

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: December 15, 2020 [ ] Consent [ ] Regular [ ] Ordinance [X] Public Hearing Department: Palm Tran

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to:

A) Adopt a resolution of the Board of County Commissioners (BCC), of Palm Beach County, Florida, authorizing the signing and submission of the FY2021 Section 5310 grant application, in the amount of \$1,199,742 with a required match of \$133,305 for a total project cost of \$1,333,047, supporting documents and assurances to the Florida Department of Transportation (FDOT);

B) Approve the purchase of 11 paratransit vehicles from Florida Transportation Systems, Inc. from FDOT Contract TRIPS-17-CA-FTS-C utilizing \$1,199,742 in FDOT funds, \$133,305 in required match for a cumulative purchase price of \$1,333,047 pursuant to the terms and conditions of the resulting Notice of Grant Award;

C) Authorize the County Administrator or Designee to sign and accept the resulting grant award letter with terms consistent with the grant application and resolution authorizing the grant application's signing and submission; and

D) Authorize the County Administrator or her Designee to submit the Order Form for FDOT Contract TRIPS-17-CA-FTS-C to request purchase of the vehicles/equipment and/or expenditure of grant funds pursuant to a grant award.

Summary: Palm Tran is submitting an application for the acquisition of eleven (11) replacement paratransit vehicles at a total cost of \$1,333,047. The vehicles being replaced were purchased in 2015 with the Public Improvement Revenue Bond funds and have reached their end of life. The grant requires a local match of \$133,305 (10%). The required match is included in Palm Tran's FY2021 budget.

The grant application contains an indemnification provision that differs from that adopted for use by the County under PPM CW-F-049. The grant requires the County, to the extent permitted by law and in accordance with the provisions of 768.28, Florida Statutes, to indemnify, defend and hold harmless FDOT and all of its officers, agents and employees from any claim, loss, damage, cost, charge, or expense arising out of the County's non-compliance with the application's assurances, including that of its officers, agents or employees. An exception to the PPM has been approved taking into consideration the County's need to provide the services, the amount of the grant award, County's current performance of such services and liability for its acts, and the non-waiver of sovereign immunity beyond the statutory caps of 768.28, Florida Statutes. Countywide (MM)

Background and Justification: FDOT has been designated by Florida's Governor to administer the Section 5310 Program funds for the purpose of assisting private nonprofit groups in meeting transportation needs of the elderly and persons with disabilities. In FY2020, after FDOT completed their grant process for this program, there were 5310 funds still available. FDOT reached out to the Community Transportation Coordinators (CTC) and requested proposals for projects that could be funded under this program. The replacement of paratransit vehicles that have reached their useful life, is allowable under Section 5310; funded vehicles/equipment must be used to transport seniors and individuals with disabilities within the area for which they were awarded.

- Attachments: 1. Resolutions (2 copies State required) 2. FY2021-5310 Grant Application Packet 3. Public Notice 4. Order Form for FDOT Contract TRIPS-17-CA-FTS-C

Recommended By: [Signature] Executive Director Date: 11/6/2020 Approved By: [Signature] Assistant County Administrator Date: 12/3/2020

**II. FISCAL IMPACT ANALYSIS**

**A. Five Year Summary of Fiscal Impact:**

Fiscal Years	2021	2022	2023	2024	2025
Capital Expenditures	\$133,305				
Operating Costs					
External Revenues					
Program Income(County)					
In-Kind Match(County)					
NET FISCAL IMPACT	\$133,305				
#ADDITIONAL FTE	0				
POSITIONS (CUMULATIVE)					

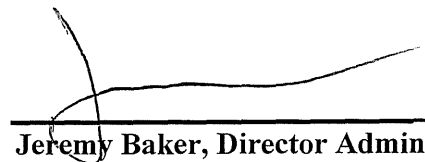
Is Item Included in Current Budget?       Yes       No  
 Does this item include the use of federal funds?       Yes       No

Budget Account No:

Fund            Dept            Unit            Object            Program  
 1343            540            6100            6401

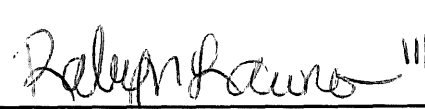
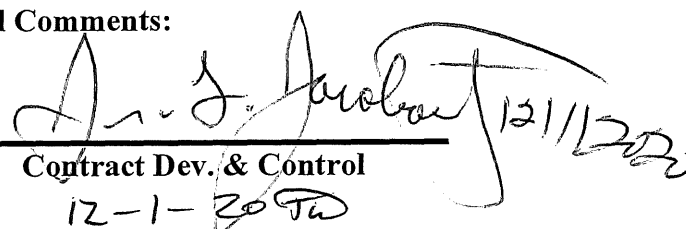
**B. Recommended Sources of Funds/Summary of Fiscal Impact:**

Fiscal impact amount is the required match \$133,305. The grant amount \$1,199,742 will be paid directly to the vendor and not pass through Palm Tran. The total project is \$1,333,047.

