



El Aguila Rural Transportation

Webb County CAA –El Aguila Rural Transportation  
Letter of Intent to Apply

Date: 9/28/2023

Honorable Tano Tijerina  
Webb County Judge  
Webb County Courthouse  
1000 Houston Street (3<sup>rd</sup> Floor)  
Laredo, Texas 78040

Re: Letter of Intent to apply for “Extend Federal 2022-WC- 000011 “

Dear Judge Tijerina:

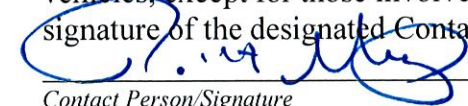
In accordance with the Webb County Single Point of Contact (SPOC) Policy and Procedures, please accept this *“Letter of Intent to Apply”* for grant funds under the Webb County C.A.A. EL Aguila Rural Transportation. Webb County El Aguila requests authorization to apply for a grant of \$ 76,028.00 from the Texas Department of Transportation for the creation/continuation of 5339-R-2022- Webb Co. Federal Rural Public Transit Grant. Your favorable review of the following information required under the SPOC policy and authorization to develop and submit the grant proposal shall be appreciated.

**General Information:**

- A. Project Title: FY 2022 – 2023 5339-R-Webb Co.- Federal Rural Public Transit Grant
- B. Project Description: Grant funded agency which provides residents in the rural areas of Webb County access to transportation using the fixed routes and demand response services.
- C. Contact Person: Robert Martinez Jr.
- D. Department/Office Telephone number: (956) 722-6100
- E. All departments that request grant application authorization from the County Commissioner’s Court are required to participate in the County Biometric Time Clock Plus system in order to ensure compliance with existing County policy. Please acknowledge compliance with the signature of the designated Contact Person:

  
\_\_\_\_\_  
Contact Person/Signature

- F. For all grant-funded projects involving current county employees that propose grant funding for overtime will be required to use the County Biometric Time Clock Plus system and have GPS monitors in their vehicles, except for those involved in undercover work. Please acknowledge the intent to comply with the signature of the designated Contact Person:

  
\_\_\_\_\_  
Contact Person/Signature

G. All future grant-funded programs involving current County employees will include only Full Time Equivalency (FTE) percentages in a project's budget and will also apply to all future renewal projects; Please acknowledge this criterion with the signature of the designated Contact Person:

  
\_\_\_\_\_  
Contact Person/Signature

H. A complete hard copy of the grant application is required to be submitted to the Economic Development Department inclusive with the "Letter of Intent to Apply" at least two (2) weeks before the grant application is presented to the County Commissioners Court requesting authorization to submit the grant application to the State or Federal funding agency. The complete hard copy of the grant application shall include at a minimum - Project Narratives, Performance Statement, Budget, Personnel Budget breakdown and Budget Narratives. This policy will be effective February 27, 2017; If not provided at submission of the Letter of Intent, then it must be submitted with ample time for review and approval by the Grant Application Review Committee (GARC)? Extenuating circumstances for not adhering to this procedure must be provided in writing for review and approval. Please acknowledge this requirement with the signature of the designated Contact Person:

  
\_\_\_\_\_  
Contact Person/Signature

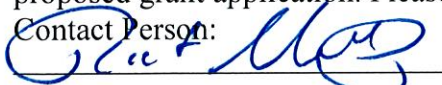
I. Any and all budget amendments, budget modifications and/or line item transfer requests that may arise from grant-funded activity shall be submitted through the Economic Development Department - Single Point of Contact (whether Competitive or Formula grants, County (Federal and State allocations) that use the Webb County General Fund first then receives reimbursement at a later time). The budget request will be forwarded for review by the Grant Application Review Committee (GARC) for possible placement on the Webb County Commissioner's Court Agenda. Please acknowledge this requirement with the signature of the designated Contact Person:

  
\_\_\_\_\_  
Contact Person/Signature

J. All departments that request a refunding or continuation grant application authorization from the County Commissioner's Court are required to provide documentation from the Funding Agency confirming/verifying previous or on-going grant compliance. The documentation shall be submitted to the Economic Development Department - Single Point of Contact at least two (2) weeks before the grant application is presented to the County Commissioners Court. Please acknowledge this requirement with the signature of the designated Contact Person:

  
\_\_\_\_\_  
Contact Person/Signature

K. A representative from the Department requesting authorization to apply for a grant must be present at the Commissioner's Court meeting to respond to any questions from Commissioner's Court regarding the proposed grant application. Please acknowledge this requirement with the signature of the designated Contact Person:

  
\_\_\_\_\_  
Contact Person/Signature

K. Project Time Frames:                      Start Date:                                      09/01/2022  
Ending Date :                                      05/31/2024  
Project Duration:                                      20 months

L. Project Area: Services will be provided to the rural areas of Webb County from Hwy 359 to the towns of Mirando, Oilton and Brunias well as along South Hwy 83 making stops in the towns of Rio Bravo and El Cenizo, Texas.

**Project Analysis:**

- 1) What County needs, services or problems will be addressed by this project?  
Residents of the outlying areas of Webb County have been found to have a need for assistance with transportation services since these residents typically do not have their own vehicle and / or are unable to obtain a valid driver's license.
- 2) What is the grant matching amount of local funds or in-kind that will be proposed? Please identify specific sources of funds.  
None
- 3) Will this proposed project add cost, services or any financial responsibility to the County's General Fund after the project ends? Please explain.  
NO
- 4) Will this project add employees to the county payroll if and when the grant is terminated? Please explain.  
NO
- 5) Does this project propose any monetary grant-funded stipends, incentive pay, supplement pay or any other pay that exceeds County General Fund salary? These types of monetary compensation are strictly prohibited.  
NO
- 6) What are the operating and maintenance costs of the grant funded project activities that will be funded by the county?  
None
- 7) How many citizens will be served and in what way? Please explain.  
Approximately 11,000 residents of Rural Webb County may receive transportation services to gain access to their job sites, for education, to receive healthcare etc.
- 8) Please provide the name of the department representative responsible for providing the Economic Development staff with the copy of the submitted grant application.  
Robert Martinez Jr., Program Director

**Financial Analysis**

A. Type of Request: Grant (X) Loan ( ) Combination ( )  
Amount of Request: \$ 76,028.00  
Amount of Cash Match/In-Kind \$ 0.00  
Total Project Costs: \$ 76,028.00  
  
New ( ) Continuation (X)  
Funding Agency: Texas Department of Transportation

B. Is there any assurance that the grant will be continued/refunded by the funding agency? Please explain.  
Yes, this is a continually funded grant

C. What wording or commitments will be included in the grant application for ‘continuity of activities’, ‘project sustainability plan’ or ‘funding of activities’ after the grant has ended? Please explain in detail.  
This grant is continually funded by TXDOT and we do not foresee a decline in the demand for services. Texas Chapter Code 455 authorizes the State of Texas to assist sub recipients in procuring aid for the purpose of establishing and maintaining public and mass transportation projects and to administer funds appropriated for public transportation.

**For Economic Development Department Office Use Only:**

**IV. APPLICATION REVIEW COMMENTS**

A. STAFF COMMENTS :

Staff Signature: \_\_\_\_\_

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