

Federal §5310 Program



GRANT APPLICATION INSTRUCTIONS

This document is available in alternative formats upon request.

Instructions for Completing Applications

The application forms may be downloaded from the ODOT Public Transit Division Web site at the following address:

http://www.oregon.gov/ODOT/PT/PROGRAMS/disc_grant_program.shtml

Forms may also be accessed by contacting your STF Agency coordinator (see list in Appendix B).

Forms are in Word format that allows you to complete them and save a copy on your local computer.

Project Application

Please review the instructions before starting to complete the application. Numbered instructions correspond to specific numbered sections on pages of the application form. Instructions for individual lines on the application form which are not numbered, such as applicant information boxes, are indicated by an arrow. ➤

Checklist of Included Items

The first page of the Application form is the grant application packet Checklist.

- Complete the Checklist at the end of your work, after you have completed the rest of the application and budget forms, and have compiled all necessary supporting forms and documents. Use the Checklist to organize your application packet and ensure you have included everything that needs to be submitted to PTD.
- After completing the Checklist, be sure to have the certification statement at the bottom signed before submitting the application packet to PTD. In the three boxes below your signature, print your name and job title; e-mail address, and daytime telephone number where you can be reached for questions (you may also include a cell phone number here if you wish.)

STF Agencies will complete a consolidated list of applications and submit all projects to ODOT PTD by the deadline. So there could be several completed applications for various sub-recipient transportation providers attached behind the Checklist. See *Instructions for STF Agencies* for more information about the grant process, or contact the STF Coordinator identified for your area in Appendix B of this document.

Section 1. Applicant Information

All agencies applying for projects must complete the Applicant Information chart on the top of Page 1.

- In the Applicant Information box, starting from the top line and working left to right, enter your agency name; Federal Employer Identification Number (FEIN); agency phone

number (or your direct phone number at the agency); your Fax number; Alternate agency name (“Doing Business As”) if used; your agency’s Federal Congressional District and Urbanized Zone (UZA) if you are in one; a URL link to your agency website or internet address of your agency home page; your agency mailing address; and the name, title, and e-mail address of the contact person for the application, at your agency.

Oregon federal Congressional Districts may be identified from this federal map link:
<http://www.nationalatlas.gov/printable/congress.html#or>

Urbanized Zones are available from the United States Census Bureau.

- If your agency has not been an ODOT PTD Discretionary grant program grant recipient in the past, check the New Applicant box.
- If your agency has not applied for a PTD since the 2007-2009 biennium or earlier, check the Renewal Applicant box.

If your agency is either a new applicant or a renewal applicant, answer questions 1 – 3 on this page.

1. Recipient agency status – use the drop-down box to select either: public entity, Tribe, or private non-profit agency.

2. Transportation Provider Service Type - select your transportation service type(s) from the boxes provided; check all that apply.

3. Service Data - Trips: In this table you will present your agency’s total annual one-way passenger transportation trips, and of those total trips, how many were trips for seniors and persons with disabilities.

- Column one: show your actual trips for the FY 2009-11 biennium - note this column is a **two-year** total figure
- Column two: your estimated trips for **one** year, FY 2011-12
- Column three: estimated trips for **one** year, FY 2012-13
- If this is a proposed new service for this biennium, there could be a zero in the 2009-11 column; a start-up estimate for 2011-12; and a higher ongoing estimate for 2012-13.

NOTE: Senior and persons with disabilities trips should be a **subset** of your total trips. The total of these trips are **included** in your total trips on the first row in the table, then broken out separately on the second row of the table. For example, there could be 10,000 total rides, of which 3,800 are rides for seniors and persons with disabilities.

- For new private non-profit applicants, attach the ***New Applicant Additional Information*** requested on the bottom of Section 1 to your application. Private nonprofit agencies must be registered to do business in Oregon with the Oregon Secretary of State Corporation Division. Here is a link to the Web site: <http://www.filinginoregon.com/business/index.htm>

Section 2. Operating Projects

Note that operating project categories for 5310 federal funds have two different local match rates. The match rate for Operations is 56.08 % grant share / 43.92% local contribution. The match rate for Purchased Services is 89.73% grant share / 10.27% local contribution.

Part A: Operations

For this category, complete the form on Page 2 and the Budget Sheet A on Page 3 and 4.

NOTE: If you are applying for operations funding for more than one service, these forms will need to be completed for each separate project.