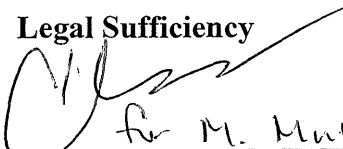
C. Departmental Fiscal Review:   
 Jeremy Baker, Director Administrative Services

**III. REVIEW COMMENTS:**

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

 11/14/2020       12/1/2020  
 Kellyn Brown OFMB      Contract Dev. & Control  
 12-1-2020

**B. Legal Sufficiency**

 12/2/2020  
 M. Mutamba  
 Assistant County Attorney

**C. Other Department Review**

\_\_\_\_\_  
 Department Director

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

**RESOLUTION NO. R -**

**A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS (BCC), OF PALM BEACH COUNTY, FLORIDA, AUTHORIZING THE SIGNING AND SUBMISSION OF THE FY2020 SECTION 5310 GRANT APPLICATION, IN THE AMOUNT OF \$1,199,742 WITH A REQUIRED MATCH OF \$133,305 FOR A TOTAL PROJECT COST OF \$1,333,047, SUPPORTING DOCUMENTS AND ASSURANCES TO 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 BCC 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 5310.
2. The submission of the grant application, supporting documents, and assurances to FDOT is hereby approved.
3. The County Administrator or designee is authorized to sign and accept a grant award and sign the Notice of Grant Award, on behalf of the BCC, as provided herein. The terms of the grant award accepted shall be limited to the certifications, assurances, representations and other terms and conditions set forth in the Grant Application approved by the BCC. Notwithstanding the certification in No. 21 of the Grant Application, in the event any terms or conditions of the grant award differ from those set forth in the Grant Application, including the supporting documents and assurances, the County Administrator or designee must submit the grant award to the BCC for approval.
4. The County Administrator or designee is further authorized to request the purchase of eleven (11) paratransit vehicles in accordance with the Palm Beach County Code and the rules and regulations of the County, including those of its Purchasing Department.

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 Dave Kerner, Mayor	_____
Commissioner Robert S. Weinroth, Vice Mayor	_____
Commissioner Maria G. Marino	_____
Commissioner Gregg K. Weiss	_____
Commissioner Maria Sachs	_____
Commissioner Melissa McKinlay	_____
Commissioner Mack Bernard	_____

The Mayor thereupon declared the resolution duly passed and adopted this

\_\_\_\_\_ day of \_\_\_\_\_, 2020.

APPROVED AS TO FORM AND  
LEGAL SUFFICIENCY



By: for M. Mutamba 12/2/2020 By: \_\_\_\_\_  
County Attorney

PALM BEACH COUNTY, FLORIDA  
BY ITS BOARD OF COMMISSIONERS  
Sharon R. Bock, Clerk and Comptroller

Deputy Clerk

# Florida Department of Transportation



49 U.S.C. Section 5310

## Capital & Operating Assistance Application – SFY 2021

Formula Grants for the Enhanced Mobility of  
Seniors and Individuals with Disabilities

CFDA 20.513

Legal Applicant Name: Palm Beach County Board of County Commissioners

First Time Applicant  Previous Applicant

Project Type and Service Area of this Application (check all that apply):

Large Urban Service Area

Small Urban Service Area

Rural Service Area

# Applicant Information



49 U.S.C. Section 5310, Formula Grants for the Enhanced Mobility of Seniors and Individuals with Disabilities:  
**GRANT APPLICATION**

Agency (Applicant) Legal Name: <b>Palm Beach County Board of County Commissioners</b>		Physical Address (No P.O. Box): <b>301 North Olive Avenue</b>	
Applicant Status: <input type="checkbox"/> First-time applicant <input checked="" type="checkbox"/> Returning applicant <i>A first-time applicant has not received any funding for the past two grant cycles</i>			
Applicant's County: If Applicant has offices in more than one county, list county where main office is located			
City: <b>West Palm Beach</b>	State: <b>Florida</b>	Zip + 4 Code: <b>33401-4705</b>	Congressional District: <b>18, 20, 21, 22</b>
Federal Taxpayer ID Number: <b>596000785</b>			
Applicant Fiscal period start and end dates: <b>October 1, 2020 to September 30, 2021</b> <i>State Fiscal period from: July 1, 2020 to June 30, 2021</i>			
Applicant's DUNS Number: <b>078470481</b> <i>Unique 9-Digit number issued by Dun &amp; Bradstreet. May be obtained free of charge at: <a href="http://fedgov.dnb.com/webform">http://fedgov.dnb.com/webform</a></i>			
Counties Served: <b>Palm Beach County</b> <i>List the county or counties that will be served by the proposed project.</i>		Project's Service Area: <input checked="" type="checkbox"/> Large Urban <input type="checkbox"/> Small Urban <input type="checkbox"/> Non-Urban <i>Check all that apply.</i>	
Executive Director: <b>Mayor:</b>		Grant Contact Person (if different than Executive Director): <b>Claudia Salazar</b>	
Telephone:		Telephone: <b>561.841.4241</b>	
Fax:		Fax: <b>561.656.7443</b>	
E-mail Address:		Email Address: <b>csalazar@pbcgov.org</b>	
Current Vehicle Inventory: _____ Vans _____ Vans/Lifts <b>39</b> Vans with Ramps <b>29</b> Sedans or Minivans Enter Number for <b>ENTIRE</b> Fleet <b>204</b> Buses/Cutaways _____ Other _____ N/A			
Authorizing Representative certifying to the information contained in this application is true and accurate. Signature (Authorizing Representative) [blue ink]: _____ Printed Name: _____ Title: <u>Mayor</u> Email Address: _____ <b>*Must attach a Resolution of Authority from your Board (original document) for the person signing ALL documents on behalf of your agency. See Exhibit B</b>			

# PART I – APPLICANT ELIGIBILITY

## Eligibility Questionnaire

This questionnaire applies to returning applicants. If you are a current grant sub-recipient and are not compliant with all FDOT and FTA Section 5310 requirements, you will not be eligible to receive grant funds until compliance has been determined. You must be in compliance at time of grant award execution.

