



Messages and Communications: Notice of Grant Application - Guam Regional Transit Authority

1 message

Speaker Won Pat <speaker@judiwonpat.com>

Tue, Sep 10, 2013 at 11:46 AM

To: Guam Legislature Clerks Office <clerks@guamlegislature.org>

9/9/2013 9/10/2013

Guam State Clearinghouse

Federal Grant application from the Guam Regional Transit Authority 32-13-769

32-13-769
Speaker

----- Forwarded message -----

From: **Speaker Won Pat** <speaker@judiwonpat.com>

Date: Tue, Sep 10, 2013 at 11:44 AM

Subject: Fwd: Notice of Grant Application - Guam Regional Transit Authority

To: Guam Legislature Clerks Office <clerks@guamlegislature.org>

9.10.13
11:44 AM
Received

9/9/2013 9/10/2013

Guam State Clearinghouse

Federal Grant application from the Guam Regional Transit Authority 32-13-769

----- Forwarded message -----

From: **Austin Duenas** <austin.duenas@guam.gov>

Date: Tue, Sep 10, 2013 at 11:36 AM

Subject: Notice of Grant Application - Guam Regional Transit Authority

To: Judith Won Pat <speaker@judiwonpat.com>

2013 SEP 10 AM 11:54
JWB

Hafa Adai,

The Guam State Clearinghouse has received a federal grant application from the Guam Regional Transit Authority, with designated SAI No. 99709131072Y for intergovernmental review. Attached is their application and notification letter.

Thank you

AUSTIN J. DUENAS

Grant Specialist · Guam State Clearinghouse
OFFICE OF THE LIEUTENANT GOVERNOR
P.O.Box 2950 Hagåtña, Guam 96932
[W] (671) 475-9384
[F] (671) 472-2007
austin.duenas@guam.gov

Ufisinan I Etmás Ge'helo'Gi Liheslaturan Guåhan
Office of Speaker Judith T. Won Pat Ed.D.
Kumiten Idukasion yan Laibirihan Publeko
Committee on Education and Public Libraries & Women's Affairs

769

Tel: (671) 472-3586 Fax: (671) 472-3589
www.guamlegislature.com / speaker@judiwonpat.com

—
Ufisinan I Etmås Ge'helo'Gi Liheslaturan Guåhan
Office of Speaker Judith T. Won Pat Ed.D.
Kumiten Idukasion yan Laibirihan Publeko
Committee on Education and Public Libraries & Women's Affairs

155 Hesler Place, Suite 201, Hagatna, Guam 96910
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2 attachments

 **99709131072Y GRTA - Consolidated Grant Application.pdf**
1610K

 **99709131072Y Notice Speaker.pdf**
264K



GUAM STATE CLEARINGHOUSE

P.O. Box 2950 Hagåtña, Guam 96932

Tel: (671) 475-9380

Website: www.gsc.guam.gov

Email: clearinghouse@guam.gov

EDDIE BAZA CALVO

I Maga'låhen Guahan

RAYMOND S. TENORIO

I Segundu Na Maga'låhen Guahan

Kate G. Baltazar

Administrator

September 10, 2013

Honorable Judith T. Won Pat, Ed.D.

Speaker

I Mina'Trentai Dos Na Liheslaturan Guåhan

155 Hesler Place

Hagåtña, Guåhan 96910

Ref: Guam Regional Transit Authority federal grant application submitted for intergovernmental review

Hafa Adai Speaker Won Pat:

This communication is to respectfully notify you the Guam State Clearinghouse (GSC) has received a federal grant application from the *Guam Regional Transit Authority*. The GSC has accepted the application, assigned State Application Identifier (SAI) number 99709131072Y, and has initiated the process for intergovernmental review. Information on the application is provided below:

CFDA Number: 20.509, 20.513, 20.526

Grantor: US Department of Transportation, Federal Transit Administration

Grant Title: Formula Grants for Other than Urbanized Areas, Capital Assistance Program for Elderly Persons & Persons with Disabilities, and Capital Assistance for Bus and Bus Related Facilities

Details: The funds from this grant will be used to pay for the operational expenses of the paratransit service and remaining funds will be used for state or program administration as well as to procure two (2) new 30 feet long ADA accessible transit buses.

Start Date: 05/13/2013

End Date: 11/30/2015

Federal Amount: \$1,560,370.00

Deadline for comments is **September 25, 2013** and can be sent via email to clearinghouse@guam.gov. This is in an effort to reduce costs associated with the review process while maintaining efficiency. This notice is sent to you as part of the intergovernmental review of this application and may be referred to the appropriate overseeing committee of *I Liheslaturan Guåhan*. The GSC point of contact designated for this application is Austin J. Duenas and can be contacted via e-mail at austin.duenas@guam.gov. Please convey any instruction to GSC that may be incorporated in the review of this application.

Dångkolo Na Si Yu'os Ma'åse'

Roe-Ann M. Cruz

Acting Administrator

CC: File



GUAM REGIONAL TRANSIT AUTHORITY
Government of Guam

Eddie B. Calvo, Governor
Raymond S. Tenorio, Lt. Governor
Rudy PL Cabana, Interim Executive Manager

P.O. Box 2896
Hagatna, Guam 96932

Phone: (671) 475-4686 or 475-4616
Fax: (671) 475-4600



September 9, 2013



**GUAM STATE
CLEARINGHOUSE**

SEP 09 2013^{AD}
3:25 PM

Notice: Receipt of this document
"DOES NOT" imply that
all submission requirements
have been met.

MEMORANDUM

To: Kate G. Baltazar, Administrator of Guam State Clearinghouse


From: Rudy P. L. Cabana, Interim Executive Manager of Guam Regional Transit Authority

Subject: FY 2013 Consolidated Federal Grant Application GU-18-X029-00: Section 5310 (Elderly and Persons with Disabilities Program), Section 5311 (Non-Urbanized Area Formula Program), Section 5311(b) (3) (Rural transit Assistance Program (RTAP)) including Section 5339 (Bus and Bus Facilities Formula Grants)

Buenas yan Hafa Adai! The Federal Transit Administration (FTA) Circular 9040.1F, Chapter III-5, Section 1e, and 48 U.S.C., Section 1469 (a) allow Guam Regional Transit Authority (GRTA) to consolidate all of our continuing grant programs. Accordingly, GRTA is requesting to FTA to consolidate our Sections 5310, 5311, 5311(b) (3) to Section 5311 grant program. Moreover, included to this grant application is Section 5339 - Bus and Bus Facilities Formula Grants.

