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**RECOMMENDED SAMPLE MOTION:**

**Move to approve and authorize county Board of Commission Chair to sign all related documents of Georgia Department of Transportation Grant application for FY28.**

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**DEPARTMENT:**

Prepared by: Mike Bramlett

Director \_\_\_\_\_

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**ADMINISTRATIVE  
COMMENTS:** \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_ **DATE:** \_\_\_\_\_

County Manager

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FEDERAL TRANSIT ADMINISTRATION  
**FY 2028 GRANT APPLICATION**  
**SECTION 5311 PROGRAM**  
FORMULA FUNDS FOR RURAL TRANSIT

APPLICATION DUE  
**SEPTEMBER 30, 2026**

*This is a fillable form. Please use Adobe Acrobat Reader to complete this application. You may use the tab button to navigate between fillable form fields. Only the Transmittal Letter and Authorizing Resolution should be printed and returned as a scanned application attachment. All other application components should be completed and returned electronically.*

**APPLICANT**

Habersham County Transit

Transit Agency Name

Mike Bramlett/Transit Director

Authorized Representative  
(Name & Title)

9/30/26

Date Submitted

GDOT

GDOT District Project Manager Signature

Date Received

## FY 2028 Section 5311 Grant Application Checklist

To be completed by APPLICANT:

| Name/Description of Item                                                      | Completed (Yes/No) |
|-------------------------------------------------------------------------------|--------------------|
| Part A: Contract Authorization Tracking System (CATS) Profile Form            | Yes                |
| Part B: Transmittal Letter                                                    | Yes                |
| Part C: Authorizing Resolution                                                | Yes                |
| Part D: FTA-Funded Assets/State of Good Repair                                | Yes                |
| Part E: Sources of Local Matching Funds and Three-Year Budget Trends          | Yes                |
| Part F: Equal Employment Opportunity Questionnaire                            | Yes                |
| Part G: Agency Inventory                                                      | Yes                |
| Part H: Third Party Operators                                                 | Yes                |
| Part I: Public Notice & Private Enterprise Coordination                       | Yes                |
| Part J: FTA Title VI Data Collection, Reporting, and Economic Impacts         | Yes                |
| Part K: Certification of No Intent to Charter Service                         | Yes                |
| Part L: Drug-Free Workplace and Drug Alcohol Program                          | Yes                |
| Part M: Drug-Free Workplace Act Certification for Public and Private Entities | Yes                |
| Part N: Certification of Equivalent Access for Persons with Disabilities      | Yes                |
| Part O: FTA Civil Rights Assurance                                            | Yes                |
| Part P: Debarment and Suspension                                              | Yes                |
| Part Q: Disadvantaged Business Enterprise (DBE) Semi-Annual Reporting         | Yes                |
| Part R: Lobbying Restrictions                                                 | Yes                |
| Part S: FTA Certifications and Assurances                                     | Yes                |
| Part T: Americans with Disabilities Act Checklist                             | Yes                |
| Part U: Financial Certifications                                              | Yes                |
| Part V: Transportation Improvement Program (TIP) Form                         | Yes                |
| Part W: TAMP Accountable Executive Form                                       | Yes                |
| Part X: Grant Expenditures Form                                               | Yes                |
| Part Y: NTD Reporting Accountable Executive Certification                     | Yes                |
| Part Z: Annual NTD Reporting Certification                                    | Yes                |
| Appendix A: Contact Information for GDOT District Project Managers            | Yes                |
| Appendix B: Allowable Costs                                                   | Yes                |
| Appendix C: Useful Life                                                       | Yes                |
| Appendix D: NEPA Checklist                                                    | Yes                |
| Appendix E: W-9                                                               | Yes                |

To be completed by GDOT Staff:

|                                                   |      |
|---------------------------------------------------|------|
| Reviewed By                                       | Date |
| GDOT Project Manager                              | Date |
| Transit Program Manager                           | Date |
| Assistant Division Director – Intermodal Division | Date |



## Introduction

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The Federal Transit Administration (FTA) provides federal funding to support the capital and operating assistance activities for rural transit systems. Georgia Department of Transportation (GDOT) is the designated recipient of these federal funds and is responsible for the program oversight and administration of the program in compliance with all applicable federal regulations.

Each year, GDOT announces the opportunity for eligible applicants to apply for Section 5311 funds for rural transit. Each application is reviewed and evaluated by GDOT using the established criteria described below.

In the distribution of funds for the Section 5311 Program, GDOT takes into account the non-urbanized population of each county. The Section 5311 formula for allocation proportions project funds based on non-urbanized population and land area relative to the total for the state. All projects that meet the service guidelines, complete the application requirements, and have the local match are funded to the level justified by their actual capital and operating expenses.

### Operating Assistance

Each subrecipient is reviewed based on the following metrics:

- Cost per hour
- Cost per trip
- Cost per vehicle
- Farebox revenue per trip

### Capital Assistance

Capital requests are evaluated according to GDOT's approved Transit Asset Management (TAM) Plan, incorporating the Useful Life Benchmark (ULB) for each specific type of equipment requested. All approved funding amounts under this program are dependent on the availability of FTA funds.

Proposed new systems will be evaluated based on their:

- Proposed system start-up plan
- Level of city/county/regional commission support
- Transit asset management/vehicle maintenance program
- Track record of operating similar services

All grant applicants should complete the Section 5311 application as outlined in the enclosed instructions. Ensure all required items on the Grant Application Checklist are completed and submitted with the application. Please note, the placement and publication of a public notice (Part G) must have a 15-day comment period that concludes PRIOR to September 30, 2026. The Applicant Organization Board must also adopt and certify the Authorizing Resolution (Part C) prior to the deadline.

Please contact your local GDOT Project Managers (see Appendix A) with any questions or requests for assistance.

## **Reporting Requirements**

Data that GDOT subrecipients collect, monitor, and report is used to assess the performance of their transit services and document compliance with federal and state requirements. This information must be tabulated for monthly, semi-annual, and annual reports. Transit managers are primarily responsible for monitoring and reporting system performance on an ongoing basis.

GDOT's FTA subrecipients are contractually required to provide the following reports:

### **Monthly Reports**

- Monthly Vehicle Usage and Ridership Reports – due the 15th of each month.
- Monthly Reimbursement Requests (Please include supporting documentation) – due 30 days after the end of each month

### **Semi-Annual Reports**

- DBE Semi Annual Reports – due May 1st and November 1st
- Semi Annual Preventative Maintenance Interval Checklists - due January 25th and July 25th

### **Annual Reports**

- Drug and Alcohol Management Information System (DAMIS) reports – due March 1<sup>st</sup>

The table below provides a baseline schedule of activities and important reporting deadlines for FY 2028. Other activities may be added during the fiscal year.

**Table 1: Section 5311 Schedule of Activities for FY 2028**

|                  |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                            |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>July</b>      | <ul style="list-style-type: none"> <li>- Monthly Vehicle Reports Due – June</li> <li>- Monthly Operating Reimbursements Due – June</li> <li>- Provide updated insurance information to GDOT</li> </ul>                                              | <ul style="list-style-type: none"> <li>- Semi-annual PM Checklist due - July 25th</li> <li>- Monitor capital contract purchases</li> </ul>                                                                 |
| <b>August</b>    | <ul style="list-style-type: none"> <li>- Monthly Vehicle Reports Due - July</li> <li>- Monthly Operating Reimbursements Due - July</li> </ul>                                                                                                       | <ul style="list-style-type: none"> <li>- Monitor Capital Contract Purchases</li> <li>- Final Reimbursements for FY 2027 Due</li> <li>- FY 2027 Application Packages Received from GDOT</li> </ul>          |
| <b>September</b> | <ul style="list-style-type: none"> <li>- Monthly Vehicle Reports Due - August</li> <li>- Monthly Operating Reimbursements Due - August</li> <li>- Monitor Capital Contract Purchases</li> </ul>                                                     | <ul style="list-style-type: none"> <li>- Submit FY 2028 Application Package with Operating and Capital Budgets by September 30</li> <li>- Final operating reimbursements due September 30, 2026</li> </ul> |
| <b>October</b>   | <ul style="list-style-type: none"> <li>- Monthly Vehicle Reports Due – September</li> <li>- Monthly Operating Reimbursements Due – September</li> </ul>                                                                                             | <ul style="list-style-type: none"> <li>- Semi-Annual Substance Abuse Awareness Training – Macon</li> </ul>                                                                                                 |
| <b>November</b>  | <ul style="list-style-type: none"> <li>- DBE report due – November 1</li> <li>- Monthly Vehicle Reports Due – October</li> <li>- Monthly Operating Reimbursements Due - October</li> </ul>                                                          | <ul style="list-style-type: none"> <li>- Monitor Capital Contract Purchases</li> </ul>                                                                                                                     |
| <b>December</b>  | <ul style="list-style-type: none"> <li>- Monthly Vehicle Reports Due – November</li> <li>- Monthly Operating Reimbursements Due – November</li> <li>- Monitor Capital Contract Purchases</li> </ul>                                                 | -                                                                                                                                                                                                          |
| <b>January</b>   | <ul style="list-style-type: none"> <li>- Monthly Vehicle Reports Due – December</li> <li>- Monthly Operating Reimbursements Due - December</li> </ul>                                                                                               | <ul style="list-style-type: none"> <li>- Monitor Capital Contract Purchases</li> <li>- Semi-annual PM Checklist due – January 25</li> </ul>                                                                |
| <b>February</b>  | <ul style="list-style-type: none"> <li>- Monthly Vehicle Reports Due – January</li> <li>- Monthly Operating Reimbursements Due - January</li> </ul>                                                                                                 | <ul style="list-style-type: none"> <li>- Monitor Capital Contract Purchases</li> <li>- Receive D&amp;A Updates from GDOT for DAMIS reporting</li> </ul>                                                    |
| <b>March</b>     | <ul style="list-style-type: none"> <li>- Monthly Vehicle Reports Due - February</li> <li>- Monthly Operating Reimbursements Due – February</li> <li>- Monitor Capital Contract Purchases</li> </ul>                                                 | <ul style="list-style-type: none"> <li>- Drug and Alcohol Monitoring</li> <li>- Conduct Annual Vehicle Inspections</li> </ul>                                                                              |
| <b>April</b>     | <ul style="list-style-type: none"> <li>- Monthly Vehicle Reports Due - March</li> <li>- Monthly Operating Reimbursements Due – March</li> <li>- Monitor Capital Contract Purchases</li> </ul>                                                       | <ul style="list-style-type: none"> <li>- Drug and Alcohol Monitoring</li> <li>- Conduct Annual Vehicle Inspections</li> </ul>                                                                              |
| <b>May</b>       | <ul style="list-style-type: none"> <li>- DBE report due - May 1</li> <li>- Semi-Annual Substance Abuse Awareness Training - Macon</li> <li>- Monthly Vehicle Reports Due - April</li> <li>- Monthly Operating Reimbursements Due – April</li> </ul> | <ul style="list-style-type: none"> <li>- Monitor Capital Contract Purchases</li> <li>- Drug and Alcohol Training and Monitoring</li> <li>- Conduct Annual Vehicle Inspections</li> </ul>                   |
| <b>June</b>      | <ul style="list-style-type: none"> <li>- Monthly Vehicle Reports Due - May</li> <li>- Monthly Operating Reimbursements Due – May</li> <li>- Monitor Capital Contract Purchases</li> </ul>                                                           | <ul style="list-style-type: none"> <li>- Drug and Alcohol Monitoring</li> <li>- Conduct Annual Vehicle Inspections</li> <li>- Vehicle Insurance Updates</li> </ul>                                         |



