



INTERNAL USE ONLY
 Approved by: Erica Ortega on 6/15/2020

Erica Ortega

**BUDGET AND FISCAL POLICY DEPARTMENT
 GRANTS ADMINISTRATION DIVISION**

GRANT APPLICATION SUBMISSION APPROVAL FORM

IMPORTANT: The requesting department/division shall complete this form and email to GrantsAdmin@epcounty.com along with the grant funding announcement, blank application, and all other forms to be completed or signed as part of the package.

DEPARTMENT INFORMATION			
Date:	06/15/2020		
Requesting Department/Division:	Public Works – Planning & Development		
Department/Division Contact (including name, title, phone, and email):	Sal Alonzo, Transportation Engineer, (915) 546-2015, salonzo@epcounty.com ; Reyna Mayorga, Transit Planner, (915) 546-2015, rmayorga@epcounty.com		
Commissioners Court Meeting Approval Date (prior or anticipated):	06/29/2020	Who from your department/division spoke or will speak at the Commissioners Court meeting to present and discuss this funding opportunity?	Name: Sal Alonzo; Jose Landeros Title: Transportation Engineer; Director of Planning & Development Phone: (915) 546-2015 Email: salonzo@epcounty.com ; jlanderos@epcountv.com
Are there additional documents that must be signed by the County Judge to include in this application? If so, please list the documents requiring signature(s).	Obligation Certificate (via eGrants)		
GRANT OPPORTUNITY INFORMATION			
Grant Opportunity Title (as provided by Grantor organization):	FY2021 State Rural and State Urban Grants		
Grantor Agency:	Texas Department of Transportation (TxDOT)		
Is this a renewal grant? If so, please provide the CobbleStone grant number for the most recent grant and indicate how many years it has been awarded in the past.	No.		
Grant Announcement Date:	06/15/2020		
Grant Due Date:	07/03/2020		

Grant Period:	09/01/2020 - 08/31/2021				
Grant Proposal Summary (one paragraph or less):	Administration and Operations of Commuter Bus Service for the towns of Anthony and Clint, the Village of Vinton, the cities of Socorro and Horizon and the unincorporated areas of Westway, Canutillo, Montana Vista, Agua Dulce, Sparks, Fabens and Tornillo.				
GRANT FINANCES					
A. Grant Funding to be Requested:	\$454,616.00				
B. Required Match Contribution:	\$0.00	Cash Match:	\$0.00	In-Kind Match:	\$0.00
1. Match Source(s) Description:	N/A				
C. Anticipated Program Income (if applicable):	\$33,123.00* approximate projected income based on average of last full FYs ('18 & '19) of collection fares (COVID-19 may effect this approximation outcome)				
D. Total Project Amount (A + B + C):	\$487,739.00				
FINANCIAL ASSESSMENT					
1) What are the staffing requirements or needs for this grant? Please include salary and benefit amounts and anticipated salary and benefit increases for multi-year grants.					
RESPONSE: N/A					
2) What are the operational needs for this grant (i.e. supplies, equipment, office space, travel, etc.)?					
RESPONSE: Total grant award is \$454,616 to which \$304,616 will go to administration and \$150,000 will go to operations.					
3) Has this grant has been awarded in the past? If so, please provide the financial results of the most recently completed grant award cycle to include the award amount and the balance at the closing of the grant.					
RESPONSE: Contract 2019-0523; award amount \$437,471; grant is current so there is no remaining balance at the time					
4) What is the sustainability plan for this grant and the services being provided if this funding is significantly reduced or is not awarded in future?					
RESPONSE: The El Paso County Transit would seek other funding opportunities.					
PROGRAMMATIC ASSESSMENT					
1) Is this grant and its purpose(s) aligned with the County strategic plan? How will this grant benefit your department/division and communities in El Paso County?					
RESPONSE: Yes; continued commuter bus service to rural El Paso County					
2) How will this grant allow you to expand or improve department/division services?					
RESPONSE: Continued commuter bus service to rural El Paso County					
3) Please explain the capacity of your department/division to administer this grant.					
RESPONSE: Public Works – Planning & Development Department					
4) Will this grant require the use of contractual services?					
RESPONSE: No.					

5) If this grant has been awarded in the past, what are some significant accomplishments or program highlights? You may use data to support your response.

RESPONSE: Successful continued commuter bus service for the El Paso County Transit system.