Submitted for your review and approval are the following: completed Guam State Clearinghouse Grant Project Application/Notification of Intent to Apply for Federal Assistance, Standard Form 424 - Application for Federal Assistance, Standard Form 424A - Budget Information-Non-Construction Programs, Standard Form 424B - Assurances-Non-Construction Programs. Also attached is GRTA's continuing grant application for federal assistance submitted, awarded, and executed in FTA's TEAM-Web system.

Should you have any questions or concerns regarding this submission, please do not hesitate to contact, Mr. Rally M. Pilipina, GRTA's Program Coordinator IV-Federal Grants Administrator, at 475-4620 or e-mail at rally.pilipina@grta.guam.gov.


RUDY P. L. CABANA
Interim Executive Manager

Attachments



GUAM STATE CLEARINGHOUSE

P.O. Box 2950 Hagåtña, Guam 96932

Tel: (671) 475-9380

Website: www.guamclearinghouse.com

Email: clearinghouse@guam.gov

EDWARD J.B. CALVO

I Maga'låhen Guahan

RAYMOND S. TENORIO

I Segundu Na Maga'låhen Guahan

Grant Project Application Notice of Intent to Apply for Federal Assistance GSC FORM REVISED 03/21/2012

Guam State Clearinghouse Use Only

Date Received: September 9, 2013

Received By: Austin J. Duenas

SAI Number: 997091310787

Type of Application New Grant* Continuing Grant** Supplemental Grant** Other*

A.) DUNS Number 855025297

B.) Date 9/9/2013

C.) Applicant/Department Name Guam Regional Transit Authority

D.) Division Not Applicable

E.) Applicant Address P.O. Box 2896, Hagatna, Guam 96932

F.) Applicant/Department Point of Contact Information

Contact Person Name Rally M. Pilipina

Phone Number (671) 475-4620

E-mail Address rally.pilipina@grta.guam.gov

G.) Due Date to Federal Agency 9/30/2013

H.) Federal Funds

a.) Grant \$1,560,370.00

b.) Other \$0.00

I.) Non-Federal, Matching Funds

a.) Local \$0.00

b.) In-Kind \$0.00

c.) Other \$0.00

J.) TOTAL FUNDS \$1,560,370.00

K.) CFDA/Federal Program Name Catalog No. 20.509 Formula Grants for Other than Urbanized by 49 USC 5311, and Catalog No. 20

L.) Federal Agency Name U.S. Department of Transportation, Federal Transit Administration

M.) Federal Agency Address Region IX, 201 Mission Street, Suite 1605, San Francisco, California 94105-1839

N.) For Continuing or Supplemental Grants, Please provide the following information:

a.) Initial Grant Period
b.) Guam State Clearinghouse SAI Number
c.) Grant Year This Application Impacts

O.) Has the Federal Funding Agency been notified? YES NO

P.) During which Fiscal Year will this program be implemented?

Q.) If the project requires local funding in addition to the federal funding requested, please specifically identify source and rationale:

R.) This program is: Budgeted - Please identify legal budget authority
 Non- Budgeted

S.) Will this program require the hiring of additional employees? Is YES, please provide the number of employees (both existing and new) and justification. YES - Existing New NO

T.) List Departments and Agencies that would be affected directly or indirectly by this application

U.) Please provide a Project Summary with supporting documents if needed.

V.) Please answer the following:

a.) Does this application require an Environmental Impact Study?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
b.) Will this application conflict with any existing law?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
c.) Is enabling legislation required?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
d.) Will the program require a maintenance of effort?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
e.) Are in-kind services allowed for this program?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
f.) Does this program allow an indirect cost rate to be applied?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

SUBMITTED AND APPROVED BY:

Printed Name, Position/Title of Authorized Representative

SIGNATURE

Date

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

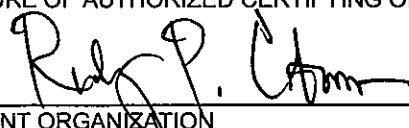
PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	TITLE Interim Executive Manager	
APPLICANT ORGANIZATION Guam Regional Transit Authority		DATE SUBMITTED 9/9/2013

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		*2. Type of Application <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision *If Revision, select appropriate letter(s): * Other (Specify)
*3. Date Received:		4. Application Identifier:
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:
State Use Only:		
6. Date Received by State:		7. State Application Identifier:
8. APPLICANT INFORMATION:		
* a. Legal Name: Guam Regional Transit Authority		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 66-0747791		*c. Organizational DUNS: 855025297
d. Address:		
*Street1: P.O Box 2896 Street 2: *City: Haqatna County: *State: Guam Province: Country: *Zip/ Postal Code: 96932-2896		
e. Organizational Unit:		
Department Name: Guam Regional Transit Authority		Division Name: Not Applicable
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr. Nfld le N a n n r *Last Name: Pilipina Suffix:		First Name: Rally
Title: Transportation Program Coordinator IV-Federal Grants Administrator		
Organizational Affiliation:		
*Telephone Number: (671) 475-4620		Fax Number: (671) 475-4600
*Email: rally.pilipina@grta.guam.gu		

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: F. U.S. Territory or Possession

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20.509, 20.513, 20.526

CFDA Title:

Formula Grants for Other than Urbanized Areas, Capital Assistance Program for Elderly Persons & Persons with Disabilities, and Capital Assistance for Bus and Bus Related Facilities.