## **Submission Guidelines**

Please use the following guidance in submitting completed Section 5311 grant applications to GDOT.

- Applications should be submitted with the transmittal letter on Applicant Organization letterhead. Authorizing resolutions must be notarized. Both documents should be submitted as scanned attachments with the rest of the application package submitted electronically.
- All other required application materials included in this application packet shall be completed, saved, and returned in digital form.
- Applicants are asked to not change the format of any of the required items in the grant application.

### Please Note:

Incomplete and incorrect applications will be returned to the transit agency for corrections. Late submissions will be documented as such; information provided herein will be used as part of the application evaluation upon which final budgets are based and awarded by GDOT.

# Part A: Contract Authorization Tracking System (CATS) Profile Form

## SUBRECIPIENT ORGANIZATION INFORMATION

| Organization Official Name<br>(as it appears in W9 Tax form) | Physical Address                                                    | Mailing Address (if different)            |
|--------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------|
| Habersham County                                             | 4306 Toccoa Hwy<br>Clarkesville GA 30523                            | 130 Jacob's Way<br>Clarkesville GA 30523  |
| Charging Indirect Costs:                                     | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |                                           |
| Approved ICR Plan:                                           | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |                                           |
| De minimis Cost Rate:                                        | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |                                           |
| Agency EIN (Tax ID):                                         | 586001495                                                           |                                           |
| SAM Identification:                                          | LR3NT2GRVJK7                                                        | SAM ID EXP. Date (mm/dd/yyyy): 08/10/2027 |
| eVerify Number:                                              | 180048                                                              | eVerify Date (mm/dd/yyyy): 01/14/2009     |

## SUBRECIPIENT CONTRACT PERSONNEL in ORDER of APPROVAL (EXCLUDE THIRD PARTY OPERATORS)

|                                                                                                                                                                     |        |                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------|
| Contract Reviewer<br>(if applicable)                                                                                                                                | Name:  | Mike Bramlett                        |
|                                                                                                                                                                     | Title: | Facilities Director/Transit Director |
|                                                                                                                                                                     | Phone: | (706) 839-0167                       |
|                                                                                                                                                                     | Email: | mbramlett@habershamga.com            |
| Attorney (if applicable)                                                                                                                                            | Name:  | Angela Davis                         |
|                                                                                                                                                                     | Title: | County Attorney                      |
|                                                                                                                                                                     | Phone: | (678) 455-7150                       |
|                                                                                                                                                                     | Email: | adavis@jarrard-davis.com             |
| <b>Executor #1</b><br><small>(must have the organization's seal affixed or write the word seal next to signature when signing contract)</small>                     | Name:  | Bruce Harkness                       |
|                                                                                                                                                                     | Title: | Habersham County Commission Chairman |
|                                                                                                                                                                     | Phone: | (706) 839-0208                       |
|                                                                                                                                                                     | Email: | commissionchair@habershamga.com      |
| <b>Executor #2 (if applicable)</b><br><small>"must have the organization's seal affixed or write the word seal next to the signature when signing contract"</small> | Name:  |                                      |
|                                                                                                                                                                     | Title: |                                      |
|                                                                                                                                                                     | Phone: |                                      |
|                                                                                                                                                                     | Email: |                                      |
| Attestor / Witness                                                                                                                                                  | Name:  | Brandalin Carnes                     |
|                                                                                                                                                                     | Title: | County Clerk                         |
|                                                                                                                                                                     | Phone: | (706) 839-0215                       |
|                                                                                                                                                                     | Email: | bcarnes@habershamga.com              |
| <b>Notary</b><br><small>(must be separate from attestor and have a valid Notary Seal)</small>                                                                       | Name:  | Kiani Holden                         |
|                                                                                                                                                                     | Title: | Finance Director                     |
|                                                                                                                                                                     | Phone: | (706) 839-0206                       |
|                                                                                                                                                                     | Email: | kholden@habershamga.com              |



1. Does the Applicant Organization employ 100 or more employees?

☐ Yes

☒ No

2. Do you use one or more Third Party Operators (TPO) that have 100 or more employees? If yes, please state the name of the company (ies), the TPO manager in responsible charge of your service, and their number of employees.

☐ Yes

☒ No

Company Name: \_\_\_\_\_

TPO Manager: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

3. Does your organization currently operate public transportation services using FTA Section 5311 funding?

☒ Yes

☐ No

4. FY 2028 Section 5311 application requests include: (check all that apply)

☒ Operating

☐ Capital – Vehicles

☐ Capital – Small Equipment

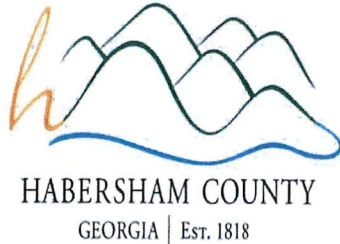
☐ Mobility Management

## **Part B: Transmittal Letter**

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The following page includes a sample transmittal letter with fillable fields. Once all fields are complete, Applicants must electronically submit the transmittal letter on the Applicant Organization's letterhead and include the signature of the Authorized Official with the complete application package.

Please note that the Transmittal Letter and/or Authorized Official MAY NOT be submitted to GDOT from a Third-Party Operator (TPO) on the TPO's letterhead.



**Office of County Commissioners**  
130 Jacob's Way, Clarkesville, GA 30523  
706-839-0200 Fax: 706-839-0219  
www.habershamga.com

9/30/26

Date

Patricia Smith, Ph.D.  
Transit Program Manager  
Division of Intermodal  
Georgia Department of Transportation  
600 W. Peachtree Street  
Atlanta, Georgia 30308

Ms. Smith, Ph.D.:

Habersham County Transit is applying for an FTA Section 5311 grant to aid in the operation of the Habersham County Public Transit for FY 2026 in the amount of \$ 89,844.00 as detailed in the table below. The financial assistance requested for this project has been reviewed and approved by the local transportation planning process and is identified in the State Transportation Improvement Program (STIP).

|                      | Federal Share | State Share | Local Share  | Total         |
|----------------------|---------------|-------------|--------------|---------------|
| Operating Assistance | \$ 89,844.00  |             | \$ 89,844.00 | \$ 179,688.00 |
| Large Capital        | \$ 0.00       | \$ 0.00     | \$ 0.00      | \$ 0.00       |
| Small Capital        | \$ 0.00       | \$ 0.00     | \$ 0.00      | \$ 0.00       |
| Mobility Management  | \$ 0.00       | \$ 0.00     | \$ 0.00      | \$ 0.00       |
| Total                | \$ 89,844.00  | \$ 0.00     | \$ 89,844.00 | \$ 179,688.00 |

Local operating assistance will be provided by Habersham County

Local share of Large Capital Purchases will be provided by Habersham County

Local share of Small Capital Purchases will be provided by Habersham County

Local share of Mobility Management will be provided by Habersham County

The Applicant certifies sufficient financial capacity exists to carry out the proposed projects listed above for a minimum of 90 days in the event of delays in the receipt of federal funds or execution of a contract. The applicant certifies the local match is from an eligible source of funds.

The applicant certifies all of the information contained in this funding application is correct and the applicant has the legal, financial, technical, and managerial capacity to carry out the proposed project and maintain the project property. If you have questions about this request for funding, please contact Mike Bramlett at mbramlett@habershamga.com or (706)839-0167

Signature

Bruce Harkness

Name of Authorized Official

Commission Chairman

Title of Authorized Official



## Part C: Authorizing Resolution

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The following two pages include an authorizing resolution that must be enacted by the governing body of the Applicant Organization and signed by the Chair of the County Commission, Mayor, or the head of the governing body as appropriate. Please complete the fillable fields on the resolution, then print and sign the designated fields. The authorizing resolution must be properly witnessed and notarized, including the date the notary's commission expires. The resolution should also be stamped with the notary seal as well as the seal of the county commission, city, or appropriate applicant jurisdiction. The certificate of the attesting officer must also be completed. A scanned copy of the completed, signed, and notarized Authorizing Resolution should be submitted as an attachment with the full application package.

