|  |  |
| --- | --- |
| **A picture containing text  Description automatically generated** | **Section 5339 Small Urban**  **Capital Grant Application**  **FY-**  **Bus and Bus Facilities** |

**Bus/Vehicle Application**

Funding is available through an apportionment from the Federal Transit Administration and administered by the Nebraska Department of Transportation. Applications can be submitted to NDOT at any time. Eligible applicants include public agencies or non-profit organizations engaged in public transportation. Prior to submitting an application, you are strongly encouraged to contact NDOT Transit Specialist at (402) 479-4674.

**General Information**

|  |  |  |
| --- | --- | --- |
| Legal Name of Applicant Organization: | | |
| Unique Entity Identifier (UEI) | | |
| Address *(include City, State, and Zip Code)*: | | |
| Name of Project Director or Supervisor: | Phone No.: | Email Address: |
| Name of Person Preparing this Application: | Phone No.: | Email Address: |
| Services Generally Provided by Applicant: | | |

**Demographics**

|  |  |  |
| --- | --- | --- |
| **Ethnicity of Clientele** | **Service Area**  **Population** | **Percent of Total Service**  **Area Population** |
| Black or African American |  | % |
| Hispanic or Latino |  | % |
| Native Hawaiian or other Pacific Islander |  | % |
| Asian |  | % |
| Native American or  Alaska Native |  | % |
| Non-Minority |  | % |
| Total |  | % |

**Transportation Project**

|  |
| --- |
| Identify the Geographical Areas to be Served: *(Towns, Counties)* |
| Intended Use: *(Check one)*  Replace Existing Service  Expand Existing Service  Start New Service  Enhance Existing Service |

**Capital Assistance**

**Vehicle(s) Requested**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Prioritize**  **Vehicle(s)**  **Requested**  **(1, 2, 3)** | **No.**  **of**  **Units** | **Vehicle** | **Vehicle Cost** | **Total**  **Cost** | |
|  |  | Small Bus | $92,000 | $ |  |
|  |  | Seven-Passenger Van | $70,000 | $ |  |
|  |  | Lowered Floor Minivan | $65,000 | $ |  |
| **Total Costs:** | | | | **$** |  |
| **Total Federal Funds requested *(80% of total costs)*** | | | | **$** |  |
| **Local Share *(20% difference between Federal funds requested and total costs)*** | | | | **$** |  |

**Maintenance of Vehicles**

To assure that vehicles acquired with Federal Transit Assistance funds are maintained in optimal operating condition, it is required that they be maintained in accordance with the **vehicle manufacturer’s recommended maintenance schedule**. Applicants must verify by certifying below.

**Maintenance Certification**

|  |  |
| --- | --- |
|  | certifies that vehicles purchased under |
| Section 5339 will be maintained in accordance with detailed maintenance and inspection schedule provided by the manufacturer. | |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *(Printed Name of Person Signing)* |  | *(Title)* |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *(Signature of Authorized Representative)* |  | *(Date)* |

**Vehicle Being Replaced (If Applicable)**

This vehicle will be taken out of regular service *(can be used as backup)*.

|  |  |  |
| --- | --- | --- |
| Year of Vehicle Being Replaced: | |  |
| *(Vehicle must have been in service for at least four years or has a minimum of 100,000 miles)* | | |
| Make: |  | |
| Model: |  | |
| Vehicle Identification No.: |  | |
| Mileage: |  | |
| Vehicle Condition: |  | |

**COMPLETE THE APPLICATION BY SIGNING BELOW.**

CERTIFICATION: I hereby certify the information in this application is accurate and, as the authorized official for this project, hereby agree to comply with all provisions of the grant program and all other applicable state and federal laws.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| *Applicant’s Authorized Representative* |  | *Title* |  | *Date* |