet. Do not include vehicles that are inappropriate for passenger transportation or are not in service. If more room is needed on the chart please attach a chart with the **SAME** formatting in the Attachment Section.

Check Yes if you added a vehicle inventory as an attachment and check No if you did not
_____ Yes Or _____ No

2. Mark the vehicle(s) that this request would replace with an asterisk (*). Ensure the vehicle identification number is included in your project need section.
3. Identify the mileage from the odometer as of 12/31/2025
4. Report the current condition of the vehicle using the provided scale. Your application can discuss the potential condition at the time of replacement under the project need section.
5. The total seating capacity should reflect active vehicles. Do not include vehicles that are inappropriate for passenger transportation or are not in service.

Capital Funding Application Part 4 - Fiscal Managerial Capability

This section gives your agency the opportunity to explain your ability to comply with contract provisions, provide local capital match (20%), vehicle operation and maintenance funding, driver training, administrative oversight and organizational stability.

Answer the following questions thoroughly, but briefly. Attach and reference other documentation as necessary.

A. Fiscal/Managerial Documentation:

1. Provide the following calendar year 2025 transportation service data:

- Total one-way passenger trips:
- Total vehicle miles:
- Total operating expenses:

Passenger Trip - One person making a one-way trip from origin to destination. One round trip equals two passenger trips.

Total Vehicle Miles - The total distance traveled by active passenger vehicles during the past calendar year, during the provision of passenger transportation service. Excludes miles for driver training and vehicle maintenance.

Total Operating Expenses - The total of all transportation operating costs incurred during the past calendar year, excluding expenses associated with capital grants. Expense figures may be unaudited.

- #### 2. Using the above information, calculate and include operating cost per mile, as well as operating cost per one way passenger trip. You may also include other data that reflects the quality and effectiveness of your transportation services.

Cost Per Mile:

Cost Per One-Way Passenger Trip:

To calculate cost per mile: Divide the total cost of providing transportation service last year by the total vehicle miles traveled by the passenger vehicles in your fleet.

To calculate cost per one-way passenger trip: Divide the total cost of providing transportation service last year by the number of one-way passenger trips provided last year. Be sure to use passenger trip data (each time a person enters a vehicle to go somewhere) not the unduplicated client roster for this calculation.

5. Describe provisions made to ensure the safe operation of vehicles: Driver selection and training policies, recent driver training, safety standards, transportation service policies, insurance coverage, etc:

7. Identify the source, amount and status of the 20% match for the requested equipment. Are other requests for this equipment pending?:
8. Identify current/anticipated sources of operating funding available to support the operation of the requested equipment throughout its useful life:

Estimated Capital Budget

Vehicle type, make, model, and year (include if it has a ramp, lift, etc.)	Quantity of Vehicles	Single Unit Cost	Total Cost
Total Vehicle Cost			

Vehicle Options					
Vehicle Type, Make, Model, and Year	Quantity of Vehicles	Option	Quantity of Options	Total Cost of Single Option	Total Cost of Options

Total Estimated Option Cost	
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Local Match (applicant Funds) 20% of Total	Funding Source and Percent of Match	Funding Amount (total should be 20% of total project cost)
- Funding Source:		
- Funding Source:		
- Funding Source:		
- Funding Source:		
Total Local Match		
Federal Funding 80% of Total	Section 5310 Funds (100% of federal portion)	
Total Capital Project Cost	Total Local Match Plus Federal Funding	

Prepared by: Signature Name and Title		Date:	

Capital Funding Application - Estimated Annual Operating Budget

This must be completed as part of the application

This is not a request for operating funds budget

Expense	2027	2028	2029	2030	2031
Driver Salaries and Fringe Benefits					
Other Staff Salaries and Fringe Benefits (supervisor, administrative, dispatch, etc.)					
Vehicle Operation (fuel, oil, tires, maintenance, repair, etc.)					
Vehicle Insurance					
Other					
Total Expense					
Revenue					
Fare Revenue					
Donation Revenue					
Other: List and identify other specific sources and the respective amount of funds that will be available to cover operating costs from those sources. The total amount listed below plus fare revenue should equal the total operating costs estimated above.					
Total Revenue					
Difference (Total Revenue – Total Expenses)					

This estimate of operating costs is not a request for funds. Operating expenses are not an eligible item under the capital portion of the Section 5310 program. Your organization will be operating this equipment for longer than one year. Therefore, your organization will need to plan for long-term (5+ years) operation as well.

