

# NCDOT FY 2019 Consolidated Call for Capital Projects Application Form

## Part I: Applicant Information

Legal Name of Applicant:	Guilford County
Applicant's Congressional District (If Applicant's city is included in more than one district, enter primary district only): 13	
Applicant's County (If Applicant has offices in more than one county, list county where main office is located): Guilford	
Address:	301 West Market St
City, State, Zip:	Greensboro, NC 27402
Federal Taxpayer ID Number:	56-600305
Doing Business As (DBA) Name:	
Applicant's DUNS Number (Unique 9-Digit number issued by Dun & Bradstreet. May be obtained free of charge at: <a href="http://fedgov.dnb.com/webform">http://fedgov.dnb.com/webform</a> ): 071563613	
Parent Agency DUNS Number:	
Applicant's Service Area's Congressional District (If service area is included in more than one district, enter primary district only): 6	
Project's Service Area (list the county or counties that will be served by the proposed project): Guilford	

Project Manager and Contact Information			
Name of Project Manager:	Irma Zimmerman		
Title:	Transportation Supervisor		
Address:	1203 Maple St. Room 120 Greensboro, NC 27405		
E-mail:	izimmer@myguilford.com		
Phone Number:	336-641-3515		
Mobile Phone Number:	336-669-1724	FAX:	336-641-3704
Alternative Contact Information (in absence of Project Manager)			
Name:	Myra Thompson		
E-mail:	mthomps@myguilford.com		
Phone Number:	336-641-3094		

Current Vehicle Inventory (enter number in fleet)					
Vans		Vans/Lifts		Sedans or Minivans	
LTV's		LTV's/Lifts	21	Buses	



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**Table 1: Vehicles/capital to be replaced or rehabbed/refurbished with this request**

<i>Asset (model year, manufacturer, model or variant)</i>	<i>VIN or Fleet ID</i>	<i>Revenue miles from Vehicle Replacement Plan (as of July 1, 2017)</i>	<i>Revenue hours from Vehicle Replacement Plan (as of July 1, 2017)</i>	<i>Current mile(as of July 1, 2017) age</i>
2013-FORD-E350_LTV	1FDEE3FL3DDA50797			
2013-FORD-E350_LTV	1FDEE3FL5DDA50798			
2013-FORD-E350_LTV	1FDEE3FL7DDA50799			
2013-FORD-E350_LTV	1FDEE3FLXDDA50800			
2013-FORD-E350_LTV	1FDEE3FL1DDA50801			
2013-FORD-E350_LTV	1FDEE3FL5DDA39915			
2013-FORD-E350_LTV	1FDEE3FL7DDA39916			

**Table 2: Vehicles/capital that have been disposed up to and including FY16**

<i>Asset (model year, manufacturer, model or variant)</i>	<i>VIN or Fleet ID</i>	<i>Disposition Date</i>	<i>Revenue miles at disposition</i>	<i>Revenue hours at disposition</i>

The project conforms to FTA's spare ratio guidelines. ☐ Yes ☐ No ☐ Unsure

<i>Average Fleet Age (in Years)</i>	<b>8</b>
<i>Average Fleet Age (in Miles as of July 1, 2017)</i>	<b>115,000</b>
<i>Spare Ratio</i>	<b>2</b>
<i>Explanation</i>	



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Federal Financial Assistance Transparency Act (FFATA) mandates the disclosure of the names and total compensation of the five most highly compensated officers of an entity if:

- The Applicant received 80% or more of its annual gross revenues in the preceding fiscal year from the federal government (all federal sources, not just FTA); and
- Those revenues were greater than \$25M; and
- The public does not have access to the information through Securities and Exchange Commission or Internal Revenue Service filings as specified in FFATA.

Applicant should select "Yes" if they are subject to the reporting requirements of FFATA and "No" if they are not subject to Executive Compensation Reporting.

☐ YES

☒ No

Executive Compensation Reporting: If "Yes" is selected above, enter the Names and Compensation amounts for the top five officers of the Applicant.

