|  |  |
| --- | --- |
| **AGENCY NAME:** |  |
| County: |  |
| Address: |  |
| City/State/Zip Code: |  |
| **EXECUTIVE DIRECTOR:** |  |
| Email: |  |
| Phone: |  |
| **FINANCIAL CONTACT:** |  |
| Email: |  |
| Phone: |  |

**CHECKLIST OF REQUIRED ITEMS AT SUBMITTAL:**

☐ Signed Transmittal Cover Page

Proposal Response Template(s)

Financial Components Workbook

Organizational Chart with staff names, job titles and job descriptions

DHS Pre Award Risk Assessment Form

Copy of liability insurance for all programs and facilities

Cost Share Policy

Client contribution Policy

Complaint Policy and Procedures

Most recent audit’s Financial Statement & Current Budget of Applicant

Organization(s)

Three references from entities that have previous or current business relationships with the applicant, wherein the role of the applicant in the relationship is clearly stated

**FTA Certifications and Assurances Form**

1. The applicant has coordinated or will coordinate to the maximum extent feasible with other transportation providers and users, including social service agencies authorized to purchase transit service;
2. The applicant has or will comply with all terms and requirements listed in the Sub- Recipient Terms and Requirements section of this application;
3. The applicant has complied or will comply with all applicable civil rights requirements, including but not limited to full compliance with Title VI of the Civil Rights Act of 1964 and related statutes and regulations, in all programs and activities (See Appendix III);
4. The applicant has complied or will comply with applicable requirements of U.S. DOT regulations regarding participation of disadvantaged business enterprises in U.S. DOT programs (See Appendix III);
5. The applicant has complied or will comply with all applicable lobbying requirements for each application (per 49 CFR 20.110) exceeding $100,000 (See Appendix III);
6. The applicant will comply with all applicable federal requirements per the FTA Federal Fiscal Year 2015 list of Certifications and Assurances for Federal Transit Administration Grants and Cooperative Agreements, as referenced at: [https://www.transit.dot.gov/funding/grantee-resources/certifications-and- assurances/certifications-assurances](https://www.transit.dot.gov/funding/grantee-resources/certifications-and-assurances/certifications-assurances)

Authorized Representative of Applicant

|  |
| --- |
| **APPLICATION SIGNATURE:** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *I certify, to the best of my knowledge, that the information submitted in the attached proposal is true and accurate and that this organization has the necessary fiscal, data collection, and managerial capability to implement and manage the services bid on in this proposal in accordance with both federal regulations and Georgia Department of Human Services, Division of Aging regulations.*   |  |  |  | | --- | --- | --- | |  |  |  | | Signature |  | Date |     Printed Name and Title |
|  |