Recent Agency Financial Audit

Applicants **MUST** provide a copy of the agency's overall budget and a copy of your agency's most recent audit as an attachment to this application. In addition, applicants **MUST** provide documentation of matching funds and resources to be leveraged including a local match letter. If a loan is being utilized as local match, the applicant must provide a loan approval letter from the financial institution. The application will be considered incomplete and not evaluated if these are not included

Capital Funding Application Part 5 - Coordination

This section is your opportunity to demonstrate a strong working relationship with local public and private transportation providers in your service area. Applicants must work together with local transit and paratransit operators in developing a comprehensive transportation network in the project area. Applicants should also seek to coordinate services with other programs for seniors and individuals with disabilities. In addition, Federal legislation which authorizes funding for transportation requires that all projects selected for funding from 5310 program must be derived from the Coordinated Public Transit-Human Services Transportation Plan for Allen County (<https://www.in.gov/nircc/>). All vehicle requests must address at least one (1) of the Section 5310 Capital Funding strategies identified in the Coordinated Plan.

Answer the following questions thoroughly, but briefly. All answers must be completed utilizing the Coordination Answer Template provided in Microsoft Word. Attach and reference other documentation as necessary.

Coordination Documentation:

1. Identify the Section 5310 Capital Funding strategy (is) identified in the Coordinated Plan that the requested vehicle(s) will address and describe how the vehicle request will address the need:
2. Do you participate in NIRCC's Transportation Advisory Committee (TAC)? NIRCC will verify your TAC attendance:

3. Discuss the level of coordination with other agencies anticipated with each requested vehicle:

4. Discuss the level of private sector involvement anticipated with each requested vehicle:

5. How many trips has your agency provided for other agencies in the past 12 months? Please list the agencies and the number of trips provided for each (if available):
6. Applicants should submit evidence of coordination with other nonprofit, for profit and public transportation providers. This includes service agreements, resource sharing, referral arrangements, coordinated vehicle dispatch, memorandum of understanding, coordination action plans, joint training, etc. Please list and reference while attaching the documents to the application:

Capital Funding Application Part 6 - Attachments

REQUIREMENTS AND CERTIFICATIONS

A. Certificate of Incorporation

Private nonprofit corporations must submit a Certificate of Incorporation to prove private nonprofit status. Send only the page containing the Indiana Secretary of State Seal and approval date. Do not send amendment pages unless the amendment affects the official name or status of your organization.

A letter from the federal Internal Revenue Service confirming your organization's 501(c) (3) status is not evidence of your agency's status as a not-for-profit corporation incorporated in the State of Indiana.

B. W-9 Federal Tax ID Form

All applicants must submit a signed W-9 Federal Tax ID with their grant application. A fillable PDF can be downloaded at <https://www.irs.gov/pub/irs-pdf/fw9.pdf>.

C. Reports and Inspections

The **(Organization's/entity's name)**, herein referred to as the Grantee, agrees to submit to the Fort Wayne Public Transportation Corporation, herein referred to as Citilink, such quarterly, annual or special financial and operating reports as Citilink may reasonably request. The Grantee also agrees to make available for inspection, by any duly authorized agent of Citilink, any records, documents, leases, operating and use agreements and other instruments which affect the Grantee and are pertinent to this project.

