Oregon Department of Transportation

Rail and Public Transit Division

Federal §5310 Program

Enhanced Mobility of Seniors and Individuals with Disabilities

2017-19 GRANT APPLICATION
INSTRUCTIONS

2017-19 Biennium

July 1, 2017 - June 30, 2018

July 1, 2018 - June 30, 2019

For a version of this document with increased font size or in other formats, contact the Rail and Public Transit Division, 555 13th Street NE, Salem OR 97301. Office (503) 986-3300 or fax (503) 986-4189

For other assistance, contact your Rail and Public Transit Division Regional Transit Coordinator. Please see References list at the end of this document for more information.

Please read all information and instructions before completing the application.

General Information

Fund Source

The Federal Transit Administration (FTA) allocates funds to Oregon for the Enhanced Mobility of Seniors and Individuals with Disabilities (§5310) program.

Program Goal

The goal of the program is to improve mobility throughout the country by removing barriers to transportation services and expanding the transportation options available for transit-dependent populations.

Eligible Transit Agencies

Eligible transit agencies are counties, mass transit districts, transportation districts, transportation service districts, Indian tribal governments, cities, councils of government, and private non-profit organizations. The funds may be used in all areas of the state - urban, small urban, and rural.

Eligible Activities

Eligible grant activities include capital purchases such as vehicles, passenger shelters, and equipment that support transportation to meet the special needs of seniors and individuals with disabilities. The program also funds operational and administrative projects such as contracted service, vehicle and facility preventive maintenance, and the development of new systems for improving access to transportation (e.g., travel training, marketing, centralized call centers), provided the projects are designed to meet the special needs of the target population.

Funding

The ODOT Rail and Public Transit Division (RPTD) established the §5310 program as a base source of ongoing funding to support coordinated transportation plans and to assist communities to provide mobility choices for seniors and individuals with disabilities.

Formula

RPTD, with advice from stakeholders, distributes funds using a population-based formula: 50 percent by the STF Agency's area population in proportion to the state population, and 50 percent by the area's proportionate ratio of seniors.

Match Rate

89.73% federal / 10.27% local match

Special Note for Non-profit Agencies

If your transit agency is a private non-profit organization that has not applied for a recent RPTD grant, please provide the following information to your STF Agency (see References list at the end of this document for more information):

- Articles of Incorporation
- Adopted Corporate Bylaws
- 501(c)3 non-profit approval letter from the Internal Revenue Service
- A description of transportation services and other grants received by your agency

Private non-profit agencies (for both new and returning applicants) must be registered with the Oregon Secretary of State Corporation Division (http://www.filinginoregon.com/business/index.htm) to do business in Oregon.

Application Information

STF Agency Responsibility

The application process must be coordinated through the STF Agency. **RPTD will only accept applications submitted by STF Agencies.**

If a transit agency or contractor will deliver the transit project, that transit agency or contractor must submit a completed application to the STF Agency. The STF Agency will then review, select, and prioritize completed applications and electronically submit all approved applications to RPTD.

With the application, the STF Agency must include a consolidated list of applications listing all recommended projects in order of priority. See References list at the end of this document for more information.

Application Format and Use

The §5310 application is a fillable form that requires Adobe Reader Version 10 (or above). Download Adobe Reader for free at: http://get.adobe.com/reader/.

Before entering any information, save the application to your computer. Open the file with the Adobe Reader program. Submit the form electronically when complete. **Do not print and scan the form.** If you have technical problems with the form, please call our main line at 503-986-3300 and we will help you. For answers to programmatic or process-specific questions, contact your Regional Transit Coordinator (RTC).

Many instructions for completing the §5310 application appear on the form itself, and most of the fields are self-explanatory. Additional information where further explanation or clarification may be helpful is provided below.

- Some "Yes" or "No" questions, when checked, generate secondary questions based on your answer. It is very important to answer all the questions.
- Add or delete table rows by using the +/- buttons on the right side of the columns.