	<u>Full Name</u>	<u>Total Compensation</u>
1		\$
2		\$
3		\$
4		\$
5		\$

### ***Part II: Project Information***

IMPORTANT: Applicants should submit one application for all capital projects for their small urban and/or rural service area. Duplicate projects within service areas will not be funded. Applicants can apply for one year of funding only. If a project is selected, funding for subsequent years is not guaranteed. It will be necessary to reapply and go through another competitive process for subsequent years' funding. Eligible projects may be funded using 5310, 5311, 5339 or a combination of the three funding sources. PTD will determine the project's funding after the application has been reviewed and approved.

<i>Project Name</i>	5339 Capital Replacement
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<i>Type(s) of Capital Project (vehicle replacement, purchase of service, equipment, etc). Describe the project(s) to be funded.</i>	Vehicle Replacement for 7 LTV's that have met their useful life.
<i>FY 2019</i>	
<i>Federal Amount Requested =</i>	\$
<i>State Amount Requested =</i>	\$
<i>Local match amount =</i>	\$
<i>Total project cost =</i>	\$

### **Part III: Project Criteria**

*Address each of the evaluation criteria separately, demonstrating how the project responds to each criterion. Each proposer is encouraged to demonstrate the responsiveness of a project to all of the appropriate selection criteria with the most relevant information that the proposer can provide, regardless of whether such information has been specifically requested, or identified. Please be thorough, yet concise in the response.*

#### **III-1. Threshold Criteria**

*a. Does the applicant have the technical capacity to administer the project?*

× Yes    ☐ No    *Explain your answer in the box below.*

All the vehicles will be equipped with Tablets and Camera's

*b. Describe the qualifications of the key personnel assigned to the project and the percentage of time each person will be involved in the project. Will the applicant need to hire additional personnel to support the project?*

Transportation Supervisor has the experience of the purchase of vehicles ad the transportation knowledge of how operations works. She has been in the transportation industry for 21 plus years.



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- c. Does applicant have adequate financial and management systems in place to ensure adequate reporting and project oversight? ☐ Yes ☐ No Explain your answer in the box below.

Guilford does have a financial and management system in place to ensure the reporting and project oversight will be done correctly and on time. The director and transportation supervisor will ensure all reporting are done.

- d. Has the source of local match been identified in a current budget or has it been approved by the agency's governing body in a future budget? What is the source of the match (e.g., agency reserves, capital replacement fund, municipal general fund, private partnership, etc.)? If the match is not from the applicant agency but another party, has that party committed the match in writing? Provide documentation of the commitment of local match from an outside party. Explain your answer in the box below.

The local match is county funds and it will be approved via the County Board of Commissioners.

- e. Further describe the matching funds, including amount and source of the match (agency reserves, capital replacement budget, municipal general fund, private partnership, etc). List each source individually. If the matching funds are not committed, identify their source and anticipated award date. [Add/Remove Lines as necessary – place the cursor in the bottom row then right click → "Insert" → "Insert Rows Below" to add more lines to the following table]

Source	Amount	Date awarded or available
County Funds		

- f. Were FTA funds awarded to this project in previous years? ☐ Yes ☐ No
- g. Describe the intended service area that will benefit from your proposed project. Include pertinent demographic information about the service area in your answer. It should be clear from your description where your project's target population lives in a small urban or rural area of North Carolina.

To have adequate, reliable and safe transportation for the citizens that are elderly and disabled to remain in their homes.



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*h. Estimate the annual number of unduplicated passengers who will be served or the number of one-way trips that will be provided from the proposed project.*

<i>Unduplicated Passengers</i>	5,000	<i>One-way trips</i>	50,000
<i>Fully Allocated Cost per Trip</i>	\$ 26.52		

*List items included in the fully allocated cost per trip?*

### **III-2. Project Readiness**

*a. Describe the project plan in detail and provide a timeline and milestones for the completion of the project. This description should completely describe what you want to accomplish and how you are going to accomplish it if you receive the requested funding. The applicant may wish to attach the following documents with the application but these documents are not required: maps, pictures, marketing plans, draft brochures, charts or graphs and/or route schedules that support the request for funding, demonstrate the need or illustrate the applicant's preparation. If the applicant is working in partnership with or coordinating with other agencies or organizations, letters of support from these agencies or organizations may be attached with the application. Your detailed answer should be one half to one whole page long.*