**RESOLUTION AUTHORIZING THE FILING OF AN APPLICATION WITH THE DEPARTMENT OF TRANSPORTATION, UNITED STATES OF AMERICA, AND GEORGIA DEPARTMENT OF TRANSPORTATION, FOR A GRANT UNDER TITLE 49 U.S.C., SECTION 5311.**

**WHEREAS**, the Federal Transit Administration and the Georgia Department of Transportation are authorized to make grants to non-urbanized (rural) areas for mass transportation projects; and

**WHEREAS**, the contract for financial assistance will impose certain obligations upon Applicant, including the provision of the local share of project costs; and

**WHEREAS**, it is required by the United States Department of Transportation and the Georgia Department of Transportation in accordance with the provisions of Title VI of the Civil Rights Act of 1964, that in connection with the filing of an application for assistance under the Federal Transit Act, the applicant gives an assurance that it will comply with Title VI of the Civil Rights Act of 1964 and the United States Department of Transportation requirements thereunder; and

**WHEREAS**, it is the goal of the Applicant that Disadvantaged Business Enterprise (DBE) be utilized to the fullest extent possible in connection with this project, and that definitive procedures shall be established and administered to ensure that minority business shall have the maximum feasible opportunity to compete for contracts and purchase orders when procuring construction contracts, supplies, equipment contracts, or consultant and other services.

NOW THEREFORE, BE IT RESOLVED BY Habersham County hereinafter referred to as the "Applicant",

1. That the Designated Official Bruce Harkness, hereinafter referred to as the "Official, is authorized to execute and file an application on behalf of Habersham County with the Georgia Department of Transportation, to aid in the purchase of bus transit vehicles and/or the planning, development, and construction of bus transit-related facilities pursuant to Section 5311 of the Federal Transit Act.
2. That the Official is authorized to execute and file such application and assurances, or any other document required by the U.S. Department of Transportation and the Georgia Department of Transportation effectuating the purpose of Title VI of the Civil Rights Act of 1964.
3. That the Official is authorized to execute and file all other standard assurances, or any other document required by the Georgia Department of Transportation or the U.S. Department of Transportation in connection with the application for public transportation assistance.
4. That the Official is authorized to execute grant contract agreements on behalf of the Applicant with the Georgia Department of Transportation.
5. That the Official is authorized to set forth and execute DBE policies and procedures in connection with the project's procurement needs as applicable.
6. That the applicant while making application to or receiving grants from the Federal Transit Administration will comply with FTA Circular 9040.1G, FTA Certifications and Assurances for Federal Assistance 2024 as listed in this grant application and General Operating Guidelines as illustrated in the Georgia State Management Plan.

7. That the applicant has or will have available in the General Fund the required non-federal funds to meet local share requirements for this grant application.

APPROVED AND ADOPTED this \_\_\_\_\_ day of \_\_\_\_\_, 2026.

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Name and Title of Authorized Official

Signed, sealed, and delivered this \_\_\_\_\_ day of \_\_\_\_\_, 2026 in the presence of

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Notary Public/Notary Seal

#### CERTIFICATE

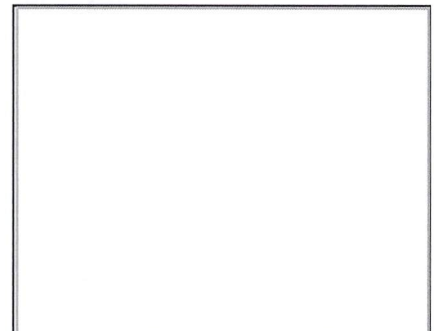
The undersigned duly qualified and acting \_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_ (*Title of Certifying/Attesting Official*) (*Applicant's Legal Name*) certifies that the foregoing is a true and correct copy of a resolution adopted at a legally convened meeting held on

\_\_\_\_\_, 2026.

\_\_\_\_\_  
Name of Certifying/Attesting Officer

\_\_\_\_\_  
Title of Certifying/Attesting Officer



## Part D: FTA-Funded Assets/State of Good Repair

Please complete the agency's vehicle inventory using the Inventory form provided in Part G.

**Table 2: Inventory of Transit Facilities**

[illegible]



## Part E: Sources of Local Matching Funds and Three-Year Budget Trends

Please list ALL sources of local matching funds, including the amounts for each. The use of purchase of service (POS) contracts with the Georgia Department of Human Services (DHS) and other similar entities should also be shown, along with the source of the POS revenues.

For budgeting purposes, all POS revenues must be deducted from the total transit operating expenses (as defined by FTA) as "program revenue" to arrive at the net Section 5311 transit operating expenses each month. The funding share of the net operating expenses is then calculated at 50% federal funds and 50% local funds.

Please note that other FTA funds, including Section 5310, 5316, and 5317 funds, are not eligible sources of local match funds. Local match funds must be traceable back to the source of origination (from a specific local governmental entity) and can be used only once as a local match source for a federal grant

### E-1: Purchase of Service Contracts

List all POS contracts in the table below. Include contracting agency/office, the contract start and end dates, contract amounts, cost per unit of service, and anticipated annual trips.

**Table 3: List of POS Contracts**

| POS Contracting Agency/Office     | Contract Start Date | Contract End Date | Total Contract Amount | Cost per Unit of Transit Service | Anticipated Annual Trips |
|-----------------------------------|---------------------|-------------------|-----------------------|----------------------------------|--------------------------|
| Avita Community Partners          | 4/25/17             |                   | \$ 17,689.00          | \$ 6.63                          | 2,668                    |
|                                   |                     |                   |                       |                                  |                          |
|                                   |                     |                   |                       |                                  |                          |
|                                   |                     |                   |                       |                                  |                          |
|                                   |                     |                   |                       |                                  |                          |
|                                   |                     |                   |                       |                                  |                          |
|                                   |                     |                   |                       |                                  |                          |
|                                   |                     |                   |                       |                                  |                          |
|                                   |                     |                   |                       |                                  |                          |
|                                   |                     |                   |                       |                                  |                          |
|                                   |                     |                   |                       |                                  |                          |
|                                   |                     |                   |                       |                                  |                          |
|                                   |                     |                   |                       |                                  |                          |
|                                   |                     |                   |                       |                                  |                          |
|                                   |                     |                   |                       |                                  |                          |
|                                   |                     |                   |                       |                                  |                          |
|                                   |                     |                   |                       |                                  |                          |
|                                   |                     |                   |                       |                                  |                          |
| <b>Total of All POS Contracts</b> |                     |                   | \$ 17,689.00          |                                  | 2,668.00                 |

## E-2: Sources of Local Matching Funding

Please list all sources of local matching funds in the table below.

**Table 4: Sources of Local Matching Funds**

| Local Funding Source                                                              | Amount               |
|-----------------------------------------------------------------------------------|----------------------|
| Local Government General Revenues                                                 | \$ 89,844.00         |
| Estimated NEMT Revenues (DCH Brokers)                                             |                      |
| POS Contacts (total from Table 3 above)                                           | \$ 17,889.00         |
| Other Local Fund Source (please specify, add rows for addition sources as needed) |                      |
|                                                                                   |                      |
| <b>Total Local Matching Funds</b>                                                 | <b>\$ 107,733.00</b> |

## E-3: Three-Year Operating Budget Trend (FY 2026 – FY 2028)

Please complete Table 5 with federal and local operating funding from FY 2026 through FY 2028. **Only operating funds should be used to populate the table below.**

Actual FY 2026 funding levels should be extrapolated from your agency's Final Reimbursement Form from July 2026. FY 2027 funding levels should be extrapolated from the budget submitted by your agency for FY 2027. Proposed FY 2028 funding levels should be extrapolated from the budget submitted with this application.

**Table 5: Three-Year Operating Budget Trend**

| FY 2026 – Actual                                               |                      | FY 2027 – Current Year Budget                                  |                      | Proposed FY 2028                                               |                      |
|----------------------------------------------------------------|----------------------|----------------------------------------------------------------|----------------------|----------------------------------------------------------------|----------------------|
| Federal Funds                                                  | \$ 88,194.30         | Federal Funds                                                  | \$ 84,902.00         | Federal Funds                                                  | \$ 89,844.00         |
| Local Funds<br>(Total including general fund and POS revenues) | \$ 106,694.30        | Local Funds<br>(Total including general fund and POS revenues) | \$ 102,087.00        | Local Funds<br>(Total including general fund and POS revenues) | \$ 107,533.00        |
| <b>Total</b>                                                   | <b>\$ 194,888.60</b> | <b>Total</b>                                                   | <b>\$ 186,989.00</b> | <b>Total</b>                                                   | <b>\$ 197,377.00</b> |



## Part F: Equal Employment Opportunity Questionnaire

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The FTA Master Agreement requires all applicants, recipients, subrecipients and contractors receiving funding to comply with applicable Federal civil rights laws and regulations and to follow applicable Federal guidance. FTA applicants, recipients, subrecipients and contractors who meet both of the following threshold requirements must implement the EEO Program elements (FTA C 4704.1A Chapter 2.2)

This requirement applies to state-administered programs covered by Federal Transit Laws and FTA Master Agreement funding categories under 5310 – Enhanced Mobility of Seniors and Individuals with Disabilities; 5311 – Rural formula grants for Rural Areas; 5339 – Bus and Bus facilities; 5307 – Urbanized Area formula grants; and 5303, 5304 and 5305 – Metropolitan and Statewide Planning funds.

All FTA applicants, recipients, subrecipients and contractors who do not meet the EEO Program threshold are not required to submit an EEOP. However, they are still required to comply with all Equal Employment Opportunity statutes and regulations.

