

**Section 5310  
Purchase of Transportation Services  
Grant Application Packet  
Fiscal Year 2027**



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## KEY CALENDAR DATES FOR FY 2027 SECTION 5310 GRANT

These 2026 dates are a guide in planning and submitting a Section 5310 application. Applicants should adhere to the dates as outlined to ensure proper completion and timely submission of their applications.

**March** Applications available at the Division of Multimodal Transportation Facilities – Transit website:  
<https://transportation.wv.gov/publictransit/Pages/Section5310Grant.aspx>

**April 17** Application needs to be submitted to Local Planning and Development Council or Metropolitan Planning Organization to ensure organization has a minimum of 30 days to review and approve.

**May 18** **Final day to submit completed application to the West Virginia Division of Multimodal Transportation Facilities - Transit. Applications must be stamped received by Transit by 4 p.m. EST.**

**June** Transit reviews applications, determines eligibility of applicants. Eligible projects are selected for inclusion in the State Consolidated Application to the Federal Transit Administration.

Applicants notified of status of their respective applications.

**\*A positive Local Intergovernmental Review must be included with application when submitted (see page 13).**

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# SECTION I

## GENERAL INFORMATION

### Introduction

The West Virginia Division of Multimodal Transportation Facilities – Transit (Public Transit) is seeking proposals from private non-profit organizations who desire to provide demand responsive passenger transportation services that are designed to meet the needs of seniors and individuals with disabilities. Public Transit intends to purchase these services from organizations across West Virginia to enhance/expand transportation services for seniors and individuals with disabilities.

### Purpose of the Program

Provide passenger transportation services to seniors and individuals with disabilities where general public passenger transportation services are unavailable, insufficient or inappropriate.

**NOTE:** Funds provided under this program are not meant to replace other funds received for special needs transportation, nor are the services to be provided intended to replace any services now provided by your agency or any local transit agencies.

### Background

Public Transit receives an annual allocation under Section 5310 of the Federal Transit Act. The funds are received through a grant from the Federal Transit Administration (FTA). The purpose of the funding is to provide for the transportation of seniors and individuals with disabilities. Section 5310 funds are available on an 80 percent federal / 20 percent local matching basis. Requests are subject to availability of funds annually.

Public Transit uses this funding to provide grants for the purchase of wheelchair accessible vehicles and other transportation related equipment. Once those needs are met, Public Transit will utilize a portion of the funds for the purchase of demand responsive services from private non-profit agencies as funding allows.

### Program Overview

Public Transit intends to purchase transportation services described in this Application Packet based upon a unit rate that is predetermined by the proposing agency and concurred with by Public Transit. Projects awarded this application cycle will be for a period of two years. The funding will be allocated annually based on availability. The annual funding level and unit rate will be subject to renegotiation each year of the contract term.

## **Statement of Financial Assistance**

All contracts awarded under this program are based on available funds for a financial assistance agreement between Public Transit and the Federal Transit Administration.

If an agency receives an award, approved agencies under this program must comply with the federal requirements identified in the application packet and complete the assurances and certifications included in the packet.

## **Public Transit Responsibilities**

FTA regulations require Public Transit to prepare and submit a Statewide Section 5310 Application on behalf of all recommended agencies in the state. Accordingly, Public Transit is responsible for notifying potential applicants and preparing the application packet; determining applicant's eligibility; and selecting projects for inclusion in the Statewide Application. Upon FTA approval of the Statewide Application, Public Transit will contract with approved agencies for the purchase of services.

## **Contract**

Once an agency is approved for funding, the agency is required to enter into a contract with Public Transit which states the terms and conditions under which the services are to be provided. The contract ensures grant compliance. Some of the significant requirements are:

- (1) The agency is responsible for providing the transportation services as proposed in its application packet.
- (2) The agency is required to adhere to all the federal and state requirements as certified to in the application packet and any additional requirements that may arise.
- (3) The agency is required to maintain insurances that cover the project appropriately.
- (4) The agency is required to maintain financial, maintenance and operating records on the project. These records are to be maintained on site and available for inspection by personnel from the Public Transit and/or the Federal Transit Administration during periodic onsite reviews.

## **Technical Assistance Available**

Technical assistance is available from Public Transit. This assistance includes, but is not limited to:

- Program Development
- Project Implementation

- Financial Management
- Compliance with contract terms and federal and state regulations
- Training for passenger transportation employees

## **Terms of Projects**

Contracts awarded are expected to begin July 1, 2026 and run through June 30,

## **2027. Eligible Agencies**

Agencies eligible to submit proposals are limited to:

- Private Non-Profit agencies that have secured 501(c)(3) non-profit status and are registered with the Secretary of State's Office as a non-profit. Agencies must provide a Certificate of Existence with its application. See page 12.
- Public Bodies that certify to the Governor that no non-profit corporations or associations are readily available in an area to provide service; and public bodies approved by the state to coordinate services for seniors and individuals with disabilities.

Local public bodies eligible to apply for Section 5310 funds as coordinators of services for seniors and individuals with disabilities are those designated by the state to coordinate human service activities in a designated area. Examples of such eligible public bodies are a county agency on aging or a public transit provider which the state has identified as the lead agency to coordinate transportation service funded by multiple federal or state human service programs.

Approval to apply for Section 5310 funding by a public body must be given by the Public Transit prior to the body completing an application packet. Public bodies interested should contact Donald Adkins at 304-558-0428 for information on the process.

## **Eligible Services**

Only passenger services provided to seniors and individuals with disabilities will be eligible under this program. Services are to be provided that are appropriate for the passenger receiving the service, including supplying wheelchair accessible vehicles. Approved agencies are required to have, obtain, or have access to at least one wheelchair accessible passenger service vehicle that is in compliance with the Americans With Disabilities Act (ADA), for the provision of services to individuals with disabilities. After the needs of seniors and individuals with disabilities are met, if space is available, services can be provided to the general public.

**NOTE:** Services must be open to all seniors and individuals with disabilities (regardless of age). Projects intended to provide trips to an exclusive clientele are not eligible.

## **Local Matching Requirement**

Applying agencies must make a local contribution (match) of at least 20 percent of the total project cost. Public Transit will accept a local contribution of greater than 20 percent. However, this will have no effect on project selection. The local matching percentage identified in the applying agency's application will be incorporated into the contract and shall remain in effect the entire term of the project.

**NOTE:** Federal funds are also not eligible to be used for local matches. However, federal funds that are administered through a state social service agency, such as Medicaid or Area Agency on Aging, are not considered to be federal for the purposes of this program.

## **Project Payments**

Project payments will be based on a unit rate that is identified by the proposing agency and concurred with by Public Transit. The unit rate must be based upon one of the following service elements (see Page 34 for expenditure report form examples):

- cost per service mile
- cost per service hour
- cost per passenger trip

## **Unit Rate and Matching Calculations**

In the application packet, an agency is required to prepare a cost price analysis to determine the unit rate and the total project cost. The total cost divided by the units of service to be provided becomes the unit rate. In addition, an agency will identify the local funds that will support the project. The local funds identified are divided by the total project cost to establish the local matching ratio.

## **Payment Calculations**

Approved applicants will be paid based on the unit rate multiplied by the number of service units provided during the billing period. The local matching ratio is then calculated and deducted from the sum of the previous calculation. The balance will be billed monthly to Public Transit.

## **Billing Forms**

Approved agencies will submit Monthly Section 5310 Expenditure Report Forms, supplied by the Public Transit, to receive payment. All information on the forms must be completed before payment will be issued to the agency.

The reports will include the following information:

- Total Passenger Trips (broken down by Elderly, Disabled, Other)
- Total Trip Purposes (broken down by category)
- Number of service miles provided
- Number of service hours provided
- Coordination Activities

**NOTE:** Additional information, such as project implementation and marketing efforts, may be requested during the project.

## **Records**

Approved agencies are required to keep sound financial and service records. The actual project costs shall have no effect on the unit rate during the same calendar year. However, the information may be used to re-negotiate the subsequent year's unit rate and funding level.

## **Waiver Agreement**

Public Transit shall evaluate all applications received and determine which applications are in the best interest of the Public Transit and the communities to be served. Public Transit, at its sole discretion, reserves the right to accept or reject all applications submitted and to waive minor informalities and irregularities, as determined, and as is consistent with the best interest of the Public Transit and based on availability of funds. Public Transit will enter into contracts with successful applicants within 90 days of the application acceptance date or will exercise the right to reject all applications.

## **Out of State Transportation Services**

Agencies receiving assistance under the Section 5310 Program are to provide transportation services to seniors and individuals with disabilities within the geographical area described in the agency's Section 5310 Application. **Out of state trips are strictly forbidden under the WV Section 5310 Program.**

***For agencies located in border counties,  
a 50-mile radius is allowed for "incidental" trips.***

Agencies may also submit exemption requests to this rule to Public Transit which will make determinations on a case-by-case basis. Agencies providing transportation services across state lines could be required to be licensed by the Federal Motor Carrier Safety Administration, as well as, meet other requirements even for the 50-mile radius. For more information on these requirements, an agency can contact the Federal Motor Carrier Safety Administration's Charleston Office at 304-347-5935 or visit its website at [www.fmcsa.dot.gov](http://www.fmcsa.dot.gov).