Application Instructions	<u>Application Instructions</u>
Agency Name	El Paso, County of
Person to be contacted regarding this application	
First Name *	Sal
Last Name *	Alonzo
Phone Number *	(915) 546-2015
Email Address *	salonzo@epcounty.com
By checking this box, you are indicating that the service profile for this organization is accurate. *	<input checked="" type="checkbox"/>
Project Service Area *	Urban <input checked="" type="checkbox"/> Rural

If "Urban" is selected, please select the urbanized area.

General Information

1. Describe the proposed project(s) for which the funds will be used. *

Commuter bus service will be provided 6 days a week to the towns of Anthony and Clint, the Village of Vinton, the cities of Socorro and Horizon and the unincorporated areas of Westway, Canutillo, Montana Vista, Agua Dulce, Sparks, Fabens and Tornillo to the City of El Paso. The county Served is El Paso County. Service is configured on four routes provided by the El Paso County Transit, using Type 3B, wheelchair lift-equipped buses with each route stopping at a Sun Metro Transfer Center. Hours of Operation – 6:15AM to 8:00PM, Monday through Saturday. Funds for the El Paso County Transit Commuter Bus Service will be applied as follows: \$304,616 for administration purposes and \$150,000 for operations.
2. Provide a description of how the need/demand for the proposed project(s) was determined. *

The proposed service represents a continuation of historical services provided by the El Paso County Transit since 1995. Ridership on all routes continues to increase. In response, service increased in FY 2019 with continuous daytime service now available on all routes. Service was first designed to provide access to the City of El Paso for residents of communities in rural El Paso County. Each route has a scheduled stop at a Sun Metro Transfer Center providing connection to Sun Metro routes, connection to the El Paso/Anthony/Las Cruces Commuter Service and convenient access to downtown El Paso and most locations throughout the region. State Rural funds are crucial to sustain the current service because people need more rides to connect to the inner City of El Paso. County served is El Paso County, including the towns of Anthony and Clint, the Village of Vinton, the cities of Socorro and Horizon and the unincorporated areas of Westway, Canutillo, Montana Vista, Agua Dulce, Sparks, Fabens and Tornillo. Ridership audience includes all residents of El Paso County. Hours of Operation – 6:15AM to 8:00PM, Monday through Saturday. Funds for the El Paso County Transit Commuter Bus Service will be applied as follows: \$304,616 for administration purposes and \$150,000 for operations.
3. Describe the anticipated benefits of the project. *

Increased service frequency reduces passenger wait times and time to final destination resulting in improved access to regional destinations and amenities. Minimal fleet redundancy assures service reliability. Individuals are generally happy with service if not satisfied with service. The El Paso County Transit provides connectivity from rural El Paso County to the inner city of El Paso and vice versa. Customer service is addressed immediately and directly. Increased service and hours are improvements being made to the program. County served is the El Paso County. Hours of Operation – 6:15AM to 8:00PM, Monday through Saturday. Funds for the El Paso County Transit Commuter Bus Service will be applied as follows: \$304,616 for administration purposes and \$150,000.
4. Identify and describe methods to procure goods and/or services related to this project.

El Paso County Transit service does not require procurement services as it is currently under contract with First Transit as its vendor. First Transit is the County sub-contractor which provides commuter bus service, not a complementary paratransit (3rd party service for transportation).
5. If vendors have been previously selected, complete the following (press the save button for additional rows).

Vendor Name	Description of goods/services
First Transit	Commuter Bus Service
6. Is the proposed project is consistent with continuing, cooperating, and comprehensive regional transportation planning implemented in accordance with 49 U.S.C. §5301? *

Yes No

Attachments

Upload any additional documents relevant to this application per the application's instructions.

Description

Upload

El Paso County Rural Transit Routes 10-40

Vehicle Projects

Vehicle projects include the purchase, rebuild and overhaul of vehicles.

1. Are Vehicle Capital expenses parts of the proposed project ?

Yes No

2. Identify the specific vehicle(s) to be replaced or rebuilt.
(press the save button for additional rows)
Enter License and VIN of vehicle to be replaced/rebuilt

License #	VIN	Reason to select this vehicle	Replace/Rebuild
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Note: vehicles must meet useful life standards to be considered for replacement

3. Identify the vehicle type(s) to be purchased.
(press the save button for additional rows)

Vehicle type to be purchased	Reason to select this vehicle
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4. If vehicles are proposed to be purchased, will the vehicles be ADA accessible?

