

# JACKSON COUNTY TRANSIT

1148 Haywood Road  
Sylva, NC 28779

Phone: (828) 586-0233  
Fax: (828) 631-1241

September 29, 2017

## MEMORANDUM

To: The Jackson County Board of Commissioners

From: Chuck Norris, Transit Director

Subject: FY 18-19 5311 Community Transportation Program Grant Application/ FY 18-19 5310 Elderly and Disabled Program Grant Application

The purpose of this memo is to give you an overview of the above grant applications. I have asked to be placed on the October 16, 2017 agenda to request board approval on resolutions to make application for the grants identified in the above subject line. A joint public hearing is acceptable for both applications and Mrs. Winchester has scheduled them for 5:50 pm on October 16, 2017 as well. These grants are made available annually through the state to assist transit systems with operating, administrative and capital funding. The 5311 program grant supports the director and assistant director's salaries and fringes as well as administrative costs such as office supplies, drug and alcohol testing, uniforms and marketing. Capital consists of three replacement lift equipped conversion van including lettering/logos, three propane bi-fuel systems, 3 computers and one server. The 5310 program supports operating costs for elderly and disabled transportation as well as a Mobility Manager position that assists this population to better serve their transportation needs. Listed below is the estimated funding request which includes the match required by the county for each program.

The total estimated amount requested within the **5310 program** for the period **July 1, 2018 through June 30, 2019**

<b>Project</b>	<b>Total Amount</b>	<b>Local Share</b>
Operating Funds	\$ <u>175,000.00</u>	\$ <u>87,500.00</u> (50%)
Mobility Manager	\$ <u>50,529.00</u>	\$ <u>5,054.00</u> (10%)
<b>TOTAL</b>	\$ <u>225,529.00</u>	\$ <u>92,554.00</u>
	<b>Total Funding Requests</b>	<b>Total Local Share</b>

The total estimated amount requested within the **5311 program** for the period **July 1, 2018 through June 30, 2019**

<b>Project</b>	<b>Total Amount</b>	<b>Local Share</b>
Administrative	\$ <u>180,792.00</u>	\$ <u>27,120.00</u> (15%)
Capital (Vehicles & Other)	\$ <u>216,461.00</u>	\$ <u>21,647.00</u> (10%)
<b>TOTAL</b>	\$ <u>397,253.00</u>	\$ <u>48,767.00</u>
	<b>Total Funding Requests</b>	<b>Total Local Share</b>

## PUBLIC TRANSPORTATION PROGRAM RESOLUTION

### FY 2019 RESOLUTION

#### **Section 5311 (including ADTAP), 5310, 5339, 5307 and applicable State funding, or combination thereof.**

Applicant seeking permission to apply for Public Transportation Program funding, enter into agreement with the North Carolina Department of Transportation, provide the necessary assurances and the required local match.

A motion was made by *(Board Member's Name)* \_\_\_\_\_ and seconded by *(Board Member's Name or N/A, if not required)* \_\_\_\_\_ for the adoption of the following resolution, and upon being put to a vote was duly adopted.

WHEREAS, Article 2B of Chapter 136 of the North Carolina General Statutes and the Governor of North Carolina have designated the North Carolina Department of Transportation (NCDOT) as the agency responsible for administering federal and state public transportation funds; and

WHEREAS, the North Carolina Department of Transportation will apply for a grant from the US Department of Transportation, Federal Transit Administration and receives funds from the North Carolina General Assembly to provide assistance for rural public transportation projects; and

WHEREAS, the purpose of these transportation funds is to provide grant monies to local agencies for the provision of rural, small urban, and urban public transportation services consistent with the policy requirements of each funding source for planning, community and agency involvement, service design, service alternatives, training and conference participation, reporting and other requirements (drug and alcohol testing policy and program, disadvantaged business enterprise program, and fully allocated costs analysis); and

WHEREAS, the funds applied for may be Administrative, Operating, Planning, or Capital funds and will have different percentages of federal, state, and local funds.

WHEREAS, non-Community Transportation applicants may apply for funding for "purchase-of-service" projects under the Section 5310 program.

WHEREAS, *(Legal Name of Applicant)* Jackson County hereby assures and certifies that it will provide the required local matching funds; that its staff has the technical capacity to implement and manage the project(s), prepare required reports, obtain required training, attend meetings and conferences; and agrees to comply with the federal and state statutes, regulations, executive orders, Section 5333 (b) Warranty, and all administrative requirements related to the applications made to and grants received from the Federal Transit Administration, as well as the provisions of Section 1001 of Title 18, U. S. C.

