

Meeting Date
07/22/2014



AGENDA	
Section	CONSENT
Item No.	II.B.4

**AGENDA REPORT**  
**BREVARD COUNTY BOARD OF COUNTY COMMISSIONERS**

**SUBJECT:** Approval of Authorizing Resolution, Grant Application, Execution of Follow Up Grant Agreement, Re: Federal Transit Administration Bus and Bus Facilities Ladders of Opportunity Program

**DEPT/OFFICE:** Transit Services Department/Space Coast Area Transit

**Requested Action:**

It is requested that the Board of County Commissioners approve and authorize the following actions for the Bus and Bus Facilities: Ladders of Opportunity Capital Grant from the Federal Transit Administration in the amount of \$100,000:

- the Chairman to sign the Authorizing Resolution,
- the Chairman to sign the Grant Application,
- the Chairman to sign the Letter of Documentation of Local Match,
- the Chairman to sign the Designation of Signature authority allowing staff to submit the Grant electronically,
- the Transit Director to execute and submit the Grant Agreement electronically, contingent upon County Attorney and Risk Management approval,
- the Transit Director to execute any additional follow-up documentation/resolutions and amendments necessary to secure these funds.

**Summary Explanation & Background:**

The Federal Transit Administration has developed a one-time discretionary grant opportunity for capital purposes called Ladders of Opportunity. The grant provides funding for Bus and Bus Related Facilities similar to the existing Federal Capital Grants that Space Coast Area Transit already draws upon each year.

Staff is requesting to submit an application for \$80,000 in Federal funds to build 6 to 8 shelters in either unincorporated Brevard County or through the existing Inter-Local Agreements with Cape Canaveral, Cocoa Beach, Melbourne and Palm Bay. The Ladders of Opportunity Grant program will be awarded on a competitive basis and requires a 20% local match be identified at the time of grant submittal.

The breakdown by funding source would be:

Section 5309 Bus and Bus Facilities (Ladders of Opportunity Initiative): \$ 80,000  
Local Match: \$ 20,000

If the grant is awarded, staff expects to procure the shelters within sixth months and the installation of shelters and bus stops be completed within 12 months.

**Name:** Jim Liesenfelt, Transit Services Director  
**Phone:** 635-7815 ext. 601

Fiscal Impact:	Business Area	Cost Center	Amount	Description
FY2014-15	4136		\$100,000	Federal Transit Administration

**Clerk to the Board Instruction:**  
**Exhibits Attached:** (2) Authorizing Resolutions; (1) Designation of Signature Authority; (1) Grant Application; (1) Letter of Documentation of Local Match

**Contract /Agreement (If attached):** Reviewed by County Attorney Yes  No  PR

County Manager	Deputy County Manager	Department Director / Extension
Stockton Whitten	Assistant County Manager Venetta Valdengo	James P. Liesenfelt, Transit Services Director Jim.Liesenfelt@brevardcounty.us 635-7815 ext. 601



Tammy Etheridge, Clerk to the Board, 400 South Street • P.O. Box 999, Titusville, Florida 32781-0999

Telephone: (321) 637-2001  
Fax: (321) 264-6972

July 23, 2014

MEMORANDUM

TO: James Liesenfelt, Transit Services Director

RE: Item II.B.4., Authorizing Resolution, Grant Application, and Execution of Follow Up Grant Agreement for Federal Transit Administration Bus and Bus Facilities Ladders of Opportunity Program

The Board of County Commissioners, in regular session on July 22, 2014, adopted Resolution No. 14-117, authorizing actions for the Bus and Bus Facilities for Ladders of Opportunity Capital Grant from the Federal Transit Administration in the amount of \$100,000; executed the Grant Application; executed the Letter of Documentation of Local Match; executed the Designation of Signature Authority allowing staff to submit the Grant electronically; authorized you to execute and submit the Grant Agreement electronically, contingent upon County Attorney and Risk Management approval; and for you to execute any additional follow-up documentation/resolutions and amendments necessary to secure these funds. Enclosed are a fully-executed copy of the Resolution, original Designation of Signature, and original Grant Application.

Your continued cooperation is always appreciated.

Sincerely,

BOARD OF COUNTY COMMISSIONERS  
SCOTT ELLIS, CLERK

*Tammy Etheridge*  
Tammy Etheridge, Deputy Clerk

/kg

Encls. (3)

cc: Contractions Administration  
Finance  
Budget

**RESOLUTION NO. 14-117**

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RESOLUTION authorizing the filing of application(s) with the Department of Transportation, United States of America, for grant(s) under the Urban Mass Transportation Act of 1964, as amended.

