

State of North Carolina

Minutes

County of Madison

The Madison County Board of Commissioners met in special session on Friday, December 31, 2020 at 2:00 p.m. at the Madison County Administration Building in Room 26 located at 5707 Hwy 25-70, Marshall, North Carolina.

In attendance were Chairman Mark Snelson, Vice-Chairman Craig Goforth, Commissioner and Interim County Manager Norris Gentry, Commissioners Matt Wechtel and Michael Garrison, Clerk Mandy Bradley.

The meeting was called to order at 2:00 p.m. by Chairman Goforth.

Item 1: Public Hearing-Madison County Transportation Authority Grant Funding

a. Grant Presentation

Daniel Metcalf Transportation and Operations Director presented and discussed information as well as took questions from Board members regarding grant funding for the Transportation Department. Mr. Metcalf noted that the request is to approve the application for the FY 2022 Admin Grant in the amount of \$130,172 and Capital Grant in the amount of \$62,960. The funding includes the 5311, 5310, 5339, 5307 and applicable state funding or combination thereof. Mr. Metcalf noted that the Admin Grant would be used to pay salaries and operating costs of the Transportation Department and that the Capital Grant would be used to purchase and new van and generator as well as accessories for both to be used within the department. Mr. Metcalf read into record the Public Transportation Program, FY 2022 Resolution. (Attachment 1.1)

b. Public Comment

No public comment was received to be heard by the Board.

c. Discussion

Discussion was had by the Board regarding the extension of the deadline by the State to apply for the grant, job positions being funded, and the grant matches required.

d. Consideration of Approval


Upon motion by Vice-Chairman Goforth and second by Commissioner Gentry, the Board voted unanimously to approve.

Item 2: Adjournment

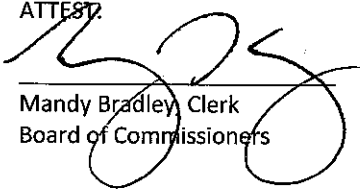
Upon motion by Commissioner Gentry and second by Commissioner Wechtel, the Board voted unanimously to adjourn.

This the 31st day of December, 2020.

MADISON COUNTY


Mark Snelson, Chairman
Board of Commissioners

ATTEST:


Mandy Bradley, Clerk
Board of Commissioners

PUBLIC HEARING NOTICE

Section 5311 (ADTAP), 5310, 5339, 5307 and applicable State funding, or combination thereof.

This is to inform the public that a public hearing will be held on the proposed FY22 CT 5311 Community Transportation Program Application to be submitted to the North Carolina Department of Transportation no later than December 31, 2020. The public hearing will be held on December 31, 2020 at 2:00 p.m. at Madison County Admin Building, 5707 Hwy 25-70, Marshall, NC 28753 before the (*governing board*) Madison County Board of Commissioners..

Those interested in attending the public hearing and needing either auxiliary aids and services under the Americans with Disabilities Act (ADA) or a language translator should contact Daniel Metcalf on or before December 30, 2020 by 4:30 p.m., at telephone number 828-649-2219 or via email at dmetcalf@madisoncountync.gov.

The Community Transportation Program provides assistance to coordinate existing transportation programs operating in Madison County as well as provides transportation options and services for the communities within this service area. These services are currently provided using demand response. Services are rendered by Madison County Transportation Authority.

The total estimated amount requested for the period July 1, 2021 through June 30, 2022

<u>Project</u>	<u>Total Amount</u>	<u>Local Share</u>	
Administrative	\$ 130,172	23,035	(15%)
Operating (5311)	\$	\$	(50%)
Capital (Vehicles & Other)	\$ 63,160	\$ 12,632	(10%)
5310 Operating	\$	\$	(50%)
Other _____	\$	\$	(%)
TOTAL PROJECT	\$ 193,332	\$ 38,667	

Total Funding Request

Total Local Share

This application may be inspected at Madison County Transportation Authority, 387 Long Branch Road, Marshall, NC 28753 from 8:00am to 4:30pm. Written comments should be directed to Daniel Metcalf before 4:30 pm on December 30, 2020.

PUBLIC TRANSPORTATION PROGRAM RESOLUTION

FY 2022 RESOLUTION

Section 5311 (including ADTAP), 5310, 5339, 5307 and applicable State funding, or combination thereof.

Applicant seeking permission to apply for Public Transportation Program funding, enter into agreement with the North Carolina Department of Transportation, provide the necessary assurances and the required local match.

A motion was made by (Board Member's Name) Craig Goforth and seconded by (Board Member's Name or N/A, if not required) Norris Gentry for the adoption of the following resolution, and upon being put to a vote was duly adopted.

WHEREAS, Article 2B of Chapter 136 of the North Carolina General Statutes and the Governor of North Carolina have designated the North Carolina Department of Transportation (NCDOT) as the agency responsible for administering federal and state public transportation funds; and

WHEREAS, the North Carolina Department of Transportation will apply for a grant from the US Department of Transportation, Federal Transit Administration and receives funds from the North Carolina General Assembly to provide assistance for rural public transportation projects; and

WHEREAS, the purpose of these transportation funds is to provide grant monies to local agencies for the provision of rural, small urban, and urban public transportation services consistent with the policy requirements of each funding source for planning, community and agency involvement, service design, service alternatives, training and conference participation, reporting and other requirements (drug and alcohol testing policy and program, disadvantaged business enterprise program, and fully allocated costs analysis); and

WHEREAS, the funds applied for may be Administrative, Operating, Planning, or Capital funds and will have different percentages of federal, state, and local funds.

