# **Agenda Report**



2725 Judge Fran Jamieson Way Viera, FL 32940

### Consent

F.8.

8/3/2021

### Subject:

Approval, Re: Submission of Revised Grant Application and Execution of Follow-Up Grant Agreement for FY2021/SFY2022 Space Coast Area Transit Section 5310 Formula Grant with Florida Department of Transportation

# **Fiscal Impact:**

FY2021

- \$ 224,000 from Federal Transit Administration, Section 5310 Funds (4136/303XXX)
- \$ 28,000 from Sale of Surplus Vehicles (41040/R30375)
- \$ 28,000 from FDOT Toll Revenue Credit (no exchange of funds occur)

# **Dept/Office:**

**Transit Services** 

## **Requested Action:**

It is request the Board of County Commissioners approve the following actions for submission of a revised Space Coast Area Transit Section 5310 Grant Application to Florida Department of Transportation for FY2021/SFY2022 in the amount \$280,000:

- Authorize the Chair to sign the revised Form 424: Application for Federal Assistance;
- The use of FDOT Toll Revenue Credits;
- The Transit Services Director to sign the revised Grant Application;
- Authorize the Chair to execute the follow-up Grant Agreement and if necessary, the Transit Services Director to execute and submit the Grant Agreement electronically, contingent upon County Attorney and Risk Management approvals;
- Authorize the Transit Services Director to execute any additional follow-up documentation, resolution and amendments necessary to secure these funds;
- Authorize the County Manager to execute any necessary budget change requests.

# **Summary Explanation and Background:**

On May 4, 2021, the Board of County Commissioners gave approval to submit a grant application for our FY2021/SFY2022 Space Coast Area Transit Section 5310 Formula Grant to replace gasoline fuel tanks at each terminal to include an environmental soil study at the Cocoa terminal. Staff has received direction from the Florida Department of Transportation (FDOT) District 5 Office to separate the project into two phases. One rule for appropriations of Section 5310 is that at least 55% of the available funding statewide must be awarded to capital projects with the remaining 45% going to operating applications. The separation of the project into two phases, allows the FDOT to best utilize Section 5310 funding throughout District 5 for both fiscal years.

Phase I will consist of the environmental study of the soil conditions at the Cocoa terminal and engineering

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and design for the new tanks along with any necessary infrastructure. Phase II will include the purchase and installation of the two gasoline fuel tanks. Phase I will be funded through the SFY2022 grant cycle with Phase II being funded through the SFY2023. The division of the project into two phases should have no effect on the time line of the project. However, this action reduces the grant application this state fiscal year from \$573,878 to \$280,000 with the County's local match reducing from \$57,388 to \$28,000. Staff will bring back the grant application for Phase II next year.

### **Clerk to the Board Instructions:**

Please have the Chair sign the form SFY424: Application for Federal Assistance. Return one copy and the Board Memo to Transit Services Department.

# BREVARD COUNTY BOARD OF COUNTY COMMISSIONERS

# CONTRACT REVIEW AND APPROVAL

FOR Consent F.8 Signed.

