### **General Information**

Application Instructions

**Application Instructions** 

Agency Name

Laredo, City of

Agency Name

Person to be contacted regarding this application

First Name \* Last Name \*

Phone Number \*

Email Address \*

Eloisa Mascorro

(956) 795-2288 emascorro@ci.laredo.tx.us

By checking this box, you are indicating that the service profile for this organization is accurate. \*

[X]

Project Service Area \*

[X]Urban

[]Rural

If "Urban" is selected, please select the urbanized area.\*

Laredo

#### **General Information**

Describe the proposed project(s) for which the funds will be used. \*

The City of Laredo and the Laredo Transit Management Inc. (El Metro) will use these grants funds for capital preventative maintenance expenses for Fixed Route and ADA Complementary Paratransit services within the city limits of Laredo. The Transit Bus System operates a total of 21 fixed bus routes Monday thru Sunday 363 days a year. The Paratransit services include 16 accessible vans. The Paratransit service operates the same hours as fixed route with the exception of 3 days of the week that the service starts as 5:00 AM to transport clients to dialysis centers. Grant funds will use for maintaining and operating El Metro paratransit fleet. El Metro operates a "pulse" system with a main transfer station located in the downtown area in Laredo just a few blocks from Nuevo Laredo, Mexico. El Metro operates a local service in the city limits and Paratransit service is limited to 3/4 of a mile of the nearest bus route. Grant funds will be for Preventative Maintenance expenses in the amount of \$603,669.00. under ALI Code 11-7A.00. These funds will be used to assist on the Personnel Expenses at a 100%.

Hours of Operation
Fixed Route Demand Response
Weekdays 6:00 am to 5:00 am to
10:00 pm 10:00 pm (MWF)
5:30 am to
10:00 pm (TTH)
Saturdays 6:00 am to 6:00 am to
10:00 pm 10:00 pm
Sundays 7:00 am to 7:00 am to
7:30 pm 7:30 pm

- 2. Describe how the need/demand for the proposed project(s) was determined. \*

  As the city's only public transportation provider, El Metro will used the funds to continue public paratransit service to the citizens and visitors of Laredo. The city has a population grown almost to 300,000 or over and continues to grow. The bus system has been operational since 1975. Total ridership is expected to reach 1.9 million rides in fiscal year 2025. In November of 2021, the US/Mexico border opened for all essential and non-essential travelers; however, an increase of ridership was noted the ridership was not as high as expected. The area schools are now fully operational including the higher education facilities. The grant funds are estimated to be used for
- 3. Describe the anticipated benefits of the project. \*

Personnel expenses in the amount of \$603,669.00.

The anticipated benefit of the project is to continue public bus service for the citizens and visitors of Laredo. The majority of the ridership are transit dependent of public transportation. The riders that were recently surveyed do not own a vehicle and use the Metro bus more than 3 times a week. As a result, it is critical for these grant funds to continue the bus service for these riders to go to work, school, hospice, doctor's visits or just shopping that depend on the Metro bus and van services. We expect to have additional increase of riders as the US/Mexico are now open for all travelers and now with the high prices of gasoline at the fuel pump including the rising foods costs could have an impact in ridership increase.

- 4. Identify and describe methods to procure goods and/or services related to this project.

  Laredo Transit Management, Inc. (LTMI) will be using the LTMI Purchasing and Procurement Policy manual revised and approved by the Federal Transit Administration (FTA). This policy will be used for the purchase of parts, oil, fuel and shop equipment. In addition, LTMI will also follow the City of Laredo Payroll Policy and Procedures for payroll expenses in this project.
- 5. If vendors have been previously selected, complete the following.

**Vendor Name** 

Description of goods/services

6. Is the proposed project consistent with continuing, cooperating, and comprehensive regional transportation planning implemented in accordance with 49 U.S.C. §5301? \*

[]Yes

/X/No

Attachments

Upload any additional documents relevant to this application per the application's instructions.