WHEREAS, non-Community Transportation applicants may apply for funding for "purchase-of-service" projects under the Capital budget Section 5310 program.

WHEREAS, (Legal Name of Applicant) Madison County hereby assures and certifies that it will provide the required local matching funds; that its staff has the technical capacity to implement and manage the project(s), prepare required reports, obtain required training, attend meetings and conferences; and agrees to comply with the federal and state statutes, regulations, executive orders, Section 5333 (b) Warranty, and all administrative requirements related to the applications made to and grants received from the Federal Transit Administration, as well as the provisions of Section 1001 of Title 18, U. S. C.

WHEREAS, the applicant has or will provide all annual certifications and assurances to the State of North Carolina required for the project;

NOW, THEREFORE, be it resolved that the (Authorized Official's Title)* Chairman of the Board of Commissioners of (Name of Applicant's Governing Body) Madison County Board of Commissioners is hereby authorized to submit grant application (s) for federal and state funding in response to NCDOT's calls for projects, make the necessary assurances and certifications and be empowered to enter into an agreement with the NCDOT to provide rural, small urban, and urban public transportation services.

I (Certifying Official's Name)* Mandy Bradley (Certifying Official's Title) Clerk to the Madison County Board of Commissioners do hereby certify that the above is a true and correct copy of an excerpt from the minutes of a meeting of the (Name of Applicant's Governing Board) Madison County Board of Commissioners duly held on the 31st day of December 2020


Signature of Certifying Official

*Note that the authorized official, certifying official, and notary public should be three separate individuals.

Seal Subscribed and sworn to me
(date)

12/31/20

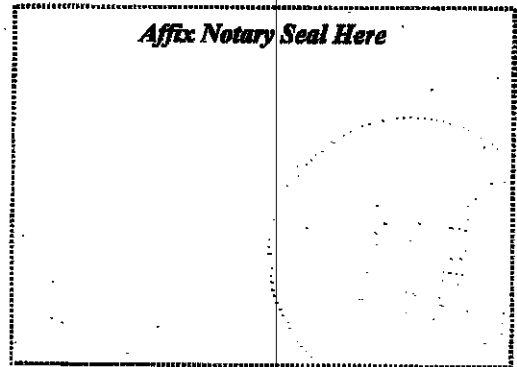


Notary Public *

Kary A. Ledford

PO Box 1874 Marshall, NC 28754

Printed Name and Address



My commission expires
(date)

12/17/24

Surface Transportation Providers

(operating in your service area)

List all private transportation providers and indicate if represented by union. This information is generally available in your telephone directory or through the County's business licensing office. If you contract out any part of your service or management/administration of your transit system and the contractor's employees are represented by a labor union, remember to include them here.

Madison County

Legal Name of Applicant

(Not the System Name)

	Private Transportation Providers	Union Representation	If yes - Provide Name of Union and the affiliated Local Branch Number, (e.g. ACME Local #458)
1		<input type="checkbox"/> No <input type="checkbox"/> Yes	
2		<input type="checkbox"/> No <input type="checkbox"/> Yes	
3		<input type="checkbox"/> No <input type="checkbox"/> Yes	
4		<input type="checkbox"/> No <input type="checkbox"/> Yes	
5		<input type="checkbox"/> No <input type="checkbox"/> Yes	
6		<input type="checkbox"/> No <input type="checkbox"/> Yes	
7		<input type="checkbox"/> No <input type="checkbox"/> Yes	
8		<input type="checkbox"/> No <input type="checkbox"/> Yes	
9		<input type="checkbox"/> No <input type="checkbox"/> Yes	
10		<input type="checkbox"/> No <input type="checkbox"/> Yes	
11		<input type="checkbox"/> No <input type="checkbox"/> Yes	
12		<input type="checkbox"/> No <input type="checkbox"/> Yes	
13		<input type="checkbox"/> No <input type="checkbox"/> Yes	
14		<input type="checkbox"/> No <input type="checkbox"/> Yes	
15		<input type="checkbox"/> No <input type="checkbox"/> Yes	
16		<input type="checkbox"/> No <input type="checkbox"/> Yes	
17		<input type="checkbox"/> No <input type="checkbox"/> Yes	
18		<input type="checkbox"/> No <input type="checkbox"/> Yes	
19		<input type="checkbox"/> No <input type="checkbox"/> Yes	
20		<input type="checkbox"/> No <input type="checkbox"/> Yes	
21		<input type="checkbox"/> No <input type="checkbox"/> Yes	
22		<input type="checkbox"/> No <input type="checkbox"/> Yes	
23		<input type="checkbox"/> No <input type="checkbox"/> Yes	
24		<input type="checkbox"/> No <input type="checkbox"/> Yes	
25		<input type="checkbox"/> No <input type="checkbox"/> Yes	

NCDOT PTD
PROJECT FUNDING REQUEST FORM

Project Funding Request Form

DATE SUBMITTED:

AFFILIANT'S LEGAL NAME:

MPO or RPO:

NCDOT DIVISION:

BUDGET TYPE:

GENERAL INFORMATION

MAILING ADDRESS:

PHYSICAL ADDRESS:

CONTACT PERSON:

PHONE NUMBER:

FAX NUMBER:

EMAIL ADDRESS:

CURRENT FISCAL YEAR:

FEDERAL FUNDING-FTA:

STATE FUNDING:

LOCAL FUNDING:

OTHER FUNDING:

TOTAL GRANT AMOUNT:

FOR OFFICE USE ONLY

PREPARED BY:

REQUEST RECOMMENDATION OR REJECTION:

PROJECT LOCATION:

FEDERAL PROGRAM:

STATE PROGRAM:

PREVIOUSLY FUNDED?:

PROJECT / PROGRAM DESCRIPTION (Fully describe project):

CT Administrative grants-funding for salaries and benefits for administrative staff, HICA, Insurance, Retirement, Unemployment, Workers Compensation, Electricity, Promotion and Marketing and the insurance for the vans. Capital Grant funding is for van replacement and a generator and a power cord for the generator and lettering for the van.

PROJECT / PROGRAM BENEFITS (Fully describe benefits):

Provides training for safety compliance. Training for all of our employees.

RESULT OF PROJECT / PROGRAM IF NOT FUNDED (Fully describe results of project):

With out the funding Madison County could not provide the trips that we are currently providing A lot of Madison County residents would not be able to go to the doctor or pharmacy or grocery shopping.

FY 2022 Delegation of Authority

Date: 12.31.20

I Mark Snelson
(Authorized Official's Typed/Printed Name)

Chairman of Board of Commissioners
(Authorized Official's Title and Agency)

as the designated party Madison County Government
(Grant recipient/Applicant Agency)

with authority to submit funding applications and enter into contracts with the North Carolina Department of Transportation and execute all agreements and contracts with the NCDOT Integrated Mobility Division hereby delegate authority to the individual(s) filling the positions as indicated below:

Primary Designee: Daniel Metcalf, Madison County Transportation Authority Director
(Name and Primary Designee's Position Title)

Madison County Transportation Authority
(Primary Designee's Agency)

Reimbursement Requests: Yes No
Budget Revisions: Yes No
Budget Amendments: Yes No
Period of Performance Extensions: Yes No
Other _____: Yes No

Alternate Designee #1: Kathy Proffitt, Fiscal Officer
(Alternate Designee's Name and Position Title)

(Alternate Designee's Agency)

Reimbursement Requests: Yes No
Budget Revisions: Yes No
Budget Amendments: Yes No
Period of Performance Extensions: Yes No
Other _____: Yes No

Alternate Designee #2: _____
(Alternate Designee's Name and Position Title)

(Alternate Designee's Agency)

Reimbursement Requests: Yes No
Budget Revisions: Yes No
Budget Amendments: Yes No
Period of Performance Extensions: Yes No
Other _____: Yes No

Signature: Mark Snelson

Service Area Demographics

Elderly	Minority	Disabled	Low Income	Hispanic or Latino
24%	4%	20%	13%	2%

Applicant: **Madison County Transportation Authority**

Number of Projected TAB Meetings for FY 2022:

2000 Census data used for Disabled Calculations

2005-2009 ACS Estimates used for Elderly & Low Income Calculations

2010 Census data used for Minority & Origin Calculations

Number of TAB Meetings held in FY2021 as of:

TAB Member's Name	What best describes the role or position of this board member in the community?						This person knows the transportation				Board Service					
	Human Service or Non-Profit Agency	Transportation Provider	Business	Gvmt or Gvmt Affiliate	Transit User	Select only one description per board member	General Public	Elderly	Disabled	Minority or	Limited	Low Income	Year Term Began	Year Term Ends	Appointed or Selected	# Years Served
1 Claudia Reavis			Chamber of C				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	####	####	A	
2 Vickie Eastland			Other				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	####	####	A	
3 Dale Flynn							<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	####	####	A	
4 Karen Duncan	DSS						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	####	####	A	
5 Angie Allison				Government Staff			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	####	####	A	
6 Matt Wechtel				Elected Official			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	####	####	A	
7							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
8							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
9							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
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#							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

PUBLIC HEARING OUTREACH

APPLICANT: Madison County Transportation Authority

Provide a detailed description of public hearing outreach efforts by the applicant to inform the public **ESPECIALLY MINORITY, WOMEN, ELDERLY, DISABLED, LIMITED ENGLISH PROFICIENCY- (LEP) AND LOW INCOME INDIVIDUALS** about the scheduled public hearing and the opportunity to comment on the proposed Community Transportation grant application. Outreach may include efforts such as distribution of information on vehicles, at human service agencies, at local community events, at public events, local organization, etc.

Click on gray box and begin typing the *detailed description*.

A public hearing notice has been posted in the locally distributed news paper as well as posted with contact information for the Madison County Transportation Authority 828-649-2219.