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Islandwide (Statewide)

*15. Descriptive Title of Applicant's Project:

Consolidated Section 5310 & 5311, and Section 5339-refer to the attached grant application.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of: **Madeliene Z. Bordallo**

*a. Applicant **Guam Regional Transit Authority** *b. Program/Project: **Consolidated Grants and Section 5339**

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

17. Proposed Project:

*a. Start Date: **5/13/2013** *b. End Date: **11/30/2015**

18. Estimated Funding (\$):

*a. Federal	\$1,560,370.00
*b. Applicant	\$0.00
*c. State	\$0.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$1,560,370.00

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

- Yes
- No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

**I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: **Mr.** *First Name: **Rudy**

Middle Name: **Paul Lintiaco**

*Last Name: **Cabana**

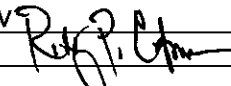
Suffix:

*Title: **Interim Executive Manager**

*Telephone Number: **(671) 475-4620**

Fax Number: **(671) 574-4600**

*Email: **rudycabana@grta.guam.gov**

*Signature of Authorized Representative: 

Date Signed: **9/9/2013**

Application for Federal Assistance SF-424

Version 02

***Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This is a standard form (including the continuation sheet) required for use as a cover sheet for submission of preapplications and applications and related information under discretionary programs. Some of the items are required and some are optional at the discretion of the applicant or the Federal agency (agency). Required items are identified with an asterisk on the form and are specified in the instructions below. In addition to the instructions provided below, applicants must consult agency instructions to determine specific requirements.

Item	Entry:	Item	Entry:
1.	Type of Submission: (Required): Select one type of submission in accordance with agency instructions. <ul style="list-style-type: none"> • Preapplication • Application • Changed/Corrected Application – If requested by the agency, check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this to submit changes after the closing date. 	10.	Name Of Federal Agency: (Required) Enter the name of the Federal agency from which assistance is being requested with this application.
		11.	Catalog Of Federal Domestic Assistance Number/Title: Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable.
2.	Type of Application: (Required) Select one type of application in accordance with agency instructions. <ul style="list-style-type: none"> • New – An application that is being submitted to an agency for the first time. • Continuation - An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals. • Revision - Any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided. <ul style="list-style-type: none"> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify) 	12.	Funding Opportunity Number/Title: (Required) Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement.
		13.	Competition Identification Number/Title: Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable.
		14.	Areas Affected By Project: List the areas or entities using the categories (e.g., cities, counties, states, etc.) specified in agency instructions. Use the continuation sheet to enter additional areas, if needed.
3.	Date Received: Leave this field blank. This date will be assigned by the Federal agency.	15.	Descriptive Title of Applicant's Project: (Required) Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For preapplications, attach a summary description of the project.
4.	Applicant Identifier: Enter the entity identifier assigned by the Federal agency, if any, or applicant's control number, if applicable.		
5a.	Federal Entity Identifier: Enter the number assigned to your organization by the Federal Agency, if any.	16.	Congressional Districts Of: (Required) 16a. Enter the applicant's Congressional District, and 16b. Enter all District(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5 th district, CA-012 for California 12 th district, NC-103 for North Carolina's 103 rd district. <ul style="list-style-type: none"> • If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. • If nationwide, i.e. all districts within all states are affected, enter US-all. • If the program/project is outside the US, enter 00-000.
5b.	Federal Award Identifier: For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award identifier number. If a changed/corrected application, enter the Federal Identifier in accordance with agency instructions.		
6.	Date Received by State: Leave this field blank. This date will be assigned by the State, if applicable.		
7.	State Application Identifier: Leave this field blank. This identifier will be assigned by the State, if applicable.		
8.	Applicant Information: Enter the following in accordance with agency instructions:		
	a. Legal Name: (Required): Enter the legal name of applicant that will undertake the assistance activity. This is the name that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website.	17.	Proposed Project Start and End Dates: (Required) Enter the proposed start date and end date of the project.
	b. Employer/Taxpayer Number (EIN/TIN): (Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444.	18.	Estimated Funding: (Required) Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.
	c. Organizational DUNS: (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website.		
	d. Address: Enter the complete address as follows: Street address (Line 1 required), City (Required), County, State (Required, if country is US), Province, Country (Required), Zip/Postal Code (Required, if country is US).	19.	Is Application Subject to Review by State Under Executive Order 12372 Process? Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the
	e. Organizational Unit: Enter the name of the primary organizational unit (and department or division, if applicable) that will undertake the		

	<p>assistance activity, if applicable.</p> <p>f. Name and contact information of person to be contacted on matters involving this application: Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.</p>	<p>State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State</p>		
20.		<p>Is the Applicant Delinquent on any Federal Debt? (Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.</p> <p>If yes, include an explanation on the continuation sheet.</p>		
9.	<p>Type of Applicant: (Required) Select up to three applicant type(s) in accordance with agency instructions.</p> <table border="0" data-bbox="181 449 855 997"> <tr> <td data-bbox="181 449 521 997"> <p>A. State Government</p> <p>B. County Government</p> <p>C. City or Township Government</p> <p>D. Special District Government</p> <p>E. Regional Organization</p> <p>F. U.S. Territory or Possession</p> <p>G. Independent School District</p> <p>H. Public/State Controlled Institution of Higher Education</p> <p>I. Indian/Native American Tribal Government (Federally Recognized)</p> <p>J. Indian/Native American Tribal Government (Other than Federally Recognized)</p> <p>K. Indian/Native American Tribally Designated Organization</p> <p>L. Public/Indian Housing Authority</p> </td> <td data-bbox="521 449 855 997"> <p>M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>O. Private Institution of Higher Education</p> <p>P. Individual</p> <p>Q. For-Profit Organization (Other than Small Business)</p> <p>R. Small Business</p> <p>S. Hispanic-serving Institution and Universities (HBCUs)</p> <p>T. Historically Black Colleges and Universities (HBCUs)</p> <p>U. Tribally Controlled Colleges and Universities (TCCUs)</p> <p>V. Alaska Native and Native Hawaiian Serving Institutions</p> <p>W. Non-domestic (non-US) Entity</p> <p>X. Other (specify)</p> </td> </tr> </table>	<p>A. State Government</p> <p>B. County Government</p> <p>C. City or Township Government</p> <p>D. Special District Government</p> <p>E. Regional Organization</p> <p>F. U.S. Territory or Possession</p> <p>G. Independent School District</p> <p>H. Public/State Controlled Institution of Higher Education</p> <p>I. Indian/Native American Tribal Government (Federally Recognized)</p> <p>J. Indian/Native American Tribal Government (Other than Federally Recognized)</p> <p>K. Indian/Native American Tribally Designated Organization</p> <p>L. Public/Indian Housing Authority</p>	<p>M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>O. Private Institution of Higher Education</p> <p>P. Individual</p> <p>Q. For-Profit Organization (Other than Small Business)</p> <p>R. Small Business</p> <p>S. Hispanic-serving Institution and Universities (HBCUs)</p> <p>T. Historically Black Colleges and Universities (HBCUs)</p> <p>U. Tribally Controlled Colleges and Universities (TCCUs)</p> <p>V. Alaska Native and Native Hawaiian Serving Institutions</p> <p>W. Non-domestic (non-US) Entity</p> <p>X. Other (specify)</p>	<p>21. Authorized Representative: (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant.</p> <p>A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)</p>
<p>A. State Government</p> <p>B. County Government</p> <p>C. City or Township Government</p> <p>D. Special District Government</p> <p>E. Regional Organization</p> <p>F. U.S. Territory or Possession</p> <p>G. Independent School District</p> <p>H. Public/State Controlled Institution of Higher Education</p> <p>I. Indian/Native American Tribal Government (Federally Recognized)</p> <p>J. Indian/Native American Tribal Government (Other than Federally Recognized)</p> <p>K. Indian/Native American Tribally Designated Organization</p> <p>L. Public/Indian Housing Authority</p>	<p>M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>O. Private Institution of Higher Education</p> <p>P. Individual</p> <p>Q. For-Profit Organization (Other than Small Business)</p> <p>R. Small Business</p> <p>S. Hispanic-serving Institution and Universities (HBCUs)</p> <p>T. Historically Black Colleges and Universities (HBCUs)</p> <p>U. Tribally Controlled Colleges and Universities (TCCUs)</p> <p>V. Alaska Native and Native Hawaiian Serving Institutions</p> <p>W. Non-domestic (non-US) Entity</p> <p>X. Other (specify)</p>			