- 1. Project Description:** Describe the service this operating project will support. Example: dial-a-ride service to serve the town of (Name), Oregon. Briefly note what gaps in access to service the project will be addressing.
- 2. Estimated number of unduplicated individuals supported in the grant period:** Fill in the estimated number of unduplicated (separate individuals) older adults and persons with disabilities that your operating project will serve.
- 3. Estimated number of one-way rides in the grant period:** Fill in the estimated number of total one-way rides (for all customers) that your operating project will provide during the two-year grant cycle.
- 4. Project Derived from a Local Coordinated Plan:** Fill in the page number in your local Coordinated Plan, where your project or service is identified. Complete the date the plan was adopted by the lead agency. If you do not know, get assistance from your STF Agency Coordinator. All projects **must** be derived from a local plan.
- 5. Cost information:** You do not need to enter anything on lines 5a, 5b, or 5c. When you complete Budget Sheet A starting on Page 3, the dollar amounts required for your total project amount; your required local match contribution; and your requested grant funding (total project cost less match amount) should be automatically calculated and entered for you.

Be sure to complete the Budget Sheet for your **total** project cost (including both grant and match funds), so that the match and grant amounts are properly calculated here. The required local contribution for operating projects is 43.92%.

- 6. Match Source:** This is a required field. Briefly identify the source of local match contributions you will use for this grant, such as STF state funds, agency fund balance, program revenues, etc. You may not use farebox proceeds as match for federal grants.
- 7. Project Part of a Group of Dependent Activities/Projects:** Select yes or no from the drop-down box.

Details Box: Identify any linked project here. If this request for operations assistance is affected by or connected to more than one other project, list each associated project

here. If this operations project is dependent on funding for another project request, such as capital asset purchases or a Mobility Management start-up project, your response here may influence whether this or other projects will be funded.

Budget Sheet A: Operations (pages 3 and 4):

- When entering data in this budget sheet, be sure use the “TAB” key to navigate from column to column on each line. (Using the “enter” key takes you down to the next line instead of to the field in the next column.)
- Enter the project costs by line item for both fiscal years.
- Be sure to complete the Budget Sheet for your **total** project cost (including both grant and match funds).
- Be sure to complete **both** columns of the budget if your request includes both fiscal years of the biennium. Otherwise, the request will only be for one fiscal year of funding.
- Under “Project administration expense”, enter the administrative salaries and benefits, facility costs, and other operating costs associated with administration of the project. Use the “Other” section for any expense items that don’t fit into the other line items in this section.
- Under “Operations”, enter the line item operating expenses associated with the project. Use the “Other” section for any expense items that don’t fit into the other line items in this section.
- If you are also applying for a Preventive Maintenance grant, do **not** include any of those expenses on this form, most notably under “purchased services” or “vehicle maintenance.”
- Under “Durable equipment less than \$5,000”, enter any equipment such as office equipment, small shop equipment, or security equipment on the lines provided. You may group like types of equipment under one cost line (example: “two new dispatch monitors”) Use separate lines for completely different categories of equipment (such as: “Fax machine for office” and “Mechanics tool cart for shop.”)
- NOTE: total equipment in the section cannot exceed \$5,000 for all items. Equipment over \$5,000 total cost is a capital asset. Do not include that here. You may apply for capital equipment under Capital Projects, Section 4: Equipment. Equipment requests exceeding \$5,000 will be rejected.

Part B: Purchased Services

For this category, complete the form on Page 5 and the Budget Sheet B on Page 6. NOTE: If you are applying for purchased services funding for more than one service, these forms will need to be completed for each separate project.

1. **Project Description:** Describe the service this purchased service project will support. Example: purchasing service from ABC Nonprofit transport service to provide dial-a-ride service to the town of (Name), Oregon. Briefly note what gaps in access to service the project will be addressing.
2. **Estimated number of unduplicated individuals supported in the grant period:** Fill in the estimated number of unduplicated (separate individuals) older adults and persons with disabilities that your purchased service project will serve.
3. **Estimated number of one-way rides in the grant period:** fill in the estimated number of total one-way rides (for all customers) that your purchased service project will provide during the two-year grant cycle.
4. **Project Derived from a Local Coordinated Plan:** Fill in the page number in your local Coordinated Plan, where your purchased service project is identified. Complete the date the plan was adopted by the lead agency. If you do not know, get assistance from your STF Agency Coordinator. All projects **must** be derived from a local plan.
5. **Cost information:** You do not need to enter anything on lines 5a, 5b, or 5c. When you complete Budget Sheet B starting on Page 6, the dollar amounts required for your total project amount; your required local match contribution; and your requested grant funding (total project cost less match amount) should be automatically calculated and entered for you.