Madison County DSS
Madison County Health Department
Madison County Finance Office
Madison County Sherrifs Office
Madison County Transportation Vans
Mars Hill Post Office
Marshall Post Office
Hot Springs Post Office
Mashburn Gap Appartments
Suds in the Bucket Laundry

FY 2022 LOCAL SHARE CERTIFICATION FOR FUNDING

Madison County
(Legal Name of Applicant)

Requested Funding Amounts

Project	Total Amount	Local Share**
Administrative	\$ 104,137	\$ 26,035 (20%)
5311 Operating (No State Match)	\$ _____	\$ _____ (50%)
5310 Operating (No State Match)	\$ _____	\$ _____ (50%)
5307 Operating	\$ _____	\$ _____ (50%)
5307 Planning	\$ _____	\$ _____ (20%)
Combined Capital	\$ 50,739	\$ 12,685 (20%)
Mobility Management	\$ _____	\$ _____ (50%)
5310 Capital Purchase of Service	\$ _____	\$ _____ (20%)
_____	\$ _____	\$ _____ (%)
_____	\$ _____	\$ _____ (%)
_____	\$ _____	\$ _____ (%)

Funding programs covered are 5311, 5310, 5339 Bus and Bus Facilities, 5307 (Small fixed route, regional, and consolidated urban-rural systems)

TOTAL	\$ 154,876	\$ 38,720
	Total Funding Requests	Total Local Share

****NOTE: Applicants should be prepared for the entire Local Share amount in the event State funding is not available.**

The Local Share is available from the following sources:

Source of Funds	Apply to Grant	Amount
General Fund	Administrative	\$ 26,035
General Fund	Combined Capital	\$ 12,685
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

FY 2022 Local Share Certificate (page 2)

_____	_____	\$ _____
_____	_____	\$ _____
TOTAL		38,720

**** Fare box revenue is not an applicable source for local share funding**

I, the undersigned representing (*Legal Name of Applicant*) Madison County do hereby certify to the North Carolina Department of Transportation, that the required local funds for the FY2022 Community Transportation Program and 5307 Governors Apportionment will be available as of July 1, 2021, which has a period of performance of July 1, 2021 – June 30, 2022.


Signature of Authorized Official

Mark Snelson Chairman of the Board of Commissioners
Type Name and Title of Authorized Official

12.31.20
Date

BUDGET SUMMARY

July 2019 - June 2022

Legal Name:	MADISON COUNTY TRANSPORTATION		
Address:	AUTHORITY 462 LONG BRANCH RD. MARSHALL, NC 28753		
County:	MADISON COUNTY	Congressional District:	
Contact Person:	Kathy Proffitt		
Telephone:	+1 (828) 649-2722		
Fax:	+1 (828) 649-2359		
Email:	cproffitt@madisoncountync.gov		
Web Site:			

Federal ID Number:	56-6000316	DUNS Number:	831052873
CFDA #			
Period of Performance:	Jul 1, 2019	to	Jun 30, 2022
Federal Billable/Non-Billable	Billable		

Category	Federal	NCDOT	Local
Total Expenses	\$130,172		\$130,172
Total Contra Accts and Fare Revenue			
Total Net Expenses/Cost	\$130,172		\$130,172

	Total	Federal	Federal Non-Billing	NCDOT	Local
	100.00%	80.00%			20.00%
Total Funding	\$130,172	\$104,137	\$0	\$0	\$26,035

	DBE	MBE	WBE
%			
Amount	\$0	\$0	\$0

**PROPOSED BUDGET
SALARY AND WAGE DETAIL**

Applicant : **MADISON COUNTY TRANSPORTATION**

Object Code	Position Title	No.	Total Annual Salary	Pct (%) Oper Transp. Tasks	No. of Years	Budgeted Amount	No. of Positions Approved	NCDOT Maximum Participation
FULL TIME EMPLOYEES								
G121	Director	1	\$54,000	100%	1	\$54,000	1	\$54,000
G121	Office Manager	1	\$28,995	50%	1	\$14,498	1	\$14,498
G121	Fiscal Officer	1	\$38,000	45%	1	\$17,100		
G121								
G121								
G121								
G121								
G121								
G121								
G121								
TOTAL G121 SALARIES		3				\$65,598	2	\$68,498
PART TIME EMPLOYEES - RECEIVING BENEFITS								
G125		1			1		1	\$13,000
G125								
G125								
G125								
G125								
G125								
TOTAL G125 SALARIES		1					1	\$13,000
PART TIME EMPLOYEES - RECEIVING NO BENEFITS								
G126								
G126								
G126								
G126								
G126								
G126								
TOTAL G126 SALARIES								
TOTAL SALARY & WAGE		4				\$85,598	3	\$81,498

Applicant: MADISON COUNTY TRANSPORTATION

Project Number :