Description Upload

El Metro Routes Routes combined.pdf

### Vehicle and Other Capital Projects

### **Vehicle Projects**

Vehicle projects include the purchase, rebuild and overhaul of vehicles.

1. Are Vehicle Capital expenses part of the proposed project? \*

[]Yes

[X]No

[]Yes []No

### **Other Capital**

Other Capital includes, but is not limited to: shop equipment, hardware and/or software, preventive maintenance, purchase of service, and other miscellaneous equipment.

5. Are Other Capital expenses part of the proposed project description? \*

[]Yes

*[X]*No

## Construction and Rehabilitation Projects

### **Construction and Rehabilitation Projects**

Construction and Rehabilitation Projects can include the following phases:

Planning, Preliminary Engineering (including environmental review), Final Design and Real Estate Acquisition, Construction/Rehabilitation.

1. Are Construction and/or Rehabilitation related expenses part of the proposed project? \* []Yes [X]No

FTA Region 6 Categorical Exclusion Worksheet

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### **Obligation Certification**

As an authorized official of the *Laredo, City of* I certify to the following:

- 1. The information presented in the application is true and accurate to the best of my knowledge.
- 2. I have not intentionally made any misstatements or misrepresented the facts.
- 3. The organization has the resources and technical capacity to support the project.
- 4. The organization has the resources and technical capacity to provide the required match.
- 5. The organization uses generally accepted accounting standards for its financial recordkeeping functions.
- 6. The organization will participate in a continuous, comprehensive dialogue throughout the life of the project. This includes but is not limited to:
  - On-Site monitoring by TxDOT personnel
  - o Timely submission of required reports
  - Timely written notification of events that will affect the outcome of the project
- 7. The organization will comply with all applicable federal, state, and local laws and regulations.

This includes but is not limited to:

- Annual Certifications and Assurances
- Master grant agreements
- Project grant agreements
- o Applicable federal program circulars and similar federal and state guidance
- 8. Applicant Affirmation: Compensation has not been received for participation in the preparation of the specifications for this call for projects.

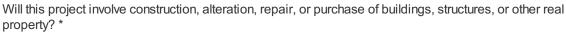
[X]

By checking and completing this document I certify that the above statements are true and that I have the authority to sign this document.

Name Title Date

Eloisa Mascorro Grant Administrator Jul 24 2025 9:57AM

# Facilities Specific Evaluation



## **Budget and Milestones**

Agency Name

Laredo, City of

**Program Type** 

Urban State Program - 2025 Cycle

Does this budget include indirect costs? \*

[]Yes

*[X]*No

If yes, please enter the Indirect Rate

0.00%

#### **Attachments**

You may upload additional documentation here. (If this budget includes In-Kind funds you are required to upload supporting documentation.)

Description	Upload

When entering budget line items, fill out a row and then press the save button for additional rows.

Description	Scope	Suffix #	TPN	Fuel Type	# of Units	Award Amoun	State t Match	Local Match	In- Kind Matc	Total Funds	T Requ	DC lested?	TDC Match Ratio	TDC Amount	Estir RFF Iss		Con	ntract	ı ii ət	Vehicle	Estimated Contract Complete
				Mair	eventi ntenar 1.7A.0	nce -			\$6	603,669	ò	\$	\$	\$603,669	[]				09/01/202	5	08/31/2026
								Subtota	al:	603,669	)	\$0		\$0		\$0	\$	603,66	59		

### **PGA Signature**

Project	Grant A	Agreement

#### Sub-Recipient Signature

By checking this box, I agree to use electronic signatures. Furthermore, I confirm that I have signature authority to execute this document and it is an electronic representation of my signature for all purposes when I use it on documents, including legally binding contracts—just the same as a pen-and-paper signature.

Name Title Date

#### PTC Signature

By checking this box, I agree to use electronic signatures. Furthermore, I confirm that I have signature authority to execute this document and it is an electronic representation of my signature for all purposes when I use it on documents, including legally binding contracts—just the same as a pen-and-paper signature.

Name Title Date

Additional Attachments

Description File Upload

Project Grant Agreement PDF File Upload