

**FY 2024**

**CALL FOR PROJECTS &**  
**GRANT APPLICATION**

CHARLOTTE-MECKLENBURG  
URBANIZED AREA'S  
ENHANCED MOBILITY OF SENIORS AND  
INDIVIDUALS WITH DISABILITIES PROGRAM  
(SECTION 5310)

RFP 269-2026-1928

AUGUST 22, 2025

## **I. INTRODUCTION & BACKGROUND**

In July 2012, Congress authorized a new federal transportation bill, Moving Ahead for Progress in the 21st Century (MAP-21), which consolidated two transit programs under previous legislation (Section 5310: “Transportation for Elderly Persons and Persons with Disabilities” and Section 5317: “New Freedom Program”) into a single: “Enhanced Mobility of Seniors and Individuals with Disabilities” (Section 5310). The purpose of this consolidated program is to provide funds for projects that serve the special needs of transit-dependent populations when traditional public transportation services are insufficient, unavailable, or inappropriate and programs that expand the transportation options beyond those required by the Americans with Disabilities Act (ADA).

### **Section 5310 Designated Recipient**

The City of Charlotte is the Designated Recipient for Section 5310 funds allocated by formula for the Charlotte-Mecklenburg Urban Area (Char-Meck UA). The City’s public transit department, the Charlotte Area Transit System (CATS), administers the program in accordance with federal law and regulations.

This Section 5310 funding application package includes information on funding availability, project eligibility, and the application timeline, among other items.

## **II. ELIGIBLE PROJECTS & SUBRECIPIENTS**

To be eligible for 5310 funding, projects and services must be derived from or included in a locally developed coordinated human services transportation plan. Additionally, eligible Section 5310 projects must serve the urban area where the funds were apportioned (there is either an origin or destination located within the urban boundary). The “Coordinated Transit-Human Services Transportation Plan for the Charlotte Urban Area FY2022-FY2027” can be found at [Charlotte Coordinated Human Services Plan](#)

**TRADITIONAL SECTION 5310 PROJECTS.** Section 5310 requires that, of the funds apportioned to a designated recipient, no less than fifty-five percent (55%) of the funds must be available for public transportation capital projects that meet the special needs of seniors and individuals with disabilities when public transportation is insufficient, unavailable, or inappropriate (Traditional 5310 Projects).

It is not sufficient that seniors and individuals with disabilities are merely included (or assumed to be included) among the people who will benefit from the Project.

### **1. Eligible Subrecipients for Traditional 5310 Projects:**

- a) **Private Non-Profit Organizations.** Subrecipients qualifying as private non-profit organizations must provide a copy of their IRS Tax Identification Number Certificate and a copy of the charter and bylaws as filed with the North Carolina Secretary of State as proof of non-profit eligibility.

**b) State or Local Governmental Authorities.** According to 49 USC § 5302, this includes a political subdivision of the state, an Indian tribe, or a public corporation, board, or commission established under state law that is:

- (i) Approved by the state to coordinate services for seniors and individuals with disabilities; or
- (ii) Certifies that no nonprofit corporations or associations are readily available in an area to provide the service.

## **2. Examples of Traditional 5310 Projects.**

- Purchase of rolling stock and other capital activities for paratransit service;
- Passenger facilities related to Section 5310-funded vehicles—purchase and installation of benches, shelters and other passenger amenities;
- Related activities and support facilities and equipment for Section 5310-funded vehicles—preventive maintenance, radios and communication equipment, wheelchair lifts and securement devices, computer hardware and software, ITS, dispatch systems, and fare collection systems;
- Lease of Equipment (if more cost-effective than purchase);
- Contracted services (capital and operating included);
- Support for mobility management and coordination programs among public transit providers and human service agencies; and
- Capital activities to support ADA-complementary paratransit service.

**A. OTHER SECTION 5310 PROJECTS.** Up to 45 percent (45%) of a designated recipient's annual apportionment may be utilized for public transportation projects that exceed the requirements of the ADA, that improve access to fixed route service and decrease reliance by individuals with disabilities on paratransit, or that provide an alternative to public transportation that assists seniors and individuals with disabilities with transportation.