WHEREAS, the Secretary of Transportation is authorized to make grants for a mass transportation program of projects and budgets; and

WHEREAS, the contract for financial assistance will impose certain obligations upon the applicant, including the provision by it of the local share of the project costs in the program; and

WHEREAS, it is required by the U. S. Department of Transportation in accord with the provisions of Title VI of the Civil Rights Act of 1964, that in connection with the filing of an application for assistance under the Urban Mass Transportation Act of 1964, as amended, the applicant gives an assurance that it will comply with Title VI of the Civil Rights Act of 1964 and the U. S. Department of Transportation requirements thereunder; and

WHEREAS, it is the goal of the applicant that minority business enterprise be utilized to the fullest extent possible in connection with these project(s), and that definite procedures shall be established and administered to ensure that minority business shall have the maximum construction contracts, supplies, equipment contracts, or consultant and other services.

NOW, THEREFORE, BE IT RESOLVED THAT THE BOARD OF COUNTY COMMISSIONERS OF BREVARD COUNTY, FLORIDA,

1. That the Chairman, Brevard County Board of County Commissioners, is authorized to execute and file application(s) on behalf of the Board of County Commissioners, Brevard County, Florida, with the U. S. Department of Transportation to aid in the financing of planning, capital and/or operating assistance projects pursuant to Section 9 of the Urban Mass Transportation Act of 1964, as amended.
2. That the Chairman, Brevard County Board of County Commissioners, is authorized to execute and file with such applications an assurance or any other document required by the U. S. Department of Transportation effectuating the purposes of Title VI of the Civil Rights Act of 1964.
3. That the Transit Director, Brevard County Space Coast Area Transit is authorized to furnish such additional information as the U. S. Department of Transportation may require in connection with the application for the program of projects.

4. That the Transit Director, Brevard County Board of County Commissioners, is authorized to execute grant agreement on behalf of Brevard County Board of County Commissioners, Brevard County, Florida, with the U. S. Department of Transportation for aid in the financing of the planning, capital, and/or the operating assistance program of projects.

CERTIFICATE

The undersigned duly qualified and acting Chairman, Brevard County Board of County Commissioners, certifies that the foregoing is a true and correct copy of a resolution adopted at a legally convened meeting of the Board of County Commissioners, Brevard County, Florida, held on July 22 2014.

BY 

Mary Bolin Lewis, Chairman  
Brevard County Commission

As approved by the Board on 7/22/2014.

(SEAL)

  
\_\_\_\_\_  
Scott Ellis, Clerk



**Space Coast Area Transit**

401 South Varr Avenue  
Cocoa, FL 32922

Phone: (321) 635-7815  
Bus Info: (321) 633-1878  
Fax: (321) 633-1905



**Space Coast  
Commuter Assistance**

460 S. Harbor City Blvd.  
Melbourne, FL 32901

Phone: (321) 952-4563  
Fax: (321) 952-4546



*Volunteers in Motion*

**Volunteers In Motion**

401 S. Varr Avenue  
Cocoa, FL 32922

Phone: (321) 635-7999  
Fax: (321) 633-1905



**RideSCAT.com**

# MOVING BREVARD INTO THE FUTURE

## Project Financing and Commitment of Local Share

### LOCAL MATCH ASSURANCE

Brevard County Board of County Commissioners will provide, from identifiable sources, appropriate local match for the purchase of any equipment approved under Section 5309 of the Federal Transit Act.

No federal funding or revenues derived from a federally sponsored program will be used to provide local match for Bus and Bus Facilities under Section 5309 of the Federal Transit Act.

Mary Bolin-Lewis, Chairman  
Brevard County Board of County Commissioners  
As approved by the Board on 7/22/2014

ATTEST:

Scott Ellis, Clerk



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**RideSCAT.com**

# MOVING BREVARD INTO THE FUTURE

## DESIGNATION OF SIGNATURE AUTHORITY For The TRANSPORTATION ELECTRONIC AWARD & MANAGEMENT PROCESS (TEAM)

The Brevard County Board of County Commissioners hereby authorizes James P. Liesenfelt, Transit Services Director, to be assigned and use a Personal Identification Numbers (PIN), for the execution of annual Certification and Assurances issued by the Federal Transit Administration (FTA), submission of all FTA grant applications, and execution of all FTA grant awards, on behalf of the officials below, for the FTA's Transportation Electronic Award and Management System (TEAM).

