

Office of Public Transit
Signature of Authorization Form
REQUIRED OF ALL APPLICANTS

Agency Name:	Telephone: Web Address:
Primary Mailing Address/City/State/Zip:	Secondary Address/City/State/Zip:
Federal ID Number:	UEI: _____

Contractual Agreements

Shown below are original signatures of individuals authorized to sign contractual agreements for this agency.

Type Name: _____
Title: _____
Email: _____
Phone: _____

Original Signature and Date

Type Name: _____
Title: _____
Email: _____
Phone: _____

Original Signature and Date

Type Name: _____
Title: _____
Email: _____
Phone: _____

Original Signature and Date

Type Name: _____
Title: _____
Email: _____
Phone: _____

Original Signature and Date

Authorization to Access Electronic System

Shown below are original signatures of individuals authorized to access the Office of Public Transit electronic system(s) to initiate and approve documents for this agency.

Preparers:

Type Name: _____

Original Signature and Date

Title: _____

Email: _____

Phone: _____

Type Name: _____

Original Signature and Date

Title: _____

Email: _____

Phone: _____

Type Name: _____

Original Signature and Date

Title: _____

Email: _____

Phone: _____

Approvers:

Type Name: _____

Original Signature and Date

Title: _____

Email: _____

Phone: _____

Type Name: _____

Original Signature and Date

Title: _____

Email: _____

Phone: _____

SFY2026-2027
LEGAL & AUTHORIZING SIGNATURES
Updated September 23, 2026

(Required of all Subrecipients of funding administered by SCDOT OPT)

RESOLUTION BY BOARD OF DIRECTORS TO APPLY FOR FUNDING

The Board of Directors of _____
(Agency Name)
is aware of the provisions of Federal Transit Administration (FTA) program fund requirements for each application it makes to the state of South Carolina for Federal and/or State funding and hereby _____ (*Authorized Representative) of _____ (Agency) to file application with the South Carolina Department of Transportation (SCDOT) on behalf of _____ (Agency) for federal and/or state funding to assist in providing community and/or human services transportation services. If this application is approved:

(1) The Board resolves that the _____ (Agency) will provide the required match for the capital, operations and administrative charges, the necessary insurance coverage as required under the agreement, and all necessary local match for operating losses; and

(2) The Board agrees to comply with all FTA and SCDOT Program statutes and regulations, directives, certifications and assurances to carry out the project as described in the application.

****Note that Authorized Representative and Witness MUST be 2 separate individuals (2 different names).***

APPROVED AND ADOPTED

This _____ day of, _____ 20_____.

*

Signature of Attesting Witness

Signature of Chairperson

Printed Name of Attesting Witness

Printed Name of Chairperson

(Required of all Subrecipients of funding administered by SCDOT OPT)

ATTORNEY'S CERTIFICATION
FOR
APPLICANT TO APPLY FOR FUNDING

I have examined the (charter, articles of incorporation, enabling legislation, etc.) under which _____ (Agency) is legally eligible to apply for funding under Federal Transit Administration statutes and regulations, directives, certifications and assurances. It is my opinion _____ (Agency) can legally enter into contracts with the State of South Carolina for the purpose of carrying out the proposed program(s) and meets the eligibility requirements of funded grant programs.

Signature of Attorney

Printed Name of Attorney

Date

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South Carolina SFY2026-2027**FEDERAL FISCAL YEAR 2026 CERTIFICATIONS AND ASSURANCES FOR FEDERAL
TRANSIT ADMINISTRATION ASSISTANCE PROGRAMS****(Required of All 5310/5311/5339 or other FTA Fund Applicants / Subrecipients)**

Signature pages alternate to providing Certifications and Assurances in TrAMS.