D. Indemnification

The Grantee agrees to indemnify, defend, and hold harmless Citilink, the Northeastern Indiana Regional Coordinating Council (NIRCC), or their respective agents, officers, and employees from all claims and suits for loss of or damage to property; including, the loss of use thereof and injuries to or death of persons, the property of officers, agents and employees of the Grantee or its subcontractors; and from all judgments recovered therefore, and from expenses in defending said claims, or suites, including court costs, attorney's fees and other expenses, caused by an act or omission of the Grantee and/or subcontractors, their respective agents, officers, servants and employees, and not caused by the sole fault or negligence of Citilink, NIRCC, or its respective agents, officers and employees.

E. General Requirements

The Grantee shall immediately notify Citilink of any change in conditions or of any event, which may significantly affect the Grantee's ability to perform the project in accordance with the provisions of this application and the subsequent authorization.

Any proposed change in the project, as described in this application, must be made by the mutual consent of the Grantee and Citilink; and must have prior written approval of Citilink.

Any provision of this document (not governed by federal law and regulation, whether or not incorporated within this document) shall be construed and interpreted in accordance with the laws of the State of Indiana.

F. Fiscal and Administrative Provisions

The Grantee shall comply with fiscal and administrative provisions detailed in Indiana Code 36-1-8, 36-1-9, and 36-1-10 or applicable federal requirements, whichever is most restrictive.

G. Certifications and Assurances for Federal Transit Agency Programs

To be eligible applicants **MUST** select yes for the categories that apply to it. To ensure that you meet the Federal Transit Agency certifications and assurances please follow the link below the table in this section. If yes is selected that indicates that the applicant is agreeing to comply with the requirements for the category.

Name of Applicant: _____

The Applicant agrees to comply with applicable requirements of Categories 01 – 20 which apply to this project. **Yes or NO**

(The Applicant may make this selection in lieu of individual selections below)

OR

The Applicant certifies that they will comply with the applicable requirements of the following categories it has selected (for specific requirements please follow the link below):

Category	Required for:	Applicant Certifies (yes, no, or N/A)
1. Certifications and Assurances Required of Every Applicant	All Projects/Applicants	
2. Public Transportation Agency Safety Plans	N/A	
3. Tax Liability and Felony Convictions	An applicant that is a private corporation, partnership, trust, joint-stock company, sole proprietorship, or other business association	
4. Private Sector Protections	An applicant applies for funds that it will use to acquire or operate public transportation facilities or equipment	
5. Transit Asset Management Plan	All Projects/Applicants	
6. Rolling Stock Buy America Reviews and Bus Testing (required for capital projects for the call for projects)	Capital Projects/Applicants Pursuing Capital Funding	
7. Urbanized Area Formula Grants Program (required for all applicants responding to the call for projects)	All Projects/Applicants	
8. Formula for Rural Areas	N/A for this call for projects	
9. Fixed Guideway Capital Investment Grants and the Expedited Project Delivery for Capital Investment Grants Pilot Program	N/A for this call for projects	

10.	Grants for Buses and Bus Facilities and Low or No Emission Vehicle Deployment Grant Programs	N/A for this call for projects	
11.	Enhanced Mobility of Seniors and Individuals with Disabilities Programs (required for all applicants responding to the call for projects)	All Projects/Applicants	
12.	State of Good Repair Grants	N/A for this call for projects	
13.	Infrastructure Finance Programs	N/A for this call for projects	
14.	Alcohol and Controlled Substances Testing	All Projects/Applicants	
15.	Rail Safety Training and Oversight	N/A for this call for projects unless applicant operates rail.	
16.	Demand Responsive Service	If demand response service is offered and will apply for award to purchase non-rail vehicle(s) that are not accessible.	
17.	Interest and Financing Costs	If the applicant will pay for interest or other financing costs using assistance from federal funds from this call for projects	
18.	Cybersecurity Certification for Rail Rolling Stock and Operations	Rail Fixed Guideway Public Transportation System Operators	
19.	Tribal Transit Programs	N/A for this call for projects	
20.	Emergency Relief Program	N/A for this call for projects	

FTA intends that the certifications and assurances the Applicant has selected above should apply, as required, to each project for which the Applicant seeks now, or may later, seek FTA assistance.

