

## Huntsville, Alabama

308 Fountain Circle Huntsville, AL 35801

## Cover Memo

| Meeting Type: City Council Regular Meeting Meeting Date: 5/9/202  | 4 <b>File ID:</b> TMP-4188               |
|---|--|
| Department: Planning  |  |
| Subject: Type of  | of Action: Approval/Action               |
| Resolution authorizing the Mayor to submit a grant application to the UTransportation (USDOT) for Safe Streets and Roads for All (SS4A) In  |  |
| Resolution No.  |  |
| Does this item need to be published? No   |  |
| If yes, please list preferred date(s) of publication: N/A   |  |
| Finance Information:  |  |
| Account Number: N/A   |  |
| <b>City Cost Amount:</b> \$ 9,000,000 or 30% match.   |  |
| <b>Total Cost:</b> \$30,000,000   |  |
| <b>Special Circumstances:</b>   |  |
| <b>Grant Funded: \$</b> \$21,000,000  |  |
| Grant Title - CFDA or granting Agency: USDOT  |  |
| Resolution #: N/A   |  |
| Location: N/A   |  |
| Address: N/A  District: District 1 □ District 2 □ District 3 □ District 4 □   | ☐ District 5 □                           |
| Additional Comments: This grant would help to improve the safety existing right-of-way of Holmes Avenue by incorporating multimodal populations can safely access medical services along Holmes Avenue System located in the downtown Medical District. | Complete Street facilities so vulnerable |

### RESOLUTION NO. 24-

# A RESOLUTION OF THE CITY OF HUNTSVILLE FOR A FY2024 USDOT SAFE STREETS & ROADS FOR ALL (SS4A) IMPLEMENTATION GRANT APPLICATION HOLMES AVENUE MEDICAL ACCESS CORRIDOR PROJECT

WHEREAS, the City of Huntsville desires to improve the safety, accessibility, and efficiency of the existing right-of-way of Holmes Avenue by incorporating multimodal Complete Street facilities so vulnerable populations can safely access medical services along Holmes Avenue and the Huntsville Hospital Healthcare System located in the downtown Medical District. The project will fund the construction of ADA-compliant sidewalks, bike lanes, pedestrian signalization, crosswalks, enhanced transit access, pedestrian safety lighting, landscaping, and stormwater infrastructure along 3.25 miles of roadway, from Sparkman Drive to Spragins Street downtown. This project is part of a larger vision to enhance safety for vulnerable populations accessing essential medical services located along Holmes Avenue and in the downtown Medical District.

WHEREAS, the City of Huntsville is committed to ensuring the safety of all citizens within its jurisdiction and is committed to reaching Vision Zero, or zero roadway fatalities and serious injuries by 2055.

WHEREAS, the City of Huntsville is committed to ensuring equitable investment in the local transportation system by addressing system-wide transportation disparities.

**WHEREAS**, the City of Huntsville is eligible to apply to the United States Department of Transportation (USDOT) for Safe Streets and Roads for All (SS4A) Implementation grant funding.

WHEREAS, engineers have estimated a total project cost of \$30,000,000; and

BE IT THEREFORE RESOLVED, by the City Council of the City of Huntsville, Alabama, that the Council authorizes the Mayor to submit an application on behalf of the City of Huntsville, including all the understandings and assurances contained therein, to the United States Department of Transportation (USDOT) for Safe Streets and Roads for All (SS4A) Implementation grant funding not to exceed \$21,000,000, or seventy percent (70%) of the total project cost, and is committed to provide a thirty percent (30%) match of \$9,000,000.

**BE IT FURTHER RESOLVED** that this resolution shall become effective immediately upon approval and adoption by the Council, the public welfare requiring it.

|              | President of the City Council of         |
|--------------|--|
|              | the City of Huntsville, Alabama          |
|              |  |
|              |  |
| PPROVED this | s the 9th day of April, 2024.            |
|              |  |
|              |  |
|              | Mayor of the City of Huntsville, Alabama |

