

CERTIFICATES AND ASSURANCES FOR FTA/CDOT FY 2010-2011 GRANT APPLICATIONS

The certificates and assurances on the following pages in this section are required by the Department as part of a complete submission of your application for funding.

As an applicant, you are ultimately responsible for your own compliance with federal laws, regulations, and directives if you are awarded federal funds; and if awarded FTA funds, you are also responsible for compliance with any third-party subcontractors participating in your project.

- ✓ For reference only, the most current FTA Certifications and Assurances (FY2009) are available for download on the internet at http://www.fta.dot.gov/funding/apply/grants_financing_8830.html or on paper upon request to the Department.
- ✓ The Department has divided the assurance section into two parts: Mandatory Assurances and Program Specific Assurances.

- ✓ Mandatory Assurances include *those provided in the checklist below*. Applicants will complete these certifications and have the legally authorized representative of their agency verify this certification.
- ✓ Program Specific Assurances are managed by a checklist. Applicable assurances (Federal Fiscal Year 2009) for this application process are designated by the Department. Applicants are to certify they will comply with the applicable assurances if awarded funding and have a legally authorized representative of their agency verify this certification.

Please note: If you are awarded funding, the contract your agency will sign will include clauses that will further legally bind your agency to the following certifications and assurances.

NOTE: A link to IRS form W-9 is on the Transit Unit website.

Mandatory Assurances Checklist

The following certifications and assurances must be signed by the legally authorized representative of the applicant.

DONE?	MANDATORY ASSURANCES
	Standard Federal Assurances
	Nondiscrimination Assurance in accordance with the Civil Rights Act
	Civil Rights Lawsuits and Complaints
	Debarment, Suspension, and Other Exclusions
	General Applicant Assurances
	Listing of Eligible Surface Transportation Providers (Section 5311 (to include Intercity Bus) Applicants Only)
	Certification of Equivalent Service (Applications for non-accessible vehicles only)

STANDARD ASSURANCES

NAME OF APPLICANT

hereby assures that it will comply with all applicable Federal statutes and regulations carrying out any project supported by an FTA grant or cooperative agreement.

The Applicant agrees that it is under a continuing obligation to comply with the terms and conditions of the grant agreement or cooperative agreement issued for its project with FTA.

The Applicant recognizes that federal laws, regulations, policies, and administrative practices may be modified from time to time and those modifications may affect project implementation.

The Applicant understands that presidential executive orders and federal directives, including Federal policies and program guidance, may be issued concerning matters affecting the Applicant or its project.

The Applicant agrees that the most recent federal requirements will apply to the project, unless FTA issues a written determination otherwise.

AGENCY NAME	
PRINTED NAME (Chief Elected Official/ Board President/Legal Representative)	
TITLE	
SIGNATURE	DATE

NONDISCRIMINATION ASSURANCE—CIVIL RIGHTS

As required by 49 U.S.C. 5332 prohibiting discrimination on the basis of race, color, creed, national origin, sex, or age, and prohibiting discrimination in employment or business opportunity, otherwise known as Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C. 2000d, and U.S. DOT regulations, “Nondiscrimination in Federally-Assisted Programs of the Department of Transportation—Effectuation of Title VI of the Civil Rights Act,” 49 CFR part 21 at 21.7.

NAME OF APPLICANT

assures that it will comply with all requirements imposed by or issued pursuant to the Civil Rights Act, so that no person in the United States, on the basis of race, color, national origin, creed, sex, or age will be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination in any program or activity (particularly in the level and quality of transportation services and transportation-related benefits) for which the Applicant receives Federal assistance awarded by the FTA.

The applicant will compile, maintain, and submit in a timely manner Title VI information required by FTA and in compliance with the Department of Transportation’s Title VI regulation, 49 CFR Part 21.

The person or persons whose signature appears below are authorized to sign this assurance on behalf of the grant applicant or recipient.

AGENCY NAME	
PRINTED NAME (Chief Elected Official/ Board President/Legal Representative)	
TITLE	
SIGNATURE	DATE

CIVIL RIGHTS LAWSUITS AND COMPLAINTS

This form pertains to compliance with Title VI (Civil Rights) regulations governing the provision of public transportation services. Basic Requirement: No person shall, on the grounds of race, color, creed, national origin, sex, age, or disability, be excluded from participating in, denied the benefits of, or be subject to discrimination under any project, program, or activity funded in whole or in part through financial assistance under the Federal Transit Act, as amended.

APPLICANT NAME	
ADDRESS	
PHONE	FAX
EMAIL	PERIOD COVERED FEDERAL FISCAL YEAR 2009

Lawsuits and Complaints (Check all that apply)

(Note: Complaints are formal, legal, written documents alleging discrimination filed with you or an appropriate agency which has notified you of the complaint. Also, *only civil rights* lawsuits or complaints are reported with this form.)