A recipient is required to submit a full or abbreviated EEO Program based on the number of its transit-related employees and whether it reaches a monetary threshold. Transit related employees include temporary, full-time, or part-time employees.

- Employs 100 or more transit related employees (requires a full EEO Program)
- Employs 50 or more transit-related employees; (requires an abbreviated EEO program)

And:

- Requests or receives capital or operating assistance in excess of \$1 million in the previous Federal fiscal year or requests or receives planning assistance in excess of \$250,000 in the previous Federal fiscal year.

**Example:** If '*ABC Transit*' is a direct subrecipient and has 22 employees, it does not meet the threshold. If '*ABC Transit*' subcontracts with a *Third-Party Operator* each entity is considered separately. If '*ABC Transit*' with 22 employees, contracts with two agencies, one with 25 employees, and one with 52 employees (i.e. 22+25=52), then *ABC Transit* would not be required to have an EEO Program, but the contracted agency with 52 employees would be required to develop and submit to '*ABC Transit*' an abbreviated EEO Program.

### EEO Program Components (Full EEO Program)

- Statement of Policy
- Dissemination
- Designation of Personnel Responsibility
- Utilization Analysis
- Goals and Timetables
- Assessment of Employment Practices
- Monitoring and Reporting

### Abbreviated EEO Program Components

- Statement of Policy
- Dissemination Plan
- Designation of Personnel Responsibility
- Assessment of Employee Practices
- Monitoring and Reporting Plan

Please complete all fields annually and submit to GDOT Transit Department.

Legal Name of Applicant: Habersham County Transit

Organization Type: ☐ MPO ☒ Transit Agency ☐ Third-Party Contractor

1. How many transit related employees do you have in your organization? 6  
(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 planning bus routes would be counted, but a city planner involved in land use would not be counted)

2. How much did your organization receive in capital or operating assistance the previous federal fiscal year?  
\$ \$ 88,194.30

3. How much did your organization receive in planning assistance the previous federal fiscal year?  
\$ \$ 0.00

4. Has your agency submitted a full EEO Program/or abbreviated program to GDOT based on the thresholds noted?  
☐ Yes ☒ No

5. If yes, what is the date of your last submission? \_\_\_\_\_

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

If yes,

a. What is the name of the agency(ies)? \_\_\_\_\_

b. How much did the agency receive in capital or operating assistance?  
\$ \_\_\_\_\_

c. How many transit employees does the agency have? \_\_\_\_\_

d. Did the contracting agency submit an EEO Program to you?  
☐ Yes ☐ No

If yes, what is the date of their last EEO Program submission? \_\_\_\_\_

I certify that the foregoing is true and correct.

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

Title: Commission Chairman

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



## Part G: Agency Inventory

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The Agency Inventory section details vehicle inventory. Please provide accurate vehicle information for each vehicle in the fleet. Please download and complete the Agency Inventory Spreadsheet in BlackCat.

### FY 2028 Transit Vehicle Inventory Report

*The Agency Inventory section details vehicle inventory. Please provide accurate vehicle information for each vehicle in the fleet. Complete this agency inventory spreadsheet and upload to Blackcat.  
Please Keep as an Excel Document.*

| Name of Organization     | GDOT District | VIN               | License Plate | Agency Assigned ID | GDOT Assigned ID | Funded By DOT |
|--------------------------|---------------|-------------------|---------------|--------------------|------------------|---------------|
| Habersham County Transit | District 1    | 1FDEU6PG0PKB70501 | GV2760T       | 2485               | 4354             | Yes           |
| Habersham County Transit | District 1    | 1FDEE3FN3SDD38804 | GV9114U       | 2486               | 4484             | Yes           |
|                          |               |                   |               |                    |                  |               |
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| Funding Program Section 5307 / 5311 | Funding Awarded Fiscal Year | Category                 | Vehicle Year | Manufacturer           | Model              | Chassis     | Fuel Type     |
|-------------------------------------|-----------------------------|--------------------------|--------------|------------------------|--------------------|-------------|---------------|
| Section 5311                        |                             | Light-Duty Mid-Sized Bus | 2023         | Ford Motor Corporation | Starcraft Starlite | TRANSIT 350 | GA - Gasoline |
| Section 5311                        |                             | Light-Duty Mid-Sized Bus | 2025         | Ford Motor Corporation | Starcraft Allstar  | E-350       | GA - Gasoline |
|                                     |                             |                          |              |                        |                    |             |               |
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| Seating Capacity | Standing Capacity | Wheelchair Positions | Wheelchair Ramp or Lift Equipped? (Y/N) | Wheelchair Ramp or Lift | Wheelchair Ramp Or Lift Manufacturer | Emergency Contingency Vehicle (Y/N) | Status (Active/Inactive) |
|------------------|-------------------|----------------------|-----------------------------------------|-------------------------|--------------------------------------|-------------------------------------|--------------------------|
| 8                | 0                 | 1                    | Y                                       | Lift                    | Braun                                | No                                  | Active                   |
| 10               | 0                 | 2                    | Y                                       | Lift                    | Braun                                | No                                  | Active                   |
|                  |                   |                      |                                         |                         |                                      |                                     |                          |
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| Improvement Purpose<br>(Replacement/Expansion) | Condition<br>Assessment<br>Date | Condition Rating<br>(Excellent, Good,<br>Fair, Poor) | Current<br>Mileage as<br>of 06/30/26 | Purchase<br>Date | Vendor                | Delivery /<br>Received<br>Date | InService<br>Date | Useful LifeYears<br>Remaining |
|------------------------------------------------|---------------------------------|------------------------------------------------------|--------------------------------------|------------------|-----------------------|--------------------------------|-------------------|-------------------------------|
| Replacement                                    | 5/29/2024                       | Excellent                                            | 135,232                              | 2/26/2024        | Creative Bus<br>Sales | 4/25/2024                      | 4/25/2024         | 3                             |
| Replacement                                    | 7/29/2025                       | Excellent                                            | 1,075                                | 5/16/2025        | Creative Bus<br>Sales | 7/17/2025                      | 7/17/2025         | 4                             |
|                                                |                                 |                                                      |                                      |                  |                       |                                |                   |                               |
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| Useful Life Miles Remaining | Is GDOT LienHolder? | Is Title On File With GDOT? | 5307 Subrecipients Title Registration Number | 5307 Subrecipients Title Registration Number | Vehicle Type     | Dedicated Fleet or Spare | Ownership Type - Owned or Leased |
|-----------------------------|---------------------|-----------------------------|----------------------------------------------|----------------------------------------------|------------------|--------------------------|----------------------------------|
| 14768                       | Yes                 | Yes                         |                                              |                                              | CU - Cutaway Bus | Dedicated                | Owned                            |
| 200,000                     | Yes                 | Yes                         |                                              |                                              | CU - Cutaway Bus | Dedicated                | Owned                            |
|                             |                     |                             |                                              |                                              |                  |                          |                                  |
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| 5311 DR-Demand Response /<br>5307 Fixed Route /<br>Paratransit Demand Response | DO - Directly Operated or<br>TPO - Operated | Total Cost   | Federal Share | Federal Share Percent |
|--------------------------------------------------------------------------------|---------------------------------------------|--------------|---------------|-----------------------|
| 5311 - Demand Response                                                         | DO - Directly Operated                      | 107,690      | \$75,315      | 0.80%                 |
| 5311 - Demand Response                                                         | DO - Directly Operated                      | \$106,329.00 | \$95,279.90   | 8.96%                 |
|                                                                                |                                             |              |               |                       |
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| State Share | State Share Percent | Local Share | Local Share Percent |
|-------------|---------------------|-------------|---------------------|
| 32,375      | 0.10%               | \$4,500.30  | 0.00%               |
| \$5,524.55  | 0.10%               | \$4,627.50  | 0.00%               |
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## Part H: Third-Party Operators

Please check one (1) of the boxes below to indicate whether your agency employs a third-party operator (TPO). If your agency employs one or more TPOs, you must attach a copy of all TPO contracts to this application.

***TPO contracts must include a maximum amount or "Not to exceed" amount for proposed transit operations in FY 2028.***

1. Does this applicant Agency employ a Third-Party Operator?

- ☐ This Agency employs a TPO and a copy of the TPO contract(s) is attached.
- ☒ This Agency does not employ a TPO.

**\*\*\*A copy of all TPO contracts must be attached to this application. \*\*\***

## Part I: Public Notice & Private Enterprise Coordination

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The Applicant Organization MUST publish the public notice, on the following page, one time in the local government's legal newspaper, and have a 15-day comment period that concludes PRIOR to September 30, 2026.

This is required to make private transportation service providers aware of the Applicant's grant application. The original legal ad and notarized publisher's affidavit from the newspaper must be included in your grant application.

The "Private Enterprise Coordination Certification" (see Part H-1) must be completed and included in the Applicant's completed grant application. Applicants must indicate if no response is received within the fifteen (15) days. If there is a response to the Public Notice, the Applicant must include the responses in Certification form.

The Applicant Organization MUST publish the following notice one time in the local government's legal newspaper and have a 15-day comment period that concludes PRIOR to September 30, 2026. This is required to make private transportation service providers aware of the Applicant's grant application. The original legal ad and notarized publisher's affidavit from the newspaper must be included in your grant application.

## Public Notice

Habersham County Transit is applying for funding assistance under Title 49 U.S.C. Section 5311 of the Federal Transit Act pertaining to rural areas.

Habersham County Transit will offer general public transportation to all citizens of Habersham County Transit for any worthwhile purpose, including but not limited to shopping, medical treatment, social services, and other purposes.

Habersham County Transit solicits private sector input and participation to assure that private for-profit transportation operators have a fair and timely opportunity to participate in the development of this program.