Accessing the Application

To download the Section 5310 Funding Application, go to the "What's New" section of the RPTD website at https://www.oregon.gov/ODOT/PT/Pages/news.aspx.

Right-click the application link and select ***Save***. Save a copy of the application to your computer. Open the file using the Adobe Reader program before you begin entering information.

Submitting the Application

When your application is complete, save a copy to your computer.

If your agency **is the STF** agency, submit the application to RPTD by using the **"Submit by Email"** button at the end of the application. The form may try to help you send the email. Please read the notifications and select only the options that apply to you.

If you are using a desktop client-based email program such as Outlook, the submittal email with your completed form attached may be sent automatically. You can verify this in your "sent" folder.

After sending your application, you should receive an automated email response from RPTD with the subject "Confirmed: Application Email Received". If you do not receive this response, please contact Liz Rickles 503-986-3394 as soon as possible.

Send the consolidated list of applications and any attachments (such as DCE Worksheets and Preventive Maintenance Plans) in a separate email to PTDApplications@odot.state.or.us clearly marked with the same applicant name you used on the application.

If your agency **is not the STF** Agency, save and submit the application to your STF Agency, attaching any required documents (such as DCE Worksheets and Preventive Maintenance Plans) in an email to your STF Agency.

Submitting the application serves as your electronic "signature" certifying that the application is complete to the best of your ability.

Application Deadline

STF Agencies must apply by **February 17, 2017.**

Application Instructions

Be sure to answer each question on the application. Some fields auto-calculate based on what is entered in a previous field, and some fields present additional text boxes based on “Yes” or “No” answers.

Applicant Information

- Check “Yes” or “No” to the statement: “I am the Special Transportation Fund Agency”.
- In each field, enter (or select from the drop down menu if available) all of the requested information.

  NOTES: 1) For the urbanized zone field, if your agency is outside of the listed areas, choose “Oregon” 2) The *application contact* is the person RPTD will contact with any questions about your application. The *contract signatory* is the person who has authority to sign the grant agreement.
- Select a check box for each transportation service type which will be supported with the §5310 grant. Contact your RTC for more information on service types.

Project Selection

Select all project types for which you are applying. The form will create a customized application for your agency based on your selections A – I. At any time you can return to the Project Selection area and select or deselect a project type.

Section A: Purchased Service Project

1. **Project Title:** Enter a descriptive title for the project such as “Provide Dial-a-ride service to Anytown, Oregon”.

2. **Project Service Description:** Briefly describe how this purchased service project will support the §5310 program goals.

3. **Estimated number of unduplicated individuals:** Enter the estimated number of distinct individuals the project will serve during the two-year grant period.

4. **Estimated number of one-way rides:** Enter the estimated number of total one-way rides (for all customers) that the project will provide during the two-year grant period.

5. **Adopted Coordinated Plan page:** Enter the page number where the project or service is identified in your plan. All projects must be included in a Coordinated Plan. Contact your STF Agency Coordinator or your RTC for more information.

6. **Coordinated Plan Adoption Date:** Enter the date the plan was adopted by the lead agency.

7. **Project Cost and Match:** Enter the Total Project Cost. The chart will auto-calculate Match and Grant Amounts.

8. **Matching Funds Source:** Enter the source of local match contributions for this project such as STF funds, program revenue, or agency funds. *Farebox proceeds cannot be used as match for federal grants.*

9. **Grouped Activities or Projects:** If a project is dependent on another project, for instance, it is a new transit service requiring new operating funds, select "Yes" and provide details in the box provided. Select "No" if this does not apply to the project.

10. **Existing Transit Contract:** Select "Yes" or "No". If Yes, enter the name of the transit agency contracted with. If this contract is with a service provider not previously identified in a RPTD grant, please enter the contactor name and email a copy of the contract to PTDApplications@odot.state.or.us.