- There have been *no* lawsuits filed against us for transit service during the period covered.
- There have been *no* complaints filed against us for transit service during the period covered
- There have been the following lawsuits or complaints filed against us during this period for transit service. The following information is *attached* (group lawsuits and complaint separately, by date of initiation):
 - date of the lawsuit or complaint
 - complainant’s name and address
 - allegation summary
 - current status or disposition including the terms of any consent decree or agreement

I, the undersigned, certify that the above and attached statements are truthful and complete to the best of my knowledge and that we comply with all rules and regulations related to the civil rights laws of the United States.

AGENCY NAME	
PRINTED NAME (Chief Elected Official/ Board President/Legal Representative)	
TITLE	
SIGNATURE	DATE

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS —PRIMARY COVERED TRANSACTIONS

Complete if receiving singularly or combined more than \$25,000 in FTA Section 5310, 5311, 5311(f), 5316, and 5317 funds.

The potential grantee under this FTA project:

NAME OF AGENCY

certifies to the best of its knowledge and belief, that it and its principals:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any federal department or agency;
- (b) have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery falsification or destruction of records, making false statements, or receiving stolen property;
- (c) are not presently indicted for or other wise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and have not within a three year period preceding this application/proposal had one or more public transactions (federal, state or local) terminated for cause or default;
- (d) have not within a three-year period preceding this application/proposal had one or more public transactions (federal, state, or local) terminated for cause or default.

(If the applicant is unable to certify to any of the statements in this certification, such applicant shall attach an explanation to this certification).

The potential grantee under this FTA project:

NAME OF AGENCY

Certifies or affirms the truthfulness and accuracy of the contents of the statements submitted on or with the certification and understand that the provisions of Title 49 CFR Part 29 and FTA C .2015.1 are applicable thereto.

EXECUTED THIS DAY	MONTH	YEAR
TITLE OF AUTHORIZED REPRESENTATIVE		
SIGNATURE OF AUTHORIZED REPRESENTATIVE		

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY, AND VOLUNTARY EXCLUSION —LOWER TIER COVERED TRANSACTIONS

Complete if receiving singularly or combined more than \$25,000 in FTA Section 5310, 5311, 5311(f), 5316, and 5317 funds.

The potential grantee under this FTA project:

NAME OF AGENCY

certifies to the best of its knowledge and belief, that it and its prospective lower tier participants certify:

- (1) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency;
- (2) if the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this certification.

The potential grantee under this FTA project:

NAME OF AGENCY

Certifies or affirms the truthfulness and accuracy of the contents of the statements submitted on or with the certification and understand that the provisions of Title 49 CFR Part 29 and FTA C .2015.1 are applicable thereto.

EXECUTED THIS DAY	MONTH	YEAR
TITLE OF AUTHORIZED REPRESENTATIVE		
SIGNATURE OF AUTHORIZED REPRESENTATIVE		

FTA SECTIONS 5310, 5311, 5316, 5317 APPLICATION FOR CDOT/FTA GRANT ASSISTANCE

I hereby certify that as a person authorized to sign for:

AGENCY NAME

1. The agency is a private non-profit organization incorporated in the State of Colorado, or a public operator of public transportation body which has undertaken the requisite certification process to be designated as an eligible recipient of FTA funding.
2. The Applicant has the requisite fiscal, managerial, and legal capacity to carry out the project(s) described herein and to receive and disburse federal funds.
3. Some combination of federal, state, local and private funding sources has or will be committed by the applicant in a timely fashion to provide the required local share for the project(s) described herein.
4. The Applicant has, or will have by the time of delivery, sufficient funds to operate the vehicles and/or equipment purchased under this project, if applicable.
5. The transportation needs of elderly persons and persons with disabilities have or will be addressed by the Applicant.
6. The Applicant will implement policies and procedures to ensure compliance with the provisions of the Americans with Disabilities Act of 1990.
7. The Applicant will provide a fair and timely opportunity to private sector operators to participate in the project.
8. I have reviewed the *FTA Sections 5310, 5311, 5316, 5317 Application for CDOT/FTA Grant Assistance* and that all the information contained herein is true and correct to the best of my knowledge.