PROPOSED BUDGET
EXPENSES

Object Code	Title	Total	APR 2022
G120	Salaries and Wages		
G121	Full-time employees	\$85,598	\$68,498
G122	Overtime		
G125	Part-time (receives benefits)		\$13,000
G126	Temporary and part-time (receives no benefits)		
G127	Longevity		
Subtotal Salaries:		\$85,598	\$81,498
G180	Fringe Benefits		
G181	Social security contribution (7.65% of total salaries)	\$6,548	\$6,235
G182	Retirement contribution; total salaries X participating percentage \$85,598 X 10.23%	\$8,757	\$8,337
G183	Hospitalization insurance; cost per month X no. of months X no. of employees. \$800.00 X 12 X 1.95	\$18,720	\$14,400
G184	Disability insurance; cost per month X no. of months X no. of employees. X X		
G185	Unemployment compensation; Number of Employees: 3	\$815	\$815
G186	Workers compensation; Number of Employees: 3	\$130	\$130
G189	Other:		
Subtotal Fringe:		\$34,970	\$29,917
TOTAL SALARY & FRINGE:		\$120,568	\$111,415
G190	Professional Services		
G191	Accounting		
G192	Legal		
G195	Management Consultant		
G196	Drug & Alcohol Testing Contract		
G197	Drug & Alcohol tests Provide # of employees in test pool:		
G198	Medical review officer		
G199	Other:		
G200	Supplies and Materials		
G211	Janitorial Supplies - (Housekeeping)		
G212	Uniforms		
G233	First Aid supplies (replacement)		
G251	Motor Fuels and Lubricants		
G252	Tires and Tubes		
G253	Associated Capital Maint		

G254	Licenses, tags and fees		
G255	Vehicle cleaning supplies		
G256	Hand tools		
G257	Vehicle signs & Paint Supplies		
G258	Vehicle touch up paint (non-contract)		
G259	Other:		
G261	Office Supplies and Materials		
G281	Air Conditioner / Furnace Filters		
G291	Computer Supplies		
G292	Fire Extinguisher- recharging system		
G300	Travel and Transportation (other than employee development)		
G311	Travel: Anticipated trips:		
G312	Travel subsistence		
G313	Transportation of clients/others		
G314	Travel - Motor-pool or leased vehicles (Does NOT include vehicles used in the provision of contracted transportation services.)		
G315	Operations (ALI 30.09.08 EMER RELIEF - OPERATING 100%) activities		
G316	ADA Paratransit Operating Expenses (ALI 11.7C.00 Non Fixed Route ADA Paratransit) activities		
G320	Communications		
G321	Telephone Service	\$0	\$2,090
G322	Internet Service Fee		
G323	Combined Service Fee		
G325	Postage		
G329	Other Communications:		
G330	Utilities		
G331	Electricity	\$350	\$5,013
G332	Fuel oil		
G333	Natural Gas		
G334	Water		\$2,400
G335	Sewer		
G336	Trash collection		
G337	Single/combined utility bill		
G339	Other:		
G340	Printing and Binding		
G341	Printing and reproduction		
G349	Other:		
G350	Repairs and Maintenance		
G353	Vehicles (use 257/258 for vehicle signs & in-house paint supplies)		
G354	Shop equipment		
G355	Office and computer equipment		
G357	Communications equipment		
G358	Other Repairs and Maintenance - Office Related		

G359	Other-Describe:		
G370	Advertising/Promotion		
G371	Marketing (paid ads, marketing firm, etc.) Describe: We run ads in the newspaper and Radio Minimum Amount (2% of Admin Budget): \$2,418	\$2,603	\$2,603
G372	Promotional items Describe: Calendars with name and phone numbers Maximum Amount (25% of G371 Total Cost): \$651	\$651	\$651
G373	Other:		
G380	Computer Support Services (contracted)		
G381	Computer programming services		
G382	Computer support/technical assistance		
G390	Other Services		
G391	Legal advertising		
G392	Laundry and dry cleaning		
G393	Temporary help services		
G394	Cleaning services		
G395	Training - Employee Education Expense		
G396	Management services (contracted transit system mgmt/admin services)		
G398	Security services		
G399	Other:		
G410	Rental of Real Property (include copy of current lease agreement)		
G412	Rent of building X number of monthly payments		
	<input checked="" type="checkbox"/>		
G413	Rent of offices X number of monthly payments		
	<input checked="" type="checkbox"/>		
G419	Other:		
G420	Lease of Computer Equipment		
G421	Lease of Computer Hardware		
G422	Lease of Computer Software		
G430	Lease of Equipment		
G431	Lease of Reproduction equipment		
G432	Lease of Postage Meter		
G433	Lease of Communications equipment (includes radio, cable lines and antennae)		
G439	Other:		
G440	Service and Maintenance Contracts		
G441	Communications equipment		
G442	Office equipment		
G443	Reproduction equipment		
G444	Vehicles		
G445	Computer equipment		
G446	Tires		
G448	Other Service and Maintenance Contracts - Office Related		

G449	Other:			
G450	Insurance and Bonding			
G451	Property and general liability (does not include vehicle insurance)			
G452	Vehicles		\$6,000	\$6,000
	Number of Fleet Vehicle: 11	Maximum Amount: \$27,500		
G453	Fidelity			
G454	Professional liabilities			
G455	Special liabilities			
G480	Indirect Costs			
G481	Central services: (budget direct cost base) X (percentage rate)			
	X	Maximum Amount	\$0	
	Prior approval of Indirect Cost Percentage Rate required. Questions should be directed to NCDOT Financial Management			
G490	Other Fixed Charges			
G491	Dues and subscriptions:			
G499	Other:			
G600	Private / Public Operator Contracts - Purchase Services			
G611	Direct purchase of service from privately owned provider			
G612	User side subsidy			
G621	Volunteer reimbursement			
G641	Direct purchase of service from publicly owned provider			
	Total Expenses:		\$130,172	\$130,172
OPERATING REVENUES				
	Contra Account			
G821	General Fund			
G822	Capital Reserve Fund			
G832	N.C. Sales Taxes			
G833	N.C. Gas Tax Refund			
G834	County Sales Taxes			
G836	Fed Gas Tax Refund			
G839	Other Taxes			
G841	Charter Expenses			
G842	Garage Services			
G843	Advertising Expenses			
G844	Insurance Settlement			
G847	Inc Elderly/Disable			
G849	Other Contra Accts			
G991	Contingency/Prog Res			
	TOTAL CONTRA ACCOUNTS:			
F500	Fare Revenue			
F511	General Public Fares			
F521	Prepaid Fares/Bulk Discounts			
F522	Senior Citizen Fares			
F523	Student Fares			

