

An Application to the

Oklahoma Department of Transportation

Office of Mobility & Public Transit

for the

Oklahoma Public Transit Revolving Fund

FOR THE

PROGRAM YEAR

2021

**Submitted by**

**INSERT DIRECTOR NAME**

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

**INSERT CONTRACTOR NAME**

**INSERT TRANSIT NAME**

**INSERT MAILING ADDRESS**

**INSERT CITY, STATE AND 9-DIGIT ZIP CODE**

**SFY-2021**

# Public Transit Revolving Fund Application and Agreement Check List

**The following revolving fund application documents must be submitted to ODOT’s Office of Mobility & Public Transit by 3:00 pm July 31, 2020:**

\_\_\_\_\_ Transit Agency Contact Information Form

\_\_\_\_\_ Detailed description of the transportation services provided, to include services to elderly and disabled.

\_\_\_\_\_ Trip Statistics Certification.

\_\_\_\_\_ Availability to the General Public Certification.

\_\_\_\_\_ Service to the Elderly and Disabled Certification.

\_\_\_\_\_ A proposed SY2021 budget and justification depicting the use of revolving funds received for SY2021 (use your FY2020 funds received as your allocated budget)

\_\_\_\_\_ An independent audit report stating that the mileage reported is exact and accurate.

**The following documents are to be included along with signed contract to ODOT for execution**

\_\_\_\_\_ Workers Compensation Insurance Certificate

\_\_\_\_\_ Liability Insurance Certificate

**Transit Agency Contact Information**

***SFY- 2021***

***(Please fill out all fields and return with application)***

**Revolving Fund Contracting Agency *(Agency Entering into an Agreement with ODOT)*:**

|  |
| --- |
|  |

**Agency phone number:**

|  |
| --- |
|  |

**Agency physical address *(Agency’s office location)*:**

|  |
| --- |
|  |

**Agency mailing address (*Location where documents should be mailed to by ODOT)*:**

|  |
| --- |
|  |

**Primary Contact Information *(Person to send Contract and Invoices to):***

Name (First & Last):

|  |
| --- |
|  |

Title:

|  |
| --- |
|  |

Phone:

|  |
| --- |
| **( ) XXX-XXXX** |

Email address:

|  |
| --- |
|  |

**Secondary Contact *(Back up person for primary contact):***

Name (First & Last):

|  |
| --- |
|  |

Title:

|  |
| --- |
|  |

Phone:

|  |
| --- |
| **( ) XXX-XXXX** |

Email address:

|  |
| --- |
|  |

**TRIP STATISTICS CERTIFICATION**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Contractor Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Transit Agency Name)

Public transportation vehicle revenue miles for the period of July 1, 2019 to June 30, 2020.

**Total Revenue Miles Provided: \_\_\_\_\_\_ Total Passenger Trips: \_\_\_\_\_\_**

**Elderly Passengers Trips: \_\_\_\_\_\_**

**Disabled Passenger Trips Provided: \_\_\_\_\_\_**

**Elderly/Disabled Passenger Trips Provided:\_\_\_**

I certify that the above amounts are true and correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Authorized Official Signature of Authorized Official

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Authorized Official Date

State of: OKLAHOMA ) ss:

County of: COUNTY )

Subscribed and sworn to before me this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public Commission Expiration Date

affix seal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Commission Number

**AVAILABILITY TO THE GENERAL PUBLIC CERTIFICATION**

The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby certifies that the transportation

(Contractor Name)

Service provided by its public transportation program is open to the public. The level of service is based on the travel demands of the public as well as public comments and suggestions regarding service available. The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_also (Contractor Name)

certifies that all vehicles participating in the program will be clearly marked with block lettering no smaller than 2" in height, as **"Open to Public Use"** and that a phone number for inquiring about the public transportation will be clearly displayed on all vehicles participating in the program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Authorized Official Signature of Authorized Official

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public Commission Expiration Date

affix seal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Commission Number

**SERVICE TO THE ELDERLY AND DISABLED CERTIFICATION**

The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ doing business as

(Contractor Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby certifies that a

(Transit Agency Name)

minimum 50% of the funds for SFY 2021 the Public Transit Revolving Fund will be used to provide transportation services to the elderly and disabled. In SY 2020 we received $\_\_\_\_\_\_\_\_\_\_\_ of which $\_\_\_\_\_\_\_\_\_\_\_\_ went to provide services for the elderly and disabled.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Commission Number