# **SECTION I - GENERAL INFORMATION**

1. Contractor: Federal A	viation Administr	ation	2. Amount:	\$ 1,219,937	
3. Fund/Account #:		4	4. Department Name: Valkaria Airport		
5. Contract Description: (	Grant Agreement	- Install Ta	xiway A Lighting		
6. Contract Monitor: Ada	ım Hied		8. Con	tract Type:	
7. Dept/Office Director: S	teve Borowski		GRA	ANT	
9. Type of Procurement: (	 Other				
3 1 2 1 1 1 1 1 1 1 1 1 1 1	SECTION II - RE	VIEW AND AF	PROVAL TO ADVERTISE		
	APPRO				
COUNTY OFFICE	YES	NO	SIGNATURE		
User Agency	7				
Purchasing			,		
_				<del></del>	
Risk Management					
County Attorney			-		
SEC1	TION III - REVIEW A	AND APPROV	AL TO EXECUTE		
	APPRO	OVAL			
COUNTY OFFICE	YES	NO	SIGNATURE		
	_	_		Digitally signed by Adam Hied	
Jser Agency	ビ		Adam Hied	Date: 2021,07,22 08:30:13 -04'00'	
Purchasing			( <del>)</del>		
Risk Management	<b></b>		Lairsey, Matt	Digitally signed by Lairsey, Matt Date: 2021.07.22 09:54:34 -04'00'	
County Attorney	<b>V</b>		Caron, Justin	Digitally signed by Caron, Justin Date: 2021.07.28 11:48:32 -04'00'	
SECT	ION IV - CONTRA	CTS MANAGI	MENT DATABASE CHECK	LIST	
CM DATABASE REQUIRED F				Complete ✓	
Department Information					
Department			U		
Program					
Contact Name					
Cost Center, Fund, and G/	'L Account				
Vendor Information (SAP V	endor #)				
Contract Status, Title, Type	and Amount				
Storage Location (SAP)					
Contract Approval Date, E	ffective Date, and	Expiration De	ate		
Contract Absolute End Da					
Material Group		•			
Contract Documents Uplo	aded in CM datab	ase (Contrac	t Form with County Attorn	ey/ Risk	
Management/Purchasing	Approval; Signed/				
"Right To Audit" Clause Incl					
Monitored items: Uploade	a to database (Insi	urance Bonc	is etc.)		



#### FLORIDA'S SPACE COAST

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

Telephone: (321) 637-2001 Fax: (321) 264-6972 Kimberly.Powell@brevardclerk.us



August 4, 2021

MEMORANDUM

TO: Terry Jordan, Transit Services Director

RE: Item F.8., Submission of Revised Grant Application and Execution of Follow-Up Grant Agreement for FY2021/SFY2022 Space Coast Area Transit (SCAT) Section 5310, Formula Grant with Florida Department of Transportation (FDOT)

The Board of County Commissioners, in regular session on August 3, 2021, approved the submission of the revised SCAT, Section 5310, Grant Application to FDOT for FY2021/SFY2022 in the amount of \$280,000; authorized the Chair to sign the revised Form 424: Application for Federal Assistance; authorized the use of FDOT Toll Revenue Credits; authorized you to sign the revised Grant Application; authorized the Chair to execute the follow-up Grant Agreement and if necessary, you to execute and submit the Grant Agreement electronically, contingent upon County Attorney and Risk Management approvals; authorized you to execute any additional follow-up documentation, resolution and amendments necessary to secure these funds; and authorized the County Manager to execute any necessary Budget Change Requests. Enclosed is the executed Form 424.

Your continued cooperation is greatly appreciated.

Sincerely,

BOARD OF COUNTY COMMISSIONERS

RACHEL, M. SADOFF, CLERK.

Kimberly Powell, Clerk to the Board

/ds

Encl. (1)

cc: County Manager

Finance Budget

# Form A-3: Proposed Project Summary

### **All Applicants**

(a) How will the grant funding be used?

Check all that apply	<b>/</b> :
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	Vehicle(s)→		Expansion		Replacement
X	Equipment->	X	Expansion	X	Replacement
	Mobility Management				
	Preventative				
	Maintenance				
	Operating→		Expansion		Continuing Service

(b) In which geographic area(s) will the requested grant funds be used to provide service?

X Urban (UZA)

▼ Small Urban (SUZA)

Rural

Complete the service area percentages for the geographic areas where the requested grant funds will be used to provide service

### Example:

If your agency makes 500 trips per year and 100 of those trips are urban then:

100 UZA trips/500 total trips = .2 \* 100 = 20% UZA service area

UZA	1,336,378	/ 1	1,610,093	=	83%	% UZA service area
SUZA	273,715	/ 1	,610,093	=	17%	% Small Urban service area
Rural		1		-		% Rural service area
	Number of trips, revenue service hours, or revenue service miles within specified geographic area	Divided by	Total number of trips, revenue service hours, or revenue service miles	Equals	5	Percentage of service within specified geographic area

Calculate the funding split for the geographic areas where the requested grant funds will be used to provide service.

UZA	N/A	X		=	\$
SUZA		X		almana planner	\$
Rural		X		STATE OF THE PARTY	\$
	Total amount requested	Multiplied by	Percentage of service within specified geographic area	Equals	Funding split

**NOTE:** When invoicing for operating projects, you must use the above funding split on your invoice summary forms.

Once you have determined the funding split between UZA, SUZA and Rural, you will need to calculate the match amount.