## **Project Selection**

Contracts will be awarded to selected eligible agencies based upon the selection criteria using available federal funds.

If an application has missing documentation, the agency is given an opportunity to submit the omitted documents with penalty points being deducted. No application is considered for funding without a positive Local Intergovernmental Review.

Any applications received after the grant application deadline are considered for funding only after all other on-time requests have been met.

The applications are evaluated the agencies demonstrating eligibility and need are included in the State's application submitted to FTA.

## **Pre-Award Review**

As a condition of award, agencies submitting applications may be subject to a pre-award review. The purpose of the review is to ensure that the applicant can:

- Provide the services described in the application
- Operate the equipment necessary to provide ADA accessible services
- Comply with federal regulations identified in the application packet
- Maintain adequate financial records and verify the financial information provided in the proposal
- Maintain required passenger and service records, including maintenance of vehicle records, associated with the application

## **Grant Award**

Approved agencies will sign a contract agreeing to provide transportation services as described in the application packet. Approved agency agrees to abide by all federal, state and grant requirements.

Approved agencies will submit the Monthly Section 5310 Expenditure Report to request reimbursement for monthly services and provide monthly service statistics.

## **Requirements for Providing the Transportation Services**

Each agency awarded funding for Purchase of Transportation Services (contracted services) is responsible for ensuring it complies with all certifications contained in this packet and with the provisions of the Contract Agreement with the State of West Virginia.

# SECTION II GRANT APPLICATION PACKET

## APPLICATION FORMAT

The West Virginia Division of Multimodal Transportation Facilities –Transit (Public Transit) is now accepting applications for its Fiscal Year 2027 Section 5310 funding cycle for Purchase of Transportation Services (contracted services). This application needs to be completed in full before submission. Applicants will be notified of necessary revisions. Incomplete applications will not be considered for funding.

Agencies should contact their Regional Planning and Development Council (RPDC) or Metropolitan Planning Organization (MPO) to notify of their intent to file a Section 5310 application. Once the application is completed, agencies need to request a Local Intergovernmental Review from the RPDC or MPO. Planning organizations need approximately 30 days to review your application.

Applications will not be accepted without a positive Local Intergovernmental Review and completed sign-off documentation. The Local Intergovernmental Review must be submitted with application on or before May 18, 2026.

It is the responsibility of the applicant to ensure the intergovernmental review is provided with its proposed project.

Contact Donald Adkins, 5310 Program Coordinator for questions concerning this application packet at (304) 558-0428 or by email at [Donald.L.Adkins@wv.gov](mailto:Donald.L.Adkins@wv.gov).

The Application Calendar is provided at the front of this packet.

On or before 4:00 p.m., May 18, 2026, please submit one (1) original hard copy of your agency's application to Public Transit, at the following address:

**West Virginia Division of Multimodal Transportation Facilities - Transit  
West Virginia Department of Transportation  
Building 5, Room A-663  
1900 Kanawha Boulevard, East  
Charleston, West Virginia 25305-0432  
Phone: (304) 558-0428**

**Website: <https://transportation.wv.gov/publictransit/Pages/default.aspx>**

## APPLICATION CHECKLIST

- \_\_\_\_\_ Title Page (FEIN, Unique Identify Number and SAM.gov required. Attach SAM.gov screen shot)
- \_\_\_\_\_ Assurances and Verification (Signed in blue ink)
- \_\_\_\_\_ Authorizing Resolution (Signed in blue ink and notarized)
- \_\_\_\_\_ Certificate of Existence (IRS Tax Exemption letter is not acceptable)
  
- \_\_\_\_\_ Positive Local Intergovernmental Review  
**(Mandatory at time of submission)**
- \_\_\_\_\_ Certifications (Signed in blue ink)
- \_\_\_\_\_ Questions 1 – 24
- \_\_\_\_\_ Financial Information/Funding Proposal
- \_\_\_\_\_ Notarized Proof of Necessary Local Matching Funds
  
- \_\_\_\_\_ Title VI Program Completed/Board Approved

**Submit current Title VI plan**

**New applicants need to complete. See Appendix II**

# TITLE PAGE

**Applicant** (list legal name): \_\_\_\_\_

**Applicant Address:** \_\_\_\_\_

\_\_\_\_\_

**Contact Person** (Name, title, phone number and email address of project contact person):

\_\_\_\_\_

Person(s) completing application and their title and contact information if other than designated Contact Person:

Name	Title	Email	Phone
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Name	Title	Email	Phone
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**Unique Identity Number:** \_\_\_\_\_ **FEIN:** \_\_\_\_\_

**SAM.gov Registration Date** \_\_\_\_\_

**Screen shot of SAM.gov registration page attached?** \_\_\_\_ Yes \_\_\_\_ No

## **Signature Authority**

All applications and the certifications and assurances, unless otherwise indicated, must be **signed in blue** by an official of the applying agency who has authority to submit proposals and enter into contracts on behalf of the applying agency. If the signing official is not the chief officer of the applying governing board, a copy of the resolution, or other document, evidencing the official's authority to sign must accompany the application. Applications received without original blue signatures will not be accepted.

## **ASSURANCES AND VERIFICATION**

The applicant hereby assures and certifies that:

A. It possesses the legal authority and eligibility to apply to The West Virginia Division of Multimodal Transportation Facilities – Transit, for a Federal grant under the Section 5310 Program to acquire funds to Purchase of Transportation Services and has the ability to execute the proposed project according to program rules and guidelines.

B. Its governing body has duly adopted a resolution or passed an official act through a motion, or similar action at its meeting – with a quorum present – to authorize the filing of the application, including all understandings and assurances contained therein, and directed and authorized the person identified as the official representative of the applicant to provide additional information as may be required. This resolution was adopted in accordance within the applicant’s by-laws and/or statutes of the State of West Virginia.

C: The resolution which duly authorizes the submission of this application is attached to this application. **The Resolution must include notary stamp with signature.** Insert Resolution after this page.

**Printed name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Is Resolution and copy of the meeting minutes authorizing the Resolution attached?**

### **CERTIFICATE OF EXISTENCE**

Submit a copy of the applicant’s Certificate of Existence as provided by the West Virginia Secretary of State Office. A tax-exempt statement from the IRS is not acceptable.

The Certificate of Existence should be inserted directly following the “Assurances and Verification” page. This verification of an agency’s Non-Profit status replaces previous years’ request to submit an agency’s Articles of Incorporation.

To request a copy of your agency’s Certificate of Existence – at no charge – contact Missy Anthony, Call Center Coordinator at the West Virginia Secretary of State office, at (304) 356-2632 or [manthony@wvsos.com](mailto:manthony@wvsos.com)

## **LOCAL INTERGOVERNMENTAL REVIEW ALL APPLICANTS**

Once the application is completed, immediately submit a copy to the appropriate Regional Planning and Development Council or Metropolitan Planning Organization and request a local intergovernmental review for your application. Public Transit and the Federal Transit Administration will not accept any applications that do not have a positive local intergovernmental review.

See Appendix I for addresses of the planning organizations throughout the State.

It is the applying agency's responsibility to ensure that it allows the local planning organizations adequate time to review the application. Planning organizations can take up to 30 days to review an application.

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## **CERTIFICATIONS**

Read and sign the following certifications using a **blue pen**.

## CERTIFICATIONS

I, \_\_\_\_\_, hereby certify that the \_\_\_\_\_;  
Name
Name of Applicant

### 1. CIVIL RIGHTS REQUIREMENTS

Agree that the applicant will comply with the following requirements:

Nondiscrimination. In accordance with Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C. § 2000d, et seq., Age Discrimination Act of 1975, as amended, 42 U.S.C. §6101, et. seq., Americans With Disabilities Act of 1990, as amended, 42 U.S.C. § 12101, et. seq., and Federal transit law at 49 U.S.C. § 5332, as amended, the agency agrees that it will not discriminate against anyone on the basis of race, color, national origin, age or disability. In addition, the agency, as a condition of receiving Federal financial assistance from the Federal Transit Administration (FTA), Section 5310 Program, agrees to comply with any other applicable Federal statutes that may be signed into law or regulations that may be promulgated. This includes that the agency will compile, maintain, and submit in a timely manner Title VI information required by FTA Circular 4702.1B and in compliance with the Department of Transportation's Title VI regulation, 49 C.F.R. Part 21.9.

Equal Employment Opportunity. Agree that the applicant will comply with the following equal employment opportunity requirements:

Race, Color, Religion, National Origin, Sex, Disability, Age, Sexual Orientation, Gender Identity or Status as a Parent. In accordance with Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C. § 2000e, et seq., and Federal transit laws at 49 U.S.C. § 5332, the Vendor agrees to comply with all applicable equal employment opportunity requirements of the U.S. Department of Labor (US DOL) regulations, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor," 41 C.F.R. Parts 60 et seq., (which implement Executive Order Number 11246, "Equal Employment Opportunity", as amended by Executive Order Number 11375, "Amending Executive Order 11246 Relating to Equal Employment Opportunity," 42 U.S.C. § 2000e note), and with any applicable Federal statutes, executive orders, regulations, and Federal policies that may in the future affect construction activities undertaken in the course of the Project. The Vendor agrees to take affirmative action to ensure that applicants are employed, and that employees are treated during their employment, without regard to their race, color, religion, national origin, sex, disability, age, sexual orientation, gender identity or status as a parent. Such action shall include, but not be limited to, the following: employment, upgrading, demotion or transfer, recruitment or recruitment advertising, layoff or termination; rates of pay or other forms or compensation; and selection for training, including apprenticeship. In addition, the agency agrees to comply with any implementing requirements FTA may issue.