Name of Applicant: _____

The Applicant certifies to the applicable provisions of categories 01–21. ____ (*Initial*)*Or,*

The Applicant certifies to the applicable provisions of the categories it has selected:

Category		Certification
01	Certifications and Assurances Required of Every Applicant	
02	Public Transportation Agency Safety Plans	
03	Tax Liability and Felony Convictions	
04	Private Sector Protections	
05	Transit Asset Management Plan	
06	Rolling Stock Buy America Reviews and Bus Testing	
07	Urbanized Area Formula Grants Program	
08	Formula Grants for Rural Areas	
09	Fixed Guideway Capital Investment Grants and the Expedited Project Delivery for Capital Investment Grants Pilot Program	
10	Grants for Buses and Bus Facilities and Low or No Emission Vehicle Deployment Grant Programs	
11	Enhanced Mobility of Seniors and Individuals with Disabilities Program	
12	State of Good Repair Grants	
13	Infrastructure Finance Programs	
14	Alcohol and Controlled Substances Testing	
15	Rail Safety Training and Oversight	
16	Demand Responsive Service	
17	Interest and Financing Costs	
18	Cybersecurity Certification for Rail Rolling Stock and Operations	
19	Tribal Transit Programs	
20	Emergency Relief Program	

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FEDERAL FISCAL YEAR 2026 FTA CERTIFICATIONS AND ASSURANCES SIGNATURE PAGE

(Required of all Applicants for federal assistance to be awarded by FTA)

CERTIFICATIONS AND ASSURANCES SIGNATURE PAGE

Name of the Applicant: _____

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 the federal fiscal year, irrespective of whether the individual that acted on his or her Applicant's behalf continues to represent it.

The Certifications and Assurances the Applicant selects apply to each Award for which it now seeks, or may seek in the future, of federal assistance to be awarded by FTA during the federal fiscal year.

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: _____

AFFIRMATION OF APPLICANT'S ATTORNEY

For (Name of Applicant): _____

As the undersigned Attorney for the above-named Applicant, I hereby affirm the Applicant has the 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 _____ Attorney for Applicant

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.

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LOCAL MATCH IDENTIFICATION FOR FTA PROGRAM FUNDING

(Legal Name of Applicant)

Program (e.g., 5311, 5339, SMTF, 5310)*

Eligible Expense	Total Amount	Federal Share	SCDOT Share	Estimated Local Share
Administration	\$ _____	\$ _____ (80%)	\$ _____	\$ _____
Operations	\$ _____	\$ _____ (50%)	\$ _____	\$ _____
Capital (Non- ADA or CAA)	\$ _____	\$ _____ (80%)	\$ _____	\$ _____
Capital (ADA & CAA)	\$ _____	\$ _____ (85%)	\$ _____	\$ _____
Planning & Technical Assistance	\$ _____	\$ _____ (80%)	\$ _____	\$ _____
Mobility Management	\$ _____	\$ _____ (80%)	\$ _____	\$ _____
TOTAL	\$ _____ Funding Request	\$ _____ Federal Share	\$ _____ Estimated SCDOT Share	\$ _____ Estimated Local Share

The estimated total Local Match will be available from the following sources*:

<u>Source of Local Share</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

*Cash fares are not considered a source of local match.

TOTAL \$ _____

**complete a single local match form for each project award (e.g.: one for small urban 5310 and one for rural 5310)*

I, the undersigned representing (*legal name of agency*) _____ do hereby certify to the South Carolina Department of Transportation that the required estimated local match for the requested Federal and/or State administered program, which has a period of performance of **July 1, _____ – June 30, _____**, will be available by **July 1**. In kind, match must be an allowable expense under the program and value documented for audit/compliance review.

Signature/Title of Authorized Representative

Printed Name/Title of Authorized Representative Date

Signature Agency Board Chairperson

Printed Name Board Chairperson Date

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UNITED STATES DEPARTMENT OF TRANSPORTATION
FEDERAL TRANSIT ADMINISTRATION

FY2026

MASTER AGREEMENT (version 34, November 26, 2025)

(Required of All 5310/5311/5339 or other FTA Fund Applicants / Subrecipients)

PREFACE

Statutory Authorities

This is the official Federal Transit Administration (FTA) Master Agreement that applies to each Underlying Agreement (Grant Agreement, Cooperative Agreement, Loan, Loan Guarantee, or Line of Credit) for a specific Award authorized by:

- Federal transit laws, 49 U.S.C. chapter 53, as amended, by the following:
 - The Infrastructure Investment and Jobs Act of 2021 (IIJA), Public Law No. 117-58, November 15, 2021, and other authorizing legislation that may be enacted;
 - The Fixing America's Surface Transportation (FAST) Act, Public Law No. 114-94, December 4, 2015,
 - The Moving Ahead for Progress in the 21st Century Act (MAP-21), Public Law No. 112-141, July 6, 2012, as amended by the "Surface Transportation and Veterans Health Care Choice Improvement Act of 2015," Public Law No. 114-41, July 31, 2015, and other authorizing legislation to be enacted, and
 - The Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU), Public Law No. 109-59, August 10, 2005, as amended by the SAFETEA-LU Technical Corrections Act of 2008, Public Law No 110-244, June 6, 2008.
- Continuing Resolutions or Other Appropriations Resolutions or Acts funding the Department of Transportation during Fiscal Year 2026.
- Title 23, United States Code (Highways).
- Other federal legislation FTA administers, as FTA so determines.

Purpose of the Master Agreement

This FTA Master Agreement contains the standard terms and conditions governing the administration of the Project that FTA has financed with Federal assistance (funds or funding) awarded through an Underlying Agreement with the Recipient, which can take the form of an:

1. FTA Grant Agreement, including an FTA Grant Agreement for a Tribal Transit Program Project,
2. FTA Cooperative Agreement, or
3. FTA Transportation Infrastructure Finance Innovation Act (TIFIA) Loan, Loan Guarantee, or Line of Credit.

The general terms and conditions contained in Federal Transit Administration's Master Agreement shall be followed subject to any additions, revisions or modifications required by FTA, SCDOT and/or State of South Carolina. Any violation of a requirement in the Master Agreement applicable to the Subrecipient or this project may result in penalties to the violating party. Requirements that do not apply to Subrecipients or this project will not be enforced.

Acknowledgement of FTA Master Agreement:

Signature: _____
Authorized Representative of Applicant

Date: _____

Title: _____

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Linked Documents:

- **FTA Master Agreement (version 34, November 26, 2025) language is contained in a separate document**

- FY2026 **FTA Certifications and Assurance language is contained in a separate document**

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**CERTIFICATION
OF
RESTRICTIONS ON LOBBYING
APPLIES TO ALL APPLICANTS**

I, _____
(Name and title of authorized official)

Hereby certify to the South Carolina Department of Transportation, on behalf of
_____(Agency Name) 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 an officer or employee of a Federal department or agency, a Member of the U.S. Congress, an officer or employee of the U.S. Congress, or an employee of a Member of the U.S. 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 thereof.

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for making lobbying contacts to 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 (as amended by "Government wide Guidance for New Restrictions on Lobbying," 61 Fed. Reg. 1413 (1119/96). Note: Language in paragraph (2) herein has been modified in accordance with Section 10 of the Lobbying Disclosure Act of 1995 (P.L. 104-65, to be codified at Title 2 USC section 1601: et seq.)).

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 sub-recipients 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 Title 31 USC Section 1352 (as amended by the Lobbying Disclosure Act of 1995). 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.

This certification is a material representation of fact upon which reliance is 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 Title 31 USC Section 1352. 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.

Signature/Title of Authorized Representative

Printed Name/Title of Authorized Representative

Date

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**CERTIFICATION REGARDING DEBARMENT, SUSPENSION,
AND OTHER RESPONSIBILITY MATTERS—
PRIMARY COVERED TRANSACTIONS**
APPLIES TO ALL APPLICANTS

The Applicant/Subrecipient under this FTA project _____
(Name of Agency)

Certifies to the best of its knowledge and belief, that it and its principals:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;
- (b) Have not, 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 antitrust statutes or commission of embezzlement, theft, forgery, bribery falsification or destruction of records, making false statements, 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 enumerated in paragraph (b) of this certification; and have not, within a three year period preceding this application/proposal, had one or more public transactions (Federal, State or local) terminated for cause or default;
- (d) Have not, within a three-year period preceding this application/proposal, had one or more public transactions (Federal, State or local) terminated for cause or default.

