FY 2024

CALL FOR PROJECTS & GRANT APPLICATION

CHARLOTTE-MECKLENBURG
URBANIZED AREA'S

ENHANCED MOBILITY OF SENIORS AND INDIVIDUALS WITH DISABILITIES PROGRAM
(SECTION 5310)

RFP 269-2026-1928

AUGUST 22, 2025

I. INTRODUCTION & BACKGROUND

In July 2012, Congress authorized a new federal transportation bill, Moving Ahead for Progress in the 21st Century (MAP-21), which consolidated two transit programs under previous legislation (Section 5310: "Transportation for Elderly Persons and Persons with Disabilities" and Section 5317: "New Freedom Program") into a single: "Enhanced Mobility of Seniors and Individuals with Disabilities" (Section 5310). The purpose of this consolidated program is to provide funds for projects that serve the special needs of transit-dependent populations when traditional public transportation services are insufficient, unavailable, or inappropriate and programs that expand the transportation options beyond those required by the Americans with Disabilities Act (ADA).

Section 5310 Designated Recipient

The City of Charlotte is the Designated Recipient for Section 5310 funds allocated by formula for the Charlotte-Mecklenburg Urban Area (Char-Meck UA). The City's public transit department, the Charlotte Area Transit System (CATS), administers the program in accordance with federal law and regulations.

This Section 5310 funding application package includes information on funding availability, project eligibility, and the application timeline, among other items.

II. ELIGIBLE PROJECTS & SUBRECIPIENTS

To be eligible for 5310 funding, projects and services must be derived from or included in a locally developed coordinated human services transportation plan. Additionally, eligible Section 5310 projects must serve the urban area where the funds were apportioned (there is either an origin or destination located within the urban boundary). The "Coordinated Transit-Human Services Transportation Plan for the Charlotte Urban Area FY2022-FY2027" can be found at Charlotte Coordinated Human Services Plan

TRADITIONAL SECTION 5310 PROJECTS. Section 5310 requires that, of the funds apportioned to a designated recipient, no less then fifty-five percent (55%) of the funds must be available for public transportation capital projects that meet the special needs of seniors and individuals with disabilities when public transportation is insufficient, unavailable, or inappropriate (Traditional 5310 Projects).

It is not sufficient that seniors and individuals with disabilities are merely included (or assumed to be included) among the people who will benefit from the Project.

1. Eligible Subrecipients for Traditional 5310 Projects:

a) Private Non-Profit Organizations. Subrecipients qualifying as private non-profit organizations must provide a copy of their IRS Tax Identification Number Certificate and a copy of the charter and bylaws as filed with the North Carolina Secretary of State as proof of non-profit eligibility.

b) State or Local Governmental Authorities. According to 49 USC § 5302, this includes a political subdivision of the state, an Indian tribe, or a public corporation, board, or commission established under state law that is:

(i) Approved by the state to coordinate services for seniors and individuals with disabilities; or

(ii) Certifies that no nonprofit corporations or associations are readily available in an area to provide the service.

2. Examples of Traditional 5310 Projects.

- Purchase of rolling stock and other capital activities for paratransit service;
- Passenger facilities related to Section 5310-funded vehicles—purchase and installation of benches, shelters and other passenger amenities;
- Related activities and support facilities and equipment for Section 5310-funded vehicles—preventive maintenance, radios and communication equipment, wheelchair lifts and securement devices, computer hardware and software, ITS, dispatch systems, and fare collection systems;
- Lease of Equipment (if more cost-effective than purchase);
- Contracted services (capital and operating included);
- Support for mobility management and coordination programs among public transit providers and human service agencies; and
- Capital activities to support ADA-complementary paratransit service.

A. OTHER SECTION 5310 PROJECTS. Up to 45 percent (45%) of a designated recipient's annual apportionment may be utilized for public transportation projects that exceed the requirements of the ADA, that improve access to fixed route service and decrease reliance by individuals with disabilities on paratransit, or that provide an alternative to public transportation that assists seniors and individuals with disabilities with transportation.

1. Eligible Subrecipients for Other 5310 Projects include the eligible subrecipients for Traditional 5310 Projects above, as well as:

(i) **Private Operators of Public Transportation.** In order to receive 5310 Program funding, these recipients must be able to document that they are, and have been providing, shared-ride service (two or more passengers in the same vehicle who are otherwise not traveling together) to the public or to special categories of users on a regular basis.

2. Examples of Other Section 5310 Projects.

a) Public transportation projects that meet the special needs of seniors and individuals with disabilities when public transportation is insufficient, unavailable or inappropriate (capital only) (see examples above)

b) Public transportation projects that exceed the requirements of the ADA (capital and operating). Examples include:
   (i) Expansion of paratransit service area and/or hours;
   (ii) Cost for providing same day paratransit service;
   (iii) Enhanced paratransit service—providing escorts or assistance through door;
   (iv) Acquisition of vehicles or equipment to accommodate mobility aids that exceed ADA dimension and load standards;
   (v) Installation of additional securement locations in buses beyond what is required by the ADA; and
   (vi) Accessible feeder services.

c) Public transportation projects that improve access to fixed-route service and decrease reliance on paratransit by individuals with disabilities (capital and operating). Examples include:

(i) Accessibility improvements to transit and intermodal stations that are not key stations—accessible path to a bus stop; adding elevator, ramps, or detectable warnings; improving signage or wayfinding; technology improvements that enhance accessibility; and
(ii) Travel training.

d) Alternatives to public transportation that assist seniors and individuals with disabilities with transportation (capital and operating). Examples include:
(i) Purchasing vehicles to support accessible taxi, ride-sharing, or vanpooling programs—must meet regulatory requirements and permit the passenger to remain in his or her mobility device inside the vehicle;
(ii) Administration and expenses related to voucher programs offered by human service providers. Transit passes for use on existing fixed route or ADA paratransit service are not eligible; and
(iii) Volunteer driver and aide programs.