### 2. ENERGY CONSERVATION

Applicant agrees to comply with, and obtain the compliance of its subcontractors, with mandatory standards and policies relating to energy efficiency contained in applicable State Energy Conservation Plans issued in compliance with the Energy Policy and Conservation Act, 42 U.S.C. §§ 6321 et seq.

### 3. CERTIFICATION OF SPECIAL EFFORTS TO PROVIDE TRANSPORTATION THAT DISABLED PERSONS CAN USE

The applicant hereby certifies that special efforts are being made in its service area to provide transportation that disabled persons, including wheelchair users and semi-ambulatory persons can use. The transportation resulting from these special efforts is reasonable in comparison to the transportation provided to the general public and meets a significant fraction of the actual transportation needs of such persons within a reasonable time.

### 4. LITIGATION CERTIFICATION

As the authorized representative for the applicant, I hereby certify that to the best of my knowledge there is no litigation pending or threatened which might affect the performance of this Project.

## **5. FISCAL AND MANAGERIAL CAPABILITY CERTIFICATION**

As the authorized representative for the applicant, I hereby certify that, based on my experience with the applicant and a review of the applicant's records that the applicant has the requisite fiscal and managerial capability to carry out this Project.

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## **6. APPLICATION OF FEDERAL, STATE AND LOCAL LAWS AND REGULATIONS**

The agency hereby certifies that it will comply with changing federal, state and local requirements, the Applicant shall note that federal, state and local requirements may change and the changed requirements will apply to this Project as required.

Federal Regulation Changes - Applicant shall at all times comply with all applicable FTA regulations, policies, procedures and directives, including without limitation those listed directly or by reference in the current FTA Master Agreement between the WV Department of Multimodal Transportation Facilities - Transit and FTA, as they may be amended or promulgated from time to time during the term of this Project. The Applicant's failure to so comply shall constitute a material breach of this Project.

## **7. ACCESS TO RECORDS**

The agency hereby certifies that it shall permit Transit, the Comptroller General of the United States and the Secretary of the United States Department of Transportation, or their authorized representatives, to inspect all vehicles, facilities and equipment used by the Agency as part of the Project to verify compliance with the requirements of the Section 5310 Program. All records of the transportation services rendered by the Agency, including maintenance records, records verifying usage of the vehicle, and all relevant Project records shall also be available for inspection. The Agency shall also permit the above named persons or agencies to audit the records and accounts of the Agency pertaining to the Project.

## **8. COORDINATION**

As the authorized representative for the applicant, I hereby certify that to the best of my knowledge the agency has coordinated, to the maximum extent feasible, with other transportation providers and users, regardless of their funding source.

## **9. SCHOOL BUS OPERATIONS**

As required by 49 U.S.C. 5323 (f) and FTA regulations, "School Bus Operations," at 49 C.F.R. 605.14, the Applicant agrees that it will 1. Engage in school transportation operations in competition with private school transportation operators only to the extent permitted by an exception provided by 49 U.S.C. 5323(f), and implementing regulations, and 2. Comply with the requirements of 49 C.F.R. Part 605 before providing any school transportation using equipment or facilities acquired with Federal assistance authorized by 49 U.S.C. Chapter 53 or Title 23 U.S.C. awarded by FTA for transportation projects.

The Applicant understands that the requirements of 49 C.F.R. Part 605 will apply to any school transportation it provides, the definitions of 49 C.F.R. Part 605 apply to this school transportation agreement, and a violation of this agreement may require corrective measures and the imposition of penalties, including debarment from the receipt of further Federal assistance for transportation.

## **10. NO FEDERAL GOVERNMENT OBLIGATIONS TO THIRD PARTIES**

The applicant acknowledges and agrees that, notwithstanding any concurrence by the Federal Government in or approval of the solicitation or award of the underlying Project, absent the express written consent by the Federal Government, the Federal Government is not a party to this Project and shall not be subject to any obligations or liabilities to the WV Department of Multimodal Transportation Facilities - Transit, Applicant, or any other party (whether or not a party to the Project) pertaining to any matter resulting from the underlying Project.

## **11. PROGRAM FRAUD AND FALSE OR FRAUDULENT STATEMENTS OR RELATED ACTS**

As the authorized representative for the applicant, I certify the applicant acknowledges that the provisions of the Program Fraud Civil Remedies Act of 1986, as amended, 31 U.S.C. §§ 3801 et seq. and U.S. DOT regulations, "Program Fraud Civil Remedies," 49 C.F.R. Part 31, apply to its actions pertaining to this Project. Upon execution of the underlying Project, the Applicant certifies or affirms the truthfulness and accuracy of any statement it has made, it makes, it may make, or causes to be made, pertaining to the underlying Project or the Federal Transit Administration (FTA) assisted Project for which the Project work is being performed. In addition to other penalties that may be

applicable, the Applicant further acknowledges that if it makes, or causes to be made, a false, fictitious, or fraudulent claim, statement, submission, or certification, the Federal Government reserves the right to impose the penalties of the Program Fraud Civil Remedies Act of 1986 on the Applicant to the extent the Federal Government deems appropriate.

## **12. SENSITIVE SECURITY INFORMATION**

The applicant agrees that it must protect, and take measures to ensure that its sub agreement at each tier protect, "sensitive security information" made available during the administration of any agreement or any sub agreement to ensure compliance with the Homeland Security Act, as amended, specifically 49 U.S.C. Section 40119(b), and U.S. DOT regulations, "Protection of Sensitive Security Information," 49 C.F.R. Part 15, and with 49 U.S.C. Section 114(s) and U.S. Department of Homeland Security, Transportation Security Administration regulations, "Protection of Sensitive Security Information," 49 C.F.R. Part 1520.

## **13. ACCESSIBILITY**

The applicant agrees that products and services provided shall be in accordance with the 42 U.S.C. Sections 12101, et seq. and DOT regulations, "Transportation Services for Individuals with Disabilities (ADA)," 49 C.F.R. Part 37; and Joint ATBCB/DOT regulations, "American with Disabilities (ADA) Accessibility Specifications for Transportation Vehicles," 36 C.F.R. Part 1192 and 49 C.F.R. Part 38.

## **14. TRAFFICKING IN PERSONS**

The applicant agrees to comply with, and assures the compliance of each sub recipient with, the requirements of the subsection 106(g) of the Trafficking Victims Protection Act of 2000 (TVPA), as amended, 22 U.S.C. § 7104(g), and the provisions of the Trafficking in Persons subsection of the current FTA Master Agreement.

Agency agrees that it and its employees that participate in any Section 5310 Award, may not:

1. Engage in severe forms of trafficking in persons during the period of time that the Section 5310 Award is in effect.
2. Procure a commercial sex act during the period of time that the Section 5310 Project Grant Agreement is in effect, or
3. Use forced labor in the performance of the Section 5310 Award or sub-agreements thereunder.

Agency agrees to inform the Public Transit of any information it receives from any source alleging a violation of a prohibition listed above. Transit will then inform FTA immediately of any information it receives.

## **15. ACCESS TO SERVICES FOR PERSONS WITH LIMITED ENGLISH PROFICIENCY**

To the extent applicable and except to the extent that FTA determines otherwise in writing, applicant agrees to facilitate compliance with the policies of Executive Order No. 13166, "Improving Access to Services for Persons with Limited English Proficiency," 42 U.S.C. § 2000d-1 note, and with the provision of U.S. DOT Notice, "DOT Policy Guidance Concerning Recipients' Responsibilities to Limited English Proficiency (LEP) Persons," 70 Fed. Reg. 74087, December 14, 2005.

## **16. ENVIRONMENTAL JUSTICE**

The applicant agrees to facilitate compliance with the policies of Executive Order No. 12898, "Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations," February 11, 1994, 42 U.S.C. § 4321 note, as well as, facilitating compliance with that Executive Order, U.S. DOT Order 5610.2, "Department of Transportation Actions to Address Environmental Justice in Minority Populations and Low-Income Populations," 62 Fed. Reg. 18377, April 15, 1997, and the most recent edition of FTA Circular 4703.1, "Environmental Justice Policy Guidance for Federal Transit Administration Recipients," August 15, 2012, to the extent consistent with applicable federal laws, regulations, requirements, and guidance.

## **17. CHARTER SERVICE**

The applicant may not engage in Charter Service, except as permitted under federal transit laws, specifically 49 U.S.C. § 5323(d) and (r), FTA regulations, "Charter Service," 49 C.F.R. Part 604, any other Federal Charter Service regulations, or federal guidance.