*b. Guilford County works hard to ensure that our transportation service is convenient and efficient for all our passengers. We operate a community transportation system that is available to the public as a shared ride system. Efficient operation of the system can only occur if caregivers, passengers, county staff and the county's contract providers work together as a team. Guilford County is dedicated to the delivery of quality, customer-oriented transit services.*

*c. The first phase of this project involves getting **awarded the request to replace the 7 Light Transit Vans by the end of December 2018 to put the vehicles in service to provide safe, efficient and reliable transportation to the citizens of Guilford County with the target population of elderly and disabled persons that are in need of transportation to attend doctor's appointment, employment and senior centers to be able to sustain their walk of life to remain in the home.***

*d. The end goal of this project is to improve all aspects of transportation for the citizens of Guilford County.*

*e. Describe the applicant's preparedness to manage the project.*

*Guilford County is already transporting citizens of Guilford to and from doctors, employment and senior services for the elderly and disabled population safely and efficiently. We are in need of newer vehicles to continue to transport in a safe and efficient way possible.*

### **III-3. Project Monitoring**



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- a. Describe the method that will be used to monitor and evaluate the success of this project. List the measurable indicators of success.

3 month vehicle inspection, use of the transit system SSPP to make sure vehicles are properly maintained for inspections and lift cycles are maintained per the manufacturer. Document all performance measurements.

- b. Describe how the project relates to any federal or other programs that the applicant operates and, if applicable, how the applicant plans to use these resources to leverage this project.

Guilford County is already transporting citizens of Guilford to and from doctors, employment and senior services for the elderly and disabled population safely and efficiently. We are in need of newer vehicles to continue to transport in a safe and efficient way possible.

- c. How will the applicant maintain any vehicles/capital after the grant period?

The transit system will maintain the vehicles by making sure the vehicle maintenance is done on time and documented in Asset work. Drivers are cleaning and maintaining the condition of the vehicles.

- d. What is the applicant's organizational mission? Explain how the project fits in with the other service the applicant already provides.

Driver and supervisor training, vehicle and passenger safety training

- e. Describe how the applicant will manage risk and provide for the safe delivery of services.

### III-4. Special Considerations

- a. Given this request is only for capital assistance, is your agency committed to operating the services associated with the proposed project over time? How? Provide an explanation in the box below.

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Guilford County is committed to provide the best quality in operating a safe and efficient means of transportation to the citizens of Guilford county.
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### Part IV: Budget Information



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Provide a general line-item budget for the total project, with enough detail to describe the various key components of the project. Since it is possible that projects may be partially funded, the budget should provide for the minimum amount necessary to fund specific project components of independent utility. [Add/Remove Lines as necessary using prior instructions]. **A detailed budget needs to be submitted via Partner Connect.**

<b><i>Project Stages with Independent Utility and Description</i></b>	<b><i>Federal Amount Requested</i></b>	<b><i>State Amount Requested</i></b>	<b><i>Local Share</i></b>	<b><i>Total Cost</i></b>
1.7 Replacement LTV				
2.				
3.				
4.				
<b><i>Project Totals</i></b>				

### **Capital Budgets**

All rural transportation systems will be eligible for capital assistance funds. A Capital Replacement Schedule is included in Appendix A of this document. **ASSETS THAT HAVE MET USEFUL LIFE WILL NOT AUTOMATICALLY BE REPLACED.** The Capital Replacement Schedule represents the minimum threshold for replacement consideration unless the applicant can document that a capital item has a history of mechanical failure, is un-repairable or that it is financially prohibitive to repair the item. ***Only transit systems with in-house maintenance shops may apply for replacement support vehicles.***

**Expansion Vehicles and Replacements** – For FY2018, expansion vehicles are not an eligible Capital expense.

**Other Capital, Advanced Technology and Baseline Technology** – Applicants should consult the Capital Replacement Schedule before requesting any replacements of Other Capital or Advanced/Baseline Technology. Appendix B lists the minimum specifications for technology items. **New Advanced Technology users** must have completed the Advanced Technology Pre-Application process with ITRE. Current Advanced Technology users may request to replace existing Advanced Technology items as necessary. **Any system requesting expansion vehicles should also request vehicle security and surveillance equipment and any other advanced technology items currently used.** The applicant must provide one (1) **retail estimate** per item if they request funding to replace or purchase Other Capital or Advanced/Baseline Technology. The estimate will determine the amount of funding recommended by the reviewer. Some Object Codes in the Other Capital and Baseline Technology budgets include the maximum cost in which PTD will participate. Requests for funding cannot exceed these amounts per



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item. The applicant is required to enter written justification in Section II for Advanced/Baseline Technology; Radio Equipment; and Telephone Equipment.