## **1. Eligible Subrecipients for Other 5310 Projects** include the eligible subrecipients for Traditional 5310 Projects above, as well as:

- (i) **Private Operators of Public Transportation.** In order to receive 5310 Program funding, these recipients must be able to document that they are, and have been providing, shared-ride service (two or more passengers in the same vehicle who are otherwise not traveling together) to the public or to special categories of users on a regular basis.

## **2. Examples of Other Section 5310 Projects.**

- a) Public transportation projects that meet the special needs of seniors and individuals with disabilities when public transportation is insufficient, unavailable or inappropriate (capital only) (see examples above)
- b) Public transportation projects that exceed the requirements of the ADA (capital and operating). Examples include:
  - (i) Expansion of paratransit service area and/or hours;
  - (ii) Cost for providing same day paratransit service;
  - (iii) Enhanced paratransit service—providing escorts or assistance through door;
  - (iv) Acquisition of vehicles or equipment to accommodate mobility aids that exceed ADA dimension and load standards;

- (v) Installation of additional securement locations in buses beyond what is required by the ADA; and
- (vi) Accessible feeder services.

- c) Public transportation projects that improve access to fixed-route service and decrease reliance on paratransit by individuals with disabilities (capital and operating). Examples include:
  - (i) Accessibility improvements to transit and intermodal stations that are not key stations—accessible path to a bus stop; adding elevator, ramps, or detectable warnings; improving signage or wayfinding; technology improvements that enhance accessibility; and
  - (ii) Travel training.
- d) Alternatives to public transportation that assist seniors and individuals with disabilities with transportation (capital and operating). Examples include:
  - (i) Purchasing vehicles to support accessible taxi, ride-sharing, or vanpooling programs—must meet regulatory requirements and permit the passenger to remain in his or her mobility device inside the vehicle;
  - (ii) Administration and expenses related to voucher programs offered by human service providers. Transit passes for use on existing fixed route or ADA paratransit service are not eligible; and
  - (iii) Volunteer driver and aide programs.

### **III. FUNDING REQUIREMENTS**

#### **A. SECTION 5310 PROGRAM LOCAL SHARE GUIDANCE**

- 1. General.** Section 5310 funds may be used to finance capital, operating expenses, and mobility management (MM) projects. The Federal share of eligible capital and MM costs for the Fiscal Year 2023 funds can be (80%) of the net cost of the activity, with local matching funds. The Federal share of the eligible operating costs can be (50%) of the net operating costs of the activity, with local matching funds.

The subrecipient is responsible for securing the local matching funds for their Section 5310 project and all of its local share must be provided from sources other than Federal United States Department of Transportation (USDOT) funds. Local share requirements are flexible to encourage coordination with other federal programs that may provide transportation, such as Health and Human Services or Medicaid. **Fare revenue or user fees generated by the service to be supported by the 5310 Program grant cannot be used as matching funds.** Examples of sources that may be used to meet any or the entire local share requirement include:

- State or local appropriations;
- Dedicated tax revenues;
- Private donations;
- Revenue from human service contracts;
- Net income generated from advertising and concessions;
- Income from contracts to provide human service transportation;
- Other non-USDOT Federal funds that are eligible to be expended for transportation including: employment training, community services, vocational rehabilitation

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services, and Temporary Assistance for Needy Families (TANF). Examples of other types of federal funding that may be available as a local match can be found at [Federal Fund Braiding Guide](#)

2. **Soft Match.** Non-cash shares such as donations, volunteer services, or in-kind contributions are eligible as long as the value of each is documented and supported, AND it is a cost that would otherwise be eligible under the 5310 Program. **Applicants that intend to use these sources are required to submit an in-kind valuation plan with their application for review and approval by the City.**

**In-kind Valuation Plan.** In-kind contributions can only be used for operating and mobility management expenses. In-kind contributions are the value of non-cash contributions, received from a third party, for real property, equipment, and/or goods and services directly benefitting and specifically identifiable to the project.

In-kind contributions must be included as project costs, and the value of the services must be documented. If your organization intends to use in-kind contributions as a match, certain conditions apply. Those conditions are:

- a) An In-kind Valuation Plan **MUST BE SUBMITTED AND APPROVED** in writing by the City prior to being used for the project.
- b) Detailed documentation must be submitted that includes, but is not limited to:
  - (1) A statement from the person or organization providing the goods or services;
  - (2) The value of the goods or services; and.
  - (3) The goods or services must be necessary for the project.