BUDGET INFORMATION - Non-Construction Programs

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		Total (g)
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	
1.		\$	\$	\$	\$	0.00
2. 30.09.01	20.509	0.00	0.00	902,165.00	0.00	902,165.00
3. 11.80.00	20.509	0.00	0.00	159,205.00	0.00	159,205.00
4. 11.12.03	20.526	0.00	0.00	499,000.00	0.00	499,000.00
5. Totals		\$ 0.00	\$ 0.00	\$ 1,560,370.00	\$ 0.00	\$ 1,560,370.00

SECTION B - BUDGET CATEGORIES

Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) 30.09.01	(2) 11.80.00	(3) 11.12.03	(4)	
a. Personnel	\$ 0.00	\$ 60,000.00	\$ 0.00	\$ 0.00	\$ 60,000.00
b. Fringe Benefits	0.00	20,000.00	0.00	0.00	20,000.00
c. Travel	0.00	25,000.00	0.00	0.00	25,000.00
d. Equipment	0.00	8,000.00	0.00	0.00	8,000.00
e. Supplies	0.00	2,000.00	0.00	0.00	2,000.00
f. Contractual	902,165.00	44,205.00	499,000.00		1,445,370.00
g. Construction	0.00	0.00	0.00	0.00	0.00
h. Other	0.00	0.00	0.00	0.00	0.00
i. Total Direct Charges (sum of 6a-6h)	902,165.00	159,205.00	499,000.00	0.00	1,560,370.00
j. Indirect Charges	0.00	0.00	0.00	0.00	0.00
k. TOTALS (sum of 6i and 6j)	\$ 902,165.00	\$ 159,205.00	\$ 499,000.00	\$ 0.00	\$ 1,560,370.00

7. Program Income	\$	0.00	\$	0.00	\$	0.00	\$	0.00	\$	0.00
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SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8.	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
9.	0.00	0.00	0.00	0.00	0.00
10.	0.00	0.00	0.00	0.00	0.00
11.					
12. TOTAL (sum of lines 8-11)	\$	\$	\$	\$	\$ 0

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 1,560,370.00	\$ 265,342.00	\$ 514,843.00	\$ 265,342.00	\$ 514,843.00
14. Non-Federal	0.00	0.00	0.00	0.00	0.00
15. TOTAL (sum of lines 13 and 14)	\$ 1,560,370.00	\$ 265,342.00	\$ 514,843.00	\$ 265,342.00	\$ 514,843.00

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	FUTURE FUNDING PERIODS (Years)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16. 30.09.01 Paratransit Service Operating Assistance	\$ 902,165.00	\$ 0.00	\$ 0.00	\$ 0.00
17. 11.80.00 State or Program Administration	159,205.00	0.00	0.00	0.00
18. 11.12.03 Buy Replacement Buses	499,000.00	499,000.00	499,000.00	499,000.00
19.				
20. TOTAL (sum of lines 16-19)	\$ 1,560,370.00	\$ 499,000.00	\$ 499,000.00	\$ 499,000.00

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges: \$1,560,370.00	22. Indirect Charges: No Indirect Charges
23. Remarks: Please refer to Section B - Budget Categories for the total direct and indirect charges.	

INSTRUCTIONS FOR THE SF-424A

Public reporting burden for this collection of information is estimated to average 180 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0044), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

General Instructions

This form is designed so that application can be made for funds from one or more grant programs. In preparing the budget, adhere to any existing Federal grantor agency guidelines which prescribe how and whether budgeted amounts should be separately shown for different functions or activities within the program. For some programs, grantor agencies may require budgets to be separately shown by function or activity. For other programs, grantor agencies may require a breakdown by function or activity. Sections A, B, C, and D should include budget estimates for the whole project except when applying for assistance which requires Federal authorization in annual or other funding period increments. In the latter case, Sections A, B, C, and D should provide the budget for the first budget period (usually a year) and Section E should present the need for Federal assistance in the subsequent budget periods. All applications should contain a breakdown by the object class categories shown in Lines a-k of Section B.

Section A. Budget Summary Lines 1-4 Columns (a) and (b)

For applications pertaining to a *single* Federal grant program (Federal Domestic Assistance Catalog number) and *not requiring* a functional or activity breakdown, enter on Line 1 under Column (a) the Catalog program title and the Catalog number in Column (b).