The only possible exception that would allow a 5310 recipient to provide charter services is if for “program purposes” which is defined in 49 C.F.R. Part 604 as “transportation that serves the needs of either human service agencies or targeted populations” (seniors or individuals with disabilities). The agency’s service only qualifies for the exemption contained in 49 C.F.R. 604.2(e) if the service is designed to serve the needs of targeted populations.

Charter service provided to a group, however, that includes individuals who are only incidentally members of the targeted populations, is not “for program purposes” and must meet the requirements of the FTA’s Charter Rule.

## **18. SEAT BELT USAGE**

Pursuant to Executive Order No. 13043, “Increasing Seat Belt Use in the United States,” April 16, 2018, 1997, 23 U.S.C. § 402 note, agency is required to adopt and promote on-the-job seat belt use policies and programs for its employees and other personnel that operate company-owned vehicles, company-rented vehicles, or personally-operated vehicles and include this provision in third party contracts, third party subcontracts, and sub-agreements entered into under this Project.

## **19. DISTRACTED DRIVING, INCLUDING TEXT MESSAGING WHILE DRIVING**

Pursuant to Executive Order No. 13513, “Federal Leadership on Reducing Text Messaging While Driving,” October 1, 2009, 23 U.S.C. § 402 note and DOT Order 3902.10, “Text Messaging While Driving,” December 30, 2009. The agency agrees to adopt and enforce workplace safety policies to decrease crashes caused by distracted drivers, including policies to ban text messaging while using an electronic device supplied by an employer, and driving a vehicle the driver owns or rents, any vehicle an agency owns, leases, or rents, or a privately-owned vehicle when on official business in connection with the award, or when performing any work for or on behalf of the award.

The agency agrees to conduct workplace safety initiatives in a manner commensurate with its size, such as establishing new rules and programs to prohibit text messaging while driving, re-evaluating the existing programs to prohibit text messaging while driving, and providing education, awareness, and other outreach to employees about the safety risks associated with texting while driving.

## **20. TERMINATION**

### **(a) Termination for Convenience**

If approved for funding, the applicant understands that the WV Department of Multimodal Transportation Facilities - Transit may terminate any contract, in whole or in part, at any time by written notice to the agency when it is in the Government’s best interest. The agency shall be paid for transportation services rendered up to the time of termination. The agency shall promptly submit its termination claim to Transit to be paid to the agency. If the agency has any property in its possession belonging to Transit, the agency will account for the same, and dispose of it in the manner the WV Department of Multimodal Transportation Facilities - Transit directs.

### **(b) Termination for Default (Breach or Cause)**

If the agency does not deliver transportation services in accordance with the contract, or the agency fails to perform in the manner called for in the contract, or if the agency fails to comply with any other provisions of the contract, Transit may terminate the contract for default. Termination shall be effected by serving a notice of termination on the agency setting forth the manner in which the agency is in default. The agency will only be paid for transportation services provided in accordance with the manner of performance set forth in the contract.

If it is later determined by the WV Department of Multimodal Transportation Facilities - Transit that the agency had an excusable reason for not performing, such as a strike, fire, or flood, events which are not the fault of or are beyond the control of the agency Transit, after setting up a new performance schedule, may allow the agency to continue providing transportation services, or treat the termination as a termination for convenience.

### **(c) Opportunity to Cure**

The WV Department of Multimodal Transportation Facilities - Transit, in its sole discretion may, in the case of a termination for breach or default, allow the agency an appropriately short period of time in which to cure the defect. In such case, the notice of termination will state the time period in which cure is permitted and other conditions.

If agency fails to remedy to the WV Department of Multimodal Transportation Facilities – Transit’s satisfaction the breach or default or any of the terms, covenants, or conditions of the Contract within ten (10) days after receipt by agency of written notice from the WV Division of Public Transit setting forth the nature of said breach or default, Transit shall have the right to terminate the Contract without any further obligation to agency. Any such termination

for default shall not in any way operate to preclude the WV Department of Multimodal Transportation Facilities - Transit from also pursuing all available remedies against agency and its sureties for said breach or default.

(d) Waiver of Remedies for Any Breach

In the event that the WV Department of Multimodal Transportation Facilities - Transit elects to waive its remedies for any breach by agency of any covenant, term or condition of the Contract, such waiver by the WV Department of Multimodal Transportation Facilities - Transit shall not limit the Transit's remedies for any succeeding breach of that or of any other term, covenant, or condition of this Contract.

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**21. HOLD HARMLESS**

If approved for funding, the agency agrees to protect, defend, indemnify and hold the WV Department of Multimodal Transportation Facilities - Transit, its officers, employees and agents free and harmless from and against any and all losses, penalties, damages, settlements, costs, charges, professional fees or other expenses or liabilities of every kind and character arising out of or relating to any and all claims, liens, demands, obligations, actions, proceedings or causes of action of every kind and character in connection with or arising directly or indirectly out of this Contract and/or the performance hereof. Without limiting the generality of the foregoing, any and all such claims, etc. relating to personal injury, infringement of any patent, trademark, copyright (or application for any thereof) or of any other tangible or intangible personal or property rights, or actual or alleged violation of any other tangible or intangible personal or property rights, or actual or alleged violation of any applicable statute, ordinance, administrative order, rule or regulation, or decrees of any court, shall be included in the indemnity hereunder. The agency further agrees to investigate, handle, respond to, provide defense for and defend any such claims, etc. at his/her sole expense and agrees to bear all other costs and expenses related thereto, even if such claim is groundless, false or fraudulent.

**22. FTA TERMS**

The preceding provisions include, in part, certain Standard Terms and Conditions required by DOT, whether or not expressly set forth in the preceding contract provisions. All contractual provisions required by DOT, as set forth in FTA Circular 4220.1F, dated November 1, 2008, are hereby incorporated by reference. Anything to the contrary herein notwithstanding, all FTA mandated terms shall be deemed to control in the event of a conflict with other provisions contained in this contract. The agency shall not perform any act, fail to perform any act, or refuse to comply with any WV Department of Multimodal Transportation Facilities - Transit requests that would cause the WV Department of Multimodal Transportation Facilities - Transit to be in violation of the FTA terms and conditions.

**22. AUDITS**

The applicant agrees to report any audit findings that involve Section 5310 funded equipment immediately to the WV Department of Multimodal Transportation Facilities – Transit

I declare that the foregoing certifications are true and correct.

---

**Signature of Official and Date**

---

**Title**

## CERTIFICATION OF EQUIVALENT SERVICE

The \_\_\_\_\_  
**(Applicant)**

certifies that its demand responsive service offered to individuals with disabilities, including individuals who use wheelchairs, is equivalent to the level and quality of service offered to individuals without disabilities. Such service, when viewed in its entirety, is provided in the most integrated setting feasible and is equivalent with respect to:

- (1) Response time;
- (2) Fares;
- (3) Geographic service area;
- (4) Hours and days of service;
- (5) Restrictions on trip purpose;
- (6) Availability of information and reservation capability; and
- (7) Constraints on capacity or service availability.

In accordance with 49 C.F.R. 37.77, public entities operating demand responsive systems for the general public which receive financial assistance under Sections 5310 or 5311 of the Federal Transit Act, as amended, must file this certification with the appropriate state program office before procuring any inaccessible vehicle. Such public entities not receiving Federal Transit Act funds shall also file the certification with the appropriate state program office. Such public entities receiving Federal Transit Act funds under any other Section of the Federal Transit Act must file the certification with the appropriate Federal Transit Administration regional office. This certification is valid for no longer than one year from its date of filing.

\_\_\_\_\_  
**Name & Title of Authorized Official**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Assurance Concerning Nondiscrimination on the Basis of Disability in Federally-Assisted Programs and Activities Receiving or Benefiting from Federal Financial Assistance**

**Implementing the Rehabilitation Act of 1973, as amended, and the Americans With Disabilities Act of 1990**

**(Federal Transit Administration)**

\_\_\_\_\_ (the "Recipient") agrees that,

**(Applicant)**

as a condition to the approval or extension of any Federal financial assistance from the Federal Transit Administration (FTA) to construct any facility, obtain any rolling stock or other equipment, undertake studies, conduct research or to participate in or obtain any benefit from any program administered by the FTA, no otherwise qualified person with a disability shall, solely by reason of his or her disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives or benefits from Federal financial assistance administered by the FTA or any entity within the United States Department of Transportation (DOT).

Specifically, the Recipient gives assurance that it will conduct any program or operate any facility so assisted in compliance with all applicable requirements imposed by DOT regulations implementing the Rehabilitation Act of 1973, as amended, and the Americans With Disabilities Act of 1990 (any subsequent amendments thereto) set forth at 49 C.F.R. Parts 27, 37, and 38, as well as all applicable regulations and directives issued pursuant thereto by other Federal departments or agencies.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Legal Name of Applicant**

**BY:** \_\_\_\_\_  
**Signature of Authorized Official**

## TITLE VI REPORT

List any active lawsuits or complaints naming the applicant which allege discrimination on the basis of race, color, or natural origin with respect to service or other transit benefits. The list should include: date the lawsuit or complaint was filed; a summary of the allegation; and the status of the lawsuit or complaint; including whether the parties to a lawsuit have entered into a consent decrees. **If none, please state.**

A description of all pending applications for financial assistance and all financial assistance currently provided by other federal agencies. **If none, please state.**

A summary of all civil rights compliance review activities conducted in the last three years. The summary should include: the purpose or reasons for the review; the name of the agency or organization that performed the review; a summary of the findings and recommendations of the review; and a report on the status and/or disposition of such findings and recommendations. **If none, please state.**

## DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS

The \_\_\_\_\_ (applicant) certifies to the best of its knowledge and belief, that it and its principals:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
2. Have not 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 antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
3. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (2) of this certification; and
4. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

If the \_\_\_\_\_ (applicant) is unable to certify to any of the statements in this certification, the participant shall attach an explanation to this certification.