WHEREAS, the applicant has or will provide all annual certifications and assurances to the State of North Carolina required for the project;

NOW, THEREFORE, be it resolved that the (Authorized Official's Title)\* County Manager of (Name of Applicant's Governing Body) Jackson County is hereby authorized to submit grant application (s) for federal and state funding in response to NCDOT's calls for projects, make the necessary assurances and certifications and be empowered to enter into an agreement with the NCDOT to provide rural, small urban, and urban public transportation services.

I (Certifying Official's Name)\* Brian McMahan (Certifying Official's Title) Chairman, Jackson County Board of Commissioner's do hereby certify that the above is a true and correct copy of an excerpt from the minutes of a meeting of the (Name of Applicant's Governing Board) Jackson County Board of Commissioner's duly held on the 16th day of October, 2017.

\_\_\_\_\_  
*Signature of Certifying Official*

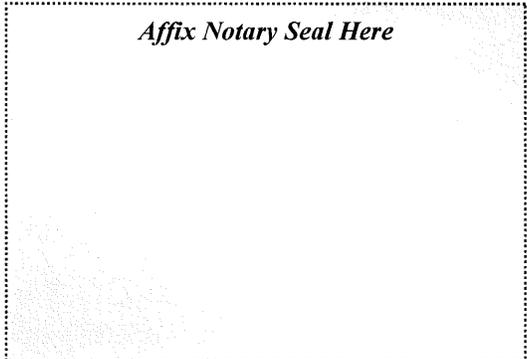
**\*Note that the authorized official, certifying official, and notary public should be three separate individuals.**

Seal Subscribed and sworn to me (date) \_\_\_\_\_

\_\_\_\_\_  
*Notary Public \**

\_\_\_\_\_  
*Printed Name and Address*

My commission expires (date) \_\_\_\_\_



**SECTION 5311, 5310, 5339, Consolidated Capital, 5307 or State Funds Call for Projects**  
**TITLE VI PROGRAM REPORT**

Legal Name of Applicant: **Jackson County**  
(Complete either Part A or Part B; and Part C)

**Part A – No complaints or Lawsuits Filed**

I certify that to the best of my knowledge, **No complaints or lawsuits** alleging discrimination have been filed against **Jackson County Transit** (*Transit System Name*) during the period **July 1, 2016 through June 30, 2017**.

\_\_\_\_\_  
Signature of Authorized Official

October 17, 2017

\_\_\_\_\_  
Date

Don Adams, County Manager

\_\_\_\_\_  
Type Name and Title of Authorized Official

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**Part B – Complaints or Lawsuits Filed**

I certify that to the best of my knowledge, the below described complaints or lawsuits alleging discrimination have been filed against \_\_\_\_\_ *Transit System Name* during the period **July 1, 2016 through June 30, 2017**.

Complainant Name/Address/Telephone Number	Date	Description	Status/Outcome

(Attach an additional page if required.)

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type Name and Title of Authorized Official

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**Part C - Title VI Plan**

Do you currently have a Title VI Plan: Yes

Date of last plan update: 5/21/2015

**DBE GOOD FAITH EFFORTS CERTIFICATION**

This is to certify that in all purchase and contract selections (*Legal Name of Applicant*) Jackson County is committed to and shall make good faith efforts to purchase from and award contracts to Disadvantaged Business Enterprises (DBEs).

**DBE good faith efforts will include the following items that are indicated by check mark(s) or narrative:**

Required by PTD	Check all that apply	Description
*	<input checked="" type="checkbox"/>	Write a letter/email to Certified DBEs in the service area to inform them of purchase or contract opportunities;
*	<input checked="" type="checkbox"/>	Document telephone calls, emails and correspondence with or on behalf of DBEs;
	<input type="checkbox"/>	Advertise purchase and contract opportunities on local TV Community Cable Network:
*	<input checked="" type="checkbox"/>	Request purchase/contract price quotes/bids from DBEs;
	<input type="checkbox"/>	Monitor newspapers for new businesses that are DBE eligible
*	<input checked="" type="checkbox"/>	Encourage interested eligible firms to become NCDOT certified. Interested firms should refer to <a href="http://www.ncdot.gov/business/ocs/dbe/#FAQ10">http://www.ncdot.gov/business/ocs/dbe/#FAQ10</a> or contact the office of contractual services at (919) 707-4800 for more information
*	<input checked="" type="checkbox"/>	Encourage interested firms to contact the Office of Historically Underutilized Businesses at (919) 807-2330 for more information
*	<input checked="" type="checkbox"/>	Consult NCDOT Certified DBE Directory. A DBE company will be listed in the DBE Directory for each work type or area of specialization that it performs. You may obtain a copy of this directory at <a href="http://partner.ncdot.gov/VendorDirectory/default.html">http://partner.ncdot.gov/VendorDirectory/default.html</a>
	<input type="checkbox"/>	Other efforts: Describe:
	<input type="checkbox"/>	Other efforts: Describe:

You may obtain a copy of the USDOT Disadvantaged Business Enterprise Program Title 49 Part 26 at <http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&tpl=%2Findex.tpl>

**Reminder:** Documentation of all good faith efforts shall be retained for a period of five (5) years following the end of the fiscal year.

I certify that, to the best of my knowledge, the above information describes the DBE good faith efforts.

\_\_\_\_\_

\_\_\_\_\_ October 17,2017

Signature of Authorized Official

Date

Don Adams, County Manager  
Type Name and Title of Authorized Official

**NORTH CAROLINA DEPARTMENT OF TRANSPORTATION  
PUBLIC TRANSPORTATION DIVISION**

**DBE/MBE/WBE/HUB ANTICIPATED VENDOR AWARDS in FY2019**

**APPLICANT'S NAME:** Jackson County **PERIOD COVERED**  
**MAILING ADDRESS:** 1148 Haywood Road Sylva, NC 28779 **From:** 7/1/18  
**VENDOR NUMBER:** 5700004867 **To:** 6/30/19

**We expect to utilize the following list of DBE/MBE/WBE/HUB Vendors in FY2019:**

DBE/MBE/WBE/HUB Vendor/Subcontractor's Name	Mailing Address City, State, Zip	ID# from NCDOT Website	Describe Service/ Item to be Purchased	Anticipated Expenditure (\$)
Cherokee Office Supply	P.O. Box 1746 Cherokee, NC 28719	59456	Office Supplies	919.00
Hoyle	180 Glen Bridge Road Arden, NC 28704	90857271-1	Office Supplies	181.00
				<b>TOTAL \$1,100</b>

- The above list includes the DBE/MBE/WBE/HUB Vendors the applicant expects to utilize in FY2019.  
 The applicant does **NOT** expect to utilize any DBE/MBE/WBE/HUB Vendors in FY2019.

\_\_\_\_\_  
Signature of Authorized Official

10/17/17  
Date

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Important – A public hearing MUST be conducted whether or not requested by the Public.

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**PUBLIC HEARING RECORD**

Section 5311 (ADTAP), 5310, 5339, 5307 and applicable State funding, or combination thereof.

APPLICANT: Jackson County

DATE: October 16, 2017

PLACE: A-201 Justice and Administration Building

TIME: 5:50 pm

How many BOARD MEMBERS attended the public hearing? 5

How many members of the PUBLIC attended the public hearing? 0

**Public Attendance Surveys**

(Attached)

(Offered at Public Hearing but none completed)

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I, the undersigned, representing (*Legal Name of Applicant*) Jackson County do hereby certify to the North Carolina Department of Transportation, that a Public Hearing was held as indicated above and

**During the Public Hearing**

(*NO public comments*)

(*Public Comments were made and meeting minutes will be submitted after board approval*)

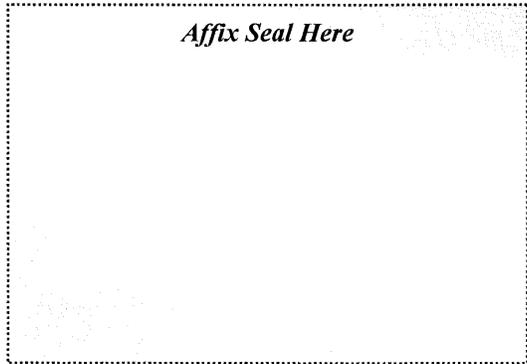
The estimated date for board approval of meeting minutes is: November 7, 2017

\_\_\_\_\_  
Signature or Clerk to the Board

Angie Winchester, Clerk to the Board  
Printed Name and Title

October 17, 2017  
Date

*Affix Seal Here*



## Voluntary Title VI Public Involvement

Title VI of the Civil Right's Act of 1964 requires North Carolina Department of Transportation to gather statistical data on participants and beneficiaries of the agency's federal-aid highway programs and activities. The North Carolina Department of Transportation collects information on race, color, national origin and gender of the attendees to this public meeting to ensure the inclusion of all segments of the population affected by a proposed project.