Section B: Mobility Management Project

This project category includes administrative and operating start-up costs. Capital purchases are not eligible. If also requesting capital assets, describe the link to this Mobility Management project in your narrative in the capital section.

1. **Project Title:** Enter a descriptive title for the project in the Project Title box, such as "Provide travel training sessions and outreach activities in the local area."

2. **Project Description:** Briefly describe the service or operation that this mobility management project will support and how it will support the §5310 program goals.

3. **Project Performance Goals:** Identify the estimated number of customer contacts, customers trained, or mobility products/services produced. Describe the method you will use to measure that planned output or performance. Identify service numbers for the two fiscal years separately (Example: "FY 2017 = 100 customers trained; FY 2018 = 250 customers trained.")

4. **Project Type:** Select the category that best describes your project type. If multiple categories apply, select the one that is most predominant for your project. If you don't see a type that fits your project, select "Other" and then type over the text with a description.

5. **Adopted Coordinated Plan page:** Enter the page number where the project or service is identified in your plan. All projects must be included in a Coordinated Plan. Contact your STF Agency Coordinator or your RTC for more information.

6. **Coordinated Plan Adoption Date:** Enter the date the plan was adopted by the lead agency.

7. **Project Cost and Match:** Enter the Total Project Cost. The chart will auto-calculate Match and Grant Amounts.

8. **Matching Funds Source:** Enter the source of local match contributions for this project such as STF funds, program revenue, or agency funds. *Farebox proceeds cannot be used as match for federal grants.*

Section C: Replacement Vehicle Project

1. **Vehicles to Be Replaced**: Complete the table for each vehicle to be replaced. Each vehicle you enter must meet or exceed the age and/or mileage useful life standards for its category.
   - Enter Year, Make (manufacturer), and Model of each vehicle being replaced
   - Select a category from A to E-7 using the drop-down menu (For descriptions, see https://www.oregon.gov/ODOT/PT/resources/guidance-library/vehicle-descriptions-useful-life-standards.pdf.)
   - Enter Vehicle Identification Number
   - Enter Total Number of Seats including ADA seats
   - Enter number of ADA Stations
   - Enter Current Mileage and the Date Recorded
     NOTE: The date box will allow only one date since mileage for all vehicles being replaced must be taken on the same date.
   - Select Disposal Type (method) from the drop-down menu. Indicate if the vehicle is to be (S) Sold, (TR) Transferred, or used as a (BU) Backup.
   - If you have more than one vehicle request, select "+" to add another row to the table. If you make a mistake, select "-" to remove that row.

2. **Condition of Vehicle(s):** Enter the VIN and condition for each vehicle - Adequate, Marginal, or Poor. Explain the reason for a marginal or poor determination (e.g., maintenance history, unexpected repairs, etc.). If you have selected a condition of adequate, please provide the replacement justification. Keep explanations simple. Example: VIN ### Poor – 5 years over useful life.

3. **Will you use the ODOT/DAS state price agreement contract?:** Select "Yes" or "No".

   NOTE: Purchase of vehicles via the State Department of Administrative Services vehicle price agreement contract is required unless approval is obtained from RPTD prior to procurement. RPTD price agreements are available for all five categories of public transit vehicles. Please see Vehicle Useful Life – ADA Contract Crosswalk on the RPTD website https://www.oregon.gov/ODOT/PT/resources/guidance-library/ADABusCrosswalk.pdf for more information.

   If you select No, please state the reason your agency must conduct its own procurement.

4. **Vehicles to be purchased:** Complete the chart for each vehicle to be purchased. These vehicles should correspond in number and category to the vehicles listed for replacement. If not a like-for-like replacement project, complete the Expansion Vehicles / Right-sizing Vehicles Section D instead.

   NOTE: Non ADA-accessible vehicle projects (not equipped with wheelchair lifts, on-board wheelchair securement, etc.) require a Certificate of Equivalent Service per federal regulations, 49 CFR 37. This form is included in the Appendices and **must** be submitted with your application if you are purchasing a non-ADA accessible vehicle.