F524	Child Fares		
F525	Paratransit Fares		
F533	Special Route Guarantees		
F529	Other Special Fares:		
TOTAL FARE REVENUES:			
TOTAL CONTRA ACCOUNTS AND FARE REVENUES:			
TOTAL EXPENSES LESS TOTAL CONTRA ACCOUNTS AND FARE REVENUES = TOTAL NET OPERATING EXPENSES (TNOE):		\$130,172	\$130,172

**NORTH CAROLINA DEPARTMENT OF TRANSPORTATION
INTEGRATED MOBILITY DIVISION**

DBE/MBE/WBE/HUB ANTICIPATED VENDOR AWARDS in FY 2022

APPLICANT'S NAME: <u>Madison County</u>	PERIOD COVERED
MAILING ADDRESS: <u>387 Long Branch Road, Marshall, NC 28753</u>	From: <u>July 1, 2021</u>
VENDOR NUMBER: _____	To: <u>June 30, 2022</u>

We expect to utilize the following list of DBE/MBE/WBE/HUB Vendors in FY 2022:

DBE/MBE/WBE/HUB Vendor/Subcontractor's Name	Mailing Address City, State, Zip	ID# from NCDOT Website	Describe Service/ Item to be Purchased	Anticipated Expenditure (\$)
TOTAL				

- The above list includes the DBE/MBE/WBE/HUB Vendors the applicant expects to utilize in FY 2022.
- The applicant does NOT expect to utilize any DBE/MBE/WBE/HUB Vendors in FY 2022.

K. Mark Swanson
Signature of Authorized Official

12-31-20
Date

**FY2022 COMMUNITY TRANSPORTATION PROGRAM GRANT APPLICATION
 NORTH CAROLINA DEPARTMENT OF TRANSPORTATION
 FEDERAL SECTION 5311 & STATE FUNDING
 TRANSIT SYSTEM DESCRIPTION**

Check If New Sub-Recipient
1. GENERAL INFORMATION

APPLICANT'S LEGAL NAME:

APPLICANT'S CONGRESSIONAL DISTRICT: *If incorrect, enter correct primary district:*

MAILING ADDRESS: *If Applicant's city is included in more than one district, enter primary district only*

PO Box or Street Address

City, State Zip (9-digit zip)

PHYSICAL ADDRESS:

Street Address

City, State

TAXPAYER IDENTIFICATION NUMBER:

DOING BUSINESS AS (DBA) NAME:

Normally the transit system name, if different than applicant name

APPLICANT DUNS NUMBER:

*Unique 9-Digit number issued by Dun & Bradstreet. May be obtained free of charge at:
<http://fedgov.dnb.com/webform>*

DUNS NUMBER OF PARENT AGENCY:

Required only if different than Applicant

CONTACT PERSON:

PHONE NUMBER:

Area Code & Phone Number

FAX NUMBER:

Area Code & Phone Number

EMAIL ADDRESS:

SERVICE AREA'S CONGRESSIONAL DISTRICT: *If incorrect, enter correct primary district:*

If Service Area is included in more than one district, enter primary district only

SERVICE AREA:

**FEDERAL FINANCIAL ASSISTANCE
 TRANSPARENCY ACT (FFATA):**

FFATA mandates the disclosure of the names and total compensation of the five most highly compensated officers of an entity if:

- The Applicant received 80% or more of its annual gross revenues in the preceding fiscal year from the federal government (all federal sources, not just FTA); and
- Those revenues were greater than \$25M; and
- The public does not have access to the information through Securities and Exchange Commission or Internal Revenue Service filings as specified in FFATA.

Applicant should select "Yes" if they are subject to the reporting requirements of FFATA and "No" if they are not subject to Executive Compensation Reporting. Yes

EXECUTIVE COMPENSATION REPORTING: If "Yes" is selected above, enter the Names and Compensation amounts for the top five officers of the Applicant.