<p>Are you a returning applicant?</p> <p>*If yes, please answer all questions. If no, disregard remaining questions in this questionnaire.</p>	<p><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p>
<p>Has your agency completed a Triennial Oversight Review?</p> <p>If yes, what date(s) did the review occur? _____</p> <p>If yes, is your agency currently in compliance?</p>	<p><input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No   <input type="checkbox"/> Review Scheduled <input type="checkbox"/> Was not notified by FDOT District Office</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   <input checked="" type="checkbox"/> N/A</p>
<p>If your agency is not in compliance, do you have a Corrective Action Plan (CAP) to come into compliance?</p> <p>If yes, what is the anticipated date of corrective action closeout? _____</p>	<p><input type="checkbox"/> Yes   <input type="checkbox"/> No   <input checked="" type="checkbox"/> N/A</p>
<p>Did your agency complete the "Section 5310 Program Performance Measures Annual Report"?</p> <p>If no, what date will your agency submit the report? <u>January 29, 2021</u></p>	<p><input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No</p>
<p>Is your agency registered on SAM.gov?</p> <p><i>Note: Agency must register each year/application cycle.</i></p>	<p><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>If yes, registration expiration date: <b>1/5/2021</b></p>
<p>_____</p> <p>Signature [blue ink]</p> <p><b>Mayor</b> _____ <b>December 15, 2020</b></p> <p>Typed Name and Title _____ Date</p>	



**Palm Tran**

**Administrative Offices**

3201 Electronics Way  
West Palm Beach, FL 33407-4618  
(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**

- Dave Kerner, Mayor
- Robert S. Weinroth, Vice Mayor
- Hal R. Valeche
- Gregg K. Weiss
- Mary Lou Berger
- Melissa McKinlay
- Mack Bernard

**County Administrator**

Verdenia C. Baker

*"An Equal Opportunity  
Affirmative Action Employer"*

Official Electronic Letterhead

**STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
49 U.S.C. Section 5310 APPLICATION FFY2021**

**Palm Beach County Board of County Commissioners** submits this Application for the Section 5310 Program Grant 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 FDOT and all of its officers, agents and employees from any claim, loss, damage, cost, charge, or expense arising 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 15 day of December, 2020 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)

\_\_\_\_\_, Mayor  
Typed Name and Title of Authorized Representative

December 15, 2020  
Date



**Exhibit C: Coordinated Public Transit-Human Service Transportation Plan**

The projects selected for funding under the Section 5310 program must be included in a locally developed, coordinated public transit-human services transportation plan (Coordinated Plan) that was “developed through a process that includes representatives of public, private, and non-profit transportation and human services providers and participation by members of the public.”

Reference: FTA C 9070.1G Chapter V

***Certification***

***(Agency Name)*** certifies and assures to the Florida Department of Transportation regarding its application for assistance under 49 U.S.C. 5310 that this grant request is included in a coordinated plan compliant with Federal Transit Administration Circular FTA C 9070.1G.

(a) The name of this coordinated plan:

**Palm Beach County Transportation Disadvantaged Service Plan**

(b) The agency that adopted this coordinated plan:

**Palm Beach County Transportation Disadvantaged Local Coordinating Board**

(c) The date the coordinated plan was adopted:

**October 30, 2019**

(d) Section and page in the coordinated plan that identifies the project or need your agency is fulfilling:

Appendix H: Goals, Objectives, Strategies, and Implementation Schedule.

Goal 8: Ensure Vehicles are Replaced in a Timely Manner Before the Vehicle Life Expiration.

8.1 Strategy: Palm Tran Connection has developed a vehicle replacement plan to retire these vehicles and purchase new vehicles, with the goal of maintaining the Paratransit fleet in a state of good repair.

**Palm Beach County Board of County Commissioners**

*Agency Name*

\_\_\_\_\_  
*Signature [blue ink]*

\_\_\_\_\_, **Mayor**

*Typed Name and Title of Authorized Representative*

**December 15, 2020**

*Date*

Proof of Local Match	
Source	Amount
The required match is included in Palm Tran's FY2021 budget.	\$133,305
	\$
	\$
	\$
	\$
	\$
<b>Total Local Match</b> 50% of Total Project Cost for operating awards 10% of Total Project Cost for capital awards	<b>\$133,305</b>

Attach documentation of match funds directly after this page. Proof may consist of, but not be limited to:

- Transportation Disadvantaged (TD) allocation,
- Written statements from county commissions, state agencies, city managers, mayors, town councils, organizations, accounting firms and financial institutions.