   - Select a category from A to E-7 using the drop-down menu (For descriptions, see

https://www.oregon.gov/ODOT/PT/resources/guidance-library/vehicle-descriptions-useful-life-standards.pdf.)

- Enter the quantity of each vehicle type to be acquired
- Enter the full cost of each vehicle with options (including graphics and equipment costs required to put the vehicle into service). Work with vendor representatives for cost estimates as needed. Annual vehicle price adjustments are allowed for new model year vehicles.
- The Total dollar value for each vehicle category will calculate automatically
- Enter Number of Regular Seats (not including ADA stations)
- Enter number of ADA Stations
- Enter total seating capacity (Regular seats + ADA stations)
- Select fuel type from the drop-down menu: G) Gas, (D) Diesel, (B) Biodiesel, (HG) Hybrid-gas, (HD) Hybrid-diesel, (CNG) Compressed Natural Gas, (OF) Other alternative Fuel. If you use "Other", describe it in the box provided.
- Enter estimated order and delivery dates. Check with your vendor for a typical delivery schedule if needed.

5. **Project cost and match:** This information is auto-calculated.

6. **Matching Funds Source:** Enter the source of local match contributions for this project such as STF funds, program revenue, or agency funds. *Farebox proceeds cannot be used as match for federal grants.*

7. **Adopted Coordinated Plan page:** Enter the page number where the project or service is identified in your plan. All projects must be included in a Coordinated Plan. Contact your STF Agency Coordinator or your RTC for more information.

8. **Coordinated Plan Adoption Date:** Enter the date the plan was adopted by the lead agency.

9. **Describe how vehicle(s) will be used for seniors and individuals with disabilities:** Describe whether the service is paratransit, dial-a-ride, general public demand response, deviated fixed route, etc. If you have more than one service type with multiple vehicles, identify how many will be used for what service, such as "2 buses for paratransit, 3 vans for dial-a-ride".

10. **Grouped Activities or Projects:** If a project is dependent on another project, for instance, it is a new transit service requiring new operating funds, select "Yes" and provide details in the box provided. Select "No" if this does not apply to the project.

Section D: Service Expansion and Right-Sizing Vehicle Project

1. **Vehicles to Be Purchased:** Complete the table for each vehicle to be purchased. If you are replacing vehicles on a like-for-like basis, this is not an expansion project. Please complete the Replacement Vehicle Project Section C instead.

   Include graphics and equipment required to put the vehicle into service. Work with vendor representatives for cost estimates and be sure to include all options in the requested vehicle

cost. Annual vehicle price adjustments are allowed for new model year vehicles; work with the vendors to accurately estimate vehicle costs.

NOTE: Non ADA-accessible vehicle projects (not equipped with wheelchair lifts, on-board wheelchair securement, etc.) require a Certificate of Equivalent Service per state procurement regulations. This form is included in the Appendices and **must** be submitted with your application.

- Select a category from A to E-7 using the drop-down menu (For descriptions, see https://www.oregon.gov/ODOT/PT/resources/guidance-library/vehicle-descriptions-useful-life-standards.pdf.)
- Enter quantity of vehicles to be purchased
- Enter full cost of each vehicle with options (including graphics and equipment costs required to put the vehicle into service). Work with vendor representatives for cost estimates as needed. Annual vehicle price adjustments are allowed for new model year vehicles.
- The Total dollar value for each vehicle category will calculate automatically
- Enter Number of Regular Seats (not including ADA stations)
- Enter number of ADA Stations
- Enter total seating capacity (Regular seats + ADA stations)
- Select fuel type from the drop-down menu: G) Gas, (D) Diesel, (B) Biodiesel, (HG) Hybrid-gas, (HD) Hybrid-diesel, (CNG) Compressed Natural Gas, (OF) Other alternative Fuel. If you use "Other", describe it in the box provided.
- Enter estimated order and delivery dates. Check with your vendor for a typical delivery schedule if needed.