#### **IV. PROGRAM MEASURES AND REPORTING REQUIREMENTS**

The Section 5310 Program has federally mandated reporting requirements. Subrecipients will be required to report on their project each time they make a claim for reimbursement from their funded grant. **Quarterly reports will be required regardless of financial activity.** Subrecipients will submit both quantitative and qualitative information on each of the following measures:

##### **Traditional Section 5310 Projects**

1. **Gaps in Service Filled.** Provision of transportation options that would not otherwise be available for seniors and individuals with disabilities measured in numbers of seniors and people with disabilities afforded mobility they would not have without program support as a result of traditional Section 5310 projects implemented in the current reporting year.
2. **Ridership.** Actual or estimated number of rides (as measured by one-way trips) provided at least quarterly for individuals with disabilities and seniors, and Section 5310-supported vehicles, and services as a result of traditional Section 5310 projects implemented in the current reporting year.

## **Other Section 5310 Projects**

1. Increases or enhancements related to geographic coverage, service quality and/or service times that impact availability of transportation service for seniors and individuals with disabilities as a result of other Section 5310 projects implemented in the current reporting year.
2. Additions or changes to physical infrastructure (e.g. transportation facilities, sidewalks, etc.), technology and vehicles that impact availability of transportation services for seniors and individuals with disabilities as a result of other Section 5310 projects implemented in the current reporting year.
3. Actual or estimated number of rides (as measured by one-way trips) provided for seniors and individuals with disabilities as a result of other Section 5310 projects implemented in the current reporting year.

## SECTION 1: APPLICANT INFORMATION

Field	Response
Legal Name (Agency)	
Doing Business As (DBA) (if any)	
Address	
City, State, ZIP	
Federal Tax ID Number	
Unique Entity Identifier (UEI)	
Parent Agency UEI (if different)	
Project Manager Name & Title	
Telephone	
Email	
Project Service Area (County/Counties)	
Organization Type (check one)	<input type="checkbox"/> Local Government Authority <input type="checkbox"/> Private Non-Profit Organization <input type="checkbox"/> Public Transportation Operator <input type="checkbox"/> Private Operator of Public Transportation

## SECTION 2: ORGANIZATIONAL OVERVIEW

**1. Mission Statement:**

*(Limit: 500 words)*

**2. Services Currently Provided to Seniors/Individuals with Disabilities:**

*(Limit: 500 words)*

**3. Experience Managing Similar Projects:**

*(List up to 3 examples – Limit: 500 words total)*

- Project 1:
- Project 2:
- Project 3:

**4. Staff and Resources Available for this Project:**

*(Limit: 500 words)*

## SECTION 3: PROJECT NARRATIVE

Project Title	
Project Type	[ ] Traditional 5310 [ ] Other 5310
Total Funding Requested	\$
Scope of Services	<i>(Limit: 500 words)</i>

**1. Brief Project Description:**

*(Limit: 500 words)*

**2. Target Population:**

Estimated number of seniors and/or individuals with disabilities served: \_\_\_\_

Total population with unmet transit needs in service area: \_\_\_\_

**3. Demographics and Geography:**

*(Limit: 500 words – include key demographic indicators. Cite sources.)*

**4. Coordination and Partnerships:**

**5. Timeline and Milestones:**

Please list key milestones and their anticipated dates.

Milestone Description	Anticipated Completion Date	Responsible Party

**6. Sustainability Plan:**

*(Limit: 500 words – describe how the service will continue post-grant)*

**7. Alignment with CPT-HSTP:**

*(Limit: 500 words – list relevant strategies and your response)*

**8. Scalability:**

*(Limit: 500 words – describe how the project could be adjusted if partially funded)*

## SECTION 4: PERFORMANCE & EVALUATION

Indicator	How Will It Be Measured	Frequency
One-way trips provided	Dispatch/Trip logs	Quarterly
Denials or missed trips	Operations data	Monthly
Customer satisfaction	Survey or feedback forms	Annually
Equipment or vehicle usage	Mileage logs or GPS data	Quarterly

Briefly describe how you will collect and track the above data.