Certifications and assurances can be found at:

<https://www.transit.dot.gov/funding/grants/grantee-resources/certifications-and-assurances/fy2025-annual-list-certifications>

Signature of Applicant: _____

Date: _____

H. Local Assurances

The grantee hereby assures and certifies with respect to this application for Section 5310 Funding that:

1. The Applicant has the requisite fiscal, managerial and legal capability to carry out the Section 5310 Program and to receive and disburse Federal funds.
2. This project was developed out of the efforts of a locally developed coordinated public transit-human services transportation plan.
3. Private for-profit transit and para-transit providers have been afforded a fair and timely opportunity by the applicant to participate to the maximum extent feasible in the planning and provision of the proposed transit services.
4. The Applicant has the maximum extent feasible coordinated with other transportation providers and users, including social service agencies capable of purchasing service.
5. Some combination of local and/or private funding sources has or will be committed to provide the required local share.

I. Bankruptcy/Litigation Certification

Federal regulations require the questions below be asked of each applicant. Please read each item carefully before signing. Provide a brief explanation if your agency answers “yes” to any question. Answering “yes” will not automatically disqualify your application. Citilink will review each situation to gauge its relevance to your application.

Yes	No	Question
<input type="checkbox"/>	<input type="checkbox"/>	Has your agency (or the contracted provider) ever declared bankruptcy?
<input type="checkbox"/>	<input type="checkbox"/>	Is your agency (or the contracted provider) in litigation or has any claims of violation of law or regulations filed against it (during the past three years)?
<input type="checkbox"/>	<input type="checkbox"/>	Is your agency (or the contracted provider) had been named in any lawsuits or complaints, with respect to service or other transportation benefits, which allege discrimination on the basis of disability (during the past three years)?
<input type="checkbox"/>	<input type="checkbox"/>	Is your agency (or the contracted provider) been named in any lawsuits or complaints, which allege discrimination on the basis of race, color, or national origin with respect to service or other transportation benefits (during the past three years)?
<input type="checkbox"/>	<input type="checkbox"/>	Has your agency (or the contracted provider) participated in a civil rights compliance review within the past three years?

If “yes” to any questions above, provide an explanation (use additional paper if necessary):

For Public Bodies, the following signatures are required for the Bankruptcy/Litigation Certification:

Entity	Signatures	Attest
County	Commissioners (majority)	Auditor
City	Mayor and Board/Council (majority)	Clerk Treasurer
Town	President and Board/Council(majority)	Clerk Treasurer
Public Transportation Corporation	Board President	Board Secretary

J. Verification

I am an officer of the applicant corporation herein and am authorized to make this verification on its behalf. The statements in the foregoing document are true to my own knowledge. By signing below, I declare that the Applicant has duly authorized me to make these certifications and assurances on the Applicant's behalf and bind the Applicant's compliance (attach authorizing resolution or other document witnessing this authorization). Thus, the Applicant agrees to comply with all Federal statutes, regulations, executive orders, and administrative guidance required for each application it makes to the Federal Transit Administration (FTA) in **Federal Fiscal Years 2026 and 2027** (this is due to the call for projects being issued in FFY 2026), as well as all other State and local assurances and certifications.

The Applicant affirms the truthfulness and accuracy of the certifications and assurances it has made in the statements submitted herein with this document and any other submission made to INDOT or FTA regarding this project, and acknowledge that the provisions of the Program Fraud Civil Remedies Act of 1986, 31 U.S.C. 3801 *et seq.*, and implemented by U.S. DOT regulations, "Program Fraud Civil Remedies, " 49 CFR Part 31 apply to any certification, assurance, or submission made to FTA. The criminal fraud provisions of 18 U.S.C. 1001 apply to any certification, assurance; or submission made in connection with the Federal public transportation program authorized in 49 U.S.C. chapter 53 or any other statute.

In signing this documentation, I declare under penalties of perjury that the foregoing certifications and assurances, and any other statements made by me on behalf of the Applicant are true and correct.