III. FUNDING REQUIREMENTS

A. SECTION 5310 PROGRAM LOCAL SHARE GUIDANCE

1. General. Section 5310 funds may be used to finance capital, operating expenses, and mobility management (MM) projects. The Federal share of eligible capital and MM costs for the Fiscal Year 2023 funds can be (80%) of the net cost of the activity, with local matching funds. The Federal share of the eligible operating costs can be (50%) of the net operating costs of the activity, with local matching funds.

The subrecipient is responsible for securing the local matching funds for their Section 5310 project and all of its local share must be provided from sources other than Federal United States Department of Transportation (USDOT) funds. Local share requirements are flexible to encourage coordination with other federal programs that may provide transportation, such as Health and Human Services or Medicaid. **Fare revenue or user fees generated by the service to be supported by the 5310 Program grant cannot be used as matching funds**. Examples of sources that may be used to meet any or the entire local share requirement include:

- State or local appropriations;
- Dedicated tax revenues;
- Private donations;
- Revenue from human service contracts;
- Net income generated from advertising and concessions;
- Income from contracts to provide human service transportation;
- Other non-USDOT Federal funds that are eligible to be expended for transportation including: employment training, community services, vocational rehabilitation services, and Temporary Assistance for Needy Families (TANF). Examples of other types of federal funding that may be available as a local match can be found at Federal Fund Braiding Guide

2. Soft Match. Non-cash shares such as donations, volunteer services, or in-kind contributions are eligible as long as the value of each is documented and supported, AND it is a cost that would otherwise be eligible under the 5310 Program. **Applicants that**

intend to use these sources are required to submit an in-kind valuation plan with their application for review and approval by the City.

In-kind Valuation Plan. In-kind contributions can only be used for operating and mobility management expenses. In-kind contributions are the value of non-cash contributions, received from a third party, for real property, equipment, and/or goods and services directly benefitting and specifically identifiable to the project.

In-kind contributions must be included as project costs, and the value of the services must be documented. If your organization intends to use in-kind contributions as a match, certain conditions apply. Those conditions are:

a) An In-kind Valuation Plan **MUST BE SUBMITTED AND APPROVED** in writing by the City prior to being used for the project.
b) Detailed documentation must be submitted that includes, but is not limited to:
(1) A statement from the person or organization providing the goods or services;
(2) The value of the goods or services; and.
(3) The goods or services must be necessary for the project.

IV. PROGRAM MEASURES AND REPORTING REQUIREMENTS

The Section 5310 Program has federally mandated reporting requirements. Subrecipients will be required to report on their project each time they make a claim for reimbursement from their funded grant. **Quarterly reports will be required regardless of financial activity**. Subrecipients will submit both quantitative and qualitative information on each of the following measures:

Traditional Section 5310 Projects

1. **Gaps in Service Filled**. Provision of transportation options that would not otherwise be available for seniors and individuals with disabilities measured in numbers of seniors and people with disabilities afforded mobility they would not have without program support as a result of traditional Section 5310 projects implemented in the current reporting year.
2. **Ridership**. Actual or estimated number of rides (as measured by one-way trips) provided at least quarterly for individuals with disabilities and seniors, and Section 5310-supported vehicles, and services as a result of traditional Section 5310 projects implemented in the current reporting year.

Other Section 5310 Projects

1. Increases or enhancements related to geographic coverage, service quality and/or service times that impact availability of transportation service for seniors and individuals with disabilities as a result of other Section 5310 projects implemented in the current reporting year.
2. Additions or changes to physical infrastructure (e.g. transportation facilities, sidewalks, etc.), technology and vehicles that impact availability of transportation services for seniors and individuals with disabilities as a result of other Section 5310 projects implemented in the current reporting year.

3. Actual or estimated number of rides (as measured by one-way trips) provided for seniors and individuals with disabilities as a result of other Section 5310 projects implemented in the current reporting year.

SECTION 1: APPLICANT INFORMATION

Field	Response
Legal Name (Agency)	Union County
Doing Business As (DBA) (if any)	
Address	1407 Airport Road
City, State, ZIP	Monroe, NC 28110
Federal Tax ID Number	56-6000345

Unique Entity Identifier (UEI)	LHMKBD4AGRJ5
Parent Agency UEI (if different)	N/A
Project Manager Name & Title	Theresa Torres
Telephone	704-283-3598
Email	Theresa.torres@unioncountync.gov
Project Service Area (County/Counties)	Union County
Organization Type (check one)	[ ] Local Government Authority [ ] Private Non-Profit Organization [X] Public Transportation Operator [ ] Private Operator of Public Transportation

SECTION 2: ORGANIZATIONAL OVERVIEW

1. **Mission Statement:** *Union County Transportation's (UCT) mission is to serve the residents of Union County and internal County business partners by providing reliable and efficient transportation services in a safe and cost-effective manner.*

2. **Services Currently Provided to Seniors/Individuals with Disabilities:**
UCT provides accessible transportation for seniors and individuals with disabilities, enabling them to maintain their independence, access essential services, pursue educational and employment opportunities, and fully engage in community life.