The North Carolina Department of Transportation wishes to clarify that this information gathering process **is completely voluntary** and that you are not required to disclose the statistical data requested in order to participate in this meeting. This form is a public document.

The completed forms will be held on file at the North Carolina Department of Transportation. For Further information regarding this process please contact Shantray Dickens the Title VI Manager at telephone number 919.508.1896 or email at [sddickens@ncdot.gov](mailto:sddickens@ncdot.gov).

Project Name: FY 18-19 Community Transportation Program		Date: 10-16-17
Meeting Location: <b>A-201 Justice and Administration Building</b>		
Name (please print)		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
General ethnic identification categories (check one)		
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Hispanic American	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> African American	<input type="checkbox"/> Asian/Pacific Islander	Other: _____
Color:		National Origin:

After you complete this form, please fold it and place it inside the designated box on the registration table.

Thank you for your cooperation.

**NORTH CAROLINA DEPARTMENT OF TRANSPORTATION  
PUBLIC TRANSPORTATION DIVISION**

**DBE/MBE/WBE/HUB ANTICIPATED VENDOR AWARDS in FY2019**

**APPLICANT'S NAME:** Jackson County **PERIOD COVERED**  
**MAILING ADDRESS:** 1148 Haywood Road Sylva, NC 28779 **From:** 7/1/18  
**VENDOR NUMBER:** 5700004867 **To:** 6/30/19

**We expect to utilize the following list of DBE/MBE/WBE/HUB Vendors in FY2019:**

DBE/MBE/WBE/HUB Vendor/Subcontractor's Name	Mailing Address City, State, Zip	ID# from NCDOT Website	Describe Service/ Item to be Purchased	Anticipated Expenditure (\$)
<b>TOTAL</b>				<b>0</b>

- The above list includes the DBE/MBE/WBE/HUB Vendors the applicant expects to utilize in FY2019.
- The applicant does **NOT** expect to utilize any DBE/MBE/WBE/HUB Vendors in FY2019.

\_\_\_\_\_  
**Signature of Authorized Official**

10/17/17  
**Date**

# LOCAL SHARE CERTIFICATION FOR FUNDING

Jackson County  
(Legal Name of Applicant)

## Requested Funding Amounts

<u>Project</u>	<u>Total Amount</u>	<u>Local Share</u>
Administrative	\$ <u>180,792</u>	\$ <u>27,120</u> (15%)
5311 Operating (No State Match)	\$ _____	\$ _____ (50%)
5310 Operating (No State Match)	\$ <u>175,000</u>	\$ <u>87,500</u> (50%)
5307 Operating	\$ _____	\$ _____ (50%)
5307 Planning	\$ _____	\$ _____ (20%)
Capital	\$ <u>216,461</u>	\$ <u>21,647</u> (10%)
Mobility Management	\$ <u>50,529</u>	\$ <u>5,054</u> (10%)
_____	\$ _____	\$ _____ (____%)
_____	\$ _____	\$ _____ (____%)
_____	\$ _____	\$ _____ (____%)

Funding programs covered are 5311, 5310, 5339 Bus and Bus Facilities, 5307 (Small fixed route, regional, and consolidated urban-rural systems)

<b>TOTAL</b>	<b>\$ <u>622,782</u></b>	<b>\$ <u>141,321</u></b>
	<b>Total Funding Requests</b>	<b>Total Local Share</b>

The Local Share is available from the following sources:

<u>Source of Funds</u>	<u>Grant Applied To</u>	<u>Amount</u>
<u>General Fund</u>	<u>5311 Admin</u>	\$ <u>27,120</u>
<u>General Fund</u>	<u>5311 Capital</u>	\$ <u>21,647</u>
<u>EDTAP/Contracts</u>	<u>5310</u>	\$ <u>87,500</u>
<u>Jackson/Haywood</u>	<u>New Freedom</u>	\$ <u>5,054</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
<b>TOTAL</b>		<b>\$ <u>141,321</u></b>

\*\* Fare box revenue is not an applicable source for local share funding

I, the undersigned representing (*Legal Name of Applicant*) **Jackson County** do hereby certify to the North Carolina Department of Transportation, that the required local funds for the FY2019 Community Transportation Program and 5307 Governors Apportionment will be available as of **July 1, 2018**, which has a period of performance of July 1, 2018 – June 30, 2019.

\_\_\_\_\_  
Signature of Authorized Official

Don Adams, County Manager  
\_\_\_\_\_  
Type Name and Title of Authorized Official

October 17, 2017  
\_\_\_\_\_  
Date