

Required Forms (Senior Mini Grant and Section 5310 Grantees)

See the following pages.

EQUAL EMPLOYMENT OPPORTUNITY CERTIFICATE

The Equal Employment Opportunity (EEO) provisions of the Agreement SANDAG awarded to GRANTEE requires GRANTEE to provide equal employment to all people, without regard to race, color, religion, sex, or national origin.

GRANTEE hereby certifies that it will comply with the provisions of the SANDAG Equal Employment Opportunity Program (SANDAG Board Policy No. 007), and rules and regulations adopted pursuant thereto, Title VI of the Civil Rights Act of 1964, the California Fair Employment Practices Act, and any other applicable federal and state laws and regulations relating to equal employment opportunity, including laws and regulations hereinafter enacted.

Furthermore, GRANTEE hereby certifies that it

has has not

been found, adjudicated, or determined to have violated any laws of Executive Orders relating to employment discrimination or affirmative action including, but not limited to, Title VII of the Civil Rights Act of 1964, as amended, (42 U.S.C. 2000[e] et seq.); the Equal Pay Act (29 U.S.C. 206[d]); Executive Order (EO) 10925 (Kennedy, 1961), EO 11114 (Kennedy, 1963), or EO 11246 (Johnson, 1965); or the California Fair Employment and Housing Act (Government Code 12460 et seq.); by any federal or California court or agency, including but not limited to the Equal Employment Opportunity Commission, the Office of Federal Contract compliance Programs, and the California Fair Employment and Housing Commission.

If yes, please explain the circumstance.

Date: _____

GRANTEE: _____

By: _____

Signature

Title: _____

CLIENT DEMOGRAPHIC INFORMATION

Please provide demographic information on the clients served by your agency's transportation program by completing the following form.

Agency Name:	
Transportation Program Name:	

A. Senior, Disabled, and Wheelchair Users

Provide the number of clients you serve that are senior, disabled, or a wheelchair user. If a client can be identified in more than one category, choose the one category that most closely describes the client. A client should only be counted once. For example, an elderly person who uses a wheelchair would be scored once – as a wheelchair user.

- **Senior** - The Federal Transit Administration (FTA) defines senior as an individual aged 65 or older
- **Disabled** - A person with a disability is someone, of any age, who is not able to use fully accessible public fixed-route services (whether temporarily or on a long-term basis), regardless of whether they need to use a wheelchair.

Clients	Number of Clients	Percent of Total Clients
Senior		
Disabled		
Wheelchair User (Non-ambulatory)		
Total:		100%

B. National Origin

Provide a percent breakdown of your clients by national origin. As a subrecipient you are required to report on the breakdown of your client by national origin. You may request this information on an anonymous basis from your clients using surveys, however, it is voluntary for your clients to provide this information. Use the survey data you have to provide the percentage of clients for each national origin category.

National Origin	Percent of Total Clients
American Indian & Alaska Native	
Asian	
Black or African American	
Hispanic or Latino	
Native Hawaiian/Other Pacific Islander	
White/Caucasian	
Other	
Declined to state	
Total:	100%

C. Limited-English Proficiency (LEP)

An individual is considered to have LEP if they do not speak English as his/her primary language, or have a limited ability to read, speak, write, or understand English.

Indicate the top ten (as applicable) primary languages other than English that are spoken by your clients and provide an actual or estimated percentage for LEP persons per language.

	Primary Language (ranked by most number of LEP persons)	Number of speakers	Percent of Total Clients
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
Total:			100%

D. Low Income

Please provide the number of clients that are considered low income. The definition of low income is based on household size as follows:

Size of Family Unit	Low Income Threshold
1 person (unrelated individual)	\$25,000.00
2 people	\$33,000.00
3 people	\$40,000.00
4 people	\$50,000.00
5 people	\$60,000.00
6 people	\$70,000.00
7 people	\$80,000.00
8 people	\$90,000.00
9 people or more	\$100,000.00

Clients	Number of Clients	Percent of Total Clients
Low Income		

Required Federal Forms

See the following pages.

CERTIFICATE OF NONDISCRIMINATION ASSURANCES

SANDAG Section 5310 grant agreement with Subrecipient (AGREEMENT) includes as an attachment, and incorporates by reference, the "Fiscal Year 2020 Annual List of Certifications and Assurances for FTA Grants and Cooperative Agreements" (Assurances). The Assurances include, but are not limited to, Standard Assurance No. 1.1, Paragraph (f), which requires that the Recipient (SANDAG) and any subrecipients will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (1) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin, as effectuated by U.S. DOT regulation 49 C.F.R. Part 21; (2) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§ 1681–1683, and 1685–1686), which prohibits discrimination on the basis of sex, as effectuated by U.S. DOT regulation 49 C.F.R. Part 25; (3) Section 5332 of the Federal Transit Law (49 U.S.C. § 5332), which prohibits any person being excluded from participating in, denied a benefit of, or discriminated against under, a project, program, or activity receiving financial assistance from FTA because of race, color, religion, national origin, sex, disability, or age. (4) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), which prohibits discrimination on the basis of handicaps, as effectuated by U.S. DOT regulation 49 C.F.R. Part 27; (5) The Age Discrimination Act of 1975, as amended (42 U.S.C. §§ 6101–6107), which prohibits discrimination on the basis of age; (6) The Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (7) The comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91–616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (8) Sections 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§ 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (9) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§ 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental, or financing of housing; (10) Any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (11) the requirements of any other nondiscrimination statute(s) which may apply to the application.

SUBRECIPIENT'S ASSURANCES

Subrecipient, for itself, its assignees, and successors in interest (referred to as the "Subrecipient"), certifies that: Subrecipient is in compliance with the Assurances.

Name of SUBRECIPIENT: _____

Printed Name and Title of Signatory: _____

Signature: _____ Date: _____

BUY AMERICA CERTIFICATE (FTA)

CERTIFICATE OF COMPLIANCE WITH BUY AMERICA ROLLING STOCK REQUIREMENTS

ALTERNATIVE A (FTA)

SUBRECIPIENT hereby certifies that it will comply with the requirements of: 49 U.S.C. 5323(j) and the applicable regulations in 49 C.F.R. 661 et. seq.

Name of SUBRECIPIENT: _____

Printed Name and Title of Signatory: _____

Signature: _____ Date: _____

ALTERNATIVE B (FTA)

SUBRECIPIENT hereby certifies that it cannot comply with the requirements of: 49 U.S.C. 5323(j) and the applicable regulations in 49 C.F.R. 661 et. seq., but it may qualify for an exception to the requirement consistent with 49 U.S.C. 5323(j)(2)(C) and the regulations in 49 C.F.R. 661.7 based on the information below.

Item No.	Description	Type of Waiver Requested by No. ¹	Indicate Rolling Stock or Nonrolling Stock	Description of Foreign Components of Item	Unit Procurement Cost of Foreign Components
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¹For "Type of Waiver Requested," See 49 U.S.C. 5323(j)(2). List Type A, B, C, or D.

Name of SUBRECIPIENT: _____

Printed Name and Title of Signatory: _____

Signature: _____ Date: _____

NOTE: COMPLETE EITHER ALTERNATIVE A OR B. DO NOT COMPLETE BOTH.