Habersham County Transit also solicits comments and concerns from the general population on local rural public transportation services.

Habersham County Transit also solicits comments and concerns from the elderly, low-income, and disabled population and their representatives to assure that issues relating to the disabled are addressed in the service design proposed during the planning process.

Interested persons are invited to request that a public hearing be held to discuss the services being offered or development of the application.

Written comments, requests for a public hearing and/or written notice of intent by private for-profit transportation operators to provide or participate in any or all of the above services should be submitted no later than fifteen (15) days from the date of this publication to:

**Commission Chairman/Mayor/Chief Executive of Applicant Organization:**

Bruce Harkness

**Address/City/State/Zip Code of Applicant:**

130 Jacob's Way / Clarkesville GA 30523

**Phone Number of Applicant:** (706) 839-0208

If no response is received within the fifteen (15) days, Habersham County Transit will proceed with the application to the Georgia Department of Transportation.



### I-1: No Response to Public Notice Private Enterprise Coordination Certification

The Applicant Organization's County Commission Chair, Mayor, or Authorized Executive must complete the certification below, sign, and date this form. The Applicant must also attach a Notice and Affidavit from the newspaper or letter sent to private transportation providers. For paper application submissions, these attachments should be inserted after this page.

This form, the original legal ad appearing in the local newspaper, and a notarized publisher's affidavit from the newspaper must be included in this Section 5311 grant application.

Advertisement run in the 8/26/2026 edition of the The Northeast Georgian.

Indicate whether Applicant received a response to the public notice within 15 days:

☒ No response received

☐ Response(s) received

If one or more responses were received, please complete the table below with a list of private transportation providers operating in the service area, including a contact person, address, and phone number.

| Private Transportation Provider | Point of Contact | Phone Number  | Address                             |
|---------------------------------|------------------|---------------|-------------------------------------|
| Habersham Taxi                  | David Zavala     | (706)768-0609 | 325 Panacea Court Demorest GA 30535 |
| NGMT                            | Carol Pence      | (706)754-0295 | 363 Baldwin Rd Baldwin GA 30511     |

Date of Notification(s) Requesting Public Hearing (if any): \_\_\_\_\_

Last day for private transportation providers to request the public hearing: 9/12/26

The Applicant Organization, Habersham County Transit, will annually review existing service and any proposed service changes to determine the feasibility of private providers providing the public service. An annual review will be scheduled, and a review format will be developed to carry out this task. Private transportation service providers will be notified and their interest in the service provision will be assessed. Private transportation service providers will be invited to attend and be a part of the annual review process.

\_\_\_\_\_  
Signature

Bruce Harkness/Commission Chair  
Name and Title of Authorized Official

\_\_\_\_\_  
Date

## Part J: FTA Title VI Data Collection, Reporting, and Economic Impacts

*The Applicant Organization must complete the following sections pertaining to its Title VI Program activities.*

### J-1: General Reporting

1. List any Title VI-related lawsuits or complaints filed pertaining to the Applicant Organization's Section 5311 program.

2. Has your organization applied for any other federal financial assistance for transportation?

☐

Yes

☒

No

If "Yes," what kind of financial assistance and from which source?

3. In the last three years, has any Civil Rights/Title VI Compliance Review Activity been conducted at your organization?

☒

Yes

☐

No

## **J-2: Title VI Monitoring Procedures/Monthly Vehicle Reports**

GDOT requires the following monthly reporting in order to meet FTA National Transit Database requirements. Accurate completion of the following information is critical to continued Section 5311 grant eligibility.

Subrecipients must provide this data monthly, including data on population of your service area, percentage of trips made by minority population (compared to the total); types of services provided; days and hours of operation; number and type of vehicles in operation; number/percentage of wheelchair-equipped vehicles' total seating capacity; service area; total monthly ridership; transit costs by hour, mile, etc.; number of trips by trip purpose; quality of service; etc. Please seek technical assistance from your District Project Manager, if you have any questions regarding the definitions or completion of these data.

The Applicant Organization agrees to provide this data on a monthly basis in a format designated by GDOT.

---

Signature

Bruce Harkness

---

Name of Authorized Official

Commission Chairman

---

Title of Authorized Official

---

Date

### J-3: Performance and Quality of Service

#### Level of Service

Complete the table below with the requested information regarding Applicant Organization's transit service and area. Please use <https://www.census.gov/quickfacts/fact/table> to obtain information for population and minority percentage.

**Table 6: Level of Service Data**

|                                               |                             |
|-----------------------------------------------|-----------------------------|
| <b>Total Population</b>                       | <b>46,031</b>               |
| <b>Percent Minority</b>                       | <b>12.50%</b>               |
| <b>Type of Service</b>                        | Demand Response             |
| <b>Days/Hours of Operation</b>                | Monday-Friday 7:00am-4:00pm |
| <b>Number of Vehicles</b>                     | 2                           |
| <b>Number of Wheelchair Equipped Vehicles</b> | 2                           |
| <b>Total Seating Capacity</b>                 | 20                          |

#### Performance and Quality of Service

Complete the table below with the Applicant Organization trip data from FY 2026. Suggested calculation methods are included in the parenthesis.

**Table 7: Performance Data**

|                                                                                                                                                  |              |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| <b>Annual Trip Total</b>                                                                                                                         | <b>4,607</b> |
| <b>Average Trips per Month</b><br>(Total trips divided by 12)                                                                                    | <b>384</b>   |
| <b>Annual Trips Serving Minority Populations</b><br>(Annual trip total less trips by Caucasian riders)                                           | <b>387</b>   |
| <b>Percentage of Trips Serving Minority Populations</b><br>(Trips serving minority populations divided by total annual trips, multiplied by 100) | <b>8.40%</b> |



Complete the table below with trip purpose data from the Applicant Organization's records for FY 2026.

**Table 8: Trip Counts by Purpose**

|                   | <b>Trip Count</b> |
|-------------------|-------------------|
| Medical           | <b>452</b>        |
| Employment        | <b>487</b>        |
| Nutrition         | <b>5</b>          |
| Social/Recreation | <b>288</b>        |
| Education         | <b>2,856</b>      |
| Shopping/Personal | <b>519</b>        |
| <b>Total</b>      | <b>4,607</b>      |

### Transit Cost Analysis

The transit cost analysis table is used to complete the transit cost analysis for this application. The table includes embedded formulas to calculate the cost per hour, cost per one-way passenger trips, and cost per mile.

Applicants should enter data into each of the highlighted cells in the excel spreadsheet. Once the requested data is entered, the remaining fields should update automatically using the embedded formulas.

The Applicant Organization should use the FEDERAL SHARE, LOCAL SHARE, and TOTAL line items from its FY 2026 Final Reimbursement Form. Please attach a copy of the Applicant Transit Cost Analysis when submitting the application package.

## **J-4: Economic Impacts**

### Transportation System and Services

Applicant Organization should describe its current Section 5311 transit system in the text boxes below.

1. Service area (e.g., Countywide, city only, multi-county. Specify and all counties and municipalities served):

Habersham County

2. Methods used to communicate transit system information to the public. (Check all that apply):

|                                                   |                                                    |
|---------------------------------------------------|----------------------------------------------------|
| <input checked="" type="checkbox"/> Word of Mouth | <input type="checkbox"/> Public Meetings           |
| <input type="checkbox"/> Newsletters              | <input checked="" type="checkbox"/> Social Media   |
| <input type="checkbox"/> Newspaper                | <input checked="" type="checkbox"/> County Website |
| <input type="checkbox"/> TV/Radio                 | <input type="checkbox"/> Government Buildings      |
| <input type="checkbox"/> Community Events         | <input type="checkbox"/> Other:                    |

---

3. Trends in the number of public transit riders over the past three years. Please use data from the Natural Transit Database reports for FY 2023 and FY 2024: [The National Transit Database \(NTD\) | FTA \(dot.gov\)](#)

| FY 2024 - Number of OWPTs | FY 2025 - Number of OWPTs | FY 2026 - Number of OWPTs |
|---------------------------|---------------------------|---------------------------|
| 5,584                     | 4,316                     | 4,607                     |

4. Please explain any significant drops or increases in ridership over the past three years (e.g., new POS contact, reduced service area):

N/A

5. Period of time Applicant Organization has provided transit service:

30 plus years

6. Describe how transit services are delivered (i.e. by a third-party operator, by county staff, a combination of county and TPO staff, etc.):

- ☒ County Staff  
☐ Third Party Operator (TPO)  
☐ Combination County Staff and TPO  
☐ Other: \_\_\_\_\_

7. Optional – New Starts Only: If Applicant Organization is applying for a NEW public transportation service, describe the area to be served, transit needs to be met, public outreach activities conducted, and overall organization for planning and delivering transit services. Please include all agencies/entities providing key transit-related activities, including vehicle operations, vehicle maintenance, operations reporting capabilities, etc.

### Service Area Details

*Table 9: Service Area Details*

| Funding Sources | Total OWPT Provided in the Past 12 Months, by Source | Rates Charged per OWPT, by Source |
|-----------------|------------------------------------------------------|-----------------------------------|
| 5311            | 4,607                                                | \$0.60                            |
| DHS             |                                                      |                                   |
| DFAC            |                                                      |                                   |
| Aging           |                                                      |                                   |
| DBHDD           |                                                      |                                   |
| NEMT – Medicaid |                                                      |                                   |
| GVRA            |                                                      |                                   |
| DCH             |                                                      |                                   |
| Other (specify) | 2,372                                                | \$6.63                            |
|                 |                                                      |                                   |

\*\*\*Please insert a copy of the current fare sheet for the 5311 transit agency that shows fares charged for one-way passenger trips for all types of fares charged.\*\*\*



### **Statement of Public Benefits**

List Applicant Organization's three most important focus areas in the communities it serves for FY 2028. Describe the role transit plays in those focus areas (jobs, medical, etc.).