The primary participant (applicant for an FTA grant or cooperative agreement, or potential contractor for a major third party contract), certifies or affirms the truthfulness and accuracy of the contents of the statements submitted on or with this certification and understands that the provisions of 31 U.S.C. sections 3801 et seq. Are applicable thereto.

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Signature and Title of Authorized Official

# **SECTION III**

## **GRANT APPLICATION**

Complete the following application using the forms provided.

## to Seniors and Individuals with Disabilities

**AGENCY NAME:**

1. Describe the services to be provided and the agency's plan for project implementation:

2. Describe how existing general public transportation services are unavailable, insufficient or inappropriate for your proposed clients:

3. Describe how this agency will use grant funds to overcome these shortcomings:

4. Describe how expansion of your existing services will provide services to individuals with disabilities, regardless of age:

**SERVICE AREA**

5. The "transportation service area of the Project is intended to include the geographic area over which the Project is operated and the area whose population is served by the Project, including adjacent areas affected by the Project." Please answer these questions using: [2022 American Community Survey Five-Year Estimates](#).

Description of Service Area (Where will the transportation services been offered?):

Total population of service area: \_\_\_\_\_

Total disabled population of service area: \_\_\_\_\_

Senior population of service area \_\_\_\_\_

6. Type of clients proposing to serve:

% Non Disabled Senior \_\_\_\_\_ % Physically Disabled Senior \_\_\_\_\_

% Mentally Disabled Senior \_\_\_\_\_ % Physically Disabled Non Senior \_\_\_\_\_

% Mentally Disabled Non Senior \_\_\_\_\_ % Other \_\_\_\_\_

7. Estimated number of senior individuals to be **served weekly** by services you are proposing? (Do not count an individual twice - an individual is either disabled or a senior not both) \_\_\_\_\_

8. Check the days of the week and indicate the hours of operation of your agency's is proposing to provide services.

\_\_\_ Mo \_\_\_\_\_                      \_\_\_ Th \_\_\_\_\_                      \_\_\_ Su \_\_\_\_\_  
\_\_\_ Tu \_\_\_\_\_                      \_\_\_ Fr \_\_\_\_\_  
\_\_\_ We \_\_\_\_\_                      \_\_\_ Sa \_\_\_\_\_

9. Indicate by percentages what type of transportation will be provided with the requested funding.

\_\_\_\_\_ % Adult Day Care                      \_\_\_\_\_ % Mental Health  
\_\_\_\_\_ % Education                      \_\_\_\_\_ % Nutrition  
\_\_\_\_\_ % Employment                      \_\_\_\_\_ % Shopping/Personal  
\_\_\_\_\_ % Medical                      \_\_\_\_\_ % Social/Recreation  
\_\_\_\_\_ % Other \_\_\_\_\_

The Americans With Disabilities Act of 1990 requires that individuals with disabilities receive the same level of service from a transportation provider as a non-disabled person.

10. If you do not have lift-equipped vehicles in your inventory, do you have a written agreement with another provider in your service area to provide a lift-equipped vehicle when needed?

Yes \_\_\_\_\_                      No \_\_\_\_\_

If yes, give name, contact person, address and telephone number of agency:

\_\_\_\_\_

11. What agency options do seniors and individuals with disabilities use to access your agency's current transportation services?

Are these procedures different than for a non-disabled person?

### COORDINATION WITH OTHER FEDERAL PROGRAMS

The U.S. Department of Transportation (U.S. DOT) signed an interagency agreement with the U.S. Department of Health and Human Services (DHHS) in 1996 to improve the coordination of programs funded by the two departments. States are to encourage their Section 5310 recipients to participate in coordinated systems at the local level, along with recipients of funds from the programs of DHHS. The State must sign an assurance that the consolidated program of projects submitted for funding provides for maximum feasible coordination of transportation services assisted under Section 5310 with transportation services assisted by other Federal sources.

Also, the Older Americans Act has provisions that affect community transportation services. There is strengthened language describing expectations for coordination of senior-oriented and public transportation services under the "Title III-B" supportive services and senior centers program.

12. Does your agency currently participate in a cooperative/coordinated effort in the proposed service area?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe the arrangement and specify the type of trips shared; number of clients served; and any other cooperative activities, such as: joint training; joint purchasing; joint grant writing, etc.

If no, please explain:

13. Describe the processes that your agency undertakes to ensure that the proposed transportation services are or will be coordinated to the maximum extent possible with other federally funded agencies and private transportation providers in the proposed service area?



Refer to the West Virginia Transportation Providers Directory at: [www.transportation.wv.gov/publictransit](http://www.transportation.wv.gov/publictransit) , select Transportation Providers Directory tab and specifically address how you have coordinated with providers in your service area.

**Locally Developed Coordinated  
Public Transit-Human Services  
Transportation Plan**

All projects funded by the Enhanced Mobility of Seniors and Individuals with Disabilities Formula Program (Section 5310) must be part of a “locally developed coordinated public transit-human services transportation plan.” This plan was required to be developed through a process that included representatives of public, private, and non-profit transportation service providers, human services transportation providers and the general public.

All known transportation agencies were notified that any agency planning on applying for funding under the Section 5310 Program had to participate in the plan development and attend the development meetings in the summer of 2019.

The state’s Regional Planning and Development Councils facilitated the development of the Coordinated Public Transit-Human Services Transportation Plans for each region and continue to update the plans periodically. The Councils held meetings most recently during the summer of 2019 and surveyed agencies and ask for input.

- 14. Did someone from your agency attend focus group meetings facilitated by RLS & Associates and the Transit to update the plan?

Yes \_\_\_\_\_ No \_\_\_\_\_

Name of person(s) attending: \_\_\_\_\_  
\_\_\_\_\_

Location(s) of meeting: \_\_\_\_\_

- 15. Was your agency requested to complete a survey in regards to the plan?

Yes \_\_\_\_\_ No \_\_\_\_\_

16. Did your agency complete the survey? Yes \_\_\_\_\_ No \_\_\_\_\_

17. Is your agency involved in any new coordination activities because of these efforts?

Yes \_\_\_\_\_ No \_\_\_\_\_

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If yes, please describe:

18. List the types and amount of driver training (including volunteers) your agency has provided within the last two years:

19. The Americans With Disabilities Act recommends training of all drivers. Please list all drivers from your organization who have had Passenger Service and Safety Training (PASS) and are still driving.

Name of Driver(s) Provide a copy of latest PASS certificate for each driver.

Attach additional sheets if necessary.

20. Provide service levels estimates for each year of the project:

	<u>FY2026</u>	<u>FY2027</u>
Service Miles	_____	_____
Service Hours	_____	_____
Passenger Trips	_____	_____

Which of the above will be used to calculate the unit rate? (choose one)

\_\_\_\_\_ Service Miles    \_\_\_\_\_ Service Hours    \_\_\_\_\_ Passenger Trips

21. Describe how the service level estimates were developed.

A large, empty rectangular box with a black border, intended for the user to provide a detailed description of how service level estimates were developed. The box is currently blank.

**FINANCIAL INFORMATION  
FUNDING PROPOSAL**

*Develop Cost Price Analysis for each year of the project to determine  
the unit rate and annual funding level.*

	<u>FY2026</u>	<u>FY2027</u>
<b>Direct Operating Costs</b>		
Fuel, Lubricants and Tires	_____	_____
Maintenance Costs	_____	_____
Insurance Costs	_____	_____
 <b>Direct Labor Costs:</b>		
Salaries: Manager	_____	_____
Drivers	_____	_____
Others	_____	_____
Fringe Benefits	_____	_____
Service Marketing	_____	_____
Administrative & Reporting Costs	_____	_____
 <b>Indirect Costs:</b> can be no higher than 10%		
Overhead (Rent & Others)	_____	_____
Other Indirect Costs (explain)	_____	_____
 <b>Subtotal</b>	 _____	 _____
 Less Passenger Fares/Donations	 _____	 _____
Less Other	_____	_____
 <b>Total Project Cost</b>	 _____	 _____

<b>Proposed Units of Service</b>	<u><b>FY2026</b></u>	<u><b>FY2027</b></u>
Number of Service Miles, Service Hours or Passenger Trips (circle the one your agency is using as the basis for the unit rate)	_____	_____

<b>Unit Rate</b>	<u><b>FY2026</b></u>	<u><b>FY2027</b></u> <u><b>Estimated</b></u>
------------------	----------------------	---

Total Project Cost Divided by Proposed Units of Service	_____	_____
--	-------	-------

**Source(s) of Match**

<u><b>Local Contribution</b></u>		<u><b>Amounts</b></u>
----------------------------------	--	-----------------------

