

**BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY**

Meeting Date: April 16, 2008 - KW

Division: Community Services Division

Bulk Item: Yes No

Department: Transportation Department

Staff Contact Person: Ali Trivette #4422

AGENDA ITEM WORDING:

Approval to amend the County's grant application for *Federal Transit Administration Section 5316 Job Access & Reverse Commute Program* funds, submitted pursuant to *Resolution No. 498-2007*, to increase the total amount of grant funding requested to \$123,677 (originally \$82,776) and increasing the County's match obligation to \$12,367 (originally \$8,277). This amendment is required for awarding of the increased funding and requires the Board's approval and execution of the revised grant application Form 424 reflecting the increases.

ITEM BACKGROUND:

On 3/19/08, the Board ratified, by *Resolution No. 498-2007, Resolution No. 499-2007 and Resolution 500-2007*, the signing and submission of three (3) Federal Transit Administration grant applications to FDOT to purchase twelve (12) mobile data terminals and software/hardware for the twelve (12) mobile data terminals and purchase two (2) transportation buses. Staff received notification from FDOT on 3/3/08 that additional funding was available for the grant application submitted for the purchase of software/hardware for the twelve (12) mobile data terminals but required submission of a revised grant application Form 424, approved and executed by the Board.

PREVIOUS RELEVANT BOCC ACTION:

12/19/2007 BOCC approved *Resolution No. 498-200, Resolution No. 499-2007 and Resolution No. 500-2007*

2/20/08 BOCC approval to advertise a Public Hearing for 3/19/08 (required by FTA/FDOT)

3/19/08 Public Hearing - BOCC ratified *Resolution No. 498-2007, Resolution No. 499-2007 and Resolution No. 500-2007*

CONTRACT/AGREEMENT CHANGES:

Increase in total grant funding to \$123,677 (originally \$82,776)

Increase in County's match obligations to \$12,367 (originally \$8,277)

STAFF RECOMMENDATIONS: Approval.

TOTAL COST: \$123,667.00

BUDGETED: Yes No

COST TO COUNTY: \$12,367.00

SOURCE OF FUNDS: Program Budget Account #001-61525-560641 & FDOT 5316 Job Access and Reverse Commute Program Grant

REVENUE PRODUCING: Yes No **AMOUNT PER MONTH** N/A **YEAR** N/A

APPROVED BY: County Atty [Signature] OMB/Purchasing Risk Management [Signature]

DOCUMENTATION: Included Not Required

DISPOSITION: _____

AGENDA ITEM # _____

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 12/19/2007	Applicant Identifier 5316 FY2008 Revised
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE		State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Monroe County Board of County Commissioners		Organizational Unit Department: Monroe County Transit	
Organizational DUNS: 073876757		Division: Community Services Division	
Address: Street: 1100 Simonton Street Room 1-188		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Key West		Prefix: Mr.	First Name: Jerry
County: Monroe		Middle Name: L.	
State: Florida		Last Name: Eskew	
Zip Code: 33040	Suffix:		
Country: United States		Email: eskew-jerry@monroecounty-fl.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 59-6000749		Phone Number (give area code) 305 292-4425	Fax Number (give area code) 305 292-4411
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) B. County Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): FTA Section 5316 Job Access & Reverse Commute Program		9. NAME OF FEDERAL AGENCY: Federal Transit Administration	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Monroe County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Mobile Data Terminal Software/Hardware for existing Paratransit Reservation/Dispatch Computer System. Hardware \$29,156 Software \$94,521	
13. PROPOSED PROJECT Start Date: July 2008		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 18th Congressional District	
Ending Date: June 2009		b. Project 18th Congressional District	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$	98,942 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 1/22/2007 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
b. Applicant	\$	12,367 ⁰⁰	
c. State	\$	12,368 ⁰⁰	
d. Local	\$	⁰⁰	
e. Other	\$	⁰⁰	
f. Program Income	\$	⁰⁰	
g. TOTAL	\$	123,677 ⁰⁰	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix: Mr.	First Name: Charles		Middle Name:
Last Name: McCoy		Suffix:	
b. Title: Mayor		c. Telephone Number (give area code): 305 292-3430	
d. Signature of Authorized Representative		e. Date Signed: 12/19/2007	

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Standard Form 424 (Rev. 9-2003)
 Prescribed by OMB Circular A-102

*Amended
 Form 424
 Amended Capital
 Request Form*

CAPITAL REQUEST FORM 5316 Year 2008-2009
Job Access and Reverse Commute Program
Monroe County Transit (BOCC)

VEHICLE REQUEST

GMIS code (This column for FDOT use ONLY)	R or E (a)	Number Requested	Description (b) (c)	Estimated Cost
11. __. __				
11. __. __				
11. __. __				
11. __. __				
11. __. __				
Subtotal				\$

EQUIPMENT REQUEST (C)

11. __. __	E	12	Mobile Data Terminals Software & Hardware	123,677.00
11. __. __				
11. __. __				
11. __. __				
Subtotal				\$123,677.00

(a) Replacement (R) or Expansion (E).

