# **Applicant and Proposal Profile**

#### **Public Transportation Emergency Relief Program**

This application form collects information from public transportation operators affected by Hurricane Sandy in areas for which a major disaster has been declared by President Obama under the Stafford Act. This information will be used for the purpose of allocating supplemental emergency funding through FTA's Public Transportation Emergency Relief Program.

## **Section I. Applicant Information**

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Organization Legal Name:					
FTA Recipient ID Number:	We will be a second of the sec				
Applicant Type:					
	← State				
į	( Tribe				
i	C Direct Recipient of 53	07 Urbanized Area Fori	mula Program		
į	○ Other				
,	If Other, Specify:				
Area(s) of Service:					
State (Select all that apply)	:				
□ ст	Massachusetts	NY	Rhode Island	District of Columbia	
Delaware	New Hampsire	Ohio	Virginia		
Maryland	□ N1	Pennsylvania	West Virginia		
Urbanized Area, if applicable	x:	•			
Counties affected:					
Executive Summary of Request :					
Documentation Attached:					
Damage Assessme	ent De	etailed Breakdown of C	Capital Funding Request	ed	
FEMA Agreements	☐ FEMA Agreements ☐ Detailed Breakdown of Operating Expenses Requested				
☐ Insurance Docume	entation 🔲 O	ther:		4	
☐ Budget Approvals	(force account work)	· [			

### Section II . Project (Study) Information Project Title: **Total Project Cost:** Federal Request: Local Share: Is this a request on behalf of the subrecipient? ( No ( Yes If so, subrecipient Name: Category (Select all that apply): Category One: Reimbursement of eligible expenses already incurred and disbursed by affected recipients on or before DATE in preparation for or response to Hurricane Sandy. Category Two: Funding for existing contractual commitments and contracts for which an affected recipient issued requests for proposals or invitations to bid for hurricane response and recovery projects on or before [DATE MINUS ONE]. Category Three: Funding for force account work for hurricane response and recovery for which the recipient can submit documentation, such as Board approval or budget documents, showing the expense was in the recipient's budget on or before [DATE MINUS ONE]. Project Type: Capital (90% Federal Share) Summary of emergency or permanent repair capital projects (See eligibility criteria): \*Attach a damage assessment and a detailed breakdown of eligible emergency and permanent repair capital projects. 1. Have you requested or received insurance payments for any of the capital expenses described C Yes ( No above? If so, what amount? 2. Have you requested or received reimbursement from FEMA for any of the capital expenses ← Yes ( No described above? If so, what amount?

	Operating (90% Federal Share or 100% as indicated below)	
	Summary of emergency response operations	
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	* Provide description of the purpose of the public transportation service provided, which may include: evacuations, returning evacuees to their homes, rescue operations, temporary public transportation service, the costs to move rolling stock out of harm's way, and any costs related to reestablishing, expanding, or relocating public transportation service before, during, or after the hurricane. The application must include the dates, hours, number of buses, ferries, and/or trains, and information relating to fares charged. Only net operating costs may be reimbursed.	
	New York and New Jersey Only: How much of the operating costs above were incurred between October 30, 2012 - November 14, 2012, and are eligible for a 100% Federal Share?  Have you requested or received reimbursement from FEMA for any of the operating expenses  C Yes	
2.	described above?  Have you requested or received insurance payments for any of the operating expenses described above?  if so, what amount?  Yes	C
	Budget Summary  Item Description Add Item	3 3 5 5 6
	Project Type Category Total Cost Federal Request Local Share	-
C	ongressional District Congressional Representative	

Section III. Summary of Federal Funds Requested							
<u>Categories</u>	<u>Operating</u>	<u>Capital</u>					
Category One:							
Category Two:							
Category Three:							

#### OMB Clearance and PRA Burden Statement

The Paperwork Reduction Act (PRA) of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of Section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor and you are not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2132-NEW. The expiration date is (not yet assigned). The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data sources, gather and maintain the data needed and complete and review the information collection. The information will be used by FTA to allocate supplemental emergency funding through FTA's Public Transportation Emergency Relief Program. Response to this request is required to obtain benefits.