1.	<input type="text" value="Enter full name"/>	\$	-
		<i>Total compensation</i>	
2.	<input type="text" value="Enter full name"/>	\$	-
		<i>Total compensation</i>	
3.	<input type="text" value="Enter full name"/>	\$	-
		<i>Total compensation</i>	
4.	<input type="text" value="Enter full name"/>	\$	-
		<i>Total compensation</i>	
5.	<input type="text" value="Enter full name"/>	\$	-
		<i>Total compensation</i>	

2. TYPE OF APPLICANT

Public County Government

3. TYPE OF TRANSIT SYSTEM

Single-County

4. TYPE OF SERVICE - (check all that apply)

Demand Response

Fixed Route

Subscription

Other: (specify below)

Deviated Fixed Route

5. SERVICE OPTIONS - (check all that apply)

General Public

Brokerage (Contractual service not a referral)

Human Service

Other: (describe below)

6. PURCHASE SERVICE - List agencies that purchase service from the transit system. Note: List agency ONCE

Agency

Agency 2

1 Name: Madison County DSS

Name: Elderberry Nursing Home

Check if agency purchased service last year

Check if agency purchased service last year

List Programs Served:

List Programs Served:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Agency

Agency 4

3 Name:

Name:

Check if agency purchased service last year

Check if agency purchased service last year

List Programs Served:

List Programs Served:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Agency

Agency 6

5 Name:

Name:

Check if agency purchased service last year

Check if agency purchased service last year

List Programs Served:

List Programs Served:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Agency

Agency 8

7 Name:

Name:

Check if agency purchased service last year

Check if agency purchased service last year

List Programs Served:

List Programs Served:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Agency

Agency

9 Name:

10 Name:

Check if agency purchased service last year

Check if agency purchased service last year

List Programs Served:

List Programs Served:

- 1) _____
- 2) _____
- 3) _____

- 1) _____
- 2) _____
- 3) _____

4) _____
5) _____

4) _____
5) _____

Check box at left if you serve more than 10 agencies and complete Continuation worksheet.

7. REVENUE VEHICLE INVENTORY BY CATEGORY

→ **Important - (If a vehicle has been replaced and the transit system has received the title from FTD, the vehicle should not be included in this inventory. Identify vehicles awaiting disposition in 8B below.)**

_____	Center Aisle Van	_____	20-Ft LTV (Cutaway) (no lift)
<u>2</u>	Conversion Van	_____	20-Ft LTV (Cutaway) (w/lift)
_____	Lift-Equipped Van	_____	22-Ft LTV (Cutaway) (w/lift)
_____	Minivan (no ramp)	_____	25-Ft LTV (Cutaway) (w/lift)
<u>1</u>	Minivan (w/ramp)	_____	28-Ft LTV (Cutaway) (w/lift)
_____	Crossover (4/All-wheel drive)	_____	Sedan
<u>8</u>	Transit Bus	_____	Other: (describe below)

8. FLEET SIZE

A. ACTIVE FLEET

- 11 Total Revenue Vehicles in Fleet
- _____ Backup Revenue Vehicles
- 8 Total Lift-Equipped Vehicles

B. INACTIVE FLEET

0 Enter number of vehicles awaiting disposition. This includes vehicles for which replacements have been received and titles have been received from IMD. It also includes fleet reductions for which titles have been received from IMD.

9. DAYS AND HOURS OF SERVICE (Check all that apply and enter corresponding service hours):

DAYS	Beginning Time	SERVICE HOURS	Ending Time
<input type="checkbox"/> Seven (7) days per week	_____	_____	_____
<input checked="" type="checkbox"/> Monday - Friday	<u>5:00 AM</u>	_____	<u>5:00 AM</u>
<input type="checkbox"/> Saturday	_____	_____	_____
<input type="checkbox"/> Sunday	_____	_____	_____
<input type="checkbox"/> Holiday	_____	_____	_____

10. SYSTEM MANAGEMENT & OPERATION

A. Is the Management/Administration of the transit system currently subcontracted? No

If yes, answer the following:

Name of the Management provider: _____

When will the new RFP process begin? _____

Are employees of the subcontractor represented by a labor organization (union)? _____

If so, provide the following:

Name of Union: _____

Example: Amalgamated Transit Union Local #1257

B. Is the Operation of the transit system currently subcontracted? No

If yes, answer the following:

Name of the service provider: _____

When will the new RFP process begin? _____

Are employees of the subcontractor represented by a labor organization (union)? _____

If so, provide the following:

Name of Union: _____

Example: Amalgamated Transit Union Local #1257

C. Does another public transit system contract with your system for any part of its service? No

If yes, answer the following:

Name of the public transit system: _____

Type of service that you provide: _____

Are employees of the other transit system or its subcontractor(s) represented by a labor union? _____

If so, provide the following:

Name of other system's subcontractor (if applicable): _____

Name of Union: _____

Example: Amalgamated Transit Union Local #1257

11. PUBLIC INVOLVEMENT - Please complete the chart below to document outreach efforts.

Organizations / Events	Date / Time	Location	Number of Attendees	Primary Audience	Number Title VI Forms Completed
1) FaceBook Page		Madison County Transportation		General Public	
2) MC Transportation email		mctransportation@madisoncountync.gov		General Public	
3) MC Seniors Centers		462 Long Branch Road, Marshall, NC 28753		Elderly	
4) Ingles		5580 US 25-70, Marshall, NC 28753		General Public	
5) MC DSS		5707 US 25-70, Marshall, NC 28753		General Public	
6) MC Admin Office		5707 US 25-70, Marshall, NC 28753		General Public	
7) MC Courthouse		2 N. Main St, Marshall, NC 28753		General Public	
8) Mashburn Gap Apartment Building		1140 North Main Street, Marshall, NC 28753		Elderly	
9) WHBK Radio		1055 Sky Way Drive, Marshall, NC 28753		General Public	
10) Ivy Ridge Apartments		160 Ivey Ridge Apartment Dr. Mars Hill, NC		General Public	
11)					
12)					
13)					
14)					
15)					

A. Is a governing board approved, formalized, public involvement plan in use?

Yes

If yes (complete questions below)

Is that plan evaluated and updated at least annually?