(b) Provide a brief description including the length and type vehicle, type of fuel, lift or ramp, number of seats and wheelchair positions. Do not show the Make. For example, 22' diesel bus with lift, 12 amb. Seats, 2 w/c positions.

(c) Show mobile radios, computer hardware/software, etc. under "Equipment Request".

VEHICLE SUBTOTAL \$ 0 + EQUIPMENT SUBTOTAL \$123,677 = \$123,677 (X).

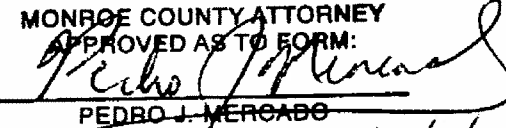
(X) X 80 % = \$98,942 [Show this amount on Form 424 in block 15 (a)]

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 12/19/07	Applicant Identifier 5316 FY2008
<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Monroe County Board of County Commissioners		Organizational Unit: Department: Monroe County Transit	
Organizational DUNS: N/A		Division: Community Services Division	
Address: Street: 1100 Simonton Street Room 1-188		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Key West		Prefix: Mr.	First Name: Jerry
County: Monroe		Middle Name L.	
State: Florida	Zip Code 33040	Last Name Eskew	
Country: United States		Suffix:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 59-6000749		Phone Number (give area code) 305 292-4425	Fax Number (give area code) 305 292-4411
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) B. County Other (specify)	
Other (specify)		9. NAME OF FEDERAL AGENCY: Federal Transit Administration	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): FTA Section 5316 Job Access & Reverse Commute Program 20-516		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Mobile Data Terminal Software/hardware for existing paratransit reservation/dispatch computer system	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Monroe County			
13. PROPOSED PROJECT Start Date: July 2008 Ending Date: June 2009		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 18th Congressional District b. Project 18th Congressional District	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 66,221 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 01/22/2007	
b. Applicant	\$ 8,277 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 8,278 ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 82,776 ⁰⁰		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Mr.	First Name Charles	Middle Name	
Last Name McCoy			Suffix
b. Title Mayor			c. Telephone Number (give area code) 305 292-3430
d. Signature of Authorized Representative			e. Date Signed 12/19/2007

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MONROE COUNTY ATTORNEY
 APPROVED AS TO FORM:

 PEDRO J. MERCADO
 ASSISTANT COUNTY ATTORNEY
 Date 12/19/07

Standard Form 424 (Rev. 9-2003)
 Prescribed by OMB Circular A-102

Original 424
 Form BOCC
 App by BOCC
 12/19/07 - Rat
 by RES 498
 3007
 3/19/08

RESOLUTION NO. 498 - 2007

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF MONROE COUNTY, FLORIDA AUTHORIZING THE SIGNING AND SUBMISSION OF A FEDERAL TRANSIT ADMINISTRATION, 49 U.S.C., SECTION 5316 YEAR 2008-2009 "JOB ACCESS AND REVERSE COMMUTE PROGRAM CAPITAL ASSISTANCE" GRANT APPLICATION, SUPPORTING DOCUMENTS AND ASSURANCES TO THE FLORIDA DEPARTMENT OF TRANSPORTATION TO PURCHASE SOFTWARE/HARDWARE FOR TWELVE (12) MOBILE DATA TERMINALS AND ACCEPTANCE OF ANY SUBSEQUENT GRANT AWARD.

WHEREAS, the Board of County Commissioners of Monroe County, Florida have the authority to apply for and accept grant awards made by the Florida Department of Transportation 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 MONROE COUNTY, FLORIDA, AS FOLLOWS:

Section 1: The submission of a Federal Transit Administration, 49 U.S.C., Section 5316 Year 2008-2009, "Job Access and Reverse Commute Program Capital Assistance" Grant Application(s), supporting documents and assurances to the Florida Department of Transportation to purchase Software/Hardware for (12) Mobile Data Terminals is hereby approved.

Section 3: The Mayor of the Monroe County Board of County Commissioners is hereby authorized to sign the application and accept any subsequent grant award, unless specifically rescinded.

Passed and adopted by the Monroe County Board of Commissioners at a meeting held this 19th day of December, 2007.

FILED FOR RECORD
2008 JAN -9 PM 3:33
DANNY L. KOLHAGE
CLERK OF BOARD OF
MONROE COUNTY, FLA.

Mayor McCoy Yes
Mayor Pro Tem DiGennaro Yes
Commissioner Spehar Yes
Commissioner Murphy Yes
Commissioner Neugent Yes

(SEAL)
ATTEST: DANNY L. KOLHAGE, Clerk

BOARD OF COUNTY COMMISSIONERS
OF MONROE COUNTY, FLORIDA

By: Danny L. Kolhage
Deputy Clerk

By: Charles "Sonny" McCoy
Mayor

MONROE COUNTY ATTORNEY
APPROVED AS TO FORM:
Pedro J. Mercado
PEDRO J. MERCADO
ASSISTANT COUNTY ATTORNEY
Date 12/4/07