Check If New Sub-Recipient ☐

1. GENERAL INFORMATION

APPLICANT'S LEGAL NAME: Wake County

APPLICANT'S CONGRESSIONAL DISTRICT: 13   *If incorrect, enter correct primary district:*
If Applicant's city is included in more than one district, enter primary district only

MAILING ADDRESS: 220 Swinburne Street
PO Box or Street Address
Raleigh, NC 27610
City, State Zip (9-digit zip)

PHYSICAL ADDRESS: 220 Swinburne Street
Street Address
Raleigh, NC 27610
City, State

TAXPAYER IDENTIFICATION NUMBER: 56-000347

DOING BUSINESS AS (DBA) NAME: Wake County
Normally the transit system name, if different than applicant name

APPLICANT DUNS NUMBER: 808888694
Unique 9-Digit number issued by Dun & Bradstreet. May be obtained free of charge at:
http://fedgov.dnb.com/webform

DUNS NUMBER OF PARENT AGENCY: 808888694
Required only if different than Applicant

CONTACT PERSON: Anita Davis-Haywood

PHONE NUMBER: 919-250-3829
Area Code & Phone Number

FAX NUMBER: 919-212-7667
Area Code & Phone Number

EMAIL ADDRESS: Anita.Davis@wakegov.com

SERVICE AREA'S CONGRESSIONAL DISTRICT: 13   *If incorrect, enter correct primary district:*
If Service Area is included in more than one district, enter primary district only

SERVICE AREA: Wake County

FEDERAL FINANCIAL ASSISTANCE
TRANSPARENCY ACT (FFATA): FFATA mandates the disclosure of the names and total compensation of the five most highly compensated officers of an entity if:

- The Applicant received 80% or more of its annual gross revenues in the preceding fiscal year from the federal government (all federal sources, not just FTA); **and**

- Those revenues were greater than $25M; **and**

- The public **does not** have access to the information through Securities and Exchange Commission or Internal Revenue Service filings as specified in FFATA.

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

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

1. _____ $ _____ -
   Enter full name   *Total compensation*
2. _____ $ _____ -
   Enter full name   *Total compensation*
3. _____ $ _____ -
   Enter full name   *Total compensation*
4. _____ $ _____ -
   Enter full name   *Total compensation*
5. _____ $ _____ -
   Enter full name   *Total compensation*

2. TYPE OF APPLICANT   Public County Government

3. TYPE OF TRANSIT SYSTEM   Single-County

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

   ☑ Demand Response   ☐ Fixed Route

   ☑ Subscription   ☐ Other: (specify below)

   ☐ Deviated Fixed Route   _____

5. SERVICE OPTIONS – (check all that apply)

   ☑ General Public   ☑ Brokerage (Contractual service not a referral)

   ☑ Human Service   ☐ Other: (describe below)

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

Agency 1
Name: Wake County Human Services
   ☑ Check if agency purchased service last year
   List Programs Served:
   1) WorkFirst
   2) _____
   3) _____
   4) _____
   5) _____

Agency 2
Name: Arc of Triangle
   ☑ Check if agency purchased service last year
   List Programs Served:
   1) Job Skills/Social Interaction Skillset Training
   2) Job Training/Employment
   3) _____
   4) _____
   5) _____

Agency 3
Name: Resources for Seniors
   ☑ Check if agency purchased service last year
   List Programs Served:
   1) Medical
   2) Nutrition
   3) Grocery Shopping
   4) Total Life Centers
   5) General Shopping

Agency 4
Name: _____
   ☐ Check if agency purchased service last year
   List Programs Served:
   1) _____
   2) _____
   3) _____
   4) _____
   5) _____

Agency 5
Name: _____
   ☐ Check if agency purchased service last year
   List Programs Served:
   1) _____
   2) _____
   3) _____
   4) _____
   5) _____

Agency 6
Name: _____
   ☐ Check if agency purchased service last year
   List Programs Served:
   1) _____
   2) _____
   3) _____
   4) _____
   5) _____

Agency 7
Name: _____
   ☐ Check if agency purchased service last year
   List Programs Served:
   1) _____
   2) _____
   3) _____
   4) _____
   5) _____

Agency 8
Name: _____
   ☐ Check if agency purchased service last year
   List Programs Served:
   1) _____
   2) _____
   3) _____
   4) _____
   5) _____

Agency 9
Name: _____
   ☐ Check if agency purchased service last year
   List Programs Served:
   1) _____
   2) _____
   3) _____
   4) _____
   5) _____

Agency 10
Name: _____
   ☐ Check if agency purchased service last year
   List Programs Served:
   1) _____
   2) _____
   3) _____
   4) _____
   5) _____

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

7. REVENUE VEHICLE INVENTORY BY CATEGORY

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

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

8. FLEET SIZE

A. ACTIVE FLEET

___42___ Total **Revenue** Vehicles in Fleet

_____ Backup **Revenue** Vehicles

___42___ Total Lift-Equipped Vehicles

B. INACTIVE FLEET

___0___ Enter number of vehicles **awaiting** disposition. This includes vehicles for which replacements have been received and titles have been received from PTD. It also includes fleet reductions for which titles have been received from PTD.