**Palm Beach County Board of County Commissioners**

Agency Name

Signature [blue ink]

, Mayor

Typed Name and Title of Authorized Representative

**December 15, 2020**

Date

### Form B-3: Capital Request Form

To identify vehicle type and estimate cost visit <http://tripsflorida.org/>

All vehicle requests must be supported with a completed sample order form in order to generate a more accurate estimating of the vehicle cost. The order form can be obtained from <http://www.tripsflorida.org/contracts.html>

1. Select Desired Vehicle (Cutaway, Minibus etc.)
2. Choose Vendor (use drop down arrow next to vendor name to see information)
3. Select Order Packet
4. Complete Exhibit A (Order Form)

The Florida Department of Management Services Contract can be found at [Florida Department of Management DMS](#)

#### Vehicle Request

Replacement (R) or Expansion (E)	Fuel Type	Useful Life <i>(See Application Instructions)</i>	Description/ Vehicle Type	Quantity	Estimated Cost <i>(from Order Form)</i>
R	G	300,000 miles	Cutaway Buses 24' Gasoline 6 ambulatory 2 wheelchair positions	11	\$1,333,017
<b>Subtotal</b>					<b>\$1,333,017</b>

\* Under Description/Vehicle Type, include the length and type vehicle, lift or ramp, number of seats and wheelchair positions. For example, 22' gasoline bus with lift, twelve (12) ambulatory seats, and two (2) wheelchair positions. Please note, in this example, if both wheelchair positions are occupied the ambulatory seats will be reduced to eight (8). Any bus options that are part of purchasing the bus itself should be part of the vehicle request and NOT separated out under equipment.

**Replacement Vehicles (R)**

If the capital request includes replacement vehicles, please list the vehicles in your current fleet that you are intending to replace with the vehicle from your vehicle request. Please list by order of priority.

YEAR	TYPE	MAKE	MILES	VIN	FDOT Control #
2014	Cutaway	Ford	238,147	1FDFE4FS0EDB17178	
2014	Cutaway	Ford	241,970	1FDFE4FSXEDB17155	
2014	Cutaway	Ford	251,671	1FDFE4FS1EDB17156	
2015	Cutaway	Ford	241,824	1FDFE4FS7FDA00022	
2015	Cutaway	Ford	247,302	1FDFE4FS8FDA01356	
2015	Cutaway	Ford	245,445	1FDFE4FS1FDA01358	
2015	Cutaway	Ford	240768	1FDFE4FSXFDA01360	
2015	Cutaway	Ford	253309	1FDFE4FS1FDA01361	
2015	Cutaway	Ford	239602	1FDFE4FS3FDA01362	
2015	Cutaway	Ford	241982	1FDFE4FS5FDA01363	
2015	Cutaway	Ford	246,781	1FDFE4FS6FDA01369	



# PART III – MANAGERIAL CAPABILITY

## Exhibit I: 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 5310 dated 15 day of December, 2020.

- 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
- 3 It shall comply with Florida Administrative Code (**Does not apply to Section 5310 only recipients**):
  - 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-Definitions
- 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**)
  - 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. Local matching funds will be available to purchase vehicles/equipment at the time an order is placed.
- 6 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.
- 7 It will maintain project vehicles/equipment in good working order for the useful life of the vehicles/equipment.
- 8 It will return project vehicles/equipment to FDOT if, for any reason, they are no longer needed or used for the purpose intended.
- 9 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.
- 10 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.

- 11 It will notify FDOT within **24 hours** of any accident or casualty involving project vehicles/equipment and submit related reports as required by FDOT.
- 12 It will notify FDOT and request assistance if a vehicle should become unserviceable.
- 13 It will submit an annual financial audit report to FDOT (FDOTSingleAudit@dot.state.fl.us), if required.
- 14 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.

**Palm Beach County Board of County Commissioners**

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*Agency Name*

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*Signature [blue ink]*

**, Mayor**

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*Typed Name and Title of Authorized Representative*

**December 15, 2020**

*Date*

### Exhibit J: Standard Lobbying Certification

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 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 (**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.

**Palm Beach County Board of County Commissioners**

*Agency Name*

\_\_\_\_\_  
*Signature [blue ink]*

\_\_\_\_\_, **Mayor**  
*Typed Name and Title of Authorized Representative*

**December 15, 2020**  
*Date*



### Exhibit K: Leasing Certification

#### Memorandum for FTA 5310

Date: December 15, 2020

From: \_\_\_\_\_, **Mayor** (Authorized Representative)

Agency Name: Palm Beach County Board of County Commissioners

Signature:

\_\_\_\_\_

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

Subject: YEAR 2021 GRANT APPLICATION TO THE FEDERAL TRANSIT ADMINISTRATION, OPERATING OR CAPITAL ASSISTANCE FOR ENHANCED MOBILITY OF SENIORS AND INDIVIDUALS WITH DISABILITIES PROGRAM, 49 UNITED STATES CODE SECTION 5310

**Leasing:**

Will the Palm Beach County Board of County Commissioners , as applicant to the Federal Transit Administration Section 5310 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.**

**Exhibit L: 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 inaccessible 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 15 day of December, 2020

\_\_\_\_\_, *Mayor*  
*Typed Name and Title of Authorized Representative*

\_\_\_\_\_  
*Signature of Authorized Representative*

**Application for Federal Assistance SF-424**

<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s):</b> <input type="text"/> <b>* Other (Specify):</b> <input type="text"/>
---	---	--

<b>3. Date Received:</b> <input type="text"/>	<b>4. Applicant Identifier:</b> <input type="text"/>
--	---

<b>5a. Federal Entity Identifier:</b> <input type="text"/>	<b>5b. Federal Award Identifier:</b> <input type="text"/>
---	--

**State Use Only:**

<b>6. Date Received by State:</b> <input type="text"/>	<b>7. State Application Identifier:</b> <input type="text"/>
--	--