3. **Experience Managing Similar Projects:**

a. *Project 1: Section 5307 – Operating and Capital Funding*
In FY25, UCT provided over 32,133 passenger trips using Section 5307 funds. This support included both operating assistance and capital investments, helping to maintain and enhance service delivery.

b. *Project 2: HCCBG (Home and Community Care Block Grant)*
Through HCCBG funding, UCT completed 6,569 trips for adults aged 60 and older, supporting access to essential services and promoting independent living for seniors.

c. *Project 3: ROAP (Rural Operating Assistance Program)*
ROAP funding supported 14,219 trips for rural residents, including individuals traveling to work, to and from their homes, and those with disabilities or aged 60 and older. These trips are critical in addressing mobility needs in underserved rural areas.

4. **Staff and Resources Available for this Project:**
The UCT staff has overseen the 5310 grant since UCT first received funds in 2016. We have worked closely with the employees at CATS to ensure UCT meets all regulations. Tana Cromwell – Admin Professional is responsible for determining eligibility and record maintenance for all grant-funded passengers. Tana has managed this area of the grant since 2017. Beth Young, an Analytical Specialist, is responsible for utilizing our scheduling software's billing module to invoice agencies, verifying all driver manifests, and assisting with other functions of the grant. Beth has been managing 5310 funding since 2022.

SECTION 3: PROJECT NARRATIVE

Project Title	*Section 5310 – Enhancing On-Demand Transportation for Seniors and Individuals with Disabilities in Union County*
Project Type	*[ ] Traditional 5310 [X] Other 5310*

Total Funding Requested	*$435,878 Total Cost/ Federal $262,301/ Local $173,577*
Scope of Services	*This project will enhance transportation access for seniors and individuals with disabilities in Union County, using Section 5310 funds to support both vehicle acquisition and operating assistance. The goal is to reduce mobility barriers and improve quality of life by offering safe, reliable, and accessible transportation to essential destinations.* *Target Population* *Transportation services will be provided to:* • *Individuals aged 65 and older* • *Individuals of any age with a qualifying disability* *Services Provided* *The program will provide:* • *Curb-to-curb and door-to-door transportation* • *scheduled trips* • *Assistance with boarding and deboarding vehicles, if needed* *Trip purposes may include:* • *Medical appointments* • *Grocery shopping and pharmacy visits* • *Access to senior centers and adult day programs* • *Social services and government agency appointments* • *Community and recreational activities* *Vehicle Purchase* • *The project includes the purchase of one ADA-compliant, wheelchair-accessible van to expand current service capacity.* *All vehicles will meet federal and state safety standards and be operated and maintained in compliance with FTA and NCDOT guidelines.*

	Expected Outcomes • *Increased access to essential services for seniors and people with disabilities* • *Improved health and well-being through reduced missed appointments* • *Greater community engagement and reduced isolation* • *Efficient use of coordinated transportation resources across agencies*

Brief Project Description:
UCT is requesting Section 5310 funding to support both operating and capital expenses that improve transportation access for seniors and individuals with disabilities. Operational funds will be used to provide on-demand, curb-to-curb transportation for passengers aged 65 and older and for those with disabilities. These trips enable riders to access essential services, such as healthcare, grocery stores, social services, and other daily necessities, helping them maintain their independence and quality of life.

Capital funding will be used to purchase and install wheelchair safety arms in vehicles, improving rider safety and ensuring ADA compliance. A vehicle that is ADA-equipped, camera equipment, and installation of a radio. This investment will enhance the accessibility and reliability of our services for passengers who require mobility aids.

This project aligns with the goals of the 5310 programs by expanding access, increasing safety, and reducing transportation barriers for populations with the greatest need.

1. **Target Population:**
   Estimated number of seniors and/or individuals with disabilities served: *1,190*
   Total population with unmet transit needs in service area: *1,929, with no Vehicles*

2. **Demographics and Geography:**
   All areas of the County have and will continue to benefit from this project. Attached is a map showing the locations to be served by 5310 grant funds, including non-medical facilities to which we transport seniors age 65 and older or individuals with disabilities. We've also included additional maps illustrating workers without vehicles (noting that many seniors continue working past age 65), residents aged 65+ with disabilities, and

the total number of disabled persons in the County. The 50-to-64 age group is growing fastest—up 50.7%, which suggests our 65+ population will increase significantly in the coming years.

3. **Coordination and Partnerships:**

UCT partners with Anson County for our trips going into Charlotte. Several days of the week, we will meet Anson at a relay location. Our passengers will transfer to the Anson van, and Anson will take them to Charlotte for their appointment. This allows UCT vehicles to remain in the County, helping to assist more people.