#### **Focus Area #1**

Habersham County focuses on Medical, Groceries, and Employment. Habersham County also provides transportation for Avita Community Partners for education and social services.

#### **Focus Area #2**

#### **Focus Area #3**

What specific actions are the Applicant Organization taking to increase ridership, especially among under- served populations (Veterans, transitioning services, etc.)?

Social Media and Website

### **Project Coordination**

Describe how the FTA-funded services detailed in this grant application will be coordinated with social service agencies and private transportation providers in the Applicant Organization's service area. Descriptions should include, but not be limited to, coordination with DCH, DHS, employer contracts, and on-the-job training (OJT) programs. Provide detailed information on existing coordinated services and any planned coordination activities.

**\*\*\*For New Government Entity Applicants Only - Service Initiation and Delivery:** If Applicant Organization is a NEW applicant for FTA Section 5311 funding, please describe your plan for initiating the service, including major phases and milestone dates for launching the new service and any other public or private sector partners participating in the launch of the new service).

**Part K: Certification of No Intent to Charter Service**

The Applicant Organization must provide the certification shown below and include the signature of the Authorized Official.

The Applicant Organization, Habersham County Transit certifies that it does not intend to and will not provide charter service with Federal Transit Administration funded equipment and facilities or provide any exclusive service during the operating period of this application.

The Applicant also certifies that conveyance of government officials shall not exceed 80 hours in a given year and such services must also be reported to the Federal Transit Administration.

\_\_\_\_\_  
Signature

Bruce Harkness  
Name of Authorized Official

Commission Chairman  
Title of Authorized Official

\_\_\_\_\_  
Date

**Part L: Drug-Free Workplace and Drug and Alcohol Program**

*Applicant Organizations that are current Section 5311 funding recipients must complete the following certification. New (or first time) Applicant Organizations may not sign this certification until their program has been approved by GDOT.*

I, Bruce Harkness Commission Chairman (Name and Title of Authorized Official), certify that Habersham County and its contractors, as required, for the Section Rural Public Transportation Program has established and implemented an alcohol misuse prevention program and anti-drug abuse program in accordance with the terms of 49 CFR Part 40 and Part 655. I further certify that the employee training conducted under this part meets the requirements of 49 CFR Part 40 and Part 655.

\_\_\_\_\_  
Signature of Authorized Official

Bruce Harkness  
\_\_\_\_\_  
Printed Name of Authorized Official

Commission Chairman  
\_\_\_\_\_  
Printed Title of Authorized Official

\_\_\_\_\_  
Date



## Part M: Drug-Free Workplace Act Certification for Public and Private Entities

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*Applicant Organizations must complete the following certification and include the signature of the Authorized Official.*

### Habersham County Transit

The \_\_\_\_\_ certifies that it will provide a drug-free workplace as specified in U.S. Department of Transportation's (DOT) rule, 49 CFR Part 40 and 655, which describes required procedures for conducting workplace drug and alcohol testing for FTA programs, including:

- A. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- B. Establishing an ongoing drug-free awareness program to inform employees about:
  - a. The dangers of drug abuse in the workplace;
  - b. The Applicant's policy of maintaining a drug-free workplace;
  - c. Any available drug counseling, rehabilitation, and employee assistance programs; and, the penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- C. Making it a requirement that each employee to be engaged in the performance of the grant or cooperative agreement be given a copy of the statement required by paragraph (A);
- D. Notifying the employee in the statement required by paragraph (A) that, as a condition of employment under the grant or cooperative agreement, the employee will abide by the terms of the statement; and notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- E. Notifying the Federal agency in writing, within ten calendar days after receiving notice under subparagraph (D) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every project officer or other designee on whose project activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification numbers(s) of each affected grant or cooperative agreement;
- F. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (D), with respect to any employee who is so convicted:
  - a. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  - b. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; and

- G. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (A), (B), (C), (D), (E), and (F).

Habersham County

\_\_\_\_\_  
Name of Applicant Organization

Bruce Harkness

\_\_\_\_\_  
Name of Authorized Official

130 Jacob's Way Clarkesville GA 30

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature of Authorized Official

Bruce Harkness

\_\_\_\_\_  
Printed Name of Authorized Official

Commission Chairman

\_\_\_\_\_  
Printed Title of Authorized Official

\_\_\_\_\_  
Date

## Part N: Certification of Equivalent Access for Persons with Disabilities

*Applicant Organization is required to sign this certification only if the organization is requesting the purchase of a vehicle without disability access features (i.e. wheelchair lift) as required in 49 CFR Part 38.*

Habersham County certifies that all our vehicles are purchased with disability access features.

*Fill out the form below if the agency is requesting the purchase of vehicles without disability features.*

I hereby certify that when viewed in its entirety, the demand-responsive transportation program of Habersham County provides disabled persons with access equal to that afforded to any other person in terms of the following criteria:

- Response time,
- Fares (demand response system cannot charge higher fare for wheelchair boarding),
- Geographic area of service,
- Hours and days of service,
- Restrictions based on trip purpose,
- Availability of information and reservations capabilities, and
- Constraints on capacity or service availability.

Public Demand Response Agencies: In accordance with 49 CFR 37.77, public funded entities operating demand responsive systems for the general public which receive financial assistance under Section 18 of the Federal Transit Act must file this certification with the appropriate state program office before procuring any inaccessible vehicle. Public entities receiving FTA funds under any other section of the FTA Act must file the certification with the appropriate FTA regional office.

Certified this \_\_\_\_\_ day of \_\_\_\_\_, 2026.

\_\_\_\_\_  
Signature of Authorized Official

Bruce Harkness

\_\_\_\_\_  
Printed Name of Authorized Official

Commission Chairman

\_\_\_\_\_  
Printed Title of Authorized Official

\_\_\_\_\_  
Date



## Part O: FTA Civil Rights Assurance

*Applicant Organization must complete the following certification and include the signature of the Authorized Official.*

**Habersham County Transit**

\_\_\_\_\_ hereby certifies that, as a condition of receiving Federal financial assistance under the Federal Transit Act, the organization will ensure that:

- No person on the basis of race, color, or national origin, will be subjected to discrimination in the level and quality of transportation services and transit related benefits.
- **Habersham County Transit** \_\_\_\_\_ will compile, maintain, and submit in a timely manner Title VI information required by FTA Circular 4702.1B and in compliance with the Department of Transportation's Title VI regulation, 49 CFR Part 21.7(a).
- **Habersham County Transit** \_\_\_\_\_ will make it known to the public that those persons alleging discrimination on the basis of race, color, or national origin as it relates to the provision of transportation services and transit-related benefits may file a complaint with the Federal Transit Administration and/or the U.S. Department of Transportation.

The Applicant/Recipient assures that it will comply with the following laws and regulations so that no person in the United States will be denied the benefits of, or otherwise be subjected to discrimination in any U.S. DOT or FTA funded program or activity (particularly in the level and quality of transportation services and transportation-related benefits) on the basis of race, color, national origin, religion, sex, disability, or age:

- Federal transit laws, specifically 49 U.S.C. 5332, as amended by MAP-21 (prohibiting discrimination on the basis of race, color, religion, national origin, sex, disability, or age, and in employment or business opportunity),
- Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C. 2000d,
- The Rehabilitation Act of 1973, as amended, 29 U.S.C. 794, et seq.,
- The Americans with Disabilities Act of 1990, as amended, 42 U.S.C. 12101 et seq.,
- U.S. DOT regulations, "Nondiscrimination in Federally-Assisted Programs of the Department of Transportation-Effectuation of Title VI of the Civil Rights Act of 1964," 49 CFR part 21.7(a),
- U.S. DOT regulations, specifically 49 CFR parts 27, 37, 38, and 39, and
- Any other applicable Federal statutes that may be signed into law or Federal regulations that may be promulgated,

As required by 49 CFR 21.7:

- It will comply with Federal guidance implementing Federal nondiscrimination laws and regulations, except to the extent FTA determines otherwise in writing, with 49 U.S.C. 5332, as amended by MAP-21, 42 U.S.C. 2000d, and 49 CFR Part 21 in the manner it conducts each Project, undertakes property acquisitions, and operates its Project facilities, including: its entire facilities and its facilities

operated in connection with its Project. This assurance applies to your Applicant/Recipient's entire Project and to all parts of its facilities, including the facilities it operates to implement its Project,

- It will promptly take the necessary actions to carry out this assurance, including: notifying the public that discrimination complaints about transportation-related services or benefits may be filed with U.S. DOT or FTA, and submitting information about its compliance with these provisions to U.S. DOT or FTA upon their request,
- If it transfers FTA funded real property, structures, or improvements to another party, any deeds and instruments recording that transfer will contain a covenant running with the land assuring nondiscrimination: (1) while the property is used for the purpose that the Federal funding is extended, and (2) while the property is used for another purpose involving the provision of similar services or benefits,
- It will make any changes in its Title VI implementing procedures as U.S. DOT or FTA may request to comply with Title VI of the Civil Rights Act, 42 U.S.C. 2000d, U.S. DOT regulations, 49 CFR part 21, and Federal transit laws, 49 U.S.C. 5332, as amended by MAP-21,
- It will comply with Federal guidance issued to implement Federal nondiscrimination requirements, except as FTA determines otherwise in writing,
- It will extend the requirements of 49 U.S.C. 5332, as amended by MAP-21, 42 U.S.C. 2000d, and 49 CFR part 21 to each Third Party Participant, including: (1) Any Subrecipient, (2) Any Transferee, (3) Any Third Party Contractor or Subcontractor at any tier, (4) Any Successor in Interest, (5) Any Lessee, or (6) Any other Third Party Participant in its Project,
- It will include adequate provisions to extend the requirements of 49 U.S.C. 5332, as amended by MAP-21, 42 U.S.C. 2000d, and 49 CFR part 21 to each third party agreement, including: (1) Each subagreement, (2) Each property transfer agreement, (3) Each third party contract or subcontract at any tier, (4) Each lease, or (5) Each participation agreement, and

As required by U.S. DOT regulations, "Nondiscrimination on the Basis of Handicap in Programs and Activities Receiving or Benefiting from Federal Financial Assistance," 49 CFR part 27, specifically 49 CFR 27.9, and consistent with 49 U.S.C. 5307(c)(1)(D)(iii), as amended by MAP-21, the Applicant/Recipient assures that:

1. It will comply with the following prohibitions against discrimination on the basis of disability, which are a condition of approval or extension of any FTA funding awarded to: (1) Construct any facility, (2) Obtain any rolling stock or other equipment, (3) Undertake studies, (4) Conduct research, or (5) Participate in or obtain any benefit from any FTA administered program, and
2. In any program or activity receiving or benefiting from Federal funding that U.S. DOT administers, no otherwise qualified people with a disability will, because of their disability, be:
  1. Excluded from participation,
  2. (Denied benefits, or
  3. Otherwise subjected to discrimination.