Subrecipient will review the U.S. GSA "System for Award Management," <https://www.sam.gov>, if required by U.S. DOT regulations, 2 C.F.R. part 1200, and

(a) It will include, and require each Third Party Participant to include, a similar provision in each lower tier covered transaction, ensuring that each lower tier Third Party Participant:

- 1. Will comply with Federal debarment and suspension requirements, and
- 2. Reviews the "System for Award Management (SAM)" at <https://www.sam.gov>, if necessary to comply with U.S. DOT regulations, 2 C.F.R. part 1200

(If the applicant/subrecipient is unable to certify to any of the statements in this certification, such Grantee shall attach an explanation to this certification).

THE APPLICANT/SUBRECIPIENT,

(Name of Agency)

CERTIFIES OR AFFIRMS THE TRUTHFULNESS AND ACCURACY OF THE CONTENTS OF THE STATEMENTS SUBMITTED ON OR WITH THIS CERTIFICATION AND UNDERSTANDS THAT THE PROVISIONS OF TITLE 49 CFR PART 29 AND FTA CIRCULAR 2015.1 ARE APPLICABLE THERETO.

Signature/Title of Authorized Representative

Printed Name/Title of Authorized Representative

Date

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**CERTIFICATION REGARDING DEBARMENT, SUSPENSION,
INELIGIBILITY AND VOLUNTARY EXCLUSION –
LOWER-TIER COVERED TRANSACTIONS
APPLIES TO ALL APPLICANTS**

The Applicant/Subrecipient under this FTA project _____
(Name of Agency)

Certifies to the best of its knowledge and belief, that it and its prospective lower-tier participants:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency;
- (b) if the prospective lower-tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this certification.
- (c) that subrecipient will review the “System for Award Management (SAM)” at <https://www.sam.gov>, to ensure that lower-tier participants are not debarred or suspended, if necessary to comply with U.S. DOT regulations, 2 C.F.R. part 1200

THE APPLICANT/SUBRECIPIENT,

(Name of Agency)

CERTIFIES OR AFFIRMS THE TRUTHFULNESS AND ACCURACY OF THE CONTENTS OF THE STATEMENTS SUBMITTED ON OR WITH THIS CERTIFICATION AND UNDERSTANDS THAT THE PROVISIONS OF TITLE 49 CFR PART 29 AND FTA CIRCULAR 2015.1 ARE APPLICABLE THERETO.

Signature/Title of Authorized Representative

Printed Name/Title of Authorized Representative

Date

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TITLE VI PROGRAM REPORT

APPLIES TO ALL APPLICANTS

Reporting Period: July 1, 2026 - Present

Legal Name of Applicant: _____

☐ I certify that to the best of my knowledge that **no complaints or lawsuits** alleging discrimination have been filed against the applicant during the reporting period.

OR

☐ The following Title VI **complaints or lawsuits alleging discrimination have been filed with the applicant** during the reporting period:

Complainant Name/Address/Telephone Number	Date	Description	Contacted SCDOT Title VI Office? (Y/N) and Date	Status/Outcome

(Attach an additional page if required.)

I certify that to the best of my knowledge that the statement above is true and correct for the requested reporting period.

Signature/Title of Authorized Representative

Date

Printed Name/Title of Authorized Representative

APPLIES TO ALL APPLICANTS**Other Provisions****ETHICS ACT**

By submitting an application, the Applicant certifies that they have and will comply with, and have not, and will not, induce a person to violate Title 8, Chapter 13 of the South Carolina Code of Laws, as amended (ethics act). The following statutes require special attention: Section 8-13-700, regarding use of official position for financial gain; Section 8-13-705, regarding gifts to influence action of public official; Section 8-13-720, regarding offering money for advice or assistance of public official; Sections 8-13-755 and 8-13-760, regarding restrictions on employment by former public official; Section 8-13-775, prohibiting public official with economic interests from acting on contracts; Section 8-13-790, regarding recovery of kickbacks; Section 8-13-1150, regarding statements to be filed by consultants; and Section 8-13-1342, regarding restrictions on contributions by contractor to candidate who participated in awarding of contract. The state may rescind any contract and recover all amounts expended as a result of any action taken in violation of this provision. If contractor participates, directly or indirectly, in the evaluation or award of public contracts, including without limitation, change orders or task orders regarding a public contract, contractor shall, if required by law to file such a statement, provide the statement required by Section 8-13-1150 to the procurement officer at the same time the law requires the statement to be filed. [02-2A075-2]

QUALIFICATION OF APPLICANT

To be eligible for award of a contract, a prospective recipient of State funds must be responsible. In evaluating an Applicant's responsibility, the State Standards of Responsibility [R.19-445.2125] and information from any other source may be considered. An Applicant must, upon request of the State, furnish satisfactory evidence of its ability to meet all contractual requirements. Unreasonable failure to supply information promptly in connection with a responsibility inquiry may be grounds for determining that an Agency is ineligible to receive an award. S.C. Code Section 11-35-1810.