<b>Source(s)</b>	<u><b>FY2026</b></u>	<u><b>FY2027</b></u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>Total Local Contributions</b>	_____	_____
----------------------------------	-------	-------

<b>Local Match Ratio</b>		
Total Local Contributions Divided by Total Project Cost (Must be at least 20 percent)	_____	_____

**Behind these pages:**

- **Attach notarized documentation on agency letterhead that states agency has resources to meet local match requirements.**
- **Attach documentation of local agencies providing match support.**

**EXAMPLES  
OF  
MONTHLY SECTION 5310  
EXPENDITURE REPORT FORMS**







**EXAMPLE REIMBURSEMENT RATE PER HOUR  
MONTHLY SECTION 5310 EXPENDITURE REPORT FORM**

For the Period: \_\_\_\_\_ Year \_\_\_\_\_

Agency: \_\_\_\_\_

**TOTAL PASSENGER TRIPS**

Total Elderly	-	-
Total Disabled	-	
a.) Wheelchair Users	-	
b.) Non-Wheelchair Users	-	
Total Other Passengers	-	

**Trip Purposes:**

Adult Day Care	
Education	
Employment	
Medical	
Mental Health	
Nutrition	
Shopping/Personal	
Social/Recreation	
Other:	

TOTAL SERVICE HOURS: 0.00

TOTAL SERVICE MILES:



REIMBURSEMENT RATE PER HOUR: -

LESS 20% MATCH:      Source: \$ -

\$ -

\$ -

**FUNDS REQUESTED:** -

**COORDINATION EFFORTS:**

List any examples of coordination regarding providing transportation services for this month:

\_\_\_\_\_

***CERTIFICATION:** "I certify that this report represents accurately the statistical information for the period covered and conforms to the terms and conditions of the referenced grant agreement. All documentation in support of expenses and statistics is available for review at our office. No other funding sources have been utilized to pay for the same miles/trips/hours except for requested match."*

Name & Title	Signature	Date
--------------	-----------	------

Name & Title	Signature	Date
--------------	-----------	------

FOR DPT USE ONLY - REVIEWED BY:			
Name	Date	Name	Date

**APPENDIX I**

**REGIONAL PLANNING AND  
DEVELOPMENT COUNCILS  
AND  
METROPOLITAN PLANNING  
ORGANIZATIONS ADDRESSES**



**REGIONAL PLANNING AND DEVELOPMENT COUNCILS AND  
METROPOLITAN PLANNING ORGANIZATIONS**

**REGION I**

**Region I Planning and Development Council**

**Consisting of:** McDowell, Mercer, Monroe, Raleigh, Summers  
and Wyoming Counties

**Executive Director:** Jason Roberts  
1439 East Main Street, Suite 5  
Princeton, West Virginia 24740  
PH: (304) 431-7225  
FAX: (304) 431-7235  
Email: [jasonroberts@regiononepdc.org](mailto:jasonroberts@regiononepdc.org)

**MPO – Fayette/Raleigh Metropolitan Planning Organization**

**Consisting of:** Fayette and Raleigh Counties

**REGION II**

**Region II Planning and Development Council**

**Consisting of:** Cabell, Lincoln, Logan, Mason, Mingo and Wayne Counties

**Executive Director:** Chris Chiles  
214 Fourth Street  
P. O. Box 939  
Huntington, West Virginia 25712-0939  
PH: (304) 523-7434  
FAX: (304) 529-7229  
Email: [cchiles@region2pdc.org](mailto:cchiles@region2pdc.org)

**Contact:** Kathy Elliott, Senior Project Administrator/Deputy Director  
Email: [kelliott@region2.pdc.org](mailto:kelliott@region2.pdc.org)

**MPO - KYOVA Interstate Planning Commission**

**Consisting of:** Huntington, WV, Ashland, KY and Ironton, OH (Cabell and  
Wayne Counties, WV, Boyd and Greenup Counties, KY and  
Lawrence County, OH)

**Contact:** Chris Chiles, Executive Director  
Same address and phone information  
Email: [cchiles@region2pdc.org](mailto:cchiles@region2pdc.org)

## REGION III

### MPO - Regional Intergovernmental Council

Consisting of: Charleston Metropolitan Area (Kanawha and Putnam Counties)

### Region III – BCKP Regional Intergovernmental Council

Consisting of: Boone, Clay, Kanawha, and Putnam Counties

Executive Director: Tyler Ferrell  
315 “D” Street  
South Charleston, West Virginia 25303  
PH: (304) 744-4258  
FAX: (304) 744-2534  
Email: [mail@wvregion3.org](mailto:mail@wvregion3.org)

## REGION IV

### MPO – Fayette/Raleigh Metropolitan Planning Organization

Consisting of: Fayette and Raleigh Counties

### Region IV Planning and Development Council

Consisting of: Fayette, Greenbrier, Nicholas, Pocahontas  
and Webster Counties

Executive Director: John Tuggle  
885 Broad Street, Suite 100  
Summersville, West Virginia 26651  
PH: (304) 872-4970  
FAX: (304) 872-1012  
Email: [jtuggle@reg4wv.org](mailto:jtuggle@reg4wv.org)

## REGION V

### Mid-Ohio Valley Regional Council

Consisting of: Calhoun, Jackson, Pleasants, Ritchie,  
Roane, Tyler, Wirt and Wood Counties

Executive Director: Caroline Stewart  
709 Market Street  
Parkersburg, West Virginia 26101 - or -  
PH: (304) 422-4993  
FAX: (304) 422-4998  
Email: [mailcaroline.stewart@movrc.org](mailto:mailcaroline.stewart@movrc.org)

## **MPO - Wood Washington Wirt Interstate Planning Commission**

**Consisting of:** Parkersburg, WV, Marietta and Belpre, OH (Wood County, WV and Washington County, OH)

**Contact:** Randy Durst, Transportation Planning Director  
Same address and phone number (Ext. 125)  
Email: [randy.durst@movrc.org](mailto:randy.durst@movrc.org)

## **REGION VI**

### **Region VI Planning and Development Council**

**Consisting of:** Doddridge, Harrison, Marion, Monongalia, Preston and Taylor Counties

**Executive Director:** Sheena Hunt  
34 Mountain Park Drive  
White Hall, West Virginia 26554  
PH: (304) 366-5693  
FAX: (304) 367-0804  
Email: [sheenahunt@regionvi.com](mailto:sheenahunt@regionvi.com)

## **MPO - Morgantown/Monongalia Metropolitan Planning Organization**

**Consisting of:** Morgantown/Monongalia County

**Executive Director:** Bill Austin, AICP  
243 High Street, Room 110  
Morgantown, West Virginia 26505  
PH: (304) 291-9571  
FAX: (304) 291-9573  
Email: [baustin@labyrinth.net](mailto:baustin@labyrinth.net)

## **REGION VII**

### **Region VII Planning and Development Council**

**Consisting of:** Barbour, Braxton, Gilmer, Lewis, Randolph, Tucker and Upshur Counties

**Executive Director:** Shane Whitehair  
99 Edmiston Way, Suite 225  
Buckhannon, West Virginia 26201  
PH: (304) 472-6564  
FAX: (304) 472-6590  
Email: [swhitehair@regionvii.com](mailto:swhitehair@regionvii.com)

## REGION VIII

### Region VIII Planning and Development Council

**Consisting of:** Grant, Hampshire, Hardy, Mineral  
and Pendleton Counties

**Executive Director:** Melissa Earle  
131 Providence Lane  
Petersburg, West Virginia 26847  
PH: (304) 257-2448; (304) 257-1221  
FAX: (304) 257-4958  
Email: [mearle@regioneight.org](mailto:mearle@regioneight.org)

## REGION IX

### Eastern Panhandle Regional Planning and Development Council

**Consisting of:** Berkeley, Jefferson and Morgan Counties

**Executive Director:** Rachel Snavely  
226 Pilot Way, Suite E  
Martinsburg, West Virginia 25405  
PH: (304) 263-1743  
FAX: (304) 263-7156  
Email: [rsnavely@region9wv.com](mailto:rsnavely@region9wv.com)

### MPO – Hagerstown/Eastern Panhandle Metropolitan Planning Organization

**Consisting of:** Washington (MD), Franklin (PA), Berkeley and  
Jefferson (WV) Counties

**Executive Director:** Matthew T. Mullenax  
33 West Washington Street  
4<sup>th</sup> Floor, Suite 402  
Hagerstown, MD 21740  
PH: (240) 313-2080  
FAX: (240) 313-2084  
Email: [mmullenax@hepmpo.net](mailto:mmullenax@hepmpo.net)

## REGION X

### Bel-O-Mar Regional Council and Interstate Planning Commission

**Consisting of:** Marshall, Ohio and Wetzel (WV) Counties  
and Belmont (OH) County

**Executive Director:** Scott Hicks  
105 Bridge Street Plaza  
P.O. Box 2086  
Wheeling, West Virginia 26003  
PH: (304) 242-1800  
FAX: (304) 242-2437  
Email: [hicks@belomar.org](mailto:hicks@belomar.org)