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## Appendix A CAPITAL REPLACEMENT SCHEDULE

**Note:** Assets that have met their useful life will *not* automatically be replaced. This schedule represents the minimum threshold for replacement consideration. Listed capital items are illustrative and not exhaustive.

**Effective 7/1/2012**

CATEGORY CAPITAL ITEMS	MINIMUM REQUIREMENTS	MINIMUM DOCUMENTATION REPI CONSIDERATION
<b>MAJOR FACILITY RENOVATIONS AND NEW CONSTRUCTION</b>	<b>40 years</b>	
<ul style="list-style-type: none"> <li>▪ Building Purchase</li> <li>▪ Facility Construction</li> </ul>		<b>Note:</b> Major Renovation involves the purchase of an existing building and complete refurbishing of the building. <b>Needs Assessment required.</b> P would be required.
<b>OFFICE FURNITURE</b>	<b>12 Years</b>	
<ul style="list-style-type: none"> <li>▪ Desk</li> <li>▪ Bookcase</li> <li>▪ File Cabinet</li> <li>▪ Chairs</li> <li>▪ Conference Table</li> <li>▪ Safe (Fireproof) (25 yrs.)</li> </ul>		<ul style="list-style-type: none"> <li>○ 1 retail estimate</li> <li>○ Description of need for replacement</li> </ul>
<b>OFFICE EQUIPMENT</b>	<b>5 Years</b>	
<ul style="list-style-type: none"> <li>▪ Fax Machine</li> <li>▪ Copier</li> <li>▪ Calculator</li> <li>▪ Etc.</li> </ul>		<ul style="list-style-type: none"> <li>○ 1 retail estimate</li> <li>○ Description of need for replacement</li> </ul>
<b>AUDIO VISUAL EQUIPMENT</b>	<b>10 Years</b>	
<ul style="list-style-type: none"> <li>▪ VCR/DVD</li> <li>▪ TV</li> <li>▪ Camcorder</li> <li>▪ Etc.</li> </ul>		<ul style="list-style-type: none"> <li>○ 1 retail estimate</li> <li>○ Description of need for replacement</li> </ul>
<b>BASELINE TECHNOLOGY</b>	<b>5 Years</b>	
<ul style="list-style-type: none"> <li>▪ Computer</li> <li>▪ Printer</li> <li>▪ Laptop (Includes Projector)*</li> <li>▪ Server</li> <li>▪ Scanner (6 yrs.)</li> </ul>		<ul style="list-style-type: none"> <li>○ 1 retail estimate</li> <li>○ Description of need for replacement in i project description</li> <li>* Will be considered if needed for present</li> </ul>
<b>SECURITY &amp; SURVEILLIANCE</b>	<b>7 Years</b>	
<ul style="list-style-type: none"> <li>▪ Video (facility and vehicles)</li> <li>▪ Cameras</li> <li>▪ DVR</li> <li>▪ Wireless unit</li> <li>▪ Antenna</li> </ul>		<ul style="list-style-type: none"> <li>○ 1 retail estimate</li> <li>○ Description of need for replacement</li> </ul>
<b>COMMUNICATIONS EQUIPMENT</b>	<b>6 Years</b>	
<ul style="list-style-type: none"> <li>▪ Radio units</li> <li>▪ Base Station</li> <li>▪ Cell phones</li> <li>▪ Antenna</li> <li>▪ Repeater</li> </ul>		<ul style="list-style-type: none"> <li>○ 1 retail estimate</li> <li>○ Description of need for replacement in i project description</li> </ul>
<b>MAINTENANCE EQUIPMENT &amp; FIXTURES</b>	<b>12 Years</b>	
<ul style="list-style-type: none"> <li>▪ Roller cabinets</li> <li>▪ Portable tool stands</li> <li>▪ Compressors- (5 yrs.)</li> <li>▪ Hoists- (10 yrs.)</li> <li>▪ Bus washers- (10-15 yrs.)</li> <li>▪ Diagnostic equip</li> <li>▪ Lift truck</li> <li>▪ Engine stands</li> <li>▪ Brake lathes</li> <li>▪ Etc.</li> </ul>		<ul style="list-style-type: none"> <li>○ Only Systems with in-house Maintenance eligible</li> <li>○ 1 retail estimate</li> </ul>
<b>SUPPORT VEHICLES</b>		
<ul style="list-style-type: none"> <li>▪ Trucks - Light Duty (under 12,500 lbs. g.v.w.)</li> </ul>	<b>7 Years</b>	<ul style="list-style-type: none"> <li>○ Only Systems with in-house maintenance eligible</li> <li>○ 1 retail estimate &amp; Justification for replacement</li> </ul>
<b>REVENUE VEHICLES</b>		
<b>Vans</b>		
<ul style="list-style-type: none"> <li>▪ Center Aisle Van (2010 or older)</li> <li>▪ Mini-Van</li> <li>▪ Conversion Van or Lift Van</li> </ul>	<b>115,000 miles</b>	<ul style="list-style-type: none"> <li>○ Updated PTMS</li> <li>○ Current VUD</li> <li>○ Once required fleet size has been determined the capital assessment process, vehicles designated for disposition and not be eligible for replacement.</li> </ul>
<b>Buses</b>		
Light Transit Vehicle (LTV) 20-28 ft. - body on cut-a-way chassis	<b>145,000 miles</b>	
17 Medium (Medium duty chassis) Over 28 ft. - body on truck chassis	<b>7 Years or 200,000 miles</b>	
Medium (Heavy Duty Chassis) 30-35 ft.	<b>10 Years or 350,000 miles</b>	
Large (Heavy Duty Chassis) 35-40 ft.	<b>12 years or 500,000 miles</b>	

