

**STATE MASS TRANSIT FUNDS
PROGRAM SFY2026-2027 (FFY2026)
LEGAL & AUTHORIZING SIGNATURES**

Updated September 22, 2026

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:	SAM 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

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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: _____

STATE MASS TRANSIT FUNDS PROGRAM

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(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 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.

(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 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 Board Chairperson

Printed Name of Attesting Witness

Printed Name of Board Chairperson

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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. 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 programs.

Signature of Attorney

Printed Name of Attorney

Date

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South Carolina SFY2026-2027
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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**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 (11/19/96). 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

TATE MASS TRANSIT FUNDS PROGRAM

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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

TATE MASS TRANSIT FUNDS PROGRAM

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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, 2025 – 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

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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-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

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DRUG-FREE WORKPLACE ACT

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.

Drug and Alcohol Testing

In response to passage of the Omnibus Transportation Employee Testing Act of 1991, FTA published two regulations prohibiting drug use and alcohol misuse. These regulations are 49 CFR, Part 653, "Prevention of Prohibited Drug Use in Transit Operations", and 49 CFR, Part 654, "Prevention of Alcohol and Prohibited Drug Misuse in Transit Operations".

Accordingly, the FTA regulations were revised to conform to the amended Part 40. The revised FTA drug and alcohol regulations were combined into a single rule: 49 CFR Part 655, "Prevention of Alcohol Misuse and Prohibited Drug Use in Transit". The revised rule also incorporates comments from the FTA grantees and guidance that FTA has issued in the past several years, including technical assistance, letters of interpretation, audit findings, newsletters, training classes, safety seminars, and public speaking engagements.

Drug and alcohol program requirements must be implemented for small operations (any transit agency that operates in an area of less than 200,000 people as defined by the Bureau of the Census). This definition is unaffected by the size of the transit agency, the number of vehicles in the fleet, or the number of employees.

Certification of compliance must be signed by the subrecipient's governing board, representative or other authorized individual or body and submitted to the SCDOT Office of Public Transit. Failure to certify compliance with the drug and alcohol rules and regulations will result in jeopardizing federal funding from FTA. The Office of Public Transit will work with the Safety Office to ensure compliance with FTA regulations regarding drug and alcohol testing and drug-free workplace.

Agency Name

Signature/Title of Authorized Representative

Printed Name/Title of Authorized Representative

Date

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Attach Copy of

Letter to

Metropolitan Planning Organization

and/or

Council of Governments

Indicating Notification of Intent to Apply for

State Mass Transit Funds

Here

End of Program Signature Documents