4. **Timeline and Milestones:**
Please list key milestones and their anticipated dates.

Milestone Description	Anticipated Completion Date	Responsible Party
Capital Items	No more than 1 year after the contract is signed	Theresa Torres
Operational Funding	No more than 1 year after the contract is signed	Beth Young
Capital – Vehicle	No more than 1 year after the contract is signed, unless there is an issue ordering vehicles. This is hard to determine, as we are still awaiting a 2024 vehicle order.	Theresa Torres

5. **Sustainability Plan:**
At present, there is no local guarantee that this program will continue if 5310 funding ends. However, we proactively work to transition as many 5310-funded passengers as possible to alternative funding sources already in use in our system that serve the same populations. If the reduction or loss of 5310 funds occurs, we would prioritize and limit other funding programs to those trip types whose eligibility criteria align with 5310 services, ensuring that seniors and individuals with disabilities continue to access their essential appointments.

6. **Alignment with CPT-HSTP:**
According to our region's Coordinated Plan, if seniors are no longer able to drive, two-thirds will be left relying solely on on-demand or community transportation services. As our population ages, demand will only increase, placing greater pressure on

community transit providers. The same is true for individuals with disabilities—especially those who live outside of existing ADA paratransit or deviated fixed-route service areas—where transportation options are currently much more limited. Union County Transportation is the only public transit agency in the County equipped to serve both of these vulnerable groups. We are committed to working closely with county partners to expand capacity and ensure reliable access to transportation for our growing senior and disabled populations.

7. **Scalability***:*

If we receive only partial funding, the scope of what we can achieve will adjust accordingly. In particular:

Capital purchases depend on sufficient funding:
If we do not secure enough capital funding, we may not be able to purchase a vehicle.

Prioritization of core functions*:*

In case funding is limited, we will prioritize essential services first. For example, we may continue transportation for seniors and individuals with disabilities but defer non-urgent services or expansions until full funding is available.

SECTION 4: PERFORMANCE & EVALUATION

Indicator	**How Will It Be Measured**	**Frequency**
One-way trips provided	Dispatch/Trip logs	Quarterly
Denials or missed trips	Operations data	Quarterly
Customer satisfaction	Survey or feedback forms	Annually
Equipment or vehicle usage	Mileage logs or GPS data	Quarterly

Briefly describe how you will collect and track the above data.

Our system monitors key performance metrics, including the number of one-way trips provided, as well as any denials or missed trips, and tracks vehicle usage. When customers call

to schedule rides, we randomly select some to complete a satisfaction survey. The survey results are documented and available for sharing

Will your system allow for system-generated reporting (e.g., Excel, Trapeze, etc*.)?*

All reports that are generated by our scheduling software can be downloaded and saved to Excel.

SECTION 5: BUDGET SUMMARY

Capital/Operating/Mobility Management Budget Table (Example Template)

Use the example format below to break down your proposed budget by line item. You may add rows as needed to reflect your project costs. This is only a template.

Expense Category	Total Cost	Federal Share	Local Match	Match Type (Cash/In-Kind)	Notes/Description
Vehicle Purchase	$131,361	$105,088	$26,273	General Fund	Capital Purchase
Tablet & Arm	$1,000	$800	$200	General Fund	Needed for Vehicle
Safety Arms	$5,738	$4,590	$1,148	General Fund	Needed for Vehicle
Vehicle Wraps	$3,815	$3,052	$763	General Fund	Needed for Vehicle
Camera Purchase and Install	$2,964	$2,371	$593	General Fund	Needed for Vehicle
Vehicle Radio	$3000	$2,400	$600	General Fund	Needed for Vehicle
Trip Cost	$288,000	$144,000	$144,000	HCCBG	Operational Cost
TOTAL	$435,878	$262,301	$173,577		

Provide a detailed justification for each category (Limit: 500 words per category):

- Describe the costs included and why they are necessary.
- Explain how local match will be provided, including sources.
- If match is in-kind, attach a valuation method or documentation.
- Note any other grants or funding that complement this budget.

Vehicle and Equipment required for vehicles (Safety Arm, Vehicle Wrap, Cameras, Radio) - An additional public vehicle would significantly enhance our capacity to meet growing community needs.

Improved Access to Essential Services: *Many older adults and individuals with disabilities rely on public transit for non-emergency medical appointments, grocery shopping, pharmacy visits, and social engagement. An additional vehicle ensures more timely and consistent access to these critical destinations.*

Greater Independence and Quality of Life: *Reliable, accessible transportation empowers older adults and people with disabilities to live independently, remain active in their communities, and maintain social connections, all of which are vital for physical and mental well-being.*

This investment directly supports the health, dignity, and independence of some of our most vulnerable residents.

Trip Cost - This aligns with the goals of the FTA Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities Program, which aims to improve mobility and reduce transportation barriers for older adults and people with disabilities.

A portion of the grant funding will be used to support transportation services and travel costs, enabling these individuals to access critical services, programs, and community activities. This may include:

- *Accessible transportation to medical appointments, social service agencies, or senior centers*
- *Trips to grocery stores, pharmacies, and essential errands*
- *Transportation to community events or recreational programs that reduce isolation*

Many of our target participants live on fixed incomes and lack access to safe, reliable, or accessible transportation options. By providing funded travel support, we are ensuring independent living and improving overall quality of life.