Will your system allow for system-generated reporting (e.g., Excel, Trapeze, etc.)? (*Limit: 500 words*)

## SECTION 5: BUDGET SUMMARY

### Capital/Operating/Mobility Management Budget Table (Example Template)

*Use the example format below to break down your proposed budget by line item. You may add rows as needed to reflect your project costs. This is only a template.*

Expense Category	Total Cost	Federal Share	Local Match	Match Type (Cash/In-Kind)	Notes/Description
Vehicle Purchase					
Driver Salaries					
Fuel & Maintenance					
Contracted Services					
Mobility Management Staff					
Other (specify)					
<b>TOTAL</b>					

Provide a detailed justification for each category (Limit: 500 words per category):

- Describe the costs included and why they are necessary.
- Explain how local match will be provided, including sources.
- If match is in-kind, attach a valuation method or documentation.
- Note any other grants or funding that complement this budget.

## **SECTION 6: REQUIRED ATTACHMENTS CHECKLIST**

Please confirm the following are included:

1. **Title VI Plan** – Your agency’s current nondiscrimination policy.
2. **Organizational Chart** – Include all departments and the location of the proposed project within the structure.
3. **Key Personnel Resumes** – Include resumes for individuals directly managing the proposed project.
4. **Lobbying Certification** – Certification that no federal funds will be used for lobbying purposes.
5. **Debarment Certification** – Certification that the bidder, contractor, or subcontractor, as appropriate, certifies to the best of its knowledge and belief that neither it nor any of its officers, directors, or managers who will be working under the Contract, are certified to do so.
6. **Conflict of Interest Statement** – Statement disclosing any potential or actual conflicts.
7. **Disclosure Form for Lobbying** – Required only if lobbying activities are occurring.
8. **Local Share Certification Form** – Signed form documenting the sources and amounts of non-federal match.
9. **Project Milestone Table** – A completed table outlining key milestones with dates and responsible parties.
10. **Vehicle Inventory or Capital Asset List (if applicable)** – Include if applying for capital funds, or if your agency owns 5310-funded assets.

## **SECTION 7: SYNOPSIS (EXECUTIVE SUMMARY)**

Complete this last and limit to one page.

1. What is the title of your project?
2. How much money are you requesting and how will it be used?
3. What is the main deliverable?
4. How will the project be sustained?
5. Is the project scalable?
6. How would the project change if less funding is awarded?
7. Include your top 3–5 milestones or tasks with dates.

Submit completed applications electronically by **October 31, 2025 at 2:00 PM** to:  
**Beverly Hovis – Department of Contracting & Procurement**  
**[Beverly.Hovis@charlottenc.gov](mailto:Beverly.Hovis@charlottenc.gov)**

Early submittals are encouraged. Incomplete applications will not be reviewed.

## **A. APPLICANT CONTACTS**

Provide the name, title, address, phone/fax number, and e-mail for the following key contact people for the Project:

1. Executive Director/Chairman of the Board
2. Administrative Contact (person responsible for grant administration)
3. Operations Contact (person responsible for operational issues)
4. Procurement Contact (person responsible for procuring assets and preparing bid packages)
5. Financial Contact (person responsible for billing, accounting, closeouts, reimbursement requests)
6. Audits Contact (responsible for annual audits)
7. Legal Counsel
8. EEO Representatives – An Applicant’s Chief Executive Officer (CEO) should designate an EEO Officer and adequate staff to administer the EEO program. The EEO Officer should be an executive and should report directly to the CEO. Care should be taken to avoid conflicts when assigning responsibility for administering the EEO program as a collateral duty assignment, e.g., a personnel officer may have a conflict of interest.
9. DBE Representative
10. ADA Representative
11. Title VI Representative

## B. DOCUMENTS AND RECORDKEEPING

Indicate where the following program records will be retained and provide the name of the individual responsible for maintaining documents.

