



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

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May 24, 2017

**MEMORANDUM**

**TO:** James Liesenfelt, Transit Services Director

**RE:** Item II.B.7., Resolution, Grant Application, Use of Transportation Development Credits, Execution of Follow Up Grant Agreement for Section 5339 Federal Transit Administration Bus and Bus Facilities Formula Program

The Board of County Commissioners, in regular session on May 23, 2017, approved and authorized the following actions for the Section 5339 Bus Facilities Capital Grant from the Federal Transit Administration (FTA) in the amount of \$664,591: adopted Resolution No. 17-099; executed Grant Application; approved the use of the Florida Department of Transportation (FDOT) Toll Revenue Credits; authorized the Chairman to sign the Designation of Signature authority allowing staff to resubmit the Grant electronically; authorized you to execute and submit the Grant Agreement electronically, contingent upon County Attorney and Risk Management approval; authorized you to execute any additional follow-up documentation/resolutions and amendments necessary to secure these funds; approved the budget change requests if FTA executes the grant before the end of Fiscal Year 2017; and requested that Space Coast Transportation Planning Organization (TPO) amend the Transportation Improvement Program (TIP) to reflect the full amount of Section 5339 funds. Enclosed are fully-executed Resolution, Designation of Signature Authority, and Grant Application.

Your continued cooperation is always appreciated.

Sincerely,

BOARD OF COUNTY COMMISSIONERS  
SCOTT ELLIS, CLERK

*Tammy Rowe*

Tammy Rowe, Deputy Clerk

Encls. (3)

cc: Finance  
Budget

RESOLUTION NO. 17-099

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 May 23, 2017.

BY 

Curt Smith, Chairman  
Brevard County Board of County Commissioners  
As approved by the Board on 5/23/17

(SEAL)



Scott Ellis, Clerk

DESIGNATION OF SIGNATURE AUTHORITY

For The  
TRANSIT AWARD MANAGEMENT SYSTEM (TrAMS)

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 (FTA), submission of all FTA grant applications, and execution for all FTA grant awards, on behalf of the officials below, for the FTA's Transit Award Management System (TrAMS).



Curt Smith, Chairman  
Brevard County Board of County Commissioners  
As approved by the Board on 05/23/17

ATTEST:



Scott Ellis, Clerk



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> _____ <b>* Other (Specify):</b> _____		
<b>* 3. Date Received:</b> 05/23/2017		<b>4. Applicant Identifier:</b> _____
<b>5a. Federal Entity Identifier:</b> _____		<b>5b. Federal Award Identifier:</b> _____
<b>State Use Only:</b>		
<b>6. Date Received by State:</b> _____		<b>7. State Application Identifier:</b> _____
<b>8. APPLICANT INFORMATION:</b>		
<b>* a. Legal Name:</b> Brevard County Board of County Commissioners		
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 59-6000523		<b>* c. Organizational DUNS:</b> 8301721930000
<b>d. Address:</b>		
<b>* Street1:</b> 401 S. Varr Avenue		
<b>Street2:</b> _____		
<b>* City:</b> Cocoa		
<b>County/Parish:</b> Brevard		
<b>* State:</b> FL: Florida		
<b>Province:</b> _____		
<b>* Country:</b> USA: UNITED STATES		
<b>* Zip / Postal Code:</b> 32922-8632		
<b>e. Organizational Unit:</b>		
<b>Department Name:</b> Transit Services Department		<b>Division Name:</b> _____
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
<b>Prefix:</b> Mr.		<b>* First Name:</b> James
<b>Middle Name:</b> P.		
<b>* Last Name:</b> Liesenfelt		
<b>Suffix:</b> _____		
<b>Title:</b> Transit Services Director		
<b>Organizational Affiliation:</b> _____		
<b>* Telephone Number:</b> 321-635-7815		<b>Fax Number:</b> 321-633-1905
<b>* Email:</b> Jim.Liesenfelt@brevardfl.gov		

**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:**

20.507

CFDA Title:

FTA 5339 Bus and Bus Facilities

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

5339

\* Title:

Bus and Bus Facilities

**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 Assistance for Brevard County, Florida.

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="664,591.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="166,148.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="830,739.00"/>

**\* 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:

CURT SMITH, CHAIRMAN

**GRANTEE: Brevard County Board of County Commissioners  
d/b/a Space Coast Area Transit**

**Grant #:**

<b>SCOPE</b>	<b><u>Federal Amount</u></b>
111-00 Bus Rolling Stock Activity 11.12.04 Replacement Buses <30' (qty 2)	\$ 254,591
114-00 Bus Support Equipment / Facilities Activity 11.44.02 Bus Lift Replacement, Floor Replacement and Electrical Upgrade	\$ 300,000
117-00 Other Capital Items (Bus) Activity 11.76.93 Demolition of Buildings	\$ 110,000

## PROJECT JUSTIFICATION

### **SCOPE: BUS ROLLING STOCK**

#### Replacement Buses

Space Coast Area Transit will replace two (2), less than 30 foot, light duty buses that have met the minimum Federal Useful Life of 5 years and 150,000 miles. The buses will be purchased in conjunction with Section 5307 funds for a total of nine (9) replacement buses for the SCAT fleet.

### **SCOPE: BUS SUPPORT EQUIPMENT / FACILITIES**

#### Melbourne Bus Lift Replacement and Electrical Modifications

This project was originally programmed with Section 5307 funds with two other construction projects, however, the total of the three construction projects were higher than estimated. Therefore, this project was removed and will now be funded with Section 5339 funds.

This project consists of replacing a bus lift at the Melbourne Terminal that is over 27 years old, replacing the floor coating for all four maintenance bays and modifications to the electrical and lighting systems in the bus garage.

### **SCOPE: OTHER CAPITAL ITEMS (BUS)**

#### Demolition of Buildings

Brevard County has acquired a parcel adjacent to Space Coast Area Transit's Cocoa Terminal. The parcel is located on 1125 West King Street. Currently the parcel contains two buildings, one that is inhabitable and one smaller building that is need of major repairs. Space Coast Area Transit is proposing to demo the buildings in order to prepare the site to become employee parking. The current terminal parking is maximized. Moving employee parking to the adjacent parcel will allow Space Coast Area Transit to construct a bus pull off in front of the Cocoa Terminal off the road. Currently, Space Coast Area Transit has four routes that make stops and transfers in the road right of way.

NOTICE OF INTENT TO APPLY FOR FEDERAL ASSISTANCE

This is a notice of intent of the Brevard County Board of County Commissioners to apply for Federal assistance under the 5339 funds of the Federal Transit Administration. The following Programs of Projects is consistent with the approved Transportation Improvement Program of the Space Coast Transportation Planning Organization.

FY-2017-2018 Capital Projects:

Purchase of Replacement Buses (2)	\$254,591
Replacement of Bus Lift and Electrical Work	\$300,000
Demolition of Buildings	\$110,000
<b>Total Application Amount</b>	<b>\$664,591</b>

The Brevard County Board of County Commissioners will approve the request to submit a grant application to fund the above Program of Projects to the Federal Transit Administration at their May 23, 2017 meeting. If any citizen has a comment on the above projects or wishes to request that a public hearing be held on this program or would like to review this Program of Projects, they can write to or visit: Space Coast Area Transit, Director, 401 S. Varr Ave, Cocoa, FL 32922. This is the draft Program of Projects and if no comments are received and the Board of County Commissioners make no changes, the draft Program of Projects will stand as the final Program of Projects.

By: James Liesenfelt, Director  
Space Coast Area Transit  
Brevard County Board of County Commissioners