2. **Project cost and match:** This information is auto-calculated.
3. **Will you use the ODOT/DAS state price agreement contract?: Select "Yes" or "No".**

   NOTE: Purchase of vehicles via the State Department of Administrative Services vehicle price agreement contract is required unless approval is obtained from RPTD prior to procurement. RPTD price agreements are available for all five categories of public transit vehicles. Please see Vehicle Useful Life – ADA Contract Crosswalk on the RPTD website https://www.oregon.gov/ODOT/PT/resources/guidance-library/ADABusCrosswalk.pdf for more information.

   If you select "No", please state the reason your agency must conduct its own procurement.

4. **Source of Match Funds:** Enter the source of local match contributions for this project such as STF funds, program revenue, agency funds. *Farebox proceeds cannot be used as match for federal grants.*

5. **Adopted Coordinated Plan page:** Enter the page number where the project or service is identified in your plan. All projects must be included in a Coordinated Plan. Contact your STF Agency Coordinator or your RTC for more information.

6. **Coordinated Plan Adoption Date:** Enter the date the plan was adopted by the lead agency.

7. **Describe how vehicle(s) will be used for seniors and individuals with disabilities:** Describe whether the service is paratransit, dial-a-ride, general public demand response, deviated fixed route, etc. If you have more than one service type with multiple vehicles, identify how many

will be used for what service, such as “2 buses for paratransit, 3 vans for dial-a-ride”.

For a vehicle service expansion project, describe the expanded service, the gap(s) in current service that will be addressed by the project, and how the new vehicle(s) will address the service need.

For a vehicle right-sizing project, describe changes in use from the purpose of the vehicles being replaced. (Ridership increases could justify purchasing slightly larger vehicles; or several smaller vehicles could replace a large bus.)

8. **Grouped Activities or Projects:** If a project is dependent on another project, for instance it is a bus washing station dependent on a facility, select “Yes” and provide details in the box provided. Select “No” if this does not apply to the project.

Section E: Capitalized Vehicle Preventive Maintenance Project

1. **Describe how this project coordinates with other services:** Describe how the requested preventive maintenance supports your agency’s transit service. (Examples: Dial-a-ride service is part of a coordinated system, this is the only transit service provided in the County, or this service brings riders to the city where connections are made to another service.)

2. **Vehicle Preventive Maintenance Plan submitted? Select “Yes” or “No”.** If you answer “No”, explain how and when it will be provided.

   NOTE: Agencies applying for capitalized preventive maintenance must submit a Vehicle Preventive Maintenance Plan to RPTD prior to grant execution, however, the plan is not required for RPTD to consider your application. (For more information go to http://www.oregon.gov/ODOT/PT, click on Provider Handbook under Quick Links, and click the "Asset Maintenance" tab.)

3. **Number of vehicles:** Enter size of fleet included in this project. For some agencies, such as those providing general public dial-a-ride service or deviated fixed route, this will be the entire fleet. For others, such as those with fixed route, it will be only vehicles providing paratransit or dial-a-ride service to the targeted population.

4. **Adopted Coordinated Plan page:** Enter the page number where the project or service is identified in your plan. All projects must be included in a Coordinated Plan. Contact your STF Agency Coordinator or your RTC for more information.

5. **Coordinated Plan Adoption Date:** Enter the date the plan was adopted by the lead agency.

6. **Project cost and match:** Enter Total Project Cost. Match and grant amount will auto-calculate.

7. **Matching Funds Source:** Enter the source of local match contributions for this project such as STF funds, program revenue, agency funds. *Farebox proceeds cannot be used as match for federal grants.*

8. **Grouped Activities or Projects:** If a project is dependent on another project, for instance it is a bus washing station dependent on a facility, select “Yes” and provide details in the box

provided. Select “No” if this does not apply to the project.

