

## Application Checklist

All applications must include the following:

1. Completed Application
2. Copy of Articles of Incorporation (new applicant only)
3. A copy of your **current** Certificate of Good Standing (State of MO) - (Non-Governmental Agencies)
4. Submit Authorizing Resolution (for the individual authorized to Execute an Agreement between the Agency and MoDOT.

Or

5. City Ordinance
6. Employment of Unauthorized Aliens - Workers Eligibility Affidavit - (Non-Governmental Agencies)

Submit completed and signed application to: [motransit@modot.mo.gov](mailto:motransit@modot.mo.gov)

Subject Line: " STA and Enter Your Agency's Name"

*For Technical Assistance:* [angelia.otto@modot.mo.gov](mailto:angelia.otto@modot.mo.gov)

*Form located at:* <https://www.modot.org/transit-applications-and-reporting>

**Applications that are **incomplete or received after due date** may not be accepted.**

**The agreement will be sent via email through DocuSign to the authorized signer and must be signed within 20 days.**



**Application**  
**Missouri State Transit Assistance Program**  
**FY2027**  
**July 1, 2026 through June 30, 2027**  
**For Public Transportation Only**

**DUE April 1, 2026**

Agency Legal Name: \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4 Code: \_\_\_\_\_

Grant Contact Person - Name: \_\_\_\_\_

Grant Contact Person – Email: \_\_\_\_\_

Grant Contact Person – Work Phone: \_\_\_\_\_

Grant Contact Person – Alt Phone: \_\_\_\_\_

Eligibility Criteria: (Check All That Apply):

*(If operating both urbanized and rural transit service, submit separate applications)*

<input type="checkbox"/>	A City
<input type="checkbox"/>	A City Transit Authority
<input type="checkbox"/>	A City Utilities Board
<input type="checkbox"/>	An Interstate Transit Authority (as defined in 94.600 RSMo)
<input type="checkbox"/>	An Intrastate Transportation Authority
<input type="checkbox"/>	A recipient / direct recipient of FTA Sec. 5307 urbanized formula funds
<input type="checkbox"/>	A sub-recipient of FTA Section 5311 non-urbanized formula funds

Total transportation operating costs for **Public Transportation Services**. If your agency applies for **MEHTAP funding do not include** information for Seniors or Individuals with Disabilities.

Calendar Year	2023	2024	2025
Transit Operating Costs for Public Transportation Service.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Annual Passenger Ridership in Missouri (unlinked Trips for calendar years)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Service Area Population	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount of Annual Local Effort or Tax Support for Transit	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Requested Amount:** \_\_\_\_\_

Attach agency transportation related budget for the state fiscal year supporting requested amount.

Description of local financial effort or local tax support for applicants' public transit service:

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Agency's Missouri Transit Service Area Population:      Urbanized:       Rural:

Description of Calendar Year 2025 Public Transit Service in Missouri

Days of Transit Operation:

Weekday Hours of Operation:

Saturday Hours of Operation:

Sunday Hours of Operation:

Applicant Agency Authorized Signature:	Date:

**Please submit authorizing resolution or city ordinance.**

*(Version February 2026)*

## AUTHORIZING RESOLUTION

WHEREAS, the Missouri Department of Transportation is authorized to make grants for general transportation projects using funds made available under various programs; and,

WHEREAS, the contract for financial assistance will impose certain obligations upon the applicant, including the provision by it of the local share of project costs; and

WHEREAS, it is the goal of the applicant to provide the best transit system that can be provided with the funds available.

That the \_\_\_\_\_ is authorized to execute the  
(Board President/Chair, Program Director, Exe. Director, etc.)

Agreement(s) on behalf of the \_\_\_\_\_: with the Missouri  
(Name of Corporation or public entity)

Highways and Transportation Commission for financial assistance.

Adopted this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature \_\_\_\_\_

Typed Name \_\_\_\_\_

Title \_\_\_\_\_

Authorized Individual

ATTEST

\_\_\_\_\_  
Name and title

This resolution allows the individual to sign the agreement without further action by the Board.

Missouri Department of Transportation  
MoDOT – Multimodal Transit

CITY OF \_\_\_\_\_

ORDINANCE NO. \_\_\_\_\_

BILL NO. \_\_\_\_\_

An Ordinance to authorize the Mayor to execute a contract between the City of \_\_\_\_\_ and the Missouri Highway and Transportation Commission providing transportation services to seniors and individual with disabilities.

Be it ordained by the City Council of \_\_\_\_\_ as follows:

Section 1. That the (title of individual) \_\_\_\_\_ is hereby authorized to execute on behalf of the (city) \_\_\_\_\_, a contract with the Missouri Highway and Transportation Commission providing transportation services.

Section 2. That all ordinances or parts of ordinances therefore enacted which are in conflict herewith are hereby repealed.

Section 3. This ordinance shall be in full force and effect from and after the date of its passage and approval. Read \_\_\_\_\_ times, passed and approved on the day of \_\_\_\_\_, 20 \_\_\_\_\_.

APPROVED AS TO FORM

\_\_\_\_\_  
City Attorney

\_\_\_\_\_  
Mayor

\_\_\_\_\_  
(Print name)

Attest:

\_\_\_\_\_  
Presiding Officer

\_\_\_\_\_  
City Clerk

\_\_\_\_\_  
Chairman of the Board

**WORKER ELIGIBILITY VERIFICATION AFFIDAVIT****Appendix B**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be a person whose name is subscribed to this affidavit, who being by me duly sworn, deposed as follows:

My name is \_\_\_\_\_, and I am of sound mind, capable of making this affidavit, and personally certify the facts herein stated, as required by Section 285.530, RSMo, to enter into any contract agreement with the state to perform any job, task, employment, labor, personal services, or any other activity for which compensation is provided, expected, or due, including but not limited to all activities conducted by business entities:

I am the \_\_\_\_\_ of \_\_\_\_\_, and I am duly authorized, directed, and/or empowered to act officially and properly on behalf of this business entity.  
title business name

I hereby affirm and warrant that the aforementioned business entity is enrolled in a federal work authorization program operated by the United States Department of Homeland Security, and the aforementioned business entity shall participate in said program to verify information (employment eligibility) of newly hired employees working in connection to work under the within state contract agreement with the Missouri Highways and Transportation Commission (MHTC). I have attached documentation to this affidavit to evidence enrollment/participation by the aforementioned business entity in a federal work authorization program, as required by Section 285.530, RSMo.

In addition, I hereby affirm and warrant that the aforementioned business entity does not and shall not knowingly employ, in connection to work under the within state contract agreement with MHTC, any alien who does not have the legal right or authorization under federal law to work in the United States, as defined in 8 U.S.C. § 1324a(h)(3).

I am aware and recognize that, unless certain contract and affidavit conditions are satisfied pursuant to Section 285.530, RSMo, the aforementioned business entity may be held liable under Sections 285.525 through 285.550, RSMo, for subcontractors that knowingly employ or continue to employ any unauthorized alien to work within the state of Missouri.

I acknowledge that I am signing this affidavit as a free act and deed of the aforementioned business entity and not under duress.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Attest \_\_\_\_\_ Printed Name \_\_\_\_\_ Title \_\_\_\_\_

***[Documentation of enrollment/participation in a federal work authorization program is attached. Acceptable enrollment and participation documentation consists of the following two pages of the E-Verify Memorandum of Understanding: (1) A valid, completed copy of the first page identifying the business entity; and (2) A valid copy of the signature page completed and signed by the business entity, the Social Security Administration, and the Department of Homeland Security – Verification Division.]***