Document	Location	Name and Title of Responsible Individual
Contract w/ City		
Contract w/ Service Provider		
Civil Rights Records (EEO, Title VI, ADA)		
Financial Records		
Procurement and Bid Documents (Including RFPs)		
Certificates and Assurances		
Others (List)		
<b>Capital Projects</b>		
Vehicle Records		
Non-Vehicle Records		
<b>Transportation Service Projects</b>		
Driver Manifests		
Daily Pre-Trip Forms		
Maintenance Records		
Drug and Alcohol Records		

Ridership Records		

### **C. PROJECT PERSONNEL**

1. **List all positions, names, titles and the number of positions, which will be charged to this grant during the grant period.** Next to each position indicate the percentage of the position/individual salary that will be charged to the grant.
2. For positions that will only be PARTIALLY charged to this grant, describe how the estimated percentage of the salary to be charged to the grant was derived. If percentage of time to be charged to grant is estimated, describe what auditable mechanism(s) will be used to verify the actual time that an individual spends on grant related activities.
3. Are all individuals listed in item 1 above currently working in their job titles? If not, explain what the differences are between their current positions and the position that will be charged to the grant and why they are not working in their grant positions.
4. Attach to this exhibit an official organizational chart showing the reporting/supervisory relationships of each of the positions listed above.

#### **D. THIRD PARTY CONTRACTING**

If an applicant is planning to purchase any goods or capital assets from a third party, it must follow the applicable competitive process required by the FTA. If the applicant is planning to contract out service under this grant, then the applicant must list all proposed service to be contracted out (i.e., transportation services, computer routed services, dispatching, auditing, drug and alcohol testing, legal, marketing, maintenance) to a third party. All bids/RFP/contract awards must have prior CATS review and approval. A price/cost analysis must be done by the applicant prior to request. See FTA Third Party Contracting Guidelines Circular FTA C 4220.1F.

<b>Bid/RFP/State Contract</b>	<b>Name/Type of Asset/Service</b>	<b>Timeframe</b>	<b>Estimated Cost/Budget</b>

## **E. SECTION 5310 TITLE VI PROGRAM REPORT**

Legal Name of Applicant: \_\_\_\_\_  
(Complete either Part A or Part B)

### **Part A – No complaints or Lawsuits Filed**

I certify that to the best of my knowledge, **No complaints or lawsuits** alleging discrimination have been filed against (*Transit System Name*) \_\_\_\_\_ during the period July 1, 2024 through June 30, 2025.

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Signature of Authorized Official

Date

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Type Name and Title of Authorized Official

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### **Part B – Complaints or Lawsuits Filed**

I certify that to the best of my knowledge, the below described complaints or lawsuits alleging discrimination have been filed against (*Transit System Name*) \_\_\_\_\_ during the period July 1, 2024 through June 30, 2025.

Complainant Name/Address/Telephone Number	Date	Description	Status/Outcome

(Attach an additional page if required.)

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Signature of Authorized Official

Date

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Name and Title of Authorized Official

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Please provide a copy of your current Title VI Plan with your Application.

## F. **SECTION 5310 LOCAL SHARE CERTIFICATION FOR FUNDING**

(This form is required for **EACH** separate funding request)

### ***(Legal Name of Applicant)***

Local matching funds are required for application submittals for Fiscal Year 2024. Please list all anticipated Capital and Operating Local matching funds below.

The local match must be provided from sources other than federal Department of Transportation funds. Guidance is provided in Article III above about eligible sources of matching funds. Applicants are responsible for verifying the eligibility of non-USDOT federal funds the applicant proposes to use as their local match.

#### Requested Funding Amounts

	<b>Net Project Cost</b>	<b>Local Share</b>	<b>Local Source(s)</b>
<b>Capital (Vehicles &amp; Other)</b>	\$ _____	\$ _____ (% of net)	1. _____ 2. _____ 3. _____
<b>Operating</b>	\$ _____	\$ _____ (% of net)	1. _____ 2. _____ 3. _____
<b>TOTAL</b>	\$ _____	\$ _____	

I, the undersigned representing *(Legal Name of Applicant)*

\_\_\_\_\_ do hereby certify to the City of Charlotte, that the required local funds will be available as of **July 1, 2026**.