Revised 06-23-17



Appendix B

**FY2018 Technology Specifications:**

*(to be used as guideline for minimum standards only)*

**Standards for Hardware, Software and Networking**

**These are MINIMUM standards only. NCDOT guidelines require that each computer last at least 5 years. If you plan on installing automated scheduling software or other technologies during the lifetime of the computer, please consult with the appropriate resource to determine minimum requirements.**

**Desktop**

<b>Operating System:</b>	Windows 7
<b>Processor:</b>	Intel I5-750
<b>Memory:</b>	4.0GB or higher
<b>Hard Drive (s):</b>	80G, partitioned so C: drive is for programs and D: drive is for data
<b>Software:</b>	Microsoft Office Professional 2010
<b>Video Card:</b>	GeForce GTS250 1GB/Radeon HD4850 512MB
<b>Network Card:</b>	100/1000 Mbps
<b>UPS Backup/Surge Protection:</b>	Multi-outlet AC Surge Protector with power supply backup (if necessary)
<b>Multimedia Devices:</b>	Pair of desktop speakers (if not included with monitor), Microphone, optional Camera
<b>Monitor:</b>	Any standard monitor capable of display in 1024x768 or greater. Purchase larger monitors if required by specific applications.
<b>Other Drives:</b>	CD/DVD ROM Drive
<b>Anti-Virus Software:</b>	Any industry standard anti-virus software
<b>Service Program:</b>	3-year warranty with on-site service

**Network**

<b>Configuration:</b>	100/1000 MB using switches (no hubs), TCP/IP Protocol
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**Server**

All server specifications are minimums only. Servers should be expandable to enable increases in memory, processors, hard drive, etc.

<b>Operating System:</b>	Microsoft Windows Server 2008
<b>Database Software:</b>	Microsoft SQL Server 2005 SP2 or 2008 Standard (if necessary)
<b>Network Card:</b>	(2) 100/1000 MB
<b>Processor Type:</b>	Intel Xenon 2.5Ghz or higher
<b>Memory:</b>	12 GB
<b>Hard Drive(s):</b>	300 GB
<b>Monitor:</b>	15" or larger
<b>Graphics Card:</b>	64MB or greater
<b>Other Drives:</b>	CD/DVD ROM
<b>Anti-Virus Software:</b>	Any industry standard anti-virus software
<b>Service Program:</b>	3-year warranty with on-site service