PRINTED OR TYPED NAME OF AUTHORIZED REPRESENTATIVE	
TITLE OF AUTHORIZED REPRESENTATIVE	
SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE

For additional specific information regarding the *2010/2011 FTA Sections 5310, 5311, 5316, 5317 Application for CDOT/FTA Grant Assistance* please contact:

NAME	
TITLE	PHONE
EMAIL ADDRESS	

**49 USC & 5333(b) ASSURANCE
SECTION 5311 (to include Intercity Bus) APPLICANTS ONLY
LISTING OF ELIGIBLE SURFACE TRANSPORTATION**

PROVIDERS AND LABOR REPRESENTATION	
1. APPLICANT NAME AND BRIEF DESCRIPTION OF PROJECT AND SERVICE AREA.	
2. OTHER SECTION 5311 RECIPIENTS WITHIN THE SERVICE AREA (WILL USUALLY BE BLANK).	
3. OTHER SURFACE PUBLIC TRANSPORTATION PROVIDERS WITHIN SERVICE AREA.	
4. UNION REPRESENTATION OF EMPLOYEES IDENTIFIED IN 2 AND 3 IF ANY (LIST UNION AND PROVIDER).	
WE, THE UNDERSIGNED REPRESENTING	
AND SUB-RECIPIENT (IF APPLICABLE)	

hereinafter referred to as the Applicant and Sub-recipient, respectively, have reviewed the “Special Section 13(c) Warranty for Application to the Small Urban and Rural Program” and certify to the Colorado Department of Transportation that we will comply with its provisions and that all its provisions will be incorporated into any contract between the Applicant and Sub-recipient which will expend funds received as a result of an application to the Colorado Department of Transportation under the Section 5311 Grant Program.

SIGNATURE OF APPLICANT	DATE
TITLE OF APPLICANT	
SIGNATURE OF SUBRECIPIENT	DATE
TITLE OF SUBRECIPIENT	

CERTIFICATION OF EQUIVALENT SERVICE

Only required for all agencies applying for non-accessible vehicles

➔ APPLIES ONLY TO DEMAND-RESPONSIVE SYSTEMS

If the applicant is applying for one or more vehicles that are not accessible to persons with disabilities, the agency must submit a Certification of Equivalent Service.

Below are guidelines to assist an applicant in determining if its system is eligible to provide equivalent service.

Response Time:

An agency shall establish a policy which provides the same response time to all requests for service. Response time is defined as the amount of time between the request for service and the delivery of service.

An agency shall have sufficient equipment to ensure compliance with this policy. Subcontracted accessible service is not acceptable unless equivalent response time can be demonstrated.

Fares:

There shall be no premium fare charged for persons with disabilities including those persons requiring a lift for vehicle access.

Geographic Area:

All persons shall be eligible for transportation within the established geographic service area of the agency.

Hours and Days of Service:

All passengers shall be afforded service during the established hours and days of service.

Restriction on Trip Purpose:

No person shall be denied service for trip purposes which are provided to other passengers.

Constraints on Capacity or Service Availability:

Vehicle wheelchair carrying capacity shall not be constrained by a failure to provide an adequate number of wheelchair positions where demand is evident. Lifts, ramps, and other transfer and securement devices must accommodate all types of mobility devices in common use (specifically including electric wheelchairs and three-wheel scooters).

Availability of Information and Reservation Capability:

The applicant shall have available a telecommunications device for the deaf (TDD) or comparable two-way communications system. Any proposed comparable system must be described with the filing of the certification.

PROGRAM SPECIFIC ASSURANCES

The applicant’s legally authorized representative must sign the signature block below identifying compliance with the applicable certifications and assurances. The assurances are delineated by program or type of assistance sought. This signed certification (along with the mandatory assurances) must be either sent or hand delivered to the Transit Unit in order to complete the 2010/2011 application for funding.

FTA ASSURANCE	APPLICABLE TO PROGRAM OR ASSISTANCE?					
	Title of FTA Required Assurance	5310	5311	5316	5317	CAPITAL REQUESTS
Lobbying Certification	If > \$100,000	If > \$100,000	If > \$100,000	If > \$100,000	If > \$100,000	If > \$100,000
Procurement Compliance (Capital Requests only)	✓	✓	✓	✓	✓	✓
Public Hearing (Capital Requests only)	✓	✓	✓	✓	✓	✓
Acquisition of Rolling Stock (Pre-Award and Post Delivery Reviews –Capital Requests only)	✓	✓	✓	✓	✓	✓
Bus Testing (Capital Requests only)	✓	✓	✓	✓	✓	✓
Charter Service Agreement		✓				
School Transportation Agreement		✓				
Demand Responsive Service (Demand Response Services Only)	✓	✓	✓	✓		
Alcohol Misuse and Prohibited Drug Use		✓				
Elderly Individuals & Individuals with Disabilities Formula Program	✓					
Nonurbanized Area Formula Program		✓				
Job Access and Reverse Commute Formula Grant Program			✓			
New Freedom Program				✓		

We Certify and Assure that

AGENCY NAME

will comply with the applicable portions listed above.

AGENCY NAME	
PRINTED NAME (Chief Elected Official/ Board President/Legal Representative)	
TITLE	
SIGNATURE	DATE