Name of Chief Executive Officer: <i>PRINTED</i>	
Title:	
Date of grant submittal:	

Signature: _____

Chief Executive Officer

K. Standard Assurances

- B. All assurances associated with the Section 5310 application have been combined into one form. Please read each item carefully before signing. In addition, we recommend that your agency's legal counsel review these assurances.
- C. Federal regulations require Citilink and each applicant follow the requirements listed in the standard assurances below. Individuals who desire more information about these requirements may contact Citilink. (next page)

Standard Federal Section 5310 Certifications and Assurances FFY 2025

1. The applicant has or will have by the time of delivery, sufficient funds to operate and maintain the vehicles and equipment financed with Federal assistance awarded for its project;
2. The applicant has coordinated or will coordinate to the maximum extent feasible with other transportation providers and users, including social service agencies authorized to purchase transit service;
3. The applicant has complied or will comply with all applicable civil rights requirements;
4. The applicant has complied with or will comply with applicable requirements of U.S. DOT regulations regarding participation of disadvantaged business enterprises in U.S. DOT programs;
5. The applicant has complied with or will comply with Federal requirements regarding transportation of seniors and individuals with disabilities;
6. The applicant has complied with or will comply with applicable provisions of 49 CFR part 605 pertaining to school transportation operations;
7. Viewing its demand responsive service to the general public in its entirety, the applicant has complied with or will comply with the requirement to provide demand responsive service to individuals with disabilities, including individuals who use wheelchairs, meeting the standards of equivalent service set forth in 49 CFR 37.77(c), before purchasing non-accessible vehicles for use in demand responsive service for the general public;
8. The applicant has complied or will comply with the requirement that its project provides for the participation of private mass transportation companies to the maximum extent feasible;
9. The applicant has complied with or will comply with all applicable lobbying requirements for each application (per 49 CFR 20.110) exceeding \$100,000;
10. The applicant has complied or will comply with all applicable procurement and nonprocurement suspension and debarment requirements;
11. The applicant has complied or will comply with applicable FTA Intelligent Transportation Systems architecture requirements to the extent required by FTA.
12. The applicant will comply with all applicable federal requirements per the FTA Federal Fiscal Year 2025 Annual List of Certifications and Assurances for Federal Transit Administration Grants and Cooperative Agreements, as referenced at:
<https://www.transit.dot.gov/funding/grants/grantee-resources/certifications-and-assurances/fy2025-annual-list-certifications>

Signatures:

Signature and Title of Authorized Representative of Applicant

Date

For Public Bodies, the following signatures are required for the Standard Assurances:

Entity	Signatures	Attest
County	Commissioners (majority)	Auditor
City	Mayor and Board/Council (majority)	Clerk Treasurer
Town	President and Board/Council(majority)	Clerk Treasurer
Public Transportation Corporation	Board President	Board Secretary

L. Additional Federal, State, and Program Requirements

1. As of October 1, 2012, the Federal Transit Administration (FTA) Title VI Circular 4702.1B Requirements and Guidelines for Federal Transit Administration Recipients went into effect. This revised guidance affects all Section 5310 applicants and grantees. Title VI prohibits discrimination on the basis of race, color, age, sex, sexual orientation, gender identity, disability, national origin, religion, income status or limited English proficiency. As such, all Section 5310 Grantees must have a completed Title VI Program Plan, and the capacity to update, maintain, and develop (if not established) a Title VI Program Plan.
2. The applicant must also meet all procurement requirements in accordance with FTA Circular 4220.1G. This includes having a procurement policy (and the capacity to develop such a policy) that meets all FTA regulations, and the capacity to maintain, update, and develop (if not established) a procurement policy that complies with all FTA guidelines.
3. The applicant must provide documentation of recently audited financial documents displaying the financial capacity of the applicant, and financial control documentation.
4. The applicant must provide an approved local match letter. Please see the Requirements and Certifications section in the call for projects for an example of local match documentation (listed as Local Match Documentation in the Call for Projects).
5. The applicant must provide an organizational chart and documentation of staff turnover **(minimum of the last 5 calendar years)** in positions that would be involved in the grant and/or project.
6. In addition, as required by IC §22-5-1.7, all Section 5310 Grantees entering into contracts with Citilink, must provide documentation that it has enrolled and is participating in the E-Verify program to verify the work eligibility status of all newly hired employees.
7. All potential Section 5310 Grantees must accept Citilink's Transit Asset Management Plan and include in the plan any Section 5310 assets in compliance with 49 CFR Part 625.
8. All applicants receiving 5310 awards must have a completed Title VI Program Plan, procurement plan, and E-Verify documentation on file with Citilink within 90 days of being awarded their Section 5310 request. Applicants who do not have either a new or updated Title VI Program Plan, procurement policy, or E-Verify documentation on file with Citilink within 90 days can have their award rescinded. Citilink will provide all applicants with the appropriate guidance and templates to complete their Title VI Program Plan, and procurement policy, and an E-Verify Affidavit. In addition, all Section 5310 Grantees will be required to submit a Section 5310 asset list along with condition information to NIRCC and Citilink on an annual basis.