For applications pertaining to a *single program requiring* budget amounts by multiple functions or activities, enter the name of each activity or function on each line in Column (a), and enter the Catalog number in Column (b). For applications pertaining to multiple programs where none of the programs require a breakdown by function or activity, enter the Catalog program title on each line in *Column (a)* and the respective Catalog number on each line in Column (b).

For applications pertaining to *multiple* programs where one or more programs *require* a breakdown by function or activity, prepare a separate sheet for each program requiring the breakdown. Additional sheets should be used when one form does not provide adequate space for all breakdown of data required. However, when more than one sheet is used, the first page should provide the summary totals by programs.

Lines 1-4, Columns (c) through (g)

For *new applications*, leave Column (c) and (d) blank. For each line entry in Columns (a) and (b), enter in Columns (e), (f), and (g) the appropriate amounts of funds needed to support the project for the first funding period (usually a year).

For *continuing grant program applications*, submit these forms before the end of each funding period as required by the grantor agency. Enter in Columns (c) and (d) the estimated amounts of funds which will remain unobligated at the end of the grant funding period only if the Federal grantor agency instructions provide for this. Otherwise, leave these columns blank. Enter in columns (e) and (f) the amounts of funds needed for the upcoming period. The amount(s) in Column (g) should be the sum of amounts in Columns (e) and (f).

For *supplemental grants and changes* to existing grants, do not use Columns (c) and (d). Enter in Column (e) the amount of the increase or decrease of Federal funds and enter in Column (f) the amount of the increase or decrease of non-Federal funds. In Column (g) enter the new total budgeted amount (Federal and non-Federal) which includes the total previous authorized budgeted amounts plus or minus, as appropriate, the amounts shown in Columns (e) and (f). The amount(s) in Column (g) should not equal the sum of amounts in Columns (e) and (f).

Line 5 - Show the totals for all columns used.

Section B Budget Categories

In the column headings (1) through (4), enter the titles of the same programs, functions, and activities shown on Lines 1-4, Column (a), Section A. When additional sheets are prepared for Section A, provide similar column headings on each sheet. For each program, function or activity, fill in the total requirements for funds (both Federal and non-Federal) by object class categories.

Line 6a-i - Show the totals of Lines 6a to 6h in each column.

Line 6j - Show the amount of indirect cost.

Line 6k - Enter the total of amounts on Lines 6i and 6j. For all applications for new grants and continuation grants the total amount in column (5), Line 6k, should be the same as the total amount shown in Section A, Column (g), Line 5. For supplemental grants and changes to grants, the total amount of the increase or decrease as shown in Columns (1)-(4), Line 6k should be the same as the sum of the amounts in Section A, Columns (e) and (f) on Line 5.

Line 7 - Enter the estimated amount of income, if any, expected to be generated from this project. Do not add or subtract this amount from the total project amount. Show under the program

INSTRUCTIONS FOR THE SF-424A (continued)

narrative statement the nature and source of income. The estimated amount of program income may be considered by the Federal grantor agency in determining the total amount of the grant.

Section C. Non-Federal Resources

Lines 8-11 Enter amounts of non-Federal resources that will be used on the grant. If in-kind contributions are included, provide a brief explanation on a separate sheet.

Column (a) - Enter the program titles identical to Column (a), Section A. A breakdown by function or activity is not necessary.

Column (b) - Enter the contribution to be made by the applicant.

Column (c) - Enter the amount of the State's cash and in-kind contribution if the applicant is not a State or State agency. Applicants which are a State or State agencies should leave this column blank.

Column (d) - Enter the amount of cash and in-kind contributions to be made from all other sources.

Column (e) - Enter totals of Columns (b), (c), and (d).

Line 12 - Enter the total for each of Columns (b)-(e). The amount in Column (e) should be equal to the amount on Line 5, Column (f), Section A.

Section D. Forecasted Cash Needs

Line 13 - Enter the amount of cash needed by quarter from the grantor agency during the first year.

Line 14 - Enter the amount of cash from all other sources needed by quarter during the first year.

Line 15 - Enter the totals of amounts on Lines 13 and 14.

Section E. Budget Estimates of Federal Funds Needed for Balance of the Project

Lines 16-19 - Enter in Column (a) the same grant program titles shown in Column (a), Section A. A breakdown by function or activity is not necessary. For new applications and continuation grant applications, enter in the proper columns amounts of Federal funds which will be needed to complete the program or project over the succeeding funding periods (usually in years). This section need not be completed for revisions (amendments, changes, or supplements) to funds for the current year of existing grants.

If more than four lines are needed to list the program titles, submit additional schedules as necessary.

Line 20 - Enter the total for each of the Columns (b)-(e). When additional schedules are prepared for this Section, annotate accordingly and show the overall totals on this line.

Section F. Other Budget Information

Line 21 - Use this space to explain amounts for individual direct object class cost categories that may appear to be out of the ordinary or to explain the details as required by the Federal grantor agency.

Line 22 - Enter the type of indirect rate (provisional, predetermined, final or fixed) that will be in effect during the funding period, the estimated amount of the base to which the rate is applied, and the total indirect expense.

Line 23 - Provide any other explanations or comments deemed necessary.

DOT**FTA**

U.S. Department of Transportation

Federal Transit Administration

Application

Recipient ID:	1641
Recipient Name:	GUAM REGIONAL TRANSIT AUTHORITY
Project ID:	GU-18-X029-00
Budget Number:	1 - Budget Approved
Project Information:	Consolidated 5310, 5311, 5311(b)(3)

Part 1: Recipient Information

Project Number:	GU-18-X029-00
Recipient ID:	1641
Recipient Name:	GUAM REGIONAL TRANSIT AUTHORITY
Address:	P.O. Box 2896 , HAGATNA, GU 96932 2896
Telephone:	(671) 475-4620
Facsimile:	(671) 475-4600

Union Information

No information found.