**8. APPLICANT INFORMATION:**

<b>* a. Legal Name:</b> <input type="text" value="Palm Beach County Board of County Commissioners"/>
--

<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> <input type="text" value="59-6000785"/>	<b>* c. Organizational DUNS:</b> <input type="text" value="0784704810000"/>
---	--

**d. Address:**

<b>* Street1:</b>	<input type="text" value="301 North Olive Avenue"/>
<b>Street2:</b>	<input type="text"/>
<b>* City:</b>	<input type="text" value="West Palm Beach"/>
<b>County/Parish:</b>	<input type="text"/>
<b>* State:</b>	<input type="text" value="FL: Florida"/>
<b>Province:</b>	<input type="text"/>
<b>* Country:</b>	<input type="text" value="USA: UNITED STATES"/>
<b>* Zip / Postal Code:</b>	<input type="text" value="33401-4705"/>

**e. Organizational Unit:**

<b>Department Name:</b> <input type="text" value="Palm Tran"/>	<b>Division Name:</b> <input type="text"/>
---	---

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

<b>Prefix:</b> <input type="text"/>	<b>* First Name:</b> <input type="text" value="Claudia"/>
<b>Middle Name:</b> <input type="text"/>	
<b>* Last Name:</b> <input type="text" value="Salazar"/>	
<b>Suffix:</b> <input type="text"/>	

<b>Title:</b> <input type="text"/>
------------------------------------

<b>Organizational Affiliation:</b> <input type="text"/>
--

<b>* Telephone Number:</b> <input type="text" value="561 841 4241"/>	<b>Fax Number:</b> <input type="text"/>
--	---

<b>* Email:</b> <input type="text" value="csalazar@pbcgov.org"/>
--

**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:**

20.513

CFDA Title:

Enhanced Mobility of Seniors and Individuals with Disabilities

**\* 12. Funding Opportunity Number:**

FFY 2021

\* Title:

Formula Grants for the Enhanced Mobility of Seniors and Individuals with Disabilities

**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:**

Capital purchase of replacement paratransit vehicles

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.

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="1,066,437.00"/>
* b. Applicant	<input type="text" value="133,305.00"/>
* c. State	<input type="text" value="133,305.00"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="1,333,047.00"/>

**\* 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

**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 218, 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:

**NOTICE OF PUBLIC HEARING**

**RE: APPLICATION FOR FY2021 SECTION 5310 CAPITAL ASSISTANCE GRANT**

All interested parties within Palm Beach County are hereby advised that the Palm Beach County Board of Commissioners (BCC) is applying to the Florida Department of Transportation for a capital grant under Section 5310 of the Federal Transit Act of 1991, as amended, for the purchase of replacement paratransit vehicles to be used for the provision of paratransit services within Palm Beach County.

This notice is to provide an opportunity for a Public Hearing for this project. This public notice is to ensure that this project and the contemplated services will not duplicate current or proposed services provided by existing transit or paratransit operators in the area.

A Public Hearing has been scheduled for the purpose of receiving comments regarding these projects. The Public Hearing will be held as follows:

DATE: Tuesday, December 15, 2020  
TIME: 9:30 a.m.  
LOCATION: Jane Thompson Memorial Chambers  
6<sup>th</sup> Floor, Robert Weisman Governmental Center  
301 North Olive Avenue  
West Palm Beach, FL 33401

**A. DESCRIPTION OF PROPOSED PROJECTS**

Please Note: The following Proposed Program of Projects for the application of Section 5310 funds will be the final application for this program unless amended by the BCC on December 15, 2020.

**CAPITAL ASSISTANCE**

**Fiscal Year 2021 Section 5310 Grant Application Summary of Projects**

1) Purchase 11 Paratransit Vehicles

Section 5310 Grant Contribution	\$1,066,437
FDOT Share	\$133,305
Local Share	\$133,305
<b>Total FY2021 Section 5310</b>	<b>\$1,333,047</b>

At the hearing BCC will afford the opportunity for interested parties or agencies to be heard with respect to the social economic and environmental aspects of the projects including requirements under the Clean Air Act the Federal Water Pollution Control Act and other applicable Federal Environmental Statues and consistency with the goals of local urban planning. Interested persons may submit orally or in writing evidence and recommendations with respect to said projects.

Florida Law and Title VI of the Civil Rights Act of 1964 Prohibits Discrimination in Public accommodation on the basis of race, color, religion, sex, national origin, handicap, or of marital status. Persons believing they have been discriminated against on these conditions may file a complaint with the Florida Commission on Human Relations at 850-488-7082 or 800-342-8170 (voice messaging)

Written comments will be received at Palm-Comments@pbcgov.org or at Palm Tran, 3201 Electronics Way, until Friday December 11, 2020. Voice comments will be accepted at 561-841-4360 until 5:00 p.m. Friday, December 11, 2020.

A draft copy of the Project Application will be available for public inspection at the Palm Tran offices located at 3201 Electronics Way, West Palm Beach, FL 33407.

To request information in a language other than English, or to request assistance for individuals with disabilities please contact the comment line at: 561-841-4360.