OMB Number: 4040-0004 Expiration Date: 11/30/2025

| Application for                  | Federal Assistant Communication Communicatio |
|----------------------------------|--|
| Holm                             | * If Revision, select appropriate letter(s):  * Other (Specify):   |
| ITM                              | A +188   |
| 5                                | 5b. Federal Award Identifier:  |
| SI                               |  |
| 6.                               | ) Identifier:  |
| 8. /                             |  |
| * a.                             | TATION TOTAL   |
| * b. Employer/Taxpa              | yer Identification Number (EIN/TIN):  * c. UEI:  ZBCLKNT6JWT4  |
| d. Address:                      |  |
| * Street1:                       | 305 FOUNTAIN CIRCLE  |
| Street2:                         |  |
| * City:                          | HUNTSVILLE   |
| County/Parish:                   |  |
| * State:                         |  |
| Province:                        |  |
| * Country:  * Zip / Postal Code: | USA: UNITED STATES  35801-0000   |
| e. Organizational                |  |
| Department Name:                 | Division Name:   |
|                                  |  |
| f. Name and conta                | ct information of person to be contacted on matters involving this application:  |
| Prefix:                          | * First Name: JO BETH  |
| Middle Name:                     |  |
| * Last Name: GL                  | EASON  |
| Suffix:                          |  |
| Title:                           |  |
| Organizational Affili            | ation:   |
|                                  |  |
| * Telephone Number               | er: 256-427-5100 Fax Number:   |
| * Email: JOBETH                  | GLEASON@HUNTSVILLEAL.GOV   |

| า ษ. Type of Applicant 1: Se  | ect Applicant Type:   |                       |          |
|---|---|-----------------------|----------|
| C: City or Township   | Government  |                       |          |
| Type of Applicant 2: Select Ap  |   |                       |          |
|   |   |                       |          |
| Type of Applicant 3: Select Ap  | plicant Type:   |                       |          |
|   |   |                       |          |
| * Other (specify):  |   |                       |          |
|   |   |                       |          |
| * 10. Name of Federal Ager  | cv.   |                       |          |
| DEPARTMENT OF TRANSP  |   |                       |          |
|   |   |                       | <u> </u> |
| 11. Catalog of Federal Dom  | estic Assistance Number:  |                       |          |
|   |   |                       |          |
| CFDA Title:   |   |                       | I        |
|   |   |                       |          |
|   |   |                       | 1        |
| * 12. Funding Opportunity   | Number:   |                       |          |
| DOT-SS4A-FY24-01  |   |                       |          |
|   |   |                       |          |
| *Title:  FY2024 SAFE STREETS  | AND ROADS FOR ALL DISCRETIONARY GRANT PROGRAM   |                       |          |
|   |   |                       |          |
| FY2024 SAFE STREETS   |   |                       |          |
| FY2024 SAFE STREETS   |   |                       |          |
| FY2024 SAFE STREETS  13. Competition Identificat  |   |                       |          |
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| FY2024 SAFE STREETS  13. Competition Identificat  Title:  |   |                       |          |
| FY2024 SAFE STREETS  13. Competition Identificat  Title:  | on Number:  | hment View Attachment |          |
| FY2024 SAFE STREETS  13. Competition Identificat  Title:  | on Number:  | hment View Attachment |          |
| 13. Competition Identificat  Title:  14. Areas Affected by Proj  * 15. Descriptive Title of A                       | on Number:  ect (Cities, Counties, States, etc.):  Add Attachment  Delete Attachment  Delete Attachment |                       |          |
| 13. Competition Identificat  Title:  14. Areas Affected by Proj  * 15. Descriptive Title of A                       | on Number:  ect (Cities, Counties, States, etc.):  Add Attachment  Delete Attachment                    |                       |          |
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| 13. Competition Identificat  Title:  14. Areas Affected by Proj  * 15. Descriptive Title of A                       | on Number:  ect (Cities, Counties, States, etc.):  Add Attachment  Delete Attachment  Delete Attachment |                       |          |
| 13. Competition Identificat  Title:  14. Areas Affected by Proj  * 15. Descriptive Title of A  HOLMES AVENUE MEDICA | on Number:  ect (Cities, Counties, States, etc.):  Add Attachment  Delete Attachment  Delete Attachment |                       |          |