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$1,560,370
Project Number:	GU-18-X029-00	Adjustment Amt:	\$0
Project Description:	Consolidated 5310, 5311, 5311(b)(3)	Total Eligible Cost:	\$1,560,370
Recipient Type:	Transit Authority	Total FTA Amt:	\$1,560,370
FTA Project Mgr:	Audrey Bredehoft	Total State Amt:	\$0
Recipient Contact:	Rally M. Pilipina	Total Local Amt:	\$0
New/Amendment:	None Specified	Other Federal Amt:	\$0
Amend Reason:	Initial Application	Special Cond Amt:	\$0

Fed Dom Asst. #:	20509
Sec. of Statute:	5311-1A
State Appl. ID:	1641
Start/End Date:	May. 13, 2013 - Nov. 30, 2015
Recvd. By State:	Jul. 28, 2013
EO 12372 Rev.:	NO
Review Date:	None Specified
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	May. 13, 2013
Program Page:	None Specified
Application Type:	Electronic
Supp. Agreement?:	No
Debt. Delinq. Details:	

Special Condition:	None Specified
S.C. Tgt. Date:	None Specified
S.C. Eff. Date:	None Specified
Est. Oblig Date:	None Specified
Pre-Award Authority?:	No
Fed. Debt Authority?:	No
Final Budget?:	No

Urbanized Areas

UZA ID	UZA Name
660000	Guam

Congressional Districts

State ID	District Code	District Official
66	1	Madeleine Z Bordallo

Project Details

Consolidated grant application for Section 5310 (Enhance Mobility for Seniors and Individuals with Disabilities Grant Program), Section 5311 (Non-Urbanized Area Formula Grant Program), and Section 5311 (b)(3)(Rural Transit Assistance Grant Program). Guam is requesting to consolidate its Section 5310, and Section 5311 (b)(3) grants to Section 5311 grant program.

FTA Circular 9040.1F, Chapter III-5, Section 1 e, and 48 U.S.C. Section 1469(a) allow insular areas such as Guam to consolidate all the above-mentioned grants to a single grant namely: Section 5311 grant program.

- 1.) Federal agencies to consolidate any or all grants to each of the insular areas and to waive requirements for matching funds, applications, and reports with respect to the consolidated grants, and
- 2.) Each insular area to use the consolidated grant funds for any purpose or program authorized for any of the consolidated grants.

Eighty-five percent or \$731,817.00 of the total FY 2013 Continuing Grant available funds amounting to \$860,961.00 will be used to fund the operational expenses incur by GRTA's paratransit service (based upon the Federal Register

~~Announcement last May 13, 2013 entitled: FTA Supplemental Fiscal Year 2013 Apportionments, Allocations, and Program Information).~~ In addition, eighty-five percent or \$170,348.00 of a carryover funds from FY 2012 Section 5311 funds amounting to \$200,409.00 will also fund the operational expenses incur of GRTA's Paratransit Service for FY 2013 for a grand total of \$902,165.00.

As per FTA Circular C 9040.1F, Chapter III-8, Section 2 e(1), the remaining state or program administration funds amounting to \$129,144.00 will be used for administering the federal programs in FY 2013 including the rest of the FY 2012 Section 5311 carryover funds amounting to \$30,061.00 for a grand total of \$159,205.00.

GRTA will procure 2 (two) new 30 ft. long ADA accessible transit buses with the apportioned FY 2013 Section 5339 from Bus and Bus-related Facilities Grant Program amounting to \$499,000.00.

The U.S. Department of Labor Employee Protection Warranty is attached to this grant application.

Earmarks

No information found.

Security

No information found.

Part 3: Budget

Project Budget

	Quantity	FTA Amount	Tot. Elig. Cost
<u>SCOPE</u>			
300-01 OPERATING ASSISTANCE	2	\$1,061,370.00	\$1,061,370.00
<u>ACTIVITY</u>			
30.09.01 UP TO 50% FEDERAL SHARE	1	\$902,165.00	\$902,165.00
11.80.00 STATE OR PROGRAM ADMINISTRATION	1	\$159,205.00	\$159,205.00
<u>SCOPE</u>			
111-00 BUS - ROLLING STOCK	2	\$499,000.00	\$499,000.00
<u>ACTIVITY</u>			
11.12.03 BUY REPLACEMENT 30-FT BUS	2	\$499,000.00	\$499,000.00
Estimated Total Eligible Cost:			\$1,560,370.00
Federal Share:			\$1,560,370.00
Local Share:			\$0.00

OTHER (Scopes and Activities not included in Project Budget Totals)

None

SOURCES OF FEDERAL FINANCIAL ASSISTANCE

<u>UZA ID</u>	<u>Accounting Classification</u>	<u>FPC</u>	<u>FY</u>	<u>SEC</u>	<u>Previously Approved</u>	<u>Amendment Amount</u>	<u>Total</u>
660000	2012.25.18.81.2	09	2013	18	\$0.00	\$200,409.00	\$200,409.00
660000	2013.25.18.81.2	09	2013	18	\$0.00	\$785,261.00	\$785,261.00
660000	2013.25.18.B1.2	09	2013	18	\$0.00	\$499,000.00	\$499,000.00
660000	2013.25.18.B2.2	09	2013	18	\$0.00	\$52,997.00	\$52,997.00
660000	2013.25.18.R9.2	09	2013	18	\$0.00	\$22,703.00	\$22,703.00
Total Previously Approved:							\$0.00
Total Amendment Amount:							\$1,560,370.00
Total from all Funding Sources:							\$1,560,370.00

Alternative Fuel Codes

11.12.03	BUY REPLACEMENT 30-FT BUS	Diesel Fuel
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Extended Budget Descriptions

300-01	OPERATING ASSISTANCE	2	\$1,061,370.00	\$1,061,370.00
<p>Below are the breakdowns of the FY 2013 funds for operating assistance of GRTA's paratransit service and state or program administration of the grant programs:</p> <p>5310.....\$52,997.00 5311.....\$785,261.00 5311(b)(3)...\$22,703.00 5311 FY 2012 carryover funds.....\$200,409.00</p>				
30.09.01	UP TO 50% FEDERAL SHARE	1	\$902,165.00	\$902,165.00
<p>Comprehensive contract to manage, operate, and maintain GRTA's paratransit service using:</p> <p>5310.....\$45,048.00 5311.....\$667,472.00 5311(b)(3)...\$19,297.00 5311 FY 2012 carryover funds.....\$170,348.00</p>				