Yes

Does that plan have defined objectives?

Yes

Are those objectives being met?

Yes

If no - Describe below how the effectiveness of the public involvement efforts are evaluated and/or improved.

B. Describe Public Outreach Methods:

Select the ONE word that most accurately completes the sentence



Information dissemination is Always written. between 8 AM and 5 PM.

Public meeting times are Never available in an audible format.

Information is Usually available in a language other than English.

Information is Never available for those with a disability.

Reasonable access is Always

12.
ADMI

description must be attached for (1) any new administrative posit

Check here if job description(s) attached:

If NONE check here:

13. SERVICE CHANGES - Describe any service changes and/or provide justification/need for expansion vehicle(s) in the space below.

If NONE check here:

FY2022 - Complete Project Funding Request Form for FY 2022

(Note: Include in your description the rationale for the anticipated change in service.

How will the public be notified of the service changes described above?

How much lead-time is given before service changes take effect?

EEO QUESTIONNAIRE

Threshold Requirements: Any applicant, recipient, or sub-recipient is required to comply with program requirements in Chapter III if it meets the following thresholds:

- a. Employees 100 (+) or more transit-related employees*; and
- b. Requests or receives capital or operating assistance under Sections 3, 4(i), or 9 of the FTA; assistance under 23 U.S.C. 142(a)(2) or 23 U.S.C. 103(e)(4), or any combination thereof, in excess of \$1 million in the previous Federal fiscal year; or
- c. Request and receives planning assistance under Sections 8 and/or 9 in excess of \$250,000 in the previous Federal fiscal year.

Transit systems with 50 – 99 employees must keep a plan on file for review at next site visit.

Name of Organization: Madison County Transportation Authority

_____ State DOT _____ MPO _____ X _____ Transit Agency _____ City

TrAMS ID: _____ (if applicable)

1. How many employees do you have in your organization? 300 _____
2. How many of those employees are *transit related? 9 _____

***A transit related employee is an employee of an FTA applicant, recipient, or subrecipient who is involved in an aspect of an agency's mass transit operation funded by FTA. For example, a city planner involved in a planning bus routes would be counted as part of the recipient's work force, but a city planner involved in land use would not be counted.**

****If EEO requirement is not applicable check here _____ X _____, sign at the bottom, and submit, otherwise complete remaining questions.**

3. How much did your organization receive in capital or operating assistance the previous fiscal year?

4. How much did your organization receive in planning assistance the previous fiscal year?

5. Does your agency submit an EEO Program? _____ Yes _____ No

If yes, what is the date of your last submission? _____

6. Do you contract out any of your transit services? _____ Yes _____ No

If no, skip to question 7. If yes,

a. What is the name of agency (s)? _____

b. How much does the agency receive in capital or operating assistance? _____

c. How much does the agency receive in planning assistance? _____

d. How many transit employees does the agency have? _____

e. Does the agency submit an EEO Program to you? _____ Yes _____ No

If yes, what is the date of their last EEO submission? _____

7. What is the date of your last Triennial Review (If applicable)? _____

a. Were there any deficiencies? _____ Yes _____ No

If yes, in what area(s) _____

b. Are any of the deficiencies still open _____ Yes _____ No

If yes, in what area(s)? _____

8. What is the date of your last State Management review (If Applicable)?

a. Were there any deficiencies? _____ Yes _____ No

If yes, in what area(s) _____

b. Are any of the deficiencies still open _____ Yes _____ No

If yes, in what area(s)? _____

9. Has your agency participated in an EEO compliance review?

If yes,

a. Were there any deficiencies? _____ Yes _____ No

If yes, in what area(s) _____

b. Are any of the deficiencies still open _____ Yes _____ No

If yes, in what area(s)? _____

I declare (or certify, verify, or state) that the foregoing is true and correct.

Signature X Mark S. Swales Date 12.31.20

Title: Chair of the Board

Important – A public hearing MUST be conducted whether or not requested by the Public.

PUBLIC HEARING RECORD

Section 5311 (ADTAP), 5310, 5339, 5307 and applicable State funding, or combination thereof.

APPLICANT: Madison County

DATE: 12.31.20

PLACE: Administration Building, 5707 US 25-70, Marshall, NC 28753

TIME: 2:00 p.m.

How many BOARD MEMBERS attended the public hearing? 5

How many members of the PUBLIC attended the public hearing? 0

Public Attendance Surveys

(Attached)

(Offered at Public Hearing but none completed)

I, the undersigned, representing (*Legal Name of Applicant*) Madison County do hereby certify to the North Carolina Department of Transportation, that a Public Hearing was held as indicated above and

During the Public Hearing

(NO public comments)

(Public Comments were made and meeting minutes will be submitted after board approval)

The estimated date for board approval of meeting minutes is: January 12, 2021

[Signature]
Signature of Clerk to the Board

Mandy Bradley Clerk to the Board
Printed Name and Title

12.31.20
Date