Para solicitar información en idiomas distintos al inglés, si requiere un intérprete en la audiencia pública, o para solicitar asistencia para una persona con discapacidades, por favor déjenos un mensaje en el (561) 841-4360, o nos puede contactar en [palm-comments@pbcgov.org](mailto:palm-comments@pbcgov.org)

Pou mande enfòmasyon sa a nan yon lang ki pa angle, oswa si ou bezwen akomodasyon espesyal anba Lwa sou Ameriken ak Andikap tanpri kontakte liy kòmantè a nan: 561-841-4360 oswa [palm-comments@pbcgov.org](mailto:palm-comments@pbcgov.org)

(To be published on December 6, 2020)

CONTRACT #TRIPS-17-CA-FBS

TURTLE TOP CUTAWAY TRANSIT VEHICLES-FREEDOM BUS SOURCE

AGENCY NAME:  PALM TRAN CONNECTION  DATE: 10-13-20

PURCHASE ORDER NUMBER:

CONTACT PERSON:  CHARLIE BOETTIGER

(Name, Telephone Number and Email Address)

Jan-20

Item	Unit Cost	Quantity	Total Cost
<b>Base Vehicle Type</b>			
Ford E350 6.8L Gas Van Terra XL	\$73,126		0
Chevy G3500 6.0L Gas Van Terra	\$68,986		NO LONGER AVAILABLE AS OF 2-13-2018
23' Option	\$1,680		NO LONGER AVAILABLE AS OF 2-13-2018
Ford E350 6.8L Gas Van Terra XLT	\$74,122		0
Chevy G4500 6.0L Gas Terra Transit	\$71,803		0
26' Option	\$74,253		0
Ford E450 7.3L Gas Terra Transit	\$71,181		0
73581+833 26' Option	\$74,414	11	818554
Ford F450 6.8L Gas Terra Transit	\$89,883		0
28' Option	\$92,533		0
Ford F550 6.8L Gas Terra Transit	\$91,003		0
28' Option	\$93,653		0
Ford F550 6.8L Gas Terra Transit	\$92,018		0
28' Option	\$94,668		0
Freightliner S2C 6.7L D Odyssey XL	\$129,243		0
31' Option	\$131,893		0
Freightliner S2C 6.7L D Odyssey XL	\$135,781		0
35' Option	\$138,431		0
38' Option	\$142,431		0
<b>Vinyl Stripe Choices</b>			
Scheme #1 16,500 and up = (\$800); All others = (\$322)	See Item		
Scheme #2 16,500 and up = (\$565); All others = (\$500)	See Item		
Scheme #3 16,500 and up = (\$500); All others = (\$430)	See Item		
FULL BODY PAINT(METTALIC SILVER)	\$4,600	11	50600
PALM TRAN LETTERING(REFLECTIVE)	1400	11	15400
<b>Base Seating (Freedman GO ES)</b>			
Standard Seat (per person)	\$306	110	33660
Foldaway Seat (per person)	\$349	22	7678
Children's Seat (per person)	\$552		0
PAGE ONE SUB-	----	----	925892



Jan-20

ORDER FORM – PAGE TWO

CONTRACT #TRIPS-17-CA-FBS

Item	Unit Cost	Quantity	Total Cost
<b>Securement Systems</b>			
Q'Straint QRTMAX securement (per position)	\$575	22	12650
Sure-Lok Titan securement (per position)	\$591		0
WC-18 Compliant Occupant Restraint-Q-Straint	\$850		0
Seat belt extensions	\$25	22	550
Freedman TDSS Tie-down System	\$95		0
<b>Side Wheelchair Lift Choices</b>			
Braun Model NCL919IB-2 (or latest)	Standard		
Braun Model NCL954IB3454-2 1000 lb Lift	\$618	11	6798
Ricon Model S5510 (or latest)	\$884		0
Ricon Model S or K Titanium 1000 lb Lift	\$1,190		0
<b>Rear Wheelchair Lift Choices</b>			
Ricon Klear-View lift (prior approval from	\$748		0
Braun model NVL917IB lift (prior approval	\$396		0
<b>Optional Engines</b>			
Diesel engine meeting current EPA			
16,500, 18,000, 19,500 Ford	\$9,422		0
<b>Alternative Fuel Systems</b>			
Compressed Natural Gas (CNG) or Liquid Petroleum Gas (LPG) Engine meeting current EPA requirements: pricing for Alternate Fuel Vehicles include upcharge for delivery and Methane detection system (CNG only).			
Compressed Natural Gas (CNG) Size: 26 GGE	\$22,450		0
Compressed Natural Gas (CNG) Size: 30 GGE	\$22,450		0
Compressed Natural Gas (CNG) Size: 32 GGE Make: Landi Renzo Installer: A1 Alternatives	\$25,950 or **\$26,300		
Compressed Natural Gas (CNG) Size: 38 GGE	\$25,950		
Compressed Natural Gas (CNG) Size: 40 GGE Make: Landi Renzo Installer: A1 Alternatives	\$25,450 or **\$25,950		
Compressed Natural Gas (CNG) Size: 47 GGE	\$26,450		0
Liquid Petroleum Gas (LPG) – Size: 41 GGE	\$16,800		0
Liquid Petroleum Gas (LPG) – Size: 50 GGE	\$17,800		0
Liquid Petroleum Gas (LPG) – Size: 67 GGE	\$20,000	11	220000
Engine Prep: Gaseous fuel deliver (Ford)	\$365	11	4015
<b>Wheels</b>			
Aluminum wheels: Freightliner = (\$1,485), 16,500, 18,000, 19,500 = (\$1,290); All Others = (\$1,290)	\$1,290	11	14190
PAGE TWO SUB-			258203