11.80.00	STATE OR PROGRAM ADMINISTRATION	1	\$159,205.00	\$159,205.00
<p>Presently, GRTA uses portion of the state or program administration funds to pay for off-island travel and training expenses of GRTA employees who administer the grant program.</p> <p>In addition, GRTA uses the abovementioned funds to fully pay the salary (\$60,000.00) and benefits (\$20,000.00) of the Interim Executive Manager.</p> <p>GRTA uses pre-award authority to use local budgeted funds for the salary and benefits of the Interim Executive Manager, while the federal funds are not available. Upon the availability of the federal funds, GRTA reimburses the General Fund.</p> <p>BUDGET:</p> <p>1.) GRTA will use portion of the state or program administration funds to pay for off-island travel and training for \$25,000.00.</p> <p>2.) Portion of the state or program administration funds will pay for the salary amounting to \$60,000.00 and benefits amounting to \$20,000.00 of the Interim Executive Manager.</p> <p>3.) GRTA will use portion of the state or program administration funds amounting to \$10,000.00 for supplies and equipment.</p> <p>4.) The rest of the state or program administration funds will pay for additional buses to expand the current GRTA transit services.</p> <p>BREAKDOWN:</p> <p>Breakdowns of state or program administration funds:</p> <p>5310.....\$7,950.00</p> <p>5311.....\$117,788.00</p> <p>5311 (b)(3)..\$3,406.00</p> <p>5311 FY 2012 carryover funds.....\$30,061.00</p>				
11.12.03	BUY REPLACEMENT 30-FT BUS	2	\$499,000.00	\$499,000.00
Acquire 2 (two) 30 ft. long new ADA accessible buses that use low sulphur diesel fuel.				

Changes since the Prior Budget

No information found.

Part 4. Milestones

30.09.01 UP TO 50% FEDERAL SHARE 1 \$902,165 \$902,165

	Milestone Description	Est. Comp. Date
1.	RFP/IFB Issued	Sep. 30, 2013

2.	Contract Award	Oct. 01, 2013
3.	Contract Complete	Sep. 30, 2015
4.	Final Expenditure	Oct. 01, 2015

11.80.00 STATE OR PROGRAM ADMINISTRATION 1 \$159,205 \$159,205

	Milestone Description	Est. Comp. Date
1.	RFP/IFB Issued	Sep. 30, 2013
2.	Contract Award	Oct. 01, 2013
3.	Contract Complete	Sep. 30, 2015
4.	Final Expenditure	Oct. 01, 2015

11.12.03 BUY REPLACEMENT 30-FT BUS 2 \$499,000 \$499,000

	Milestone Description	Est. Comp. Date
1.	RFP/IFB OUT FOR BID	Jul. 01, 2014
2.	CONTRACT AWARDED	Sep. 30, 2014
3.	FIRST VEHICLE DELIVERED	Sep. 30, 2015
4.	ALL VEHICLES DELIVERED	Oct. 30, 2015
5.	CONTRACT COMPLETE	Nov. 30, 2015

Part 5. Environmental Findings

300901 UP TO 50% FEDERAL SHARE 1 \$902,165 \$902,165

Finding No. 1 - Class II(c)

C04 - Planning and administrative activity

Planning and administrative activities which do not involve or lead directly to construction, such as: training, technical assistance and research; promulgation of rules, regulations, directives, or program guidance; approval of project concepts; engineering; and operating assistance to transit authorities to continue existing service or increase service to meet routine demand.

Finding Details: Operating assistance falls under the categorical type listing.

111203 BUY REPLACEMENT 30-FT BUS 2 \$499,000 \$499,000

Finding No. 1 - Class II(c)

C07 - Acquisition, maintenance of vehicles / equipment

Acquisition, installation, rehabilitation, replacement, and maintenance of vehicles or equipment, within or accommodated by existing facilities, that does not result in a change in functional use of the facilities, such as: equipment to be located within existing facilities and with no substantial off-site impacts; and vehicles, including buses, rail cars, trolley cars, ferry boats and people movers that can be accommodated by existing facilities or by new facilities that qualify for a categorical exclusion.

Finding Details: The acquisition of 2 (two) ADA accessible transit vehicles using Section 5339 grant funds from the bus and bus-related facilities grant program falls under the categorical exclusion Type listing.

Part 6: Fleet StatusFixed Route

		<u>Before</u>	<u>Change</u>	<u>After</u>
I.	Active Fleet			
	A. Peak Requirement	5	1	6
	B. Spares	1	0	1
	C. Total (A+B)	6	1	7
	D. Spare Ratio (B/A)	20.00%	0.00%	16.67%
II.	Inactive Fleet			
	A. Other	0	0	0
	B. Pending Disposal	0	0	0
	C. Total (A+B)	0	0	0
III.	Total (I.C and II.C)	6	1	7

ADA accessible fixed-route transit buses complemented by ADA accessible paratransit transit buses.

Other

		<u>Before</u>	<u>Change</u>	<u>After</u>
I.	Active Fleet			
	A. Peak Requirement	0	0	0
	B. Spares	0	0	0
	C. Total (A+B)	0	0	0
	D. Spare Ratio (B/A)	0.00%	0.00%	0.00%
II.	Inactive Fleet			
	A. Other	0	0	0
	B. Pending Disposal	0	0	0

	C. Total (A+B)	0	0	0
III.	Total (I.C and II.C)	0	0	0

GRTA's island-wide ADA accessible demand response service: picks-ups transit passengers from areas in which GRTA's fixed-routes cannot serve and drops off transit passengers to the nearest fixed-route stops.

Paratransit

		<u>Before</u>	<u>Change</u>	<u>After</u>
I.	Active Fleet			
	A. Peak Requirement	6	0	6
	B. Spares	1	0	1
	C. Total (A+B)	7	0	7
	D. Spare Ratio (B/A)	16.67%	0.00%	16.67%
II.	Inactive Fleet			
	A. Other	0	0	0
	B. Pending Disposal	0	0	0
	C. Total (A+B)	0	0	0
III.	Total (I.C and II.C)	7	0	7

ADA accessible paratransit buses with island-wide service for elderly individuals and persons with disabilities.