Mary Bolin Lewis, Chairman  
Brevard County Board of County Commissioners  
As approved by Brevard on 7/22/2014

ATTEST:

Scott Ellis, Clerk

# Grant Application Package

<b>Opportunity Title:</b>	Section 5309 Bus and Bus Facilities, Ladders of Opportu
<b>Offering Agency:</b>	DOT/Federal Transit Administration
<b>CFDA Number:</b>	
<b>CFDA Description:</b>	
<b>Opportunity Number:</b>	FTA-2014-004-TPM
<b>Competition ID:</b>	FTA-2014-004-TPM
<b>Opportunity Open Date:</b>	06/05/2014
<b>Opportunity Close Date:</b>	08/04/2014
<b>Agency Contact:</b>	Sam Snead Federal Transit Administration phone: (202) 366-1089 fax: (202) 366-3475 email: Samuel.Snead@dot.gov

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

**Application Filing Name:**

## Select Forms to Complete

### Mandatory

[SF424 Mandatory Form](#)

[Attachments](#)

### Optional

## Instructions

[Show Instructions >>](#)

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here. If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

**APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY**

Version 01.1

<b>* 1.a. Type of Submission:</b> <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other * Other (specify) <input type="text"/>	<b>* 1.b. Frequency:</b> <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify) <input type="text"/>	<b>* 1.d. Version:</b> <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update <b>* 2. Date Received:</b> Completed by Grants.gov upon submission. <b>3. Applicant Identifier:</b> <input type="text"/> <b>4a. Federal Entity Identifier:</b> <input type="text"/> <b>4b. Federal Award Identifier:</b> <input type="text"/>	<b>STATE USE ONLY:</b> <b>5. Date Received by State:</b> <input type="text"/> <b>6. State Application Identifier:</b> <input type="text"/>
<b>1.c. Consolidated Application/Plan/Funding Request?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>Explanation</b> <input type="text"/>			

**7. APPLICANT INFORMATION:**

**\* a. Legal Name:**

<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> <input type="text" value="59-6000523"/>	<b>* c. Organizational DUNS:</b> <input type="text" value="8301721930000"/>
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**d. Address:**

<b>* Street1:</b> <input type="text" value="401 South Varr Avenue"/>	<b>Street2:</b> <input type="text"/>
<b>* City:</b> <input type="text" value="Cocoa"/>	<b>County:</b> <input type="text" value="Brevard"/>
<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="32922-8632"/>

**e. Organizational Unit:**

<b>Department Name:</b> <input type="text" value="Transit Services Department"/>	<b>Division Name:</b> <input type="text"/>
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**f. Name and contact information of person to be contacted on matters involving this submission:**

<b>Prefix:</b> <input type="text" value="Mr."/>	<b>* First Name:</b> <input type="text" value="James"/>	<b>Middle Name:</b> <input type="text" value="P."/>
<b>* Last Name:</b> <input type="text" value="Liesenfelt"/>	<b>Suffix:</b> <input type="text"/>	
<b>Title:</b> <input type="text" value="Transit Services Director"/>		
<b>Organizational Affiliation:</b> <input type="text"/>		

<b>* Telephone Number:</b> <input type="text" value="321-635-7815"/>	<b>Fax Number:</b> <input type="text" value="321-633-1905"/>
<b>* Email:</b> <input type="text" value="Jim.Liesenfelt@brevardcounty.us"/>	

**APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY**

Version 01.1

**\* 8a. TYPE OF APPLICANT:**

B: County Government

**\* Other (specify):**

**b. Additional Description:**

**\* 9. Name of Federal Agency:**

DOT/Federal Transit Administration

**10. Catalog of Federal Domestic Assistance Number:**

**CFDA Title:**

**11. Areas Affected by Funding:**

Brevard County

**12. CONGRESSIONAL DISTRICTS OF:**

**\* a. Applicant:**

FL 8

**b. Program/Project:**

FL 8

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

**13. FUNDING PERIOD:**

**a. Start Date:**

10/01/2015

**b. End Date:**

09/30/2016

**14. ESTIMATED FUNDING:**

**\* a. Federal (\$):**

80,000.00

**b. Match (\$):**

20,000.00

**\* 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?**

a. This submission 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 State for review.

c. Program is not covered by E.O. 12372.

**APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY**

Version 01.1

\* 16. Is The Applicant Delinquent On Any Federal Debt?

Yes  No

17. 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

\*\* This 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:

Organizational Affiliation:

\* Telephone Number:

\* Fax Number:

\* Email:

\* Signature of Authorized Representative:

*Mary Bolin Lewis*

\* Date Signed: July 22, 2014

Mary Bolin Lewis Chairman

Attach supporting documents as specified in agency instructions.

As approved by the Board  
on JUL 22 2014

Item # 11.B.4.

**GRANTEE: BREVARD COUNTY BOARD OF COUNTY COMMISSIONERS  
D/B/A SPACE COAST AREA TRANSIT**

<b>SCOPE</b>	<b>Federal Amount</b>
119-00 BUS ASSOCIATED TRANSIT IMPROVEMENTS ACTIVITY	
11.94.02 Bus Shelters (6)	\$ 100,000
<b>TOTAL:</b>	<b>\$ 100,000</b>

## PROJECT JUSTIFICATION

**SCOPE: BUS ASSOCIATED TRANSIT IMPROVEMENTS**

### Bus Shelters

Space Coast Area Transit will construct six to eight bus shelters along its fixed route network to improve access and accessibility.