All services will comply with the requirements of the Section 5310 program, including ADA accessibility standards, coordination with local transportation providers, and alignment with the CPT-HSTP.

The local match will be drawn from HCCBG for operating and the general fund for capital and will be included in the adopted budget for fiscal year 2027.

SECTION 6: REQUIRED ATTACHMENTS CHECKLIST

Please confirm the following are included:

1. **Title VI Plan** – Your agency's current nondiscrimination policy.
2. **Organizational Chart** – Include all departments and the location of the proposed project within the structure.
3. **Key Personnel Resumes** – Include resumes for individuals directly managing the proposed project.
4. **Lobbying Certification** – Certification that no federal funds will be used for lobbying purposes.
5. **Debarment Certification** – Certification that the bidder, contractor, or subcontractor, as appropriate, certifies to the best of its knowledge and belief that neither it nor any of its officers, directors, or managers who will be working under the Contract, are certified to do so.
6. **Conflict of Interest Statement** – Statement disclosing any potential or actual conflicts.
7. **Disclosure Form for Lobbying** – Required only if lobbying activities are occurring.
8. **Local Share Certification Form** – Signed form documenting the sources and amounts of non-federal match.
9. **Project Milestone Table** – A completed table outlining key milestones with dates and responsible parties.
10. **Vehicle Inventory or Capital Asset List (if applicable)** – Include if applying for capital funds, or if your agency owns 5310-funded assets.

SECTION 7: SYNOPSIS (EXECUTIVE SUMMARY)

Complete this last and limit to one page.

1. What is the title of your project?

   Section 5310 – Enhancing On-Demand Transportation for Seniors and Individuals with Disabilities in Union County

2. How much money are you requesting and how will it be used?

   $435,878 Total Cost/ Federal $262,301/ Local $173,577 for capital and operational expenses.

3. What is the main deliverable?

   The primary deliverable is the provision of coordinated and accessible transportation solutions, including vehicles and operational support, specifically designed to serve seniors and individuals with disabilities. These services aim to improve mobility, reduce isolation, and increase access to healthcare, employment, and other community resources.

4. How will the project be sustained?

   UCT will sustain future 5310 projects by ensuring that all awarded funds are utilized effectively and within designated timeframes. To date, UCT has successfully expended all previously awarded 5310 grant funds, demonstrating strong fiscal management and commitment to program compliance.

5. Is the project scalable?

   Yes, our project is scalable. Service levels can be adjusted based on the amount of funding received. With full funding, we can fully implement our service plan, expand trip availability, and accommodate new client registrations without delay. If awarded a reduced amount, we can scale the project accordingly by prioritizing the most critical trips and adjusting scheduling. Our operational structure, flexible routing, and experienced staff allow us to expand service levels efficiently based on available resources.

6. How would the project change if less funding is awarded?

   While receiving less than the full requested amount would still be helpful, it would create a funding shortfall. The amount requested is essential to provide critical transportation services for seniors and individuals with disabilities. As our fleet expands to meet increasing demand, we will be able to complete more trips and serve more

passengers. However, if awarded less funding, we may need to reduce the number of trips provided under this grant. This could result in delays for new client registrations and potentially reinstate a wait list, something we have previously eliminated with previous 5310 support.

7. Include your top 3–5 milestones or tasks with dates.

   Grant Award Notification – Spring 2027: Receive Official award notice and begin internal planning.

   Vehicle Procurement – Summer 2027: Submit purchase order and coordinate with approved vendors for vehicle acquisition, following all FTA and state procurement guidelines.

   Vehicle delivery and Inspection – Winter 2027: Receive and inspect vehicles to ensure compliance with ADA and safety standards.

Submit completed applications electronically by **October 31, 2025, at 2:00 PM** to:
Beverly Hovis – Department of Contracting & Procurement
Beverly.Hovis@charlottenc.gov

Early submittals are encouraged. Incomplete applications will not be reviewed.

A. APPLICANT CONTACTS

Provide the name, title, address, phone/fax number, and e-mail for the following key contact people for the Project:

1. Executive Director/Chairman of the Board – Brian Matthews County Manager/Authorized Official brian.matthews@unioncountync.gov 500 N. Main St. 9th Floor Monroe, NC 28110

2. Administrative Contact (person responsible for grant administration) Theresa Torres, Director theresa.torres@unioncountync.gov 1407 Airport Road, Monroe, NC 28110 704-283-3598 (P) 704-283-3551 (F)

3. Operations Contact (person responsible for operational issues) Brandon Earp, Human Service Supervisor brandon.earp@unioncountync.gov 1407Airport Road, Monroe, NC 28110 704-292-2597

4. Procurement Contact (person responsible for procuring assets and preparing bid packages) Vicky Watts, Senior Procurement Specialist vicky.watts@unioncountync.gov 500 N. M 500 N. Main St. Suite 709 Monroe, NC 28110 704-2283-3601

5. Financial Contact (person responsible for billing, accounting, closeouts, reimbursement requests) Laura Gardner Human Service Supervisor Fiscal Compliance laura.gardner@unioncountync.gov 1407Airport Road, Monroe, NC 28110 704-292-2566

