

Application Instructions

Agency Name

Person to be contacted regarding this application

First Name \*

Last Name \*

Phone Number \*

Email Address \*

By checking this box, you are indicating that the service profile for this organization is accurate. \*

Project Service Area \*

If "Urban" is selected, please select the urbanized area.

Application Instructions

Webb County Community Action Agency

Robert

Martinez

(956) 722-6100

romartinez@webbcountytx.gov

Urban  Rural

General Information

1. Describe the proposed project(s) for which the funds will be used. \*

Webb County Community Action Agency is requesting funds to replace one of our older high maintenance vehicles. Being the sixth largest county in the State of Texas, with an area of 3,307 square miles, El Aguila services the rural areas covering East Highway 359, the Quad Cities of Aguilares, Mirando City, Olton and Bruni; alongside various colonias and South Zapata Highway 83 to the cities of Rio Bravo and El Cenizo. With a current fleet of 17, El Aguila transports approximately seventy thousand passengers and drives two hundred and forty thousand miles yearly. Combining both fixed and demand routes we provide services seven days a week from 5:30am to 8:30pm with twenty two trips daily to the non-urbanized areas of Webb County. Replacing a worn unit will be of great benefit to our agency.

2. Provide a description of how the need/demand for the proposed project(s) was determined. \*

Rural roads in Webb County are not up to par with city ordinances, so our repairs and maintenance costs are above average and the life expectancy of our vehicles is below average. Replacing our units is crucial to being able to continue to provide the community with transportation services. Many of our vehicles are high cost with recurring maintenance issues and high mileage. Not all trips are subsidized and our agency provides transportation services to the non-urbanized areas of our county at a low fare rate and our commitment continues to be in high demand. Replacement of a non-operable, high cost maintenance vehicle is a top priority and would be very beneficial.

3. Describe the anticipated benefits of the project. \*

Replacing an older unit will not only create a savings in budget expenses, but it will also allow the agency to continue offering the invaluable transportation services that our community has grown to depend on more safely and efficiently.

4. Identify and describe methods to procure goods and/or services related to this project.

Procurement of revenue and passengers. By creating a more comfortable and safe atmosphere for our passengers by having a highly efficient, new bus and continuing to service and comply with demand we anticipate an increase in revenue and passengers.

5. If vendors have been previously selected, complete the following (press the save button for additional rows).

Vendor Name

Description of goods/services

6. Is the proposed project is consistent with continuing, cooperating, and comprehensive regional transportation planning implemented in accordance with 49 U.S.C. §5301? \*

Yes  No

**Construction and Rehabilitation Projects**

Construction and Rehabilitation Projects can include the following phases:

Planning, Preliminary Engineering (including environmental review), Final Design and Real Estate Acquisition, Construction/Rehabilitation.

1. Are Construction and/or Rehabilitation related expenses part of the proposed project? \*  
Yes  No
  
2. Identify the Construction and Rehabilitation project phases that will be included as part of the proposed project: \*
  - A. Planning
  - B. Preliminary Engineering  
(including environmental review)
  - C. Final Design and Real Estate  
Acquisition
  - D. Construction/Rehabilitation

If C or D are selected above, please upload a copy of your FTA Region 6 Categorical Exclusion Worksheet  
(if this project is not eligible as a categorical exclusion please contact your PTC):

FTA Region 6 Categorical Exclusion Worksheet

3. Describe the scope of the Construction and Rehabilitation project in detail. \*
  
4. Describe the need for the Construction and Rehabilitation project. Specifically, identify how the project was selected and what service improvements and/or project benefits are to be addressed. \*
  
5. Provide the facility location if available.  
N/A  
Address  
City  
State  
Zip
  
6. Describe the facility including the facility function. \*

**Note:** Agencies must receive consultation with PTN prior to Construction and Rehabilitation projects. Consultation is necessary prior to the inclusion of Construction and Rehabilitation projects in a PGA.

**Attachments**

Please upload any additional documentation that you feel may be relevant to this application.

**Description**

**Upload**

As an authorized official of the Webb County Community Action Agency  
I certify to the following:

1. The information presented in the application is true and accurate to the best of my knowledge.
2. The organization has the resources and technical capacity to support the project.
3. The organization has the resources and technical capacity to support the project.
4. The organization has the resources and technical capacity to provide the required match.
5. The organization uses generally accepted accounting standards for its financial recordkeeping functions.
6. The organization will participate in a continuous, comprehensive dialogue throughout the life of the project.  
This includes but is not limited to:

- On-Site monitoring by TxDOT personnel
- Timely submission of required reports
- Timely written notification of events that will affect the outcome of the project

7. The organization will comply with all applicable federal, state, and local laws and regulations.  
This includes but is not limited to:

- Annual Certifications and Assurances
- Master grant agreements
- Project grant agreements
- Applicable federal program circulars and similar federal and state guidance

8. Applicant Affirmation: Compensation has not been received for participation in the preparation of the specifications for this call for projects.

- ✓ By checking and completing this document I certify that the above statements are true and that I have the authority to sign this document.

<b>Name</b>	<b>Title</b>	<b>Date</b>
Marissa Arce	Senior Transit Program Assistant	11/14/2018

Agency Name Webb County Community Action Agency

Program Type 5339-D

Does this budget include indirect costs? \* Yes v No

If yes, please enter the Indirect Rate

Attachments

If this budget includes In-Kind funds please upload supporting documentation.

When entering budget line items, fill out a row and then press the save button for additional rows.

Description	Upload

Description	Scope	Fuel Type
Replace - Bus <30' - 11.12.04	Award Amount \$84,000	Gasoline

# of Units	Award Amount	State Match	Local Match	In-Kind Match	Total Funds	Match Ratio	TDC
1	\$84,000	\$0	\$0	\$0	\$84,000		0
<b>Subtotal:</b>	<b>\$84,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$84,000</b>		<b>0</b>