| Application for Federal Assistance SF-424  |   |                        |                   |                 |                     |              |
|--|---|------------------------|-------------------|-----------------|---------------------|--------------|
| 16. Congressional Districts Of:  |   |                        |                   |                 |                     |              |
| * a. Applicant   | AL-005  |                        |                   | * b. Prog       | gram/Project AL-005 | 5            |
| Attach an additi   | onal list of Program/Project C                        | ongressional Districts | if needed.        |                 |                     |              |
|  |   |                        | Add Attachmen     | t Delete A      | Attachment View     | v Attachment |
| 17. Proposed   | Project:  |                        |                   |                 |                     |              |
| * a. Start Date:   | * a. Start Date: 01/01/2025 * b. End Date: 12/31/2030 |                        |                   | /2030           |                     |              |
| 18. Estimated  | Funding (\$):   |                        |                   |                 |                     |              |
| * a. Federal   |   | 21,000,000.00          |                   |                 | ,                   |              |
| * b. Applicant   |   | 9,000,000.00           |                   |                 |                     |              |
| * c. State   |   |                        |                   |                 |                     |              |
| * d. Local   |   |                        |                   |                 |                     |              |
| * e. Other   |   |                        |                   |                 |                     |              |
| * f. Program In  | come  |                        |                   |                 |                     |              |
| * g. TOTAL   |   | 30,000,000.00          |                   |                 |                     |              |
| * 19. Is Applic  | ation Subject to Review By                            | / State Under Execu    | utive Order 12372 | 2 Process?      |                     |              |
| a. This ap   | plication was made availab                            | le to the State under  | r the Executive O | rder 12372 Pro  | cess for review on  |              |
| b. Prograr   | n is subject to E.O. 12372 b                          | out has not been sel   | ected by the Stat | e for review.   |                     |              |
| C. Program   | n is not covered by E.O. 12                           | 372.                   |                   |                 |                     |              |
| * 20. Is the Ap  | plicant Delinquent On Any                             | Federal Debt? (If "    | 'Yes," provide ex | planation in at | tachment.)          |              |
| Yes  | ⊠ No  |                        |                   |                 |                     |              |
| If "Yes", provi  | de explanation and attach                             | _                      |                   |                 |                     |              |
|  |   |                        | Add Attachmen     | t Delete        | Attachment View     | w Attachment |
| 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 18, 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: TOMMY       |                 |                     |              |
| Middle Name:   |   |                        |                   |                 |                     |              |
| * Last Name:   | BATTLE  |                        |                   |                 |                     |              |
| Suffix:  |   |                        |                   |                 |                     |              |
| * Title:   | AYOR  |                        |                   |                 |                     |              |
| * Telephone Number: 256-427-5000 Fax Number:   |   |                        |                   |                 |                     |              |
| * Email: CAROL.ATCHLEY@HUNTSVILLEAL.GOV  |   |                        |                   |                 |                     |              |
| * Signature of Authorized Representative:  |   |                        |                   |                 |                     |              |
|  |   |                        |                   |                 |                     |              |

#### ASSURANCES - CONSTRUCTION PROGRAMS

OMB Number: 4040-0009 Expiration Date: 02/28/2025

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0042), Washington, DC 20503.

# PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the Awarding Agency. Further, certain Federal assistance awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant:, I certify that the applicant:

- Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of project described in this application.
- Will give the awarding agency, the Comptroller General
  of the United States and, if appropriate, the State,
  the right to examine all records, books, papers, or
  documents related to the assistance; and will establish
  a proper accounting system in accordance with
  generally accepted accounting standards or agency
  directives.
- 3. Will not dispose of, modify the use of, or change the terms of the real property title or other interest in the site and facilities without permission and instructions from the awarding agency. Will record the Federal awarding agency directives and will include a covenant in the title of real property acquired in whole or in part with Federal assistance funds to assure non-discrimination during the useful life of the project.
- Will comply with the requirements of the assistance awarding agency with regard to the drafting, review and approval of construction plans and specifications.
- 5. Will provide and maintain competent and adequate engineering supervision at the construction site to ensure that the complete work conforms with the approved plans and specifications and will furnish progressive reports and such other information as may be required by the assistance awarding agency or State.
- Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
- Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

- Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards of merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
- Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
- 10. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681 1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29) U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention. Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism: (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statue(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statue(s) which may apply to the application.