The United States has a right to seek judicial enforcement of any matter arising under Title VI of the Civil Rights Act, 42 U.S.C. 2000d, U.S. DOT regulations, 49 CFR Part 21, and this assurance.



The assurances made will remain in effect as long as: (1) Federal funding is extended to your Project, (2) Project property is used for a purpose for which the Federal funding is extended, (3) Project property is used for a purpose involving the provision of similar services or benefits, or (4) Ownership or possession is retained of its Project property.

The person whose signature appears below is authorized to sign this assurance on behalf of the recipient.

---

Signature of Authorized Official

Bruce Harkness

---

Printed Name of Authorized Official

Commission Chairman

---

Printed Title of Authorized Official

---

Date

## **Part P: Debarment and Suspension**

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*If the Applicant Organization is requesting funding exceeding \$50,000, the Applicant must provide the following certification, including the signature of the Authorized Official.*

## **P-1: Non-Procurement Suspension and Debarment**

U.S. DOT regulations, "Non-procurement Suspension and Debarment," 2 CFR Part 1200, which adopts and supplements the provisions of U.S. Office of Management and Budget (U.S. OMB) "Guidelines to Agencies on Government-wide Debarment and Suspension (Non-procurement)," 2 CFR part 180, permit certifications to assure the Applicant/Recipient acknowledges that:

The Applicant/Recipient certifies to the best of its knowledge and belief that, it, its principals, and first tier sub-recipients:

- a. Are eligible to participate in covered transactions of any Federal department or agency and are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded, or disqualified.
- b. Have not within a three-year period preceding its latest application or proposal been convicted of or had a civil judgment rendered against any of them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction, or contract under a public transaction, violation of any Federal or State antitrust statute, or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making any false statement, or receiving stolen property.
- c. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses listed in the preceding Section 'a' of this certification.
- d. Have not had one or more public transactions (Federal, State, or local) terminated for cause or default within a three-year period preceding this certification.
- e. Will promptly provide any information to the FTA if at a later time any information contradicts the statements of subparagraphs above, and
- f. Will treat each lower tier contract or lower tier subcontract under the Project as a covered lower tier contract for purposes of 2 CFR part 1200 and 2 CFR part 180 if it equals or exceeds \$50,000, is for audit services, or requires the consent of a Federal official.
- g. Will require that each covered lower tier contractor and subcontractor comply and facilitate compliance with the Federal requirements of 2 CFR parts 180 and 1200, and assure that each lower tier participant in the Project is not presently declared by any Federal department or agency to be:
  - Debarred from participation in the federally funded project,
  - Suspended from participation in the federally funded project,
  - Proposed for debarment from participation in the federally funded project,
  - Declared ineligible to participate in the federally funded project,
  - Voluntarily excluded from participation in the federally funded project, or
  - Disqualified from participation in the federally funded Project.

The Applicant/Recipient will promptly provide a written explanation to GDOT if it or any of its principals, including any of its first-tier sub-recipients or lower tier participants, is unable to certify to the preceding statements in this certification.

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Signature of Authorized Official  
Bruce Harkness/Commission Chairman

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Printed Name & Title of Authorized Official

---

Date

## **P-2: SAM Certification**

*GDOT subrecipients must verify they are current within the Federal government's System for Awards Management (SAM) before a contract can be extended. More information can be found on the SAM website: [SAM.gov](https://sam.gov) | Home*

Please attach a copy of the Applicant Organization's SAM certification when submitting the application package.



## **Part Q: Disadvantaged Business Enterprise (DBE) Semi-Annual Reporting**

*The Applicant Organization must complete the following certification that it will provide the required semi-annual DBE reports to GDOT on May 1st and November 1st of each year.*

As FTA Subrecipient GDOT has set a DBE FTA goal of 6.44% goal attainment for FY 2026-FY 2028. All subrecipients engaging in Third-party procurements for FTA Transit contracts should make Good Faith efforts to solicit certified DBE's as listed in the GDOT UCP Directory. All subrecipients will be included in the GDOT FTA goal of 6.44% Good Faith Effort for participation of DBE's in 3rd party contract opportunities, in lieu of having to prepare individual DBE goals.

### **Habersham County Transit**

The Applicant, \_\_\_\_\_, will provide the required FTA Semi-Annual Disadvantaged Business Enterprise (DBE) Program Report, referred to as the Uniform Report of DBE Commitments/Award and Payments, which is a requirement of 49 CFR Part 26. The semi-annual DBE report is a spreadsheet that captures a detailed breakdown of DBE participation in the Georgia Department of Transportation's DBE program.

\_\_\_\_\_  
Signature of Authorized Official

**Bruce Harkness**

\_\_\_\_\_  
Printed Name of Authorized Official

**Commission Chairman**

\_\_\_\_\_  
Printed Title of Authorized Official

\_\_\_\_\_  
Date

## Part R: Lobbying Restrictions

*The lobbying requirements apply to all contracts and subcontracts of \$100,000 or more at any tier under a Federal grant. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this agreement, the payor must complete and submit the Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.*

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federally appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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Signature of Authorized Official

Bruce Harkness

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Printed Name of Authorized Official

Commission Chairman

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Printed Title of Authorized Official

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Date

## Part S: FTA Certifications and Assurances

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*As part of this grant application package, all applicants must attach a signed copy of the most recent available FTA Certifications and Assurances (FY 2026) included as the following two pages.*

The full FTA FY 2026 Certifications and Assurances document is available at:

[FY2026 Annual List of Certifications and Assurances for FTA Grants and Cooperative Agreements \(dot.gov\)](#)

- The FTA FY 2026 Certifications and Assurances sheet listing all of the relevant documents should be marked with a check mark (✓) showing that ALL categories numbered 01 through 20 are being certified by your organization OR indicate which of the categories are applicable.
- Original signatures must be placed on the FTA Fiscal Year 2026 Certifications and Assurances page, which includes the "Affirmation of Applicant" and "Affirmation of the Applicant's Attorney."

## Federal Fiscal Year 2026 Certifications and Assurances for FTA Assistance Programs

Name of Applicant: Habersham County Transit

The Applicant agrees to comply with applicable provisions of all Categories 01 – 20. ☒

OR

The Applicant agrees to comply with applicable provisions of the Categories it has selected:

| Category | Description                                                                                                             |                          |
|----------|-------------------------------------------------------------------------------------------------------------------------|--------------------------|
| 1        | Certifications and Assurances Required of Every Applicant                                                               | <input type="checkbox"/> |
| 2        | Public Transportation Agency Safety Plans                                                                               | <input type="checkbox"/> |
| 3        | Tax Liability and Felony Convictions                                                                                    | <input type="checkbox"/> |
| 4        | Private Sector Protections                                                                                              | <input type="checkbox"/> |
| 5        | Transit Asset Management Plan                                                                                           | <input type="checkbox"/> |
| 6        | Rolling Stock Buy America Reviews and Bus Testing                                                                       | <input type="checkbox"/> |
| 7        | Urbanized Area Formula Grants Program                                                                                   | <input type="checkbox"/> |
| 8        | Formula Grants for Rural Areas                                                                                          | <input type="checkbox"/> |
| 9        | Fixed Guideway Capital Investment Grants and the Expedited Project Delivery for Capital Investment Grants Pilot Program | <input type="checkbox"/> |
| 10       | Grants for Buses and Bus Facilities and Low or No Emission Vehicle Deployment Grant Programs                            | <input type="checkbox"/> |
| 11       | Enhanced Mobility of Seniors and Individuals with Disabilities Programs                                                 | <input type="checkbox"/> |
| 12       | State of Good Repair Grants                                                                                             | <input type="checkbox"/> |
| 13       | Infrastructure Finance Programs                                                                                         | <input type="checkbox"/> |
| 14       | Alcohol and Controlled Substances Testing                                                                               | <input type="checkbox"/> |
| 15       | Rail Safety Training and Oversight                                                                                      | <input type="checkbox"/> |
| 16       | Demand Responsive Service                                                                                               | <input type="checkbox"/> |
| 17       | Interest and Financing Costs                                                                                            | <input type="checkbox"/> |
| 18       | Cybersecurity Certification for Rail Rolling Stock and Operations                                                       | <input type="checkbox"/> |
| 19       | Public Transportation on Indian Reservations Formula and Discretionary Program (Tribal Transit Programs)                | <input type="checkbox"/> |
| 20       | Emergency Relief Program                                                                                                | <input type="checkbox"/> |



## Federal Fiscal Year 2026 FTA Certifications and Assurances Signature Page

*Required of all Applicants for federal assistance to be awarded by FTA in FY 2028.*

### AFFIRMATION OF APPLICANT

Name of Applicant:

Habersham County Transit

Name and Relationship of the Authorized Representative:

Bruce Harkness/Commission Chairman

BY SIGNING BELOW, on behalf of the Applicant, I declare that it has duly authorized me to make these Certifications and Assurances and bind its compliance. Thus, it agrees to comply with all federal laws, regulations, and requirements, follow applicable federal guidance, and comply with the Certifications and Assurances as indicated on the foregoing page applicable to each application its Authorized Representative makes to the Federal Transit Administration (FTA) in federal fiscal year 2026, irrespective of whether the individual that acted on his or her Applicant's behalf continues to represent it.