#### NOTE: Operating Assistance (50% Federal and 50% Local):

UZA	N/A	X	.5 Federal & .5 Local	=	\$	\$
SUZA		X	.5 Federal & .5 Local	=	\$	\$
Rural		X	.5 Federal & .5 Local	=	\$	\$
	Funding Split	Multiplied by	.5 Federal & .5 Local	Equals	Federal	Local

# NOTE: Capital Assistance (80% Federal, 10% State and 10% Local):

UZA	\$280,000	X	.8 Federal & .1 State & .1 Local	=	\$ 224,000	\$ 28,000	\$28,000
SUZA		X	.8 Federal & .1 State & .1 Local	=	\$	\$	\$
Rural		X	.8 Federal & .1 State & .1 Local	=	\$	\$	\$
	Funding Split	Multiplied by	.8 Federal & .1 State & .1 Local	Equals	Federal	State	Local

(c) How will the grant funding improve your agency's transportation service? Provide a general description of the project components to be funded via this agreement.

We currently have two 1,000 gallon gasoline tanks, one at each terminal. We estimate these tanks can support 5 gasoline powered cutaway buses at each terminal. We currently have 3 existing vehicles in our inventory and are expecting an additional 12 vehicles within this current and next state fiscal year.

Our current 1,000 gallon gasoline tanks, are scheduled to be replaced in Fiscal Year 2022 as outlined in our Transit Asset Management Plan. We would like to replace our existing gasoline tanks with larger capacity tanks accommodating 5,000 gallons. This would not only allow us to stay within compliance of our TAM Plan but meet the needs of our expanding gasoline powered fleet. Estimates for the replacements of the two tanks are attached.

While addressing the need for larger gasoline tanks, at the Cocoa Terminal, an evaluation of the soil conditions to determine the necessary fill material and compaction requirements to replace existing damaged concrete which covers the existing fuel island and is adjacent to the fuel tanks. The work should be done in conjunction with replacement of the existing fuel tanks which shall be replaced in compliance with Florida Building Code and the Florida Department of Environmental Protection.

This project would be completed in two Phases, with Phase I being funded through the SFY2022 Grant. Phase I will consist of environmental study of the soil conditions and engineering and design for the new tanks and necessary infrastructure. We will seek funding for Phase II, the purchase and installation of the two tanks through our SFY2023 Section 5310 grant.

- (d) Provide a description of the project location, please include at least one of the below. Use attachments if necessary:
- Transportation service geographical limits
- Maps
- Illustration/graphic of project area

Space Coast Area Transit service throughout all of Brevard County.						

(e) Describe project components in detail. Please explain the challenges or difficulties that your agency will overcome if awarded these funds.

#### Will it be used to:

- Provide more hours of service?
- Expand service to a larger geographic area?
- Provide shorter headways?
- Provide more trips?
- To continue service or expand service?

Space Coast Area Transit currently has 29 cutaway buses, 3 of which are gas powered. We are in the process of purchasing additional gasoline powered buses: 7 E-450 cutaway buses through an existing Section 5310 grant and 5 Collins Transit (cutaway buses) through an existing Section 5307 grant. This will bring our total of gasoline buses to 15. We currently have two 1,000 gallon gasoline tanks, one at each terminal. With our current system we can only support 10 gasoline powered buses. This would mean that we would have to increase our fuel delivery and reduce our service during emergency declarations or situations.

With this grant we would replace our existing tanks with 5,000 gallon tanks. This will not only allow us to meet our the fuel consumption for our existing 3 and 12 new gas powered buses, but allow more growth as we move more of our paratransit fleet from diesel powered vehicles to gasoline.

The larger gallon tanks will also be advantageous during declared emergencies when fuel deliveries cannot be made, not only could we support all of our vehicles, we could assist other Section 5310 recipients in Brevard County with fuel.

While addressing the need for larger gasoline tanks, at the Cocoa Terminal we need to evaluate the soil conditions to determine the necessary fill material and compaction requirements to replace existing damaged concrete which covers the existing fuel island and is adjacent to the fuel tanks.