**Contact:** Rakesh Sharma, MPO Transportation Study Director  
[rsharma@belomar.org](mailto:rsharma@belomar.org)

## REGION XI

### MPO - Brooke-Hancock-Jefferson Metropolitan Planning Commission

**Consisting of:** Brooke and Hancock Counties, WV  
and Jefferson County, (OH)

**Executive Director:** Michael Paprocki  
124 North Fourth Street, Second Floor  
Steubenville, Ohio 43952  
PH: (740) 282-3685, Ext. 209  
FAX: (740) 282-1821  
Email: [mikepap@bhjmpc.org](mailto:mikepap@bhjmpc.org)

**Contact:** Dave Snelting, MPO Transportation Study Director  
Email: [dsnelting@bhjmpc.org](mailto:dsnelting@bhjmpc.org)  
PH: (740) 282-3685, Ext. 205

and

### Brooke-Hancock Regional Planning and Development Council

**Consisting of:** Brooke and Hancock Counties (WV)

**Executive Director:** Michael Paprocki  
P. O. Box 82  
Weirton, WV 26062  
PH: (304) 797-9666  
FAX: (740) 282-1821  
Email: [mikepap@bhjmpc.org](mailto:mikepap@bhjmpc.org)

**APPENDIX II**

**TITLE VI NONDISCRIMINATION  
AND  
LIMITED ENGLISH PROFICIENCY  
REQUIREMENTS**

**Agency must have – and submit with this application – an approved Title VI Plan that reflects current policies and procedures.**

**If your agency has not completed the required Title VI Plan, complete the appendix below and submit with application.**

# **Title VI Program**

**[Insert agency name here]**

**Adopted Date**

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## TITLE VI PROGRAM QUESTIONNAIRE

*The Federal Transit Administration (FTA) requires all recipients of FTA assistance to develop a Title VI program. This is a new requirement. In the past, the PUBLIC TRANSIT's program covered the State and its grantees. Now, each grantee must have its own program. To help you develop a Title VI program, the PUBLIC TRANSIT has developed this questionnaire, after which reviewed and accepted by the PUBLIC TRANSIT, will become your Title VI program. **Prior to submitting with 5310***

***Application, you will be required to submit the completed questionnaire to your Board or council for approval and then provide evidence of the approval (copy of Board or council minutes approving and adopting plan) to the PUBLIC TRANSIT.***

### NOTICE TO THE PUBLIC

*FTA requires that each grantee notify the public of its rights under Title VI and include the notice and where it is posted in the Title VI program. The notice must include:*

- *A statement that the agency operates programs without regard to race, color, and national origin*
- *A description of the procedures that members of the public should follow in order to request additional information on the grantee's nondiscrimination obligations*
- *A description of the procedures that members of the public should follow in order to file a discrimination complaint against the grantee*

*The notice can be a separate document, such as a posted sign, a statement that is in another document, or a stand-alone document, such as a Title VI brochure.*

***Attachment A** presents two notices developed by PUBLIC TRANSIT, a longer "stand-alone" statement and a shorter statement that can be included in documents, such as a service brochure or as a placard in the van. The PUBLIC TRANSIT will supply copies of the notices that should be placed in your vehicles.*

*An agency should post the longer Title VI notice on its website and in the reception area or public meeting spaces of its offices.*

*We recommend that you post the longer notice in your office in an inexpensive frame.*

1. Please provide a copy of **your** Title VI notice(s).
2. Where are the notices posted?
3. Have you posted a Title VI notice on your website and in the reception area or the public meeting spaces of your office? If posted on website, please provide website address.

**COMPLAINT INSTRUCTIONS AND FORM**

*FTA requires each grantee to have instructions for the public to follow and a form for the public to use for filing a Title VI complaint. The PUBLIC TRANSIT has developed for you the form and procedures for filing a Title VI complaint. **Attachment B** presents the sample form and procedures.*

4. Please provide a copy of ***your*** agency’s complaint form and procedures.

**TITLE VI COMPLAINTS, INVESTIGATIONS AND LAWSUITS**

*FTA requires that the Title VI program include a list of transit-related Title VI complaints, investigations, and lawsuits. PUBLIC TRANSIT obtains this information with grant applications. Please note that EEO and ADA complaints are not Title VI complaints so do not list them. If you are part of a city, county, or human service agency, only list Title VI complaints, investigations, or lawsuits related to transportation services.*

5. Have you had any Title VI complaints, investigations, or lawsuits related to your transportation services? If yes, please complete the following table.

<b>Type</b>	<b>Date</b>	<b>Summary</b>	<b>Status</b>	<b>Action(s) Taken</b>
Complaints				
Investigations				
Lawsuits				

**PUBLIC PARTICIPATION ELEMENT**

*FTA requires that the Title VI program include a public participation plan that includes an outreach plan to engage minority and limited English proficient (LEP) populations. The plan may include other constituencies that are traditionally underserved, such as people with disabilities, low-income populations, and others. Applicants to PUBLIC TRANSIT for FTA assistance are required to comply with several requirements that help meet this Title VI requirement. These requirements include the published notice of intent to apply to PUBLIC TRANSIT for FTA assistance and participation in the public transit-human services transportation coordinated plan development. Other public participation methods include open Board/ council meetings, council meetings of cities and counties that provide local funding, advisory committees, public involvement efforts*

*for transportation services, passenger surveys, marketing efforts, such as booths at fairs, and presentations to service and other organizations.*

6. Are Board/council meetings open to the public?
7. How do you publicize the dates, times, and locations of Board/council meetings?
8. Where are Board/council meetings held?
9. Is the location accessible to persons with disabilities?
10. Is the location served by your agency's transportation services during the hours Board/council meetings are held? If yes, please describe. If not, do you offer transportation to the meetings upon request?
11. What other efforts do you undertake to ensure that transportation riders or clients can attend Board/council meetings?
12. Do you rely on any counties or cities for funding? If yes, please describe how interested parties can comment on your budget and services at city and town council meetings.
13. Discuss any other outreach efforts, including transportation advisory committees, procedures for soliciting comments for service changes, passenger surveys, public involvement for transportation services, presentations, etc.

## **LIMITED ENGLISH PROFICIENCY (LEP) ELEMENT**

*FTA requires that the Title VI program include a plan for providing language assistance to LEP persons. An LEP person is someone who speaks English less than very well. To document what languages are spoken by LEP persons and to help determine what language assistance efforts you should undertake, FTA requires that you analyze the following four factors:*

- *the number and proportion of LEP persons served or encountered in your service area*
- *the frequency with which LEP individuals come into contact with your transportation service*
- *the nature and importance of your transportation service*
- *the language assistance resources potentially available to assist LEP persons*

*By completing this questionnaire, you will have completed the required four-factor analysis.*

The primary source data on LEP populations is the U.S. Census. We have provided a table for you to fill with Census data. To look up the current Census data:

- Go to [US Census Fact Finder](#)
- Search each county or city in your service area
- Select American Community Survey “Education, Marital Status, Relationships, Fertility,.....”
- Scroll down to “language spoken at home”

Please add columns, if needed.

<b>Table 1</b>					
<b>Current Census Numbers for LEP Persons Residing within the Service Area</b>					
<b>Population 5 Years and Over by Language Spoken at Home and Ability to Speak English</b>	<b>City/County 1</b>	<b>City/County 2</b>	<b>City/County 3</b>	<b>Total</b>	<b>Percentage of Population 5 Years and Older</b>
<b>Population 5 Years and Over</b>					
Speak English less than “very well”					
<b>Spanish</b>					
Speak English less than “very well”					
<b>Other Indo-European</b>					
Speak English less than “very well”					
<b>Asian and Pacific Island</b>					
Speak English less than “very well”					
<b>All Other</b>					
Speak English less than “very well”					

*Survey your staff, including van drivers, reservationists/dispatchers, customer service agents, and office personnel, to determine the frequency of contact with LEP persons, what languages are spoken by these persons, and the foreign languages they speak and/or understand. Attachment C presents a sample survey form. After conducting the survey, please complete the following table. If conducting the survey and completing the table does not make sense for you, please discuss the frequency of contact with LEP persons and the languages spoken by these persons in the space provided below.*

<b>Table 2</b>	
<b>Frequency of Contact with LEP Persons</b>	
<b>Frequency</b>	<b>Language Spoken by LEP Persons</b>
Daily	
Weekly	
Monthly	
Less frequently than monthly	

14. If you have not completed Table 2, discuss the frequency of contact with LEP persons and the languages spoken by these persons. (Section 5310 applicants only)

*Conduct a telephone survey of organizations, such as municipalities, tribes, police departments, school systems, major employers, human service agencies, and churches, to find out if they encounter people with language assistance needs, what languages these people speak, and what language assistance efforts they are undertaking. Attachment D presents a sample survey form.*

15. What outside organizations did you survey?

16. Do any of these organizations encounter people with language assistance needs? If yes, what languages do these people speak?