Note1: A non-accessible vehicle requires a "waiver" with the Public Transportation Coordinator's endorsement prior to entering into a grant agreement.

Note2: All fixed route service vehicles are required by FTA to be accessible and will not be granted waivers .

Yes No N/A

Upload an approved copy of Form PTN-116 Request to Purchase Non-Accessible Vehicle(s) in the field provided below.

Form PTN-116 upload

Other Capital

Other Capital includes, but is not limited to: shop equipment, communication and computer equipment, hardware and/or software, preventive maintenance, purchase of service, and other miscellaneous equipment. (Program limitations may apply.)

5. Are Other Capital expenses part of the proposed project description?

Yes No

6. Describe the scope of the Other Capital project in detail.

7. Describe the need for the Other Capital project. Specifically, identify how the project was selected and what service improvements and/or project benefits are to be addressed.

Attachments

Upload any additional documents relevant to this application per the application's instructions.

Description	Upload
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Construction and Rehabilitation Projects

Construction and Rehabilitation Projects can include the following phases:

Planning, Preliminary Engineering (including environmental review), Final Design and Real Estate Acquisition, Construction/Rehabilitation.

1. Are Construction and/or Rehabilitation related expenses part of the proposed project?
Yes No
2. Identify the project development life cycle(s) that are included as part of this application for funding.
 - A. Planning and Scoping
 - B. Preliminary Engineering and Environmental Review
 - C. Final Design and Real Estate Acquisition
 - D. Procurement
 - E. Construction

If **C,D, or E** are selected above, please upload a copy of your FTA Region 6 Categorical Exclusion Worksheet (if this project is not eligible as a categorical exclusion please contact your PTC).
FTA Region 6 Categorical Exclusion Worksheet

3. **This question is divided into 3 subparts - 3a through 3c - for the purpose of obtaining detailed information on status and funding for the various phases.**

3a. Identify completed phases and describe the activities that have taken place for those phases. Identify actual costs per phase and funding sources.

Phase	Activities which have taken place	Cost	Funding Source
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Total: \$0

3b. Describe any current activities in progress, by project phase. Identify the cost per phase, funding sources and amounts committed.

Phase	Activities in progress	Cost	Funding Source	Amount Committed
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Total: \$0

\$0

3c. Describe future activities, by project phase. For each phase provide the estimated cost, secured funding sources and amounts, and funds being requested.

Phase	Activities to be accomplished	Cost	Funding Source	Amount Committed	Amount Requested
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Total: \$0

\$0

\$0

4. Provide the facility location if available.

N/A
Address
City
State
Zip

5. Describe the facility including the facility function.

Attachments

Upload any additional documents relevant to this application.

Description

Upload

As an authorized official of the El Paso, County of
I certify to the following:

1. The information presented in the application is true and accurate to the best of my knowledge.
2. I have not intentionally made any misstatements or misrepresented the facts.
3. The organization has the resources and technical capacity to support the project.
4. The organization has the resources and technical capacity to provide the required match.
5. The organization uses generally accepted accounting standards for its financial recordkeeping functions.
6. The organization will participate in a continuous, comprehensive dialogue throughout the life of the project.

This includes but is not limited to:

- On-Site monitoring by TxDOT personnel
- Timely submission of required reports
- Timely written notification of events that will affect the outcome of the project

7. The organization will comply with all applicable federal, state, and local laws and regulations.

This includes but is not limited to:

- Annual Certifications and Assurances
- Master grant agreements
- Project grant agreements
- Applicable federal program circulars and similar federal and state guidance

8. Applicant Affirmation: Compensation has not been received for participation in the preparation of the specifications for this call for projects.

By checking and completing this document I certify that the above statements are true and that I have the authority to sign this document.

Name

Title

Date

Budget and Milestones

STATE-R-2020-EL PASO CO-00159

Agency Name El Paso, County of

Program Type STATE-R

Does this budget include indirect costs? * Yes No

If yes, please enter the Indirect Rate %

Attachments

If this budget includes In-Kind funds
please upload supporting documentation.

Description	Upload

When entering budget line items, fill out a row and then press the save button for additional rows.

Description	# of Units	Scope	Award Amount	State Match	Local Match	In-Kind Match	Total Funds	Match Ratio	TDC
Project Administration - 11.79.00	1		\$304,616				\$304,616		0
Operating - 30.09.01			\$150,000				\$150,000		0
Subtotal:			\$454,616	\$0	\$0	\$0	\$454,616		0