Section F: Equipment Project

Capital equipment must have a value of $5,000 or more. If an item alone does not meet this threshold, but can be combined with other related equipment, it may be considered capital equipment. For example, desktop computers, a server, and a printer do not typically cost $5,000 each, but they can be grouped as a computer system which would qualify as capital equipment.

1. **Description:** Explain why this equipment is needed and how it will support the §5310 program goals. Briefly note what gaps in current services the equipment project will address.

2. **Equipment Requested:** Complete the table for all equipment to be purchased.

   Enter equipment for linked projects on one line. For example, one line item may be computer equipment and software related to a shared call center, while another set of computer equipment and software may be requested for dial-a-ride service dispatch service. Use a separate line for equipment for different projects. Use question 7. (related to grouped activities) to identify links between activities/projects and equipment requested.

   Work with vendor representatives for cost estimates and be sure to include all optional items in the requested equipment cost. Annual price adjustments are common and will be allowed.

- Enter a description of the equipment. (Examples are noted on the application.)
- Enter quantity of items to be acquired
- Enter full cost of each item, including all options
- The Total dollar value will calculate automatically
- Enter estimated order and delivery dates. You may need to check with a vendor for a typical delivery schedule for customized or special-order equipment.

3. **Adopted Coordinated Plan page:** Enter the page number where the project or service is identified in your plan. All projects must be included in a Coordinated Plan. Contact your STF Agency Coordinator or your RTC for more information.

4. **Coordinated Plan Adoption Date:** Enter the date the plan was adopted by the lead agency.

5. **Project cost and match:** This information is auto-calculated.

6. **Matching Funds Source:** Enter the source of local match contributions for this project such as STF funds, program revenue, agency funds. *Farebox proceeds cannot be used as match for federal grants.*

7. **Grouped Activities or Projects:** If a project is dependent on another project, select “Yes” and provide details in the box provided. Select “No” if this does not apply to the project.

Section G: Signs and Other Amenities Project

Capital signs and amenities must have a value of $5,000 or more. Group similar items into one line or activity. For instance, ten route signs would be one line item; three bike racks, a second line item. You may choose to have the sign manufacturer or supplier do the installation, or have

installation done by another contractor.

1. **Description:** Briefly describe why this project is needed and how the requested signs and amenities will support the §5310 program goals. Briefly note what gaps in current services the signs project will address.

2. **Signs and/or Amenities Requested:**
   - Enter a description of the sign or amenity. (Examples are noted on the application.)
   - Enter quantity of items to be acquired
   - Enter full cost of the item
   - The Total dollar value will calculate automatically
   - Enter estimated order and delivery dates. You may need to check with a vendor for a typical delivery schedule for customized or special-order items.

3. **Adopted Coordinated Plan page:** Enter the page number where the project or service is identified in your plan. All projects must be included in a Coordinated Plan. Contact your STF Agency Coordinator or your RTC for more information.

4. **Coordinated Plan Adoption Date:** Enter the date the plan was adopted by the lead agency.

5. **Project cost and match:** This information is auto-calculated.

6. **Matching Funds Source:** Enter the source of local match contributions for this project such as STF funds, program revenue, agency funds. *Farebox proceeds cannot be used as match for federal grants.*

7. **Grouped Activities or Projects:** If a project is dependent on another project, such as a route extension project, select "Yes" and provide information regarding the linked project(s). If signs or amenities support multiple projects, describe each line item and the associated linked project. Select "No" if this does not apply to the project.

8. **Documented Categorical Exclusion (DCE) Worksheet:** Select "Yes" or "No" if you will be submitting a DCE Worksheet. If "Yes", attach and email a copy, including any site map(s), to your local STF agency or to RPTD if you are the STF Agency.

   DCE Worksheets and concurrence by FTA are required prior to project work for any project potentially affecting the environment or historical and cultural areas.