QUALIFICATIONS – REQUIRED INFORMATION

In order to evaluate an Applicant's responsibility, the Applicant may, at the request of SCDOT, submit the following information or documentation for itself and any subcontractor, if the value of subcontractor's portion of the work exceeds 10% of the Operating expenses:

- (a) Include a brief history of the Applicant's experience in providing work of similar size and scope.
- (b) Applicant's most current financial statement, financial statements for your last two fiscal years, and information reflecting your current financial position. If you have audited financial statements meeting these requirements, you must provide those statements. [Reference Statement of Concepts No. 5 (FASB, December, 1984)]
- (c) List of failed projects, suspensions, debarments, and significant litigation.

CERTIFICATION REGARDING DEBARMENT AND OTHER RESPONSIBILITY MATTERS

(a)(1) By submitting an Application, Applicant certifies, to the best of its knowledge and belief, that-

(i) Applicant and/or any of its Principals-

(A) Are not presently debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any state or federal agency;

(B) Have not, within a three-year period preceding this offer, 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) contract or subcontract; violation of Federal or state antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, or receiving stolen property; and

(C) Are not presently indicted for, or otherwise criminally or civilly charged by a governmental entity with, commission of any of the offenses enumerated in paragraph (a)(1)(i)(B) of this provision.

(ii) Applicant has not, within a three-year period preceding this offer, had one or more contracts terminated for default by any public (Federal, state, or local) entity.

(2) "Principals," for the purposes of this certification, means officers; directors; owners; partners; and, persons having primary management or supervisory responsibilities within a business entity (e.g., general manager; plant manager; head of a subsidiary, division, or business segment, and similar positions).

(b) Applicant/Subrecipient shall provide immediate written notice to SCDOT if, at any time prior to contract award, Applicant/Subrecipient learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

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(c) If Applicant/Subrecipient is unable to certify the representations stated in paragraphs (a) (1), Applicant/Subrecipient must submit a written explanation regarding its inability to make the certification. The certification will be considered in connection with a review of the Applicant/Subrecipient's responsibility. Failure of the Applicant/Subrecipient to furnish additional information as requested by the State may render the Applicant/Subrecipient non-responsible.

(d) Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render, in good faith, the certification required by paragraph (a) of this provision. The knowledge and information of an Applicant/Subrecipient is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

(e) The certification in paragraph (a) of this provision is a material representation of fact upon which reliance was placed when making award. If it is later determined that the Applicant/Subrecipient knowingly or in bad faith rendered an erroneous certification, in addition to other remedies available to the State, SCDOT may terminate the contract resulting from this solicitation for default.

SUBCONTRACTOR – IDENTIFICATION

If you intend to subcontract with another business for any portion of the work/project and that portion exceeds 10% of your Operating expenses, your application must identify that business and the portion of work which they are to perform. Identify potential subcontractors by providing the business' name, address, phone, taxpayer identification number, and point of contact. In determining your responsibility, the state may evaluate your proposed subcontractors.

DRUG AND ALCOHOL TESTING. Applicants or subrecipients that receive only Section 5310 program assistance are not subject to FTA's drug and alcohol testing rules, but must comply with the Federal Motor Carrier Safety Administration (FMCSA) rule for all employees who hold commercial driver's licenses (49 CFR part 382).

Section 5310 recipients and subrecipients that also receive funding under one of the covered FTA programs (Section 5307, 5309, or 5311) should include any employees funded under Section 5310 projects in their testing program.