Applications that do not have the documentation requested in this section and documentation requested in the Call for Projects will not be eligible.

M. Local Match Documentation

AUTHORIZING RESOLUTION FOR NON-PROFIT ORGANIZATIONS

A resolution of _____ recommending approval of an application to the Fort Wayne Public Transit Corporation (dba Citilink) for assistance (Federal Section 5310) in purchasing equipment to provide transportation services to seniors and individuals with disabilities within the Fort Wayne Urbanized Area.

WHEREAS, the _____ is submitting request to the Fort Wayne Public Transit Corporation (dba Citilink) for assistance in funding _____.

WHEREAS, the contract for financial assistance requires that the _____ obligate local funding equal to _____ of the total project cost being \$ _____ local match of the \$ _____ total capital project cost and/or \$ _____ local match of \$ _____ of the total operational project cost for the submitted project(s) upon execution of the funding contract

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of _____ that _____ is authorized to commit organization resources, to execute and file an application for and to contract on behalf of the _____ with the Fort Wayne Public Transit Corporation (dba Citilink) to aid in the financing of capital and/or operational activities.

(Name of President, Governing Board)

(Signature)

(Date)

N. Affirmation

AFFIRMATION OF APPLICANT'S ATTORNEY

for _____
(Name of Applicant)

As the undersigned Attorney for above named Applicant, I hereby affirm to the Applicant that it has authority under state and local law to make and comply with the certifications and assurances as indicated on the foregoing pages, I further affirm that, in my opinion, the certifications and assurances have been legally made and constitute legal and binding obligations on the Applicant.

I further affirm that, to the best of my knowledge, there is no legislation or litigation pending or imminent that might adversely affect the validity of these certifications and assurances or of the performance of the project.