   The DCE Worksheet is located online on the "Other Asset Procurement" tab of the Guidance Library section of the Public Transit website, or at this link: https://www.oregon.gov/ODOT/PT/resources/guidance-library/dce-worksheet.docx

Section H: Passenger Shelter Project

Check all applicable local street and building codes, and obtain permission from the governing jurisdictions before proceeding with any shelter project.

1. **Description:** Explain why the passenger shelters are needed and how they will support the §5310 program goals. Briefly note what gaps in current services the shelter project will address.

2. **Passenger Shelters requested:** Only one line of data is required unless differing types of

shelters with different pricing are being requested, or if the shelter project will include amenities. Installation may be a separate line item, or installation may be quoted in the price of the item. (You may choose to have the sign manufacturer or supplier do the installation, or have installation done by another contractor.)

- Enter a description of the shelter
- Enter quantity of shelters to be acquired
- Enter full cost of the shelter
- The Total dollar value will calculate automatically
- Enter estimated order and delivery dates. You may need to check with a vendor for a typical delivery schedule for customized or special-order items.

3. **Adopted Coordinated Plan page:** Enter the page number where the project or service is identified in your plan. All projects must be included in a Coordinated Plan. Contact your STF Agency Coordinator or your RTC for more information.

4. **Coordinated Plan Adoption Date:** Enter the date the plan was adopted by the lead agency.

5. **Project cost and match:** This information is auto-calculated.

6. **Matching Funds Source:** Enter the source of local match contributions for this project such as STF funds, program revenue, agency funds. Farebox proceeds cannot be used as match for federal grants.

7. **Grouped Activities or Projects:** If a project is dependent on another project, such as a route extension project, select "Yes" and provide information regarding the linked project(s). If signs or amenities support multiple projects, describe each line item and the associated linked project. Select "No" if this does not apply to the project.

8. **Documented Categorical Exclusion (DCE) Worksheet:** Select "Yes" or "No" if you will be submitting a DCE Worksheet. If "Yes", attach and email a copy, including any site map(s), to your local STF agency or to RPTD if you are the STF Agency.

   DCE Worksheets and concurrence by FTA are required prior to project work for any project potentially affecting the environment or historical and cultural areas.

   The DCE Worksheet is located online on the "Other Asset Procurement" tab of the Guidance Library section of the Public Transit website, or at this link:
   https://www.oregon.gov/ODOT/PT/resources/guidance-library/dce-worksheet.docx

Section I: Facilities Project (Transit centers, bus barns, maintenance facilities, infrastructure improvements and transit administration buildings.)

Please contact your RTC <u>before you apply</u> if you are considering a large-scale, multi-phase project that will require funding beyond the biennium for which you are applying.

1. **Project Title:** Provide the title of your project

2. **Description:** Explain why this project is needed and how it will support the §5310 program goals. Briefly note what gaps in current access to service the project will be addressing.

3. **Facility Project requested:** Describe major activities or subcategories.

- Enter a description of each major activity or subcategory. (Examples are note on the application.) If the RPTD-grant funded portion of the entire facility project is construction only, simply enter “Facility Construction”. If you are including planning, engineering, etc., subcategories are required
- Enter the quantity to be acquired for each activity
- Enter the cost associated with each activity
- The Total dollar value will calculate automatically
- Enter estimated order and delivery dates. You may need to check with a vendor for a typical delivery schedule for customized or special-order items. If you are entering more than one activity, click “Add Record” to add another row to the table.

4. **Adopted Coordinated Plan page:** Enter the page number where the project or service is identified in your plan. All projects must be included in a Coordinated Plan. Contact your STF Agency Coordinator or your RTC for more information.

5. **Coordinated Plan Adoption Date:** Enter the date the plan was adopted by the lead agency.

6. **Project cost and match:** This information is auto-calculated.