FTA intends that the Certifications and Assurances the Applicant selects on the other side of this document should apply to each Award for which it now seeks, or may later seek federal assistance to be awarded during federal fiscal year 2026.

The Applicant affirms the truthfulness and accuracy of the Certifications and Assurances it has selected in the statements submitted with this document and any other submission made to FTA, and acknowledges that the Program Fraud Civil Remedies Act of 1986, 31 U.S.C. § 3801 *et seq.*, and implementing U.S. DOT regulations, "Program Fraud Civil Remedies," 49 CFR part 31, apply to any certification, assurance or submission made to FTA. The criminal provisions of 18 U.S.C. § 1001 apply to any certification, assurance, or submission made in connection with a federal public transportation program authorized by 49 U.S.C. chapter 53 or any other statute.

In signing this document, I declare under penalties of perjury that the foregoing Certifications and Assurances, and any other statements made by me on behalf of the Applicant are true and accurate.

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

Name and Relationship of the Authorized Representative:

Bruce Harkness/Commission Chairman

## AFFIRMATION OF APPLICANT'S ATTORNEY

For (Name of Applicant): Habersham County Transit

As the undersigned Attorney for the above-named Applicant, I hereby affirm to the Applicant that it has authority under state, local, or tribal government law, as applicable, to make and comply with the Certifications and Assurances as indicated on the foregoing pages. I further affirm that, in my opinion, the Certifications and Assurances have been legally made and constitute legal and binding obligations on it.

I further affirm that, to the best of my knowledge, there is no legislation or litigation pending or imminent that might adversely affect the validity of these Certifications and Assurances, or of the performance of its FTA assisted Award.

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

Name of Attorney for Applicant: Angela Davis

*Each Applicant for federal assistance to be awarded by FTA must provide an Affirmation of Applicant's Attorney pertaining to the Applicant's legal capacity. The Applicant may enter its electronic signature in lieu of the Attorney's signature within TrAMS, provided the Applicant has on file and uploaded to TrAMS this hard-copy Affirmation, signed by the attorney and dated this federal fiscal year.*

## Part T: Americans with Disabilities Act Checklist

Please fill out the checklist below. This must be signed by the authorized Transit ADA Representative for your system.

### Is our Section 5311 Rural Transit System Compliant with the Americans with Disabilities Act (ADA)?

- ☒ We offer curb to curb service for ADA passengers, as needed.
- ☒ We do not charge passengers for no-shows. Our No-Show Policy suspension never exceeds 30 days.
- ☐ Cancellations made with less than 1-2 hours prior to pick-up can be considered no-shows.
- ☐ Our written No-Show policy for suspensions (if have one) is based on the percentage that a passenger rides overall, not on monthly occurrences.
- ☐ Have we documented any ADA complaints from public transit system users?
- ☒ Do we have enough wheelchair lift-equipped vehicles to meet our demand<sup>1</sup>?
- ☒ During peak times when/if our capacity cannot meet demand, disabled passengers are not denied service more often than non-disabled passengers?
- ☒ Our drivers test the wheelchair lifts before starting service each day.
- ☒ Our system accepts all types of wheelchairs for transport if wheelchair and passenger combined do not exceed the weight capacity of the lift and fits on the lift platform.<sup>1</sup>
- ☒ When we have a wheelchair lift failure, the repairs are completed quickly (within five days) so that our service to disabled passengers is not disrupted.
- ☒ We offer the same service to disabled and non-disabled passengers as described below:
  - We have the same hours of operation for services for disabled and non-disabled persons.
  - We have the same reservation time requirements, such as 24-hour notice, etc. for all passengers.
  - We do not charge a higher fare for ADA passengers as for other passengers.
  - Our disabled passengers are permitted to travel to all places that our non-disabled passengers can go.
- ☒ We allow service animals on the buses if they are assisting the passenger.
- ☒ We allow passengers to travel with their portable oxygen supply.
- ☒ We do not require disabled passengers to sit in designated seats if they do not wish to do so.

- ☒ We allow passengers to bring their mobility aids on the buses such as crutches, canes, walkers, etc.).
- ☒ Our drivers are trained to assist disabled passengers.
- ☒ Our drivers are familiar with the 800 lb. or 1,000 lb. weight limit of the wheelchair lifts and that all types of wheelchairs must be accommodated (scooters, etc), unless weight capacity is exceeded.
- ☒ Passengers who have difficulty using stairs are allowed to stand and ride up the lift as standees.
- ☒ Our drivers properly use the wheelchair securement systems on our vehicles.
- ☒ Smoking is prohibited on our vehicles.
- ☒ We have ADA-standard operating procedures, and all of our employees are trained and familiar with them.

*<sup>1</sup>ADA rule provides that transit operators must carry a wheelchair and occupant if the lift and vehicle can physically accommodate them, unless doing so is inconsistent with legitimate safety requirements. "Legitimate safety requirements" include such circumstances as a mobility device of such size that it would block an aisle or would interfere with the safe evacuation of passengers in an emergency, or weight exceeds lift capacity.*

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Signature of Authorized Official

Bruce Harkness

---

Printed Name of Authorized Official

Commission Chairman

---

Printed Title of Authorized Official

---

Date



## Part U: Financial Certifications

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The GDOT Transit Department has recently finalized our Financial Management Policy requirements and has held multiple trainings on this subject so that our subrecipients understand and abide by the federal requirements of 2 CRR Part 200.

1. Do you intend to charge indirect costs or use De minimis rate for this project?

☐

Yes (If Yes, please complete steps below.)

☒

No (If no, please upload this page only and continue to Part V.)

2. Please complete the following Financial Certification if you will be charging any indirect costs to your transit project. Please only complete the certification for the type of entity making application i.e. "governmental or private-nonprofit".
3. If you have an approved De minimis Cost Allocation Plan, please include a full copy of that plan in your application.
4. If you wish to charge indirect costs using the simplified method, please complete the "GDOT Modified Total Direct Cost Certification."
5. If GDOT is your cognizant agency, you may choose to use the Modified Total Direct Cost Plan which is a simplified method for determining your indirect cost basis.

## Part V: Transportation Improvement Program (TIP) Form

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1. Is your service area within a Metropolitan Planning Organization (MPO) boundary?

☐ Yes

☒ No

If answered yes, please upload your Transportation Improvement Program into Blackcat.

## Part W: TAMP Participant Accountable Executive Approval Form

GDOT GROUP TRANSIT ASSET MANAGEMENT (TAM) PLAN

### FY 2026 TAM PERFORMANCE TARGETS

As the Accountable Executive for the below-named Participant in the Group Transit Asset Management (TAM) Plan sponsored by the Georgia Department of Transportation (GDOT), I hereby approve the enclosed FY 2026 TAM Performance Targets on behalf of the Participant transit provider organization.

Participant Organization Name: Habersham County

Transit Provider Name (if different): \_\_\_\_\_

FTA Program Subgroup (check all that apply)

☒ 5311 Rural ☐ 5307 Urban

Did the Accountable Executive change from the FY 2025 named AE?

☒ Yes ☐ No

Name of Accountable Executive: Bruce Harkness

Signature of Accountable Executive: \_\_\_\_\_

Title: Commission Chairman

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

Enclosure

## Part X: Grant Expenditures Form

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The Grant Expenditures section details vehicle inventory. Please use Exhibit A of the Contracts issued to the agency to find the information needed for the form. Expenditures projections should be realistic and accurate. Please complete the Grant Expenditures form in BlackCat.



[illegible]

## Part Y: NTD Reporting Accountable Executive Certification

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*Applicant Organizations requesting Section 5311 funds must complete the following certification.*

I, Bruce Harkness (Accountable Executive/Board of Commission Chair) acknowledge that Section 5311 funds shall be used for the sole purpose of rural transit capital and operating assistance as set forth in FTA Circular 9040.1G.

Furthermore, I certify that Habersham County Transit (Applicant Organization) will not utilize any FY 28 5311 funding and/or associated assets to conduct any urban to urban “public” transportation trips within any UZA.

<https://www.transit.dot.gov/ntd/fta-census-map>

Habersham County Transit

Transit Agency/Applicant Organization

Signature of Accountable Executive

Bruce Harkness/Commission Chairman

Printed Name & Title

Date

## Part Z: Annual NTD Reporting Certification

---

*FY 28 Section 5311 recipients must complete the following certification.*

I, Bruce Harkness (Accountable Executive/Board of Commission Chair) acknowledge that Section 5311 funds shall be used for the sole purpose of rural transit capital and operating assistance as set forth in FTA Circular 9040.1G.

Furthermore, I certify that Habersham County Transit (Organization's name) did not utilize any FY 26 5311 funding and associated assets to conduct any urban to urban "public" transportation trips within any UZA during the period of July 1, 2025 – June 30, 2026.

Habersham County Transit

Transit Agency/ Section 5311 Recipient

\_\_\_\_\_  
Signature of Accountable Executive

Bruce Harkness/Commission Chairman

Printed Name & Title

\_\_\_\_\_  
Date

