
(Name of Agency)

Fiscal Years 2018-2019

Part II



Subcontracting Opportunity through the Golden Crescent Regional Planning Commission



**for Transportation Services in
Calhoun, Goliad, Gonzales, Jackson, Lavaca, and
Matagorda Counties.**

TABLE OF CONTENTS

AGENCY INFORMATION	2
A: Primary Contacts	2
B: Checklist	2
FEDERAL / STATE DOCUMENTS	1-58
A. Federal Certifications and Assurances required for each applicant.....	1-46
B. Department of Labor - Public Transit Employee Protections 49 U.S.C. 5333.....	47
C. Lobbying Certification required for each applicant	52
D. Debarment and Suspension (Nonprocurement).....	55
E. Lower Tier Participant Debarment Certification.....	56
F. Internal Compliance Program Certification	57

The inclusion of federal funding into this grant application requires the applicant to certify to several federal regulations. The documents included here are required but may not be all-inclusive of the regulations the applicant will be required to follow.

PRIMARY CONTACT

Name of Transit System:	Name of Parent Agency (if different):
Physical Address:	Mailing Address (if different):
Transit Contact Person:	Title:
Telephone:	Fax:
Email:	Website:
Payee Identification (PIN) Number (14 digits):	

SECONDARY CONTACT

Name of Transit System:	Name of Parent Agency (if different):
Physical Address:	Mailing Address (if different):
Transit Contact Person:	Title:
Telephone:	Fax:
Email:	Website:
Payee Identification (PIN) Number (14 digits):	

CHECKLIST

Check the item after ensuring it has been completed. NOTE: If applicant already has signed 2017 Certifications and Assurances on File do not submit again, please check box below.

Agency Review	GCRPC Review	ON FILE W/GCRPC	FEDERAL / STATE DOCUMENTS
			A. Federal Certifications and Assurances required for each applicant
			B. Department of Labor – Public Transit Employee Protections 49 U.S.C.5333
			C. Lobbying Certification required for each applicant
			D. Debarment and Suspension (Non-procurement)
			E. Lower Tier Participant Debarment Certification
			F. Internal Compliance Program Certification

<i>This Section for GCRPC Use Only:</i>	
Typed/Printed Name of GCRPC Representative _____ Signature _____	Yoakum _____ District _____ Date _____