An FTA compliant testing program, as required by the receipt of FTA operating or capital funding (5307, 5309, 5311), may be used for Section 5310 employees; there is no need to have separate testing programs. Employees of a subrecipient of Section 5310 funds from a state or designated recipient of another FTA program (e.g., 5307 or 5311) should also be included in the designated recipient's testing program.

DRUG-FREE WORKPLACE

The Drug-Free Workplace Act of 1988, as well as Section 44-107-30, S.C. Code of Laws (1976), as amended, requires all grantees receiving grants from any federal or state agency to certify they will maintain a drug-free workplace.

BUDGET ADJUSTMENTS

(1) Method of Adjustment. Any adjustment in the contract price shall be consistent with the awarded Contract Scope/Project; Is dependent upon the availability of SCDOT-Administered SMTF; and shall be arrived at through whichever one of the following ways is the most valid approximation of the actual cost to the Subrecipient:

- (a) by agreement on a fixed budget adjustment before commencement of the pertinent performance or as soon thereafter as practicable;
- (b) by unit costs specified in the Contract or subsequently agreed upon;
- (c) by the costs attributable to the event or situation covered by the project scope or modification or subsequently agreed upon; or
- (d) in such other manner as the parties may mutually agree;

(2) Submission of Financial or Cost Data. Upon request of SCDOT, the Subrecipient shall provide reasonably available factual information to substantiate that the budget adjustment is reasonable and consistent with the provisions of Section 11-35-1830.

Agency Name

Signature/Title of Authorized Representative

Printed Name/Title of Authorized Representative

Date

Application for Federal Assistance SF-424			
*1. Type of Submission: ☐ Preapplication ☐ Application ☐ Changed/Corrected Application		*2. Type of Application * If Revision, select appropriate letter(s): ☐ New ☐ Continuation * Other (Specify) ☐ Revision	
*3. Date Received:		4. Applicant Identifier:	
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:	
State Use Only:			
6. Date Received by State:		7. State Application Identifier:	
8. APPLICANT INFORMATION:			
*a. Legal Name:			
*b. Employer/Taxpayer Identification Number (EIN/TIN):		*c. UEI:	
d. Address:			
*Street 1: _____ Street 2: _____ *City: _____ County/Parish: _____ *State: _____ *Province: _____ *Country: USA: United States *Zip / Postal Code: _____			
e. Organizational Unit:			
Department Name:		Division Name:	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix: _____ *First Name: _____ Middle Name: _____ *Last Name: _____ Suffix: _____			
Title:			
Organizational Affiliation:			
*Telephone Number:		Fax Number:	
*Email:			

Application for Federal Assistance SF-424***9. Type of Applicant 1: Select Applicant Type:**

Pick an applicant type

Type of Applicant 2: Select Applicant Type:

Pick an applicant type

Type of Applicant 3: Select Applicant Type:

Pick an applicant type

*Other (Specify)

***10. Name of Federal Agency:**

Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20.509

CFDA Title:

20.509 Formula Grants for Rural Areas

(Section 5311)

***12. Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):***15. Descriptive Title of Applicant's Project:**

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
*a. Applicant: _____	*b. Program/Project: _____
Attach an additional list of Program/Project Congressional Districts if needed.	
17. Proposed Project:	
*a. Start Date: _____	*b. End Date: _____
18. Estimated Funding (\$):	
*a. Federal	\$ 0
*b. Applicant	\$ 0
*c. State	\$ 0
*d. Local	\$ 0
*e. Other	\$ 0
*f. Program Income	\$ 0
*g. TOTAL	\$ 0
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
☐ a. This application was made available to the State under the Executive Order 12372 Process for review on _____.	
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
☐ c. Program is not covered by E.O. 12372.	
*20. Is the Applicant Delinquent On Any Federal Debt?	
☐ Yes ☐ No	
If "Yes", explain:	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)	
☐ ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix: _____	*First Name: _____
Middle Name: _____	
*Last Name: _____	
Suffix: _____	
*Title: _____	
*Telephone Number: _____	Fax Number: _____
* Email: _____	
*Signature of Authorized Representative: _____	*Date Signed: _____

SFY2026-2027
LEGAL & AUTHORIZING SIGNATURES
Updated September 23, 2026

End of Program Signature Documents