6. Audits Contact (responsible for annual audits) Beth Young, Analytical Specialist, Theresa Torres, Director, Laura Gardner Human Service Supervisor Fiscal Compliance 1407 Airport Road, Monroe, NC 28110

7. Legal Counsel Carolyn Mayor, Senior Staff Attorney carolyn.mayer@unioncountync.gov 500 N. Main Street, Monroe, NC 28110 704-283-3772

8. EEO Representatives – An Applicant's Chief Executive Officer (CEO) should designate an EEO Officer and adequate staff to administer the EEO program. The EEO Officer should be an executive and should report directly to the CEO. Care should be taken to avoid conflicts when assigning responsibility for administering the EEO program as a collateral duty assignment, e.g., a personnel officer may have a conflict of interest.
   Brian Matthews County Manager/Authorized Official brian.matthews@unioncountync.gov 500 N. Main St. 9th Floor Monroe, NC 28110 704-292-2597

9. DBE Representative
   Laura Gardner Human Service Supervisor Fiscal Compliance laura.gardner@unioncountync.gov 1407Airport Road, Monroe, NC 28110 704-292-2566

10. ADA Representative Matt Smith Safety Officer matthew.smith@unioncountync.gov 1407 Airport Road Monroe, NC 28110 704-292-2511

11. Title VI Representative Theresa Torres, Director theresa.torres@unioncountync.gov 1407Airport Road, Monroe, NC 28110 704-283-3598 (P) 704-283-3551 (F)

B. DOCUMENTS AND RECORDKEEPING

Indicate where the following program records will be retained and provide the name of the individual responsible for maintaining documents.

Document	Location	Name and Title of Responsible Individual
Contract w/ City	*Union County Procurement*	*Vicky Watts, Senior Procurement Specialist*
Contract w/ Service Provider	*N/A*	*N/A*
Civil Rights Records (EEO, Title VI, ADA)	*Union County Transportation*	*Theresa Torres Director*
Financial Records	*Union County Transportation*	*Laura Gardner, HS Supervisor, Fiscal and Compliance*
Procurement and Bid Documents (Including RFPs)	*Union County Procurement*	*Vicky Watts, Senior Procurement Specialist*
Certificates and Assurances	*Union County Transportation*	*Theresa Torres, Director*
Others (List)	*N/A*	*N/A*
Capital Projects		
Vehicle Records	*Union County Fleet*	*Amanda Joyner*
Non-Vehicle Records		
Transportation Service Projects		
Driver Manifests	*Union County Transportation*	*Beth Young, Analytical Specialist*

Daily Pre-Trip Forms	*Union County Transportation*	*Beth Young, Analytical Specialist*
Maintenance Records	*Union County Fleet*	*Amanda Joyner, Office Manager*
Drug and Alcohol Records	*Union County Transportation*	*Matthew Smith, Safety Officer*
Ridership Records	*Union County Transportation*	*Tana Cromwell, Admin Professional II*

C. PROJECT PERSONNEL

1. **List all positions, names, titles and the number of positions, which will be charged to this grant during the grant period**. Next to each position indicate the percentage of the position/individual salary that will be charged to the grant.

2. For positions that will only be PARTIALLY charged to this grant, describe how the estimated percentage of the salary to be charged to the grant was derived. If percentage of time to be charged to grant is estimated, describe what auditable mechanism(s) will be used to verify the actual time that an individual spends on grant related activities.

3. Are all individuals listed in item 1 above currently working in their job titles? If not, explain what the differences are between their current positions and the position that will be charged to the grant and why they are not working in their grant positions.

4. Attach to this exhibit an official organizational chart showing the reporting/supervisory relationships of each of the positions listed above.

D. THIRD PARTY CONTRACTING

If an applicant is planning to purchase any goods or capital assets from a third party, it must follow the applicable competitive process required by the FTA. If the applicant is planning to contract out service under this grant, then the applicant must list all proposed service to be contracted out (i.e., transportation services, computer routed services, dispatching, auditing, drug and alcohol testing, legal, marketing, maintenance) to a third party. All bids/RFP/contract awards must have prior CATS review and approval**. A price/cost analysis must be done by the applicant prior to request. See FTA Third Party Contracting Guidelines Circular FTA C 4220.1F.**

Bid/RFP/State Contract	Name/Type of Asset/Service	Timeframe	Estimated Cost/Budget
54-SG-05062022	*Palmetto Bus/22' LTV*	*Unknown*	*$131,361*
Under $10,000	*Grant Services/Wheelchair Safety Arm*	*Within the grant POP*	*$5,738*
Under $10,000	*Industrial Sign Graphics/Vehicle Warp*	*Within the grant POP*	*$3,815*
Under $10,000	*Seon & The Solution Store /Camera purchase and Install*	*Within the grant POP*	*$2,964*
Under $10,000	*Motorola/ Van Radio*	*Within the grant POP*	*$3,000*
Under $10,000	*Tablet & Arm*	*Within the grant Pop*	*$1,000*

E. SECTION 5310 TITLE VI PROGRAM REPORT

Legal Name of Applicant: _____

(Complete either Part A or Part B)

Part A – No complaints or Lawsuits Filed

I certify that to the best of my knowledge, **No complaints or lawsuits** alleging discrimination have been filed against *(Union County Transportation)* during the period July 1, 2024 through June 30, 2025.