Jan-20

ORDER FORM – PAGE THREE

CONTRACT #TRIPS-17-CA-FBS

Item	Unit Cost	Quantity	Total Cost
Stainless steel wheel liners / inserts, front and rear wheels: Freightliner = (\$505); 16,500, 18,000, 19,500 = (\$414); All Others = (\$312)	See Item		
Deceleration light	\$350	11	\$3,850
<b>Seating</b>			
Dimensions vinyl line of coated transit bus	Standard		
Upgrade interior side wall panels with Nanocide	\$1,092		0
USSC Evolution G2E with pedestal	\$1,465		0
Freedman Sport Driver's seat with Relaxor,	\$1,285		0
Recaro Ergo LXS Driver's seat: 16,500 / 18,000	\$1,118		0
<b>Fire Suppression</b>			
Fog Maker Fire Detection and Suppression	Standard	11	N/C
Kidde Automatic Fire Detection and	\$506		0
<b>Route/Head Signs</b>			
Transign manually operated roller curtain	\$1,850		0
TwinVision "Elyse" (software needed)	\$6,800		0
TwinVision "Mobi-Lite" electronic	\$4,800		0
Transign "Vista Star" electronic destination	\$4,272		0
Transign LLC 2-digit Block / Run Number	\$510		0
Transign LLC 3-digit Block / Run Number	\$528		0
Transign LLC passenger "STOP"	\$438		0
<b>Camera Systems</b>			
Integration with Input Signals	\$0	11	0
SEON 2 camera system = (\$1,580); 3 camera system = (\$2,035); 4 camera system = (\$2,290); 6 camera system = (\$4,162); 8 camera system = (\$4,752)	See Item		
REI 2 camera system = (\$1,821); 4 camera system = (\$2,220); 6 camera system = (\$3,338); 8 camera system = (\$3,645)	See Item		
Gatekeeper 2 camera system = (\$1,638); 3 camera system = (\$2,125); 4 camera system = (\$2,312); 5 camera system = (\$2,502); 6 camera system = (\$3,005); 7 camera system = (\$3,190); 8 camera	See Item		
AngelTrax 2 camera system = (\$1,924); 3 camera system = (\$2,268); 4 camera system = (\$2,554); 5 camera system = (\$3,258); 6 camera system = (\$3,540); 7 camera system = (\$3,822); 8 camera system = (\$4,099)	See Item	1/ 6 CAMERA SYSTEM	38940
<b>PAGE THREE SUB-</b>	----	----	42790

ORDER FORM – PAGE FOUR

CONTRACT #TRIPS-17-CA-FBS

Item	Unit Cost	Quantity	Total Cost
Apollo 2 camera system = (\$3,600); 3 camera system = (\$3,950); 4 camera system = (\$4,895); 5 camera system = (\$6,080); 6 camera system = (\$6,450); 7 camera system = (\$6,810); 8 camera system = (\$7,180)	See Item		
24/7 2 camera system = (\$1,548); 3 camera system = (\$1,840); 4 camera system = (\$2,040); 6 camera system = (\$2,720); 7 camera system = (\$2,965); 8 camera system = (\$3,210)	See Item		
Angel trax Vulcan DVR	\$2,068		0
Angeltrax 2 TB SS HD	\$1,850	11	20350
Angeltrax 2 TB HD	\$241		0
GPS	\$385	11	4235
3 Axis Accelerometer	\$430		0
Price for single replacement camera	\$425		0
Trapeze Wiring and Ram Mount	\$1,173	11	\$12,903
<b>Other Options Available</b>			
Altro Transflor slip resistant vinyl flooring: 16,500 and up = (\$455); All others = (\$269)	See Item	11	2959
Gerflor Tarabus slip resistant vinyl flooring	N/A		
Driver Safety Partition	\$235	11	2585
Drivers Side Running Board	\$125	11	1375
Raised/Flat Floor	Standard		
Kelderman 2-stage rear air suspension; Fliner = (\$4,550); 16,500, 18,000, 19,500 = (\$3,350), All Others = (\$2,995)	See Item		
Bentec Powder-Coated handrails and stanchions <i>(provide</i>	\$336	11	3696
Exterior remote controlled mirrors: Fliner = (Standard); 16,500, 18,000, 19,500 = (\$288), All Others = (\$414)	See Item	11	4554
Romeo Rim HELP bumper (rear only): 16,500 and up = (\$825); All Others = (\$645)	See Item	11	7095
HawKEye Reverse Assistance System (with rear HELP bumper): 16,500 and up = (\$1,685); All others = (\$1,102)	See Item		
Reverse camera and monitor backing system: <i>Manufacturer:</i>	\$522	11	5742
Air purification system	\$2,880		0
"Mentor Ranger" in-vehicle computer	\$4,550		0
REI Public Address System ~ stand alone system	\$540		0
Upgrade the standard vehicle AM/FM Radio: REI Radio with	\$450		0
Child "Checkmate" system	\$402		0
Kubota key switch, exterior, for passenger entrance door	\$132		0
Avail MDT – Includes Para Transit Kit #FC-2012 – Driver	\$15,480		0
2-Position Sportworks bike rack (black)	\$1,850		0
2-Position Sportworks bike rack (stainless)	\$2,250		0
Defrost Fan	\$75		0
Adnik Power Pedestal for Drivers Seat	\$550		0
<b>PAGE FOUR SUB-TOTAL</b>	----	----	65494