7. **Matching Funds Source:** Enter the source of local match contributions for this project such as STF funds, program revenue, agency funds. Farebox proceeds cannot be used as match for federal grants.

8. **Grouped Activities or Projects:** If a project is dependent on another project, such as a route extension project, select “Yes” and provide information regarding the linked project(s). If signs or amenities support multiple projects, describe each line item and the associated linked project. Select “No” if this does not apply to the project.

9. **Documented Categorical Exclusion (DCE) Worksheet:** Select “Yes” or “No” if you will be submitting a DCE Worksheet. If “Yes”, attach and email a copy, including any site map(s), to your local STF agency or to RPTD if you are the STF Agency.

   DCE Worksheets and concurrence by FTA are required prior to project work for any project potentially affecting the environment or historical and cultural areas.

   The DCE Worksheet is located online on the “Other Asset Procurement” tab of the Guidance Library section of the Public Transit website, or at this link:
   https://www.oregon.gov/ODOT/PT/resources/guidance-library/dce-worksheet.docx

   Major capital projects are often not eligible for a documented exclusion. Consultation with local planning and environmental officials is mandatory for planning these types of projects. Detailed site maps and building plans should be provided along with the DCE worksheet.

10. **Project Facts:** Discuss the proposed facility project with your RTC before completing this section of the application. This will provide clarity for both you and RPTD, and make it more likely that the application process will go smoothly. Answer all questions and enter all required information in this section. Descriptions should be brief, but complete.

Application Submittal

When your application is complete, save a copy for your records using the SAVE button and then,

If your agency is not the STF Agency, save the form and attach and email it, along with any other documents as stipulated by your local STF Agency, to your STF Agency.

If your agency is the STF Agency, select the Submit by Email button. The form may try to help you send the email. Read the notifications and select the options that apply to you.

If you are using a desktop client-based email program such as Outlook, the submittal email with your completed form attached may be sent automatically. You can verify this in your "sent" folder.

After sending your application, you should receive an automated email response from RPTD with the subject "Confirmed: Application Email Received". If you do not receive this response, please contact Liz Rickles at 503-986-3394 or Elisabeth.m.Rickles@odot.state.or.us as soon as possible.

If you wish to submit attachments supplemental to your application, send them in a separate email to PTDApplications@odot.state.or.us.

REFERENCES

Application-related documents

- Allocations/Awards (2017-19 Advance Grant Programs Notice)
  - https://www.oregon.gov/ODOT/PT/NEWS/2017-19AdvanceGrantNotice.pdf
- Vehicle Useful Life – ORPIN Contract Crosswalk
  - https://www.oregon.gov/ODOT/PT/resources/guidance-library/ADABusCrosswalk.pdf
- Oregon Vehicle Description and Useful Life Standards
  - https://www.oregon.gov/ODOT/PT/resources/guidance-library/vehicle-descriptions-useful-life-standards.pdf
- STF Agency List
  - https://www.oregon.gov/ODOT/PT/Pages/stakeholders/stf.aspx
- FTA C 9070.1G – §5310 Enhanced Mobility of Seniors and Individuals with Disabilities, 2014
  - https://www.transit.dot.gov/regulations-and-guidance/fta-circulars/enhanced-mobility-seniors-and-individuals-disabilities

Application-related forms

- 2017-19 STF Agency Consolidated §5310 Application List
  - https://www.oregon.gov/ODOT/PT/programs/5310ApplicationList.xlsx
- Documented Categorical Exclusion (DCE) Worksheet
  - https://www.oregon.gov/ODOT/PT/resources/guidance-library/dce-worksheet.docx

- Certification of Equivalent Service form
    - https://www.oregon.gov/ODOT/PT/resources/guidance-library/certification-of-equivalent-service.pdf

Regional Transit Coordinator contact information:

- RPTD contact information: http://www.oregon.gov/ODOT/PT/Pages/contact.aspx

DAS State Vehicle Price Agreement information:

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