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

DAYS	Beginning Time	SERVICE HOURS	Ending Time
☐ Seven (7) days per week	_____		_____
Or			
☑ Monday - Friday	4:30 AM		9:00 PM
☑ Saturday	6:00 AM		6:00 PM
☑ Sunday	6:00 AM		6:00 PM
☑ Holiday	6:00 AM		6:00 PM

10. SYSTEM MANAGEMENT & OPERATION

A. Is the **Management/Administration** of the transit system currently subcontracted?　　No
If **yes**, answer the following:

Name of the Management provider: _____

When will the new RFP process begin? _____

Are employees of the subcontractor represented by a labor organization (union)? _____
If so, provide the following:

Name of Union: _____
Example: Amalgamated Transit Union Local #1437

B. Is the **Operation** of the transit system currently subcontracted? _____
If **yes**, answer the following:

Name of the service provider: MV Transportation

When will the new RFP process begin? _____

Are employees of the subcontractor represented by a labor organization (union)?　　Yes
If so, provide the following:

Name of Union: International Brotherhood of Teamsters Local 391
Example: Amalgamated Transit Union Local #1437

C. Does **another** public transit system contract with your system for any part of its service?　　No
If **yes**, answer the following:

Name of the public transit system: _____

Type of service that you provide: _____

Are employees of the **other** transit system **or** its subcontractor(s) represented by a labor union?　　No
If so, provide the following:

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

Name of Union: _____
Example: Amalgamated Transit Union Local #1437

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

Organizations / Events	Date / Time	Location	Number of Attendees	Primary Audience	Number Title VI Forms Completed
1) Transportation Board Public Meetings	3rd Tuesdays	Swinburne Building	15-20	General Public	0
2) GOLD Coalition Senior Meetings	Wednesdays	Resources for Seniors, Navaho Dr, Raleigh	20-25	Elderly	0

3) CAMPO	Monthly	Raleigh, NC		30+	General Public	0
4) Human Service Board	06/2/2017	Raleigh, NC		15+	General Public	0
5) Senior Expo	5/30/2017	Fuquay Varina, NC		40+	General Public	0
6) WoodSpring Apartment Complex Transportation Meetings	7/6/2017	Fuquay Varina, NC		10+	Elderly	0
7)						
8)						
9)						
10)						
11)						
12)						
13)						
14)						
15)						

A. Is a governing board approved, formalized, public involvement plan in use?   No
   If **yes** (complete questions below)

   Is that plan evaluated and updated at least annually?   _____

   Does that plan have defined objectives?   _____

   Are those objectives being met?   _____

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

   Our TAB has developed goals and action steps with implementation ongoing throughout the year. Public outreach and public involvement activities are incorporated as integral components of the TABs goals and action steps. Continued review of the goals and action steps will occur on an ongoing basis by the TAB. Additionally, Wake County is working with VHB Consulting in conjunction with PTD in the development of the five-year "Community Connectivity Plan" (CCP). The scope of work for the CCP follows a similar method to the recent CTSP process; however, the CCP process makes greater use of a number of existing datasets as compared to prior methodologies. The new CCP also has an emphasis on obtaining public input, with close to 30% of the allowable project hours assigned to the public input tasks. The project timeline for this new plan is 9-12months.

B. Describe Public Outreach Methods:

   Select the ONE word that most accurately completes the sentence

   ← Always   Usually   Sometimes   Seldom   Never →

   Information dissemination is ___Always___ written.

   Public meeting times are ___Always___ between 8 AM and 5 PM.

   Information is ___Seldom___ available in an audible format.

   Information is ___Seldom___ available in a language other than English.

   Reasonable access is ___Always___ available for those with a disability.

12. ADMINISTRATIVE CHANGES - Describe administrative changes to be incorporated during FY2019 in the space below. A new job description must be attached for (1) any new administrative positions or (2) any increase in the percentage of a position dedicated to transportation.

If NONE check here: ☑   Check here if job description(s) attached: ☐

13. SERVICE CHANGES - Describe any service changes and/or **provide justification/need for expansion vehicle(s)** in the space below.
If NONE check here: ☑

FY2019 - Complete Project Funding Request Form for FY 2019

(Note: Include in your description the rationale for the anticipated change in service. For example, the anticipated change is due to customer feedback, marketing or other efforts. This narrative should match what is included your project funding request form)

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

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