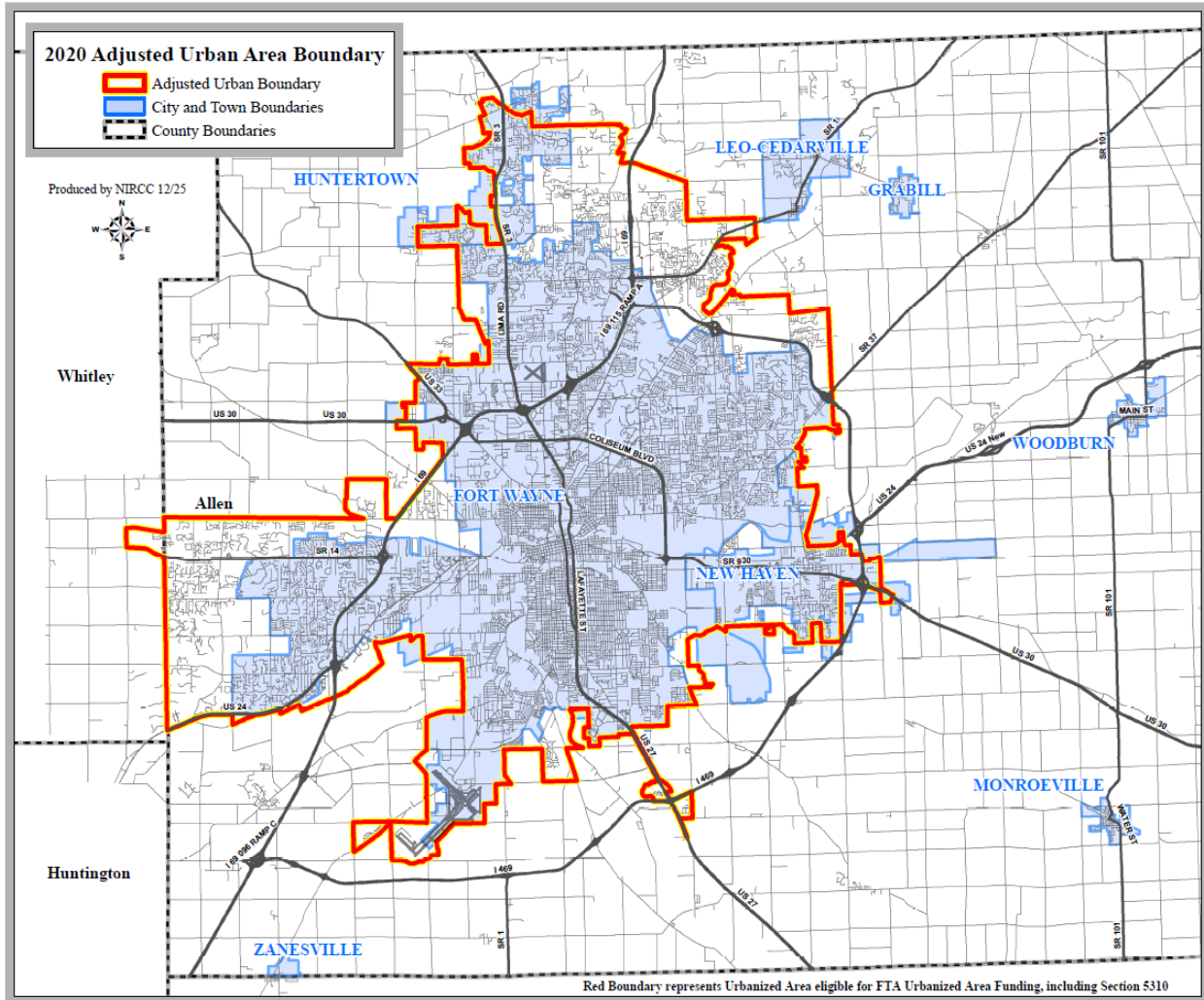
Date: _____

Applicant's Attorney Signature

Applicant's Attorney Name (PRINTED)

Unless the Applicant seeks only an FTA university and research training grant authorized by 49 U.S.C. 5312(b), the Applicant's legal counsel is required to affirm the legal capacity of the Attorney's affirmation.

Appendix A: Urbanized Area Boundary



Appendix B: Evaluation Criteria

Citilink's Planning and Development Committee will complete final determination of eligibility and scoring. The Planning and Development Committee will then make recommendations for award by Citilink's board. To be considered eligible **ALL** required documentation listed in this call for projects must be submitted with each application. Eligible applications will be scored from the criteria listed in the 5310 Operational Funding Evaluation Criteria and the 5310 Capital Funding Evaluation Criteria sections listed in Appendix B. It is recommended that the applicant review the scoring criteria listed in Appendix B of the Call for Projects to ensure that their responses can best meet the scoring criteria for the respective application(s).