10/20/25

Signature of Authorized Official **Date**

Brian W. Matthews

Type Name and Title of Authorized Official

Part B – Complaints or Lawsuits Filed

I certify that to the best of my knowledge, the below described complaints or lawsuits alleging discrimination have been filed against *(Transit System Name)* _____ during the period July 1, 2024 through June 30, 2025.

Complainant Name/Address/Telephone Number	Date	Description	Status/Outcome

(Attach an additional page if required.)

Signature of Authorized Official **Date**

Name and Title of Authorized Official

Please provide a copy of your current Title VI Plan with your Application.

F. SECTION 5310 LOCAL SHARE CERTIFICATION FOR FUNDING

(This form is required for **EACH** separate funding request)

Union County

(Legal Name of Applicant)

Local matching funds are required for application submittals for Fiscal Year 2024. Please list all anticipated Capital and Operating Local matching funds below.

The local match must be provided from sources other than federal Department of Transportation funds. Guidance is provided in Article III above about eligible sources of matching funds. Applicants are responsible for verifying the eligibility of non-USDOT federal funds the applicant proposes to use as their local match.

Requested Funding Amounts

	Net Project Cost	Local Share	Local Source(s)
Capital (Vehicles & Other)	**$ 147,878**	**$ 29,577 (20% of net)**	1. General Fund 2. _____ 3. _____
Operating	**$288,000**	**$ 144,000 (50% of net)**	1. HCCBG 2. _____ 3. _____
TOTAL	**$ 435,878**	**$ 173,577**	

I, the undersigned representing *Union County,* do hereby certify to the City of Charlotte, that the required local funds will be available as of **July 1, 2026.**

_____
Signature of Authorized Official

Brian W. Matthews
Name and Title of Authorized Official

10/20/25
Date

G. LOBBYING CERTIFICATION

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence a member of the Metropolitan Transit Commission, Charlotte City Council, officer or employee of the Charlotte Area Transit System, or any elected, appointed, or employed official or employee of the State of North Carolina, member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any Federal Contract, or the amendment or modification of any Federal Contract.

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence a member of the Metropolitan Transit Commission, Charlotte City Council, officer or employee of the Charlotte Area Transit System, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this Federal Contract, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions.

3. The undersigned shall require that the language of this certification be included in the award of all subcontracts anticipated to be of a value of one hundred thousand dollars ($100,000.00) or more and that all subcontractors shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. §1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than ten thousand dollars ($10,000.00) and not more than one hundred thousand dollars ($100,000.00) for each such failure.

Signature:_____ Date:_____

Title: County Manager Telephone No. (704) 292-2597

Firm or Corporate Name: Union County

Address: 500 N. Main Street, Monroe, NC 28112

DISCLOSURE FORM TO REPORT LOBBYING

DISCLOSURE OF LOBBYING ACTIVITIES Complete this form to disclose lobbying activities pursuant to 31 U.S.C. §1352 (See below for public burden disclosure)	Approved by OMB 0348-0046

1. Type of Federal Action: [ ] a. Contract b. Grant c. Cooperative agreement d. Loan e. Loan guarantee f. Loan insurance	**2. Status of Federal Action:** [ ] a. Bid/offer/application b. Initial award c. Post-award	**3. Report Type:** [ ] a. Initial filing b. Material change **For Material Change Only:** year_____ quarter date of last report

4. Name and Address of Reporting Entity: [ ] Prime [ ] Subawardee Tier_____, if known: Congressional District, *if known*:	5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime: Congressional District, *if known*:
6. Federal Department/Agency:	**7. Federal Program Name/Description:** CFDA Number *if applicable:*
8. Federal Action Number, *if known*:	**9. Award Amount,** *if known:*
10. a. Name and address of Lobbying Entity *(if individual, last name, first name, MI):*	**b. Individuals Performing Services** *(including address if different from No. 10a)* *(last name, first name, MI):*

(attach Continuation Sheet(s) SF-LLL-A, if necessary)

11. Amount of Payment *(check all that apply):* $_____ [ ] actual [ ] planned	**13. Type of Payment** *(check all that apply):* [ ] a. retainer [ ] b. one-time fee [ ] c. commission [ ] d. contingent fee [ ] e. deferred [ ] f. other; specify:
12. Form of Payment *(check all that apply):* [ ] a. cash [ ] b. in-kind; specify: nature_____ value	

14. Brief Description of Services Performed or to be Performed and Date(s) of service, including officer(s), employee(s), or Members contacted, for Payment Indicated in Item 11:

(attach Continuation Sheet(s) SF-LLL-A, if necessary)

15. Continuation Sheet(s) SF-LLL-A attached: [ ] Yes [ ] No

16. Information requested through this form is authorized by 31 U.S.C. §1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. §1352. This information will be reported to the Congress semiannually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000.00 and not more than $100,000.00 for each such failure.	Signature: Print Name: Brian W. Matthews Title: County Manager Telephone No.: (704) 292-2597 Date: 10/20/25
Federal Use Only:	Authorized for Local Reproduction Standard Form-LLL

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal Action, or a material change to a previous filling, pursuant to the 31 U.S.C. §1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence and officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is an/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or sub award recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and Contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loan, and loan commitments.
8. Enter the most appropriate Federal Identifying number available for the Federal action identified in Item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the Contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
    a. Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.
    b. Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name, and Middle Initial (MI).
10. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (Item 10). Indicate whether the payment has been made (actual) or will be made (pleased). Check all boxes that apply. If this is a material change report, enter the cumulated amount of payment made or planned to be made.

11. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
12. Check the appropriate box(es) that apply. If other, specify nature.
13. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
14. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
15. The certifying officer shall sign and date the form, print his/her name, title, and telephone number.

H. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS

The bidder, contractor, or subcontractor, as appropriate, certifies to the best of its knowledge and belief that neither it nor any of its officers, directors, or managers who will be working under the Contract, or persons or entities holding a greater than (ten percent) 10% equity interest in it (collectively "Principals"):

1. Are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal or state department or agency in the United States;
2. Have within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state anti-trust or procurement statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
3. Are presently indicted for or otherwise criminally or civilly charged by a government entity, (federal, state or local) with commission of any of the offenses enumerated in paragraph 2 of this certification; and
4. Have within a three-year period preceding this application/proposal had one or more public transactions (federal, state or local) terminated for cause or default.

I understand that a false statement on this certification may be grounds for rejection of this proposal or termination of the award or in some instances, criminal prosecution.

☐ **I hereby certify as stated above:**

(Print Name)	Signature
County Manager	10/20/25
Title	Date

☐ **I am unable to certify to one or more the above statements. Attached is my explanation. [Check box if applicable]**

(Print Name)	Signature

I. CONFLICT OF INTEREST

Except as may be identified and explained below, the undersigned hereby certifies that, no member of the Charlotte City Council, Mecklenburg Board of County Commissioners, Metropolitan Transit Commission, officer, employee, or former employee of the City, AND

no elected, appointed, or employed official or employee of the State of North Carolina or of a governing body, instrumentality, or political subdivision within the territory comprising Mecklenburg County, AND

no relative of persons described above, AND

no member of or delegate to the Congress of the United States

has an interest whatsoever (regardless of how indirect and how remote that interest may be) in the Bidder's organization and/or in the proceeds of any contract and/or agreement which might be made between the Bidder and the City as result of the successful bid/proposal accompanied by this certification; no person who is or who during the past twelve (12) months has been a member of the Charlotte City Council, Mecklenburg Board of County Commissioners, Metropolitan Transit Commission, an officer or employee of the City is employed by or on behalf of the Bidder's organization; and that until acceptance of all work or services to be performed under any resulting contract or agreement, the Bidder shall not enter into any contract involving services or property, whether or not related to the performance of any resulting contract or agreement, with any of the aforementioned persons or with any business in which any such person has an interest, direct or indirect.

Except as identified and explained below and with City's prior approval the Bidder shall not engage in any activity, or accept any employment, interest or contribution that would create an appearance of a conflict of interest (personal or organizational) or reasonably appear to compromise the Bidder's judgment with respect to all work or services to be performed under any resulting contract or agreement.

_____
_____
_____
_____
_____
_____

The undersigned certifies that he is legally authorized by the Bidder to make the above representation, and that the representation is true to the best of his knowledge and belief and without deliberate omission of any inquiry which would to the best of his belief tend to change the above representation. The undersigned understands that any representation made knowing it to be false may be cause to disqualify the Bidder from competing for award for the contract at hand, may be cause to terminate the resulting contract and disqualify the Bidder from being awarded future contracts by the City.

The Bidder certifies that neither he nor any agent, representative, or other party acting on his behalf has offered or given any gratuity or gratuities, in the form of gifts, entertainment, or otherwise, to any director, officer, or employee of the City or of any person, firm, consultant or contractor retained by the City, with a view to securing the contract or of securing favorable treatment with respect to the award hereof, and the Bidder further certifies that neither he nor any agent, representative, or other party acting on his behalf will offer or give any such gratuity to any director, officer, or employee of the City or of any such consultant or contractor with a view to securing favorable treatment with respect to any change or amendment to the contract, or to any other action with respect to the performance hereof.

The Bidder further understands that in addition to submitting this certification at the time of bid/proposal submission to the City, the Bidder shall also be required to submit a similar certification at the time of execution of any resulting contract.

NOTE: THIS CERTIFICATION MUST BE SIGNED AND SUBMITTED WITH THE BID/PROPOSAL

Signature: _____

Title: County Manager Date of Signing: 10/20/25

Firm or Corporate Name: Union County

Address: 500 N. Main Street, Monroe, NC 28112

Telephone Number: (704)-292-2597

J. CHECKLIST FOR SUBMITTING PROPOSAL

Step 1 – Read the document fully

Step 2 Proposal Copies

- An electronic Application to be delivered, to Department of Contracting & Procurement, Attention: Beverly Hovis at beverly.hovis@charlottenc.gov.

It is the Subrecipient's responsibility to check the City's Contract Opportunities Site for any addenda or changes to this Project. Search for 5310 FY24 Call for Projects Grant Application to find any documents or changes have been posted.