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

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

\_\_\_\_\_  
Date

## **G. LOBBYING CERTIFICATION**

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

1. No Federal 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 a member of the Metropolitan Transit Commission, Charlotte City Council, officer or employee of the Charlotte Area Transit System, or any elected, appointed, or employed official or employee of the State of North Carolina, 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, or the amendment or modification of any Federal Contract.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence a member of the Metropolitan Transit Commission, Charlotte City Council, officer or employee of the Charlotte Area Transit System, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this Federal Contract, 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 of all subcontracts anticipated to be of a value of one hundred thousand dollars (\$100,000.00) or more and that all subcontractors 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 31 U.S.C. §1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than ten thousand dollars (\$10,000.00) and not more than one hundred thousand dollars (\$100,000.00) for each such failure.

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

Title: \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

Firm or Corporate Name: \_\_\_\_\_

Address: \_\_\_\_\_

## DISCLOSURE FORM TO REPORT LOBBYING

<b>DISCLOSURE OF LOBBYING ACTIVITIES</b>		
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. §1352 (See below for public burden disclosure)		Approved by OMB 0348-0046
<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. Contract <input type="checkbox"/> b. Grant <input type="checkbox"/> c. Cooperative agreement <input type="checkbox"/> d. Loan <input type="checkbox"/> e. Loan guarantee <input type="checkbox"/> f. Loan insurance	<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. Bid/offer/application <input type="checkbox"/> b. Initial award <input type="checkbox"/> c. Post-award	<b>3. Report Type:</b> <input type="checkbox"/> a. Initial filing <input type="checkbox"/> b. Material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report
<b>4. Name and Address of Reporting Entity:</b> <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee      Tier _____, if known: Congressional District, if known:	5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime: Congressional District, if known:	
<b>6. Federal Department/Agency:</b>	<b>7. Federal Program Name/Description:</b> CFDA Number if applicable:	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b>	
<b>10. a. Name and address of Lobbying Entity</b> <i>(if individual, last name, first name, MI):</i>	<b>b. Individuals Performing Services</b> <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>	
<i>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</i>		
<b>11. Amount of Payment</b> (check all that apply): \$ _____ <input type="checkbox"/> actual <input type="checkbox"/> planned	<b>13. Type of Payment</b> (check all that apply): <input type="checkbox"/> a. retainer <input type="checkbox"/> b. one-time fee <input type="checkbox"/> c. commission <input type="checkbox"/> d. contingent fee <input type="checkbox"/> e. deferred <input type="checkbox"/> f. other; specify:	
<b>12. Form of Payment</b> (check all that apply): <input type="checkbox"/> a. cash <input type="checkbox"/> b. in-kind; specify: nature _____ value _____	<b>14. Brief Description of Services Performed or to be Performed and Date(s) of service, including officer(s), employee(s), or Members contacted, for Payment Indicated in Item 11:</b>	
<i>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</i>		
<b>15. Continuation Sheet(s) SF-LLL-A attached:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

<p><b>16. Information requested through this form is authorized by 31 U.S.C. §1352.</b> This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. §1352. This information will be reported to the Congress semiannually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000.00 and not more than \$100,000.00 for each such failure.</p>	<p>Signature: _____</p> <p>Print Name: _____</p> <p>Title: _____</p> <p>Telephone No.: _____ Date: _____</p>
<p>Federal Use Only:</p>	<p>Authorized for Local Reproduction Standard Form-LLL</p>

### **INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES**

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal Action, or a material change to a previous filing, pursuant to the 31 U.S.C. §1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity 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 a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is an/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or sub award recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and Contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loan, and loan commitments.
8. Enter the most appropriate Federal Identifying number available for the Federal action identified in Item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the Contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
  - a. Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.
  - b. Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name, and Middle Initial (MI).
10. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (Item 10). Indicate whether the payment has been made (actual) or will be made (pleased). Check all boxes that apply. If this is a material change report, enter the cumulated amount of payment made or planned to be made.

11. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
12. Check the appropriate box(es) that apply. If other, specify nature.
13. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
14. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
15. The certifying officer shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average thirty (30) minutes per response including time for reviewing instructions, searching existing date sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Send comments regarding the burden estimate or any aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget. Paperwork Reduction Project (0348-0046),  
Washington, D.C. 20503.