Part 7. FTA Comments

Part 8: Results of Reviews

The reviewer did not find any errors

Part 9: Agreement

**UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION
FEDERAL TRANSIT ADMINISTRATION**

**GRANT AGREEMENT
(FTA G-19, October 1, 2012)**

On the date the authorized U.S. Department of Transportation, Federal Transit Administration (FTA) official's electronic signature is entered for this Grant Agreement, FTA has Awarded Federal assistance in support of the Project described below. Upon Execution of this Grant Agreement by the Grantee named below, the Grantee affirms this FTA Award, and enters into this Grant Agreement with FTA. The following documents are incorporated by reference and made part of this Grant Agreement:

- ~~(1) "Federal Transit Administration Master Agreement," FTA MA(19), October 1, 2012,
<http://www.fta.dot.gov/documents/19-Master.pdf>~~
- (2) The Certifications and Assurances applicable to the Project that the Grantee has selected and provided to FTA, and
- (3) Any Award notification containing special conditions or requirements, if issued.

FTA OR THE FEDERAL GOVERNMENT MAY WITHDRAW ITS OBLIGATION TO PROVIDE FEDERAL ASSISTANCE IF THE GRANTEE DOES NOT EXECUTE THIS GRANT AGREEMENT WITHIN 90 DAYS FOLLOWING THE DATE OF THIS FTA AWARD SET FORTH HEREIN.

FTA AWARD

FTA hereby awards a Federal grant as follows:

Project No: GU-18-X029-00

Grantee: GUAM REGIONAL TRANSIT AUTHORITY

Citation of Statute(s) Authorizing Project: 49 USC 5311 - Formula Grants for Rural Areas (FY2013 and forward)

Estimated Total Eligible Cost (in U.S. Dollars): \$1,560,370

Maximum Total FTA Amount Awarded (in U.S. Dollars): \$1,560,370

Amount of This FTA Award (in U.S. Dollars): \$1,560,370

Maximum Percentage(s) of FTA Participation:

Percentages of Federal participation are based on amounts included in the Approved Project Budget, modified as set forth in the text following the Project Description.

U.S. Department of Labor Certification of Public Transportation Employee Protective Arrangements:

Original Project Certification Date: 8/2/2013

Project Description:

Consolidated 5310, 5311, 5311(b)(3)

The Project Description includes information describing the Project within the Project Application submitted to FTA, and the Approved Project Budget, modified by any additional statements displayed in this Grant Agreement, and, to the extent FTA concurs, statements in other documents including Attachments entered into TEAM-Web.

Awarded By:

Edward Carranza
Deputy Regional Administrator
FEDERAL TRANSIT ADMINISTRATION
U.S. DEPARTMENT OF TRANSPORTATION
08/26/2013

EXECUTION OF GRANT AGREEMENT

Upon full execution of this Grant Agreement by the Grantee, the Effective Date will be the date FTA or the Federal Government awarded Federal assistance for this Grant Agreement.

By executing this Grant Agreement, the Grantee intends to enter into a legally binding agreement in which the Grantee:

- (1) Affirms this FTA Award,
- (2) Adopts and ratifies all of the following information it has submitted to FTA:
 - (a) Statements,
 - (b) Representations,
 - (c) Warranties,
 - (d) Covenants, and
 - (e) Materials,
- (3) Consents to comply with the requirements of this FTA Award, and
- (4) Agrees to all terms and conditions set forth in this Grant Agreement.

By executing this Grant Agreement, I am simultaneously executing any Supplemental Agreement that may be required to effectuate this Grant Agreement.

Executed by:
 Rally M Pilipina
 Planner II
 GUAM REGIONAL TRANSIT AUTHORITY
 08/27/2013

GU-18-X029-00 Quarterly Narrative Report

Apr. 01, 2013 through Jun. 30, 2013

As Of Sep. 05, 2013

(DRAFT)

No MS/P Report , No FFR

Part 1: Recipient Information

Project Number:	GU-18-X029-00
Recipient ID:	1641
Recipient Name:	GUAM REGIONAL TRANSIT AUTHORITY
Address:	P.O. Box 2896 , HAGATNA, GU 96932 2896
Telephone:	(671) 475-4620
Facsimile:	(671) 475-4600

Part 2: Project Information

Project No:	GU-18-X029-00
Brief Desc:	Consolidated 5310, 5311, 5311(b)(3)
FTA Project Mgr:	Audrey Bredehoff
Start/End Date:	May. 13, 2013 - Nov. 30, 2015
Gross Project Cost:	\$1,560,370

Adjustment Amt:	\$0
Total Eligible Cost:	\$1,560,370
Total FTA Amt:	\$1,560,370
Total State Amt:	\$0
Total Local Amt:	\$0
Other Federal Amt:	\$0

Part 3: Federal Financial Report

Financial Status

	<u>Previous</u>	<u>This Period</u>	<u>Cumulative</u>
A. Federal Cash on Hand at Beginning of Period			\$0
B. Federal Cash Receipts			\$0
C. Federal Cash Disbursements			\$0
D. Federal Cash on Hand at End of Period			\$0
E. Total Federal Funds Authorized			\$0
F. Federal Share of Expenditures	\$0	\$0	\$0
G. Recipient Share of Expenditures	\$0	\$0	\$0
H. Total Expenditures (F + G)	\$0	\$0	\$0
I. Federal Share of Unliquidated Obligations			\$0
J. Recipient Share of Unliquidated Obligations			\$0
K. Total Unliquidated Obligations (I + J)			\$0
L. Total Federal Share (F + I)			\$0
M. Unobligated Balance of Federal Funds (E - L)			\$0
N. Total Recipient Share Required			\$0
O. Remaining Recipient Share to be provided N - (G + J)			\$0
P. Federal Program Income on Hand at Beginning of Period			\$0
Q. Total Federal Program income earned			\$0
R. Federal Program income expended in accordance with the deduction alternative			\$0
S. Federal Program income expended in accordance with the addition alternative			\$0
T. Federal Program income expended on allowable Transit Capital and Operating expenses			\$0

U. Federal Unexpended Program income (P + Q - R or s or T)				\$0
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Indirect Expense

Type	N/A
Rate	0.00%
Base	\$0
Amount Charged	\$0
Federal Share	\$0

Part 4. Milestone/Progress Report

No Milestone Report