Jan-20

**ORDER FORM – PAGE FIVE**

**CONTRACT #TRIPS-17-CA-FBS**

Item	Unit Cost	Quantity	Total Cost
Angled right hand entry assist	\$245	11	2695
Freedman CRS-225 Seat Tethers	\$58		0
Freedman U.S. Arm Rests	\$17	66	1122
Diamond model D farebox	\$1,500		0
Diamond model XV farebox w/2 vaults	\$1,475		0
Diamond model RV farebox w/2 vaults	\$1,575		0
Diamond model NV farebox w/2 vaults	\$1,450		0
Diamond model SV farebox w/2 vaults	\$1,515		0
Diamond D Round farebox w/2 vaults	\$1,875		0
Diamond Locking Donation Box	\$525		0
LYTX Drive Cam	\$1,155		0
Rosco Dual Vision	\$1,120		0
Storage Rack	\$516		0
Walker Securement	\$177		0
Removable emergency exit door handle	\$27		0
Velvac Blind Spot Monitor	\$715	11	7865
<b>Air Conditioning</b>			
<b>ILO Base System-Add the following amounts ( )</b>			
ACC Roof Mount Condenser: ILO base for Van Terra 11,500, 12,300, 12,500 = (\$300); Ford 16,500 = (\$200); Ford 18,000, 19,500 = (\$575);	See Item		
ACC Roof Mount Complete: ILO base for Terra Transit 14,200, 14,500 = (\$2,955); Fliner 19,500 = (\$5,455); Fliner 26,000 = (\$3,930)	See Item		
ACC Roof Mount Complete: ILO base for Van Terra 11,500, 12,300, 12,500 = (\$2,610); Terra Transit 16,500 = (\$3,155); Terra Transit 18,000, 19,500 = (\$3,110)	See Item		
TK Skirt Mount: ILO base for Terra Transit 14,200, 14,500 = (\$7,480); Terra Transit 16,500 = (\$8,295)	See Item		
TK Skirt Mount: ILO base for Van Terra 11,500, 12,300, 12,500 = (\$3,435)	See Item		
TK Roof Mount Condenser: ILO base for Terra Transit 14,200, 14,500 = (\$8,030); Terra Transit 16,500 = (\$8,795)	See Item		
TK Mount Condenser: ILO base for Van Terra 11,500, 12,300, 12,500	See Item		
TK Roof Mount Complete: ILO base for Terra Transit 14,200, 14,500	See Item		
SANUV-AIRE UV FILTRATION SYSTEM	\$2,635	11	\$28,985
TK Mount Complete: ILO base for Van Terra 11,500, 12,300, 12,500 = (\$4,100)	See Item		
<b>PAGE FIVE SUB-TOTAL</b>	----	----	40667
<b>ORDER SUMMARY</b>			
<b>PAGE FIVE SUB-TOTAL</b>	----	----	40667
<b>PAGE FOUR SUB-TOTAL</b>	----	----	65494
<b>PAGE THREE SUB-TOTAL</b>	----	----	42790
<b>PAGE TWO SUB-TOTAL</b>	----	----	258203
<b>PAGE ONE SUB-TOTAL</b>	----	----	925892
<b>GRAND TOTAL</b>	----	----	1333046

**ANTICIPATED USAGE**

**Service Type: (check all that apply)**

- Fixed Route \_\_\_\_\_
- Paratransit \_\_\_\_\_ X
- Shuttle/Deviated Fixed Route \_\_\_\_\_

**Estimated days in service per week** \_\_\_\_\_ 6

**Operating Environment (check all that apply)**

- City Streets \_\_\_\_\_ X
- Highway \_\_\_\_\_ X
- Parking Lot/Airport Shuttle \_\_\_\_\_ X
- Retirement Campus \_\_\_\_\_ X
- Combination City/Highway \_\_\_\_\_ X
- College Campus \_\_\_\_\_ X
- Other \_\_\_\_\_

**Operational Equipment (check all that apply)**

- Destination Signs \_\_\_\_\_
- Fare Box \_\_\_\_\_
- Routing equipment \_\_\_\_\_ X
- Camera System \_\_\_\_\_ X
- Passenger counter \_\_\_\_\_
- Other \_\_\_\_\_

**CHOICES FORM**

**CONTRACT #TRIPS-17-CA-FBS**

**TURTLE TOP CUTAWAY TRANSIT VEHICLES**

**FREEDOM BUS SOURCE**

**SEATING AND FLOORING CHOICES**

- Seating** (circle one) Blue Charcoal
- Colors:** one)
- Flooring** (circle one) Blue Gray Beige Black
- Colors:** one)
- Paint** (circle one) #1 #2 #3 Other
- Scheme:** one)

***Upholstery Information-Vinyl Colors Available:***

**BLUE CMI VINYL** #119 Dimensions Nanocide Late Evening

**CHARCOAL CMI VINYL** #120 Dimensions Nanocide Charcoal

**WHEELCHAIR LIFT CHOICE**

**Wheelchair Lift:** (circle one) Braun Ricon

**SECUREMENT RETRACTOR CHOICE**

**W/C Securement:** (circle one) Sure-Lok Titan Q'Straint QRTMAX