This project would be completed in two Phases, with Phase I being funded through our Section 5310 Grant for SFY2022. Phase I will consist of the environmental study of the soil conditions and engineering and design for the new tanks and necessary infrastructure. We will seek funding for Phase II, the purchase and installation of the two tanks, through our SFY2023 Section 5310 grant.

OMB Number: 4040-0004 Expiration Date: 12/31/2022

View Burden Statement

Application for Federal Assistance SF-424							
The state of the s		If Revision, select appropriate letter(s):					
Preapplication	New						
Application	Continuation	Other (Specify):					
Changed/Corrected Application	ted Application Revision						
* 3. Date Received:	4. Applicant Identifier:						
08/03/2021							
5a. Federal Entity Identifier:		5b. Federal Award Identifier:					
State Use Only:							
6. Date Received by State:	7 State Application Is	dentifier:					
8. APPLICANT INFORMATION:							
* a. Legal Name: Brevard County Board o	of County Commissioners						
* b. Employer/Taxpayer Identification Num	ber (EIN/TIN):	* c. Organizational DUNS:					
59-6000523		8310721930000					
d. Address:							
* Street1: 401 S. Varr Ave							
Street2:							
* City: Cocoa							
County/Parish: Brevard	*						
* State: FL							
Province:							
Country:		USA: UNITED STATES					
* Zip / Postal Code: 32922							
e. Organizational Unit:							
Department Name:		Division Name:					
Transit Services							
f. Name and contact information of pe	erson to be contacted on m	natters involving this application:					
Prefix: Mr.	* First Name	Terry					
Middle Name:							
* Last Name: Jordan							
* Suffix:							
Title: Transit Services Director							
Organizational Affiliation:							
* Telephone Number: 321-635-7815	* Telephone Number: 321-635-7815 Fax Number: 321-633-1905						
Email: Terry.Jordan@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:
5310
CFDA Title:
Enhanced Mobility of Seniors & Individuals with Disabilities
* 12. Funding Opportunity Number:
5310
* Title:
Enhanced Mobility of Seniors & Individuals with Disabilities
13. Competition Identification Number:
Title:
14. Areas Affected by Project (Cities, Counties, States, etc.):
Brevard County Add Attachment Delete Attachment View Attachment
The state of the s
* 15. Descriptive Title of Applicant's Project:
Phase I of Capital Equipment Project to Enhance the Mobility of Seniors and Individuals with Disabilities
Attach supporting documents as specified in agency instructions.
Add Attachments Delete Attachments View Attachments

Application for Federal Assistance \$	3F-424
16. Congressional Districts Of:	
* a. Applicant FL8	* b. Program/Project FL8
Attach an additional list of Program/Project Co	ingressional Districts if needed.
	Add Attachment Delete Attachment View Attachment
17. Proposed Project:	
* a. Start Date: 7/1/21	* b. End Date: 6/30/22
18. Estimated Funding (\$):	
* a. Federal	\$224,000
* b. Applicant	\$ 28,000
* c. State	\$ 28,000
* d. Local	
* e. Other	
* f. Program Income	
*g. TOTAL	\$280,000
* 19. Is Application Subject to Review By	State Under Executive Order 12372 Process?
	to the State under the Executive Order 12372 Process for review on
c. Program is not covered by E.O. 12372	
	Federal Debt? (If "Yes," provide explanation in attachment.
Yes No	
If "Yes", provide explanation and attach	
	Add Attachment Delete Attachment View Attachment
21. *By signing this application, I certify (	(1) to the statements contained in the list of certifications** and (2) that the statements
comply with any resulting terms if I accep	to the best of my knowledge. I also provide the required assurances** and agree to than award. I am aware that any false, fictitious, or fraudulent statements or claims may
	ative penalties. (U.S. Code, Title 218, Section 1001)
** I AGREE	
** The list of certifications and assurances, or a specific instructions.	an internet site where you may obtain this list, is contained in the announcement or agency
Authorized Representative:	
Prefix:	* First Name: Rita
Middle Name:	
* Last Name: Pritchett	
Suffix:	
* Title: Chair	
* Telephone Number: 321-635-7815	Fax Number: 321-633-1905
* Email: Terry.Jordan@brevardfl.gov	
* Signature of Authorized Representative:	*Date Signed: 8/3/2021
,	*As approved by the Board on 08/03/2021.