## **H. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS**

The bidder, contractor, or subcontractor, as appropriate, certifies to the best of its knowledge and belief that neither it nor any of its officers, directors, or managers who will be working under the Contract, or persons or entities holding a greater than (ten percent) 10% equity interest in it (collectively “Principals”):

1. Are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal or state department or agency in the United States;
2. Have within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against 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 federal or state anti-trust or procurement statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
3. Are presently indicted for or otherwise criminally or civilly charged by a government entity, (federal, state or local) with commission of any of the offenses enumerated in paragraph 2 of this certification; and
4. Have within a three-year period preceding this application/proposal had one or more public transactions (federal, state or local) terminated for cause or default.

I understand that a false statement on this certification may be grounds for rejection of this proposal or termination of the award or in some instances, criminal prosecution.

**I hereby certify as stated above:**

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(Print Name)

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Signature

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Title

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Date

**I am unable to certify to one or more the above statements. Attached is my explanation. [Check box if applicable]**

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(Print Name)

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Signature

## **I. CONFLICT OF INTEREST**

Except as may be identified and explained below, the undersigned hereby certifies that, no member of the Charlotte City Council, Mecklenburg Board of County Commissioners, Metropolitan Transit Commission, officer, employee, or former employee of the City, AND

no elected, appointed, or employed official or employee of the State of North Carolina or of a governing body, instrumentality, or political subdivision within the territory comprising Mecklenburg County, AND

no relative of persons described above, AND

no member of or delegate to the Congress of the United States

has an interest whatsoever (regardless of how indirect and how remote that interest may be) in the Bidder's organization and/or in the proceeds of any contract and/or agreement which might be made between the Bidder and the City as result of the successful bid/proposal accompanied by this certification; no person who is or who during the past twelve (12) months has been a member of the Charlotte City Council, Mecklenburg Board of County Commissioners, Metropolitan Transit Commission, an officer or employee of the City is employed by or on behalf of the Bidder's organization; and that until acceptance of all work or services to be performed under any resulting contract or agreement, the Bidder shall not enter into any contract involving services or property, whether or not related to the performance of any resulting contract or agreement, with any of the aforementioned persons or with any business in which any such person has an interest, direct or indirect.

Except as identified and explained below and with City's prior approval the Bidder shall not engage in any activity, or accept any employment, interest or contribution that would create an appearance of a conflict of interest (personal or organizational) or reasonably appear to compromise the Bidder's judgment with respect to all work or services to be performed under any resulting contract or agreement.

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The undersigned certifies that he is legally authorized by the Bidder to make the above representation, and that the representation is true to the best of his knowledge and belief and without deliberate omission of any inquiry which would to the best of his belief tend to change the above representation. The undersigned understands that any representation made knowing it to be false may be cause to disqualify the Bidder from competing for award for the contract at hand, may be cause to terminate the resulting contract and disqualify the Bidder from being awarded future contracts by the City.

The Bidder certifies that neither he nor any agent, representative, or other party acting on his behalf has offered or given any gratuity or gratuities, in the form of gifts, entertainment, or otherwise, to any director, officer, or employee of the City or of any person, firm, consultant or contractor retained by the City, with a view to securing the contract or of securing favorable treatment with respect to the award hereof, and the Bidder further certifies that neither he nor any agent, representative, or other party acting on his behalf will offer or give any such gratuity to any director, officer, or employee of the City or of any such consultant or contractor with a view to securing favorable treatment with respect to any change or amendment to the contract, or to any other action with respect to the performance hereof.

The Bidder further understands that in addition to submitting this certification at the time of bid/proposal submission to the City, the Bidder shall also be required to submit a similar certification at the time of execution of any resulting contract.

**NOTE: THIS CERTIFICATION MUST BE SIGNED AND SUBMITTED WITH THE BID/PROPOSAL**

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

Title: \_\_\_\_\_ Date of Signing: \_\_\_\_\_

Firm or Corporate Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

## **J. CHECKLIST FOR SUBMITTING PROPOSAL**

**Step 1 – Read the document fully**

**Step 2 Proposal Copies**

- An electronic Application to be delivered, to Department of Contracting & Procurement,

Attention: Beverly Hovis at [beverly.hovis@charlottenc.gov](mailto:beverly.hovis@charlottenc.gov).

**It is the Subrecipient's responsibility to check the City's Contract Opportunities Site for any addenda or changes to this Project. Search for 5310 FY24 Call for Projects Grant Application to find any documents or changes have been posted.**