5310 Capital Funding Evaluation Criteria

1. The project proposal must meet the basic goal of the Section 5310 program and address at least one (1) of the Section 5310 strategies identified Coordinated Plan.. Briefly stated, the program goal is "to provide assistance in meeting the special transportation needs of elderly persons and persons with disabilities." Does the project proposal meet the basic goal of Section 5310 and address at least one (1) Section 5310 Capital Funding strategy? (mark the appropriate box below)

Yes	No
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2. The applicant must provide assurances that they can finance: the local matching funds; the operating costs; and the vehicle maintenance costs of the proposed program. Does the applicant show the financial capability necessary to acquire and operate the requested vehicle? (mark the appropriate box below)

Yes	No
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A negative response to either question number 1 or 2 will eliminate the proposal from the evaluation process.

Application Presentation and Completeness

5 Possible Points

Up to 5 points given for application appearance, presentation, and completeness. Factors considered include the submission requirements; appearance and presentation of the overall application; all questions are answered, and all answers are comprehensive and complete; number consistency and validity; and the inclusion of all requested supporting documentation and required documentation and signed forms

Coordination

2 Possible Points

Proven working relationship with public and private transit and paratransit providers.

2 points for documented attendance at a TAC Meeting within the last two years.

Service Coordination (using trips)

10 Possible Points

How many trips has your agency provided for other agencies in the past 24 months? Please include a list of agencies and the number of trips provided for each (if available).

Service Coordination	Maximum Points	Application Score
Under 1000	0	
1000 - 1999	1	
2000 - 2999	2	
3000 - 3999	3	
4000 - 4999	4	
5000 - 5999	5	
6000 - 6999	6	
7000 - 7999	7	
8000 - 8999	8	
9000 - 9999	9	
10000+	10	

Vehicle Utilization

21 Possible Points

Vehicle use and ridership projections - these figures should be averages based upon the primary agency and all other participating not-for-profit agencies.

Average Number of Vehicle Service Hours Per Week (7 days)	Maximum Points	Application Score
0 - 15	1	
16 - 30	3	
31 - 45	6	
46 - 60	9	
61+	12	

Average Passenger to Capacity Ratio	Maximum Points	Application Score
0 - .25	0	
.26 - .50	3	
.51 - .75	6	
.76 - 1.0	9	

The passenger to capacity ratio represents the average number of passengers per trip divided by the seating capacity (including wheel chair spaces but not including driver's seat) of the vehicle. (Example: If the average number of passengers per trip is four in a vehicle with four wheelchair spaces and two regular passenger seats, the ratio is four passengers to six seats or a 0.67 average passenger to capacity ratio.)

Replacement Vehicles

14 Possible Points

Replacement Vehicles	Maximum Points	Application Score
If the replacement vehicle has over 100,000 miles and is at least 4 years old	8	
If the vehicle has over 100,000 miles, is at least 4 years old, and is a Section 5310 vehicle	2	
Additional points will be awarded if the replacement vehicle has:		
- Between 150,000 – 200,000 miles	1	
- Over 200,000 miles	2	
Additional points will be awarded if the replacement vehicle is:		
- Between five (5) and ten (10) years old	1	
- Older than ten (10) years old	2	

Total Possible Points to be Scored = 52

All required documents listed in the Call for Projects must be submitted before the application deadline to be eligible.

Evaluation Criteria Scoring – Capital Funding	Maximum Points	Application Score
Application Presentation and Completeness	5	
Coordination	2	
Service Coordination (using trips)	10	
Vehicle Utilization	21	
- Average number of vehicle service hours per week (7 days)	12	
- Average passenger to capacity ratio	9	
Replacement Vehicles	14	
- If the replacement vehicle has over 100,000 miles and is at least 4 years old	8	
- If the vehicle has over 100,000 miles, is at least 4 years old, and is a Section 5310 vehicle	2	
- Additional points will be awarded if the replacement vehicle has between 150,000 - 200,000 miles (1pt) and over 200,000 miles (2pts)	2	
- Additional points will be awarded if the replacement vehicle is: between 5 and 10 years old (1pt) and older than 10 years (2pts)	2	
Total Possible Points	52	

The bold areas are primary sections with the total section maximum score in bold. The indented (hyphenated) lines underneath the bold primary sections are subsections which max points total the max points of the bold primary section above it.