17. Provide a description of your service (type, days and hours) and list the major activity centers served (communities, employers, Rail Runner stations, park and ride lots, government and human service agencies, medical facilities, shopping centers, and recreational facilities).
18. Discuss trip purpose from passenger surveys or transportation development plans, if conducted.
19. Does staff speak foreign languages? If so, what languages? Do you use staff to translate?
20. Have you translated documents into Spanish or another language? If yes, please list the documents and the languages they are translated into.
21. Do you use Google Translate for your web site? If yes, what languages?
22. What other language assistance efforts are you undertaking?
23. Have you made arrangements with other organizations to provide language assistance efforts? If yes, what organizations and what services?
24. How are LEP persons notified of language assistance services?
25. Discuss outreach programs, such as travel training, school presentations, and community presentations and if these efforts potentially reach LEP persons.
26. Describe how language assistance efforts are monitored, evaluated, and updated.
27. Describe how employees are trained in language assistance efforts.

## **PLANNING AND ADVISORY BOARDS**

*FTA requires that the Title VI program present the racial make-up of all transit-related, non-elected planning boards, advisory councils or committees, or similar committees, the membership of which is selected by the recipient, and a description of the efforts to encourage the participation of minorities on such committees.*

28. List all of your transit-related advisory boards and committees and the purpose of each.
29. How are members selected?

30. What is the racial makeup of each board and committee?

31. What efforts are undertaken to encourage participation of minorities on these committees?

**Attachment A  
Title VI Notice to the Public**

**Long Title VI Notice**

**Your Rights Under Title VI**

[Agency] operates its programs and services without regard to race, color, or national origin in accordance with Title VI of the 1964 Civil Rights Act. Any person who believes that she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with our agency.

Any such complaint must be in writing and filed with this agency within 180 days following the date of the alleged discriminatory occurrence. For information on our nondiscrimination obligations or how to file a complaint, please contact (Agency's name) by any of the methods listed below.

**Agency Name and Address**

**Phone**

**Fax**

**Email**

If this information is needed in another language, please contact us.

**Short Title VI Notice**

[Agency] operates its programs and services without regard to race, color, and national origin in accordance with Title VI of the 1964 Civil Rights Act. To find out more about our nondiscrimination obligations, to file a complaint, or to request this information in another language, please contact us at [phone].

**Attachment B  
Title VI Complaint Form and Procedures**

**SAMPLE  
(Agency Name) TITLE VI COMPLAINT FORM**

"No person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

If you feel that you have been discriminated against in the provision of transportation services, please provide the following information to assist us in processing your complaint. Should you require any assistance in completing this form or need information in alternate formats, please let us know.

Please mail or return this form to  
Director  
Agency Name  
Address  
Including Email and Fax number

**PLEASE PRINT** if you are not completing the on-line version of this form.

<b>1. Complainant's Name:</b>		
a. Address:		
b. City:	State:	Zip Code:
c. Telephone (Home <input type="checkbox"/> or Cell <input type="checkbox"/> ) Please include area code		Telephone Number (Work)
( )		( )
d. E-Mail Address:		
Do you prefer to be contacted via this e-mail address? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>2. Accessible Format of Form Needed?</b> <input type="checkbox"/> Large Print <input type="checkbox"/> Audio Tape <input type="checkbox"/> TDD		
<input type="checkbox"/> Other (please specify):		
<b>3. Are you filing this complaint on your own behalf?</b> <input type="checkbox"/> Yes <b>If YES, please go to Question 7</b>		
<input type="checkbox"/> No If no, please go to question 4		
<b>4. If you answered NO to question 3 above, please provide your name and address.</b>		
a. Name of Person Filing Complaint:		
b. Address:		
c. City:	State:	Zip Code:
d. Telephone (Home <input type="checkbox"/> or Cell <input type="checkbox"/> ) Please include area code		Telephone Number (Work)
( )		( )
e. E-Mail Address:		
Do you prefer to be contacted via this e-mail address? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>5. What is your relationship to the person for whom you are filing the complaint?</b>		

**Attachment B**  
**Title VI Complaint Form and Procedures**

<p><b>6. Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.</b> <input type="checkbox"/> Yes, I have permission. <input type="checkbox"/> No, I do not have permission.</p>		
<p><b>7. I believe that the discrimination I experienced was based on</b> (check all that apply)  <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin (Classes protected by Title VI)  <input type="checkbox"/> Other (please specify)</p>		
<p><b>8. Date of Alleged Discrimination (Month, Day, Year):</b></p>		
<p><b>9. Where did the Alleged Discrimination take place?</b></p>		
<p><b>10. Explain as clearly as possible what happened and why you believe that you were discriminated against.</b> Describe all of the persons that were involved. Include the name and contact information of the person(s) who discriminated against you (if known). <i>Use the back of this form or separate pages if additional space is required.</i></p>		
<p><b>11. Please list any and all witnesses' names and phone numbers/contact information.</b> <i>Use the back of this form or separate pages if additional space is required.</i></p>		
<p><b>12. What type of corrective action would you like to see taken?</b></p>		
<p><b>13. Have you filed a complaint with any other Federal, State, or local agency, or with any Federal or State court?</b> <input type="checkbox"/> Yes <b>If yes, check all that apply</b> <input type="checkbox"/> No</p> <p>a. <input type="checkbox"/> Federal Agency (List agency's name)  b. <input type="checkbox"/> Federal Court (Please provide location)  c. <input type="checkbox"/> State Court  d. <input type="checkbox"/> State Agency (Specify Agency)  e. <input type="checkbox"/> County Court (Specify Court and County)  f. <input type="checkbox"/> Local Agency (Specify Agency)</p>		
<p><b>14. Please provide information about a contact person at the agency/court where the complaint was filed.</b></p>		
Name:	Title:	
Agency:	Telephone (    )	
Address:		
City:	State:	Zip Code:

**You may attach any written materials or other information that you think is relevant to your complaint.**

Signature and date is required:

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**Attachment B**  
**Title VI Complaint Form and Procedures**

If you completed Questions 4, 5 and 6, your signature and date is required

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***SAMPLE***  
**(Your agency's name)**  
**Title VI Procedures**

Title VI of the 1964 Civil Rights Act requires that "No person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

Any person who believes that he/she has been aggrieved by an unlawful discriminatory practice on the basis of race, color or national origin by (insert your agency's name) may file a complaint by completing and submitting (your agency's name) the Title VI Complaint form.

**How do you file a complaint?**

You may download the (your agency's name) Title VI Complaint Form at (give web address), or request a copy by writing or phoning (list your agency's full name, address and phone number).

You may file a signed, dated and written complaint no more than 180 days from the date of the alleged incident. The complaint should include:

- Your name, address and telephone number. (See Question 1 of the Complaint Form)
- How, why, and when you believe you were discriminated against. Include as much specific, detailed information as possible about the alleged acts of discrimination, and any other relevant information. (See Questions 7, 8, 9, and 10 of the Complaint Form)
- The names of any persons, if known, whom the director could contact for clarity of your allegations. (See Question 11 of the Complaint Form)

Please submit your complaint form to address listed below:

Director  
Your agency's name and address

## **Attachment B**

### **Title VI Complaint Form and Procedures**

#### **How will your complaint be handled?**

(Your agency's name) investigates complaints received no more than 180 days after the alleged incident. (Your agency's name) will process complaints that are complete. Once a completed complaint is received, (Your agency's name) will review it to determine if (your agency's name) has jurisdiction. The complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated by (your agency's name).

(Your agency's name) will generally complete an investigation within 90 days from receipt of a completed complaint form. If more information is needed to resolve the case, (your agency's name) may contact the complainant. Unless a longer period is specified by (your agency's name), the complainant will have ten (10) days from the date of the letter to send requested information to the (your agency's name) investigator assigned to the case.

If (your agency's name) investigator is not contacted by the complainant or does not receive the additional information within the required timeline, (your agency's name) may administratively close the case. A case may be administratively closed also if the complainant no longer wishes to pursue their case.

After an investigation is complete, (your agency's name) will issue a letter to the complainant summarizing the results of the investigation, stating the findings and advising of any corrective action to be taken as a result of the investigation. If a complainant disagrees with (your agency's name) determination, he/she may request reconsideration by submitting a request in writing to (your agency's name) director (or the appropriate title) within seven (7) days after the date of (your agency's name) letter, stating with specificity the basis for the reconsideration. The director (or the appropriate title) will notify the complainant of his decision either to accept or reject the request for reconsideration within 10 days. In cases where reconsideration is granted, the director (or the appropriate title) will issue a determination letter to the complainant upon completion of the reconsideration review.

A person may also file a complaint directly with the Federal Transit Administration, at FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590.

If information is needed in another language, then contact (your agency's name) at (phone number).

**Attachment B**  
**Title VI Complaint Form and Procedures**

### STAFF LEP SURVEY

[Agency] is studying the language assistance needs of its riders so that we can better communicate with them and increase ridership. Please complete the following survey and return it to X by X.

How often do you come into contact with passengers who do not speak English or have trouble understanding you when you speak English to them? (Circle one)

Daily              Weekly              Monthly              Less frequently than  
monthly

What languages do these passengers speak? Please list.

What other foreign languages do you understand or speak?

Would you be willing to serve as a translator when needed?

**OUTSIDE ORGANIZATION LEP SURVEY**

Organization:

What language assistance needs are encountered?

What languages are spoken by persons with language assistance needs?

What language assistance efforts are you undertaking to assist persons with language assistance needs?

When necessary, can we use these services?

Would you like information on transportation services?