- 11. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal and federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
- Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
- 13. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333) regarding labor standards for federally-assisted construction subagreements.
- 14. Will comply with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- 15. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of

- Federal actions to State (Clean Air) implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
- Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- 17. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq).
- Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
- Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
- 20. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

| SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL | TITLE MAYOR    |  |
|---|----------------|--|
|   |                |  |
|   |                |  |
| APPLICANT ORGANIZATION                      | DATE SUBMITTED |  |
| CITY OF HUNTSVILLE                          | 05/09/2024     |  |

### **DISCLOSURE OF LOBBYING ACTIVITIES**

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

OMB Number: 4040-0013 Expiration Date: 02/28/2025

| 4 * Type of Endorel Actions  | 2. * Status of Federal Acti   | on: 3. * Report Type:   |  |  |
|--|---|---|--|--|
| 1. * Type of Federal Action:   | a. bid/offer/application  | a. initial filing   |  |  |
| a. contract  |   |   |  |  |
| b. grant   | b. initial award  | b. material change  |  |  |
| c. cooperative agreement d. loan   | c. post-award   |   |  |  |
| e. loan guarantee  |   |   |  |  |
| f. loan insurance  |   |   |  |  |
|  |   |   |  |  |
| 4. Name and Address of Reporting   | Entity:   |   |  |  |
| Prime SubAwardee   |   |   |  |  |
| * Name   |   |   |  |  |
| * Street 1   | Street 2  |   |  |  |
| * City   | State   | Zip   |  |  |
|  |   |   |  |  |
| Congressional District, if known:  |   |   |  |  |
| 5. If Reporting Entity in No.4 is Subar  | wardee, Enter Name and A  | ddress of Prime:  |  |  |
|  |   |   |  |  |
|  |   |   |  |  |
|  |   |   |  |  |
|  |   |   |  |  |
|  |   |   |  |  |
|  |   |   |  |  |
| 6. * Federal Department/Agency:  | 7. * 1  | Federal Program Name/Description:   |  |  |
| DEPARTMENT OF TRANSPORTATION   |   |   |  |  |
|  |   |   |  |  |
|  | CFDA  | A Number, if applicable:  |  |  |
| 8. Federal Action Number, if known:  | 9. A  | ward Amount, if known:  |  |  |
|  | \$  |   |  |  |
|  | Ψ L   |   |  |  |
| 10. a. Name and Address of Lobbyin   | g Registrant:   |   |  |  |
| Profix * First Name  | Middle  | Name  |  |  |
| N/A  |   | tuffix  |  |  |
| * Last Name N/A  | S.  | UIIX  |  |  |
| * Street 1   | Street 2  |   |  |  |
| * City   | State   | Zip   |  |  |
| Sity   |   |   |  |  |
| b. Individual Performing Services (including address if different from No. 10a)                              |   |   |  |  |
| Pontiv Siret Name Middle Name  |   |   |  |  |
| N/A  |   |   |  |  |
| *Last Name Suffix  |   |   |  |  |
| * Street 1   | Street 2  |   |  |  |
| * City   | State   | Zip   |  |  |
| City   | State   |   |  |  |
| 11. Information requested through this form is authorize   | d by title 31 U.S.C. section 1352. This discl   | losure of lobbying activities is a material representation of fact upon which   |  |  |
| reliance was placed by the tier above when the trans<br>the Congress semi-annually and will be available for | action was made or entered into. This disclipibility public inspection. Any person who fails to f | losure is required pursuant to 31 U.S.C. 1352. This information will be reported to file the required disclosure shall be subject to a civil penalty of not less than |  |  |
| \$10,000 and not more than \$100,000 for each such failure.  |   |   |  |  |
| * Signature:   |   |   |  |  |
| *Name: Prefix *First Nai   | ne  | Middle Name   |  |  |
| Mr,  | TOMMY   | Suffix C  |  |  |
| * Last Name BATTLE   |   | Suffix  |  |  |
| Title: MAYOR   | Telephone No.:  | Date: 05/09/2024  |  |  |
|  |   | Authorized for Local Reproduction   |  |  |
| Federal Use Only:  |   | Standard Form - LLL (Rev. 7-97)   |  |  |