Be sure to complete the Budget Sheet for your **total** project cost (including both grant and match funds), so that the match and grant amounts are properly calculated here. The required local contribution for purchased service projects is 10.27%.

6. **Match Source:** This is a required field. Briefly identify the source of local match contributions you will use for this grant, such as STF state funds, agency fund balance, program revenues, etc. You may not use farebox proceeds as match for federal grants.
7. **Project Part of a Group of Dependent Activities/Projects:** Select yes or no from the drop-down box.

Details Box: Identify any linked project here. If this request for purchased service is affected by or connected to more than one other project, list each associated project here. If this operations project is dependent on funding for another project request, such as capital asset purchases or a Mobility Management start-up project, your response here may influence whether this or other projects will be funded.

8. **Existing Contract for Services:** Select yes or no from the drop-down box.

If "YES", in the box provided, enter the name of the agency contracted with. If this contract is with a new service provider not previously identified in a PTD grant application for your agency, please attach a copy of the contract to your application form.

If “No”, in the box provided, describe how your agency plans to procure for the new purchased service.

Budget Sheet B: Purchased Services (page 6):

- When entering data in this budget sheet, be sure use the “TAB” key to navigate from column to column on each line. (Using the “enter” key takes you down to the next line instead of to the field in the next column.)
- Enter the project costs by line item for both fiscal years.
- Be sure to complete the Budget Sheet for your **total** project cost (including both grant and match funds).
- Be sure to complete **both** columns of the budget if your request includes both fiscal years of the biennium. Otherwise, the request will only be for one fiscal year of funding.
- Under “Project administration expense”, enter the administrative salaries and benefits, facility costs, and other operating costs associated with administration of the project. Use the “Other” section for any expense items that don’t fit into the other line items in this section.
- Under “Purchased Service expense”, enter the purchased service contract cost associated with the project
- If you are also applying for a Preventive Maintenance grant, do **not** include any of those expenses on this line.
- Under “Durable equipment less than \$5,000”, enter any equipment such as office equipment, small shop equipment, or security equipment on the lines provided. You may group like types of equipment under one cost line (example: “two new dispatch monitors”) Use separate lines for completely different categories of equipment.
- NOTE: total equipment in the section cannot exceed \$5,000 for all items. Equipment over \$5,000 total cost is a capital asset. Do not include that here. You may apply for capital equipment under Capital Projects, Section 4: Equipment. Equipment requests exceeding \$5,000 will be rejected.

Section 3. Mobility Management

For this category, complete the form on Page 7 and the Budget Sheet C on Page 8. NOTE: If you are applying for more than one mobility management project, these forms will need to be completed for each separate project.

Part C: Mobility Management Project Information

This project category includes administrative and operating start-up costs. Capital purchases are not eligible. If also requesting capital assets, use the forms under the Capital Projects section and link back to this project in your narrative.

1. **Project Description:** Describe the service or operation that this mobility management project will support and how it will increase access to transportation services for the elderly and people with disabilities. Describe the major service components of the planned mobility management activity. If the project was derived from an existing Local Coordinated Plan, please indicate this.
2. **Number of Estimated Customer Contacts or Customers Trained:** in the box provided, identify the estimated number of customer contacts, or customers trained, and then describe the method to measure performance. Please identify service numbers for the two fiscal years separately (Example: “FY 2012 = 100 customers trained; FY 2013 = 250 customers trained.”)
3. **Is This Project a Match to Another Grant?** Select Yes or No from the drop-down menu box to answer this question.
4. **Cost information:** You do not need to enter anything on lines 5a, 5b, or 5c. When you complete Budget Sheet C starting on Page 8, the dollar amounts required for your total project amount; your required local match contribution; and your requested grant funding (total project cost less match amount) should be automatically calculated and entered for you.

Be sure to complete the Budget Sheet for your **total** project cost (including both grant and match funds), so that the match and grant amounts are properly calculated here. The required local contribution for mobility management projects is 10.27%.

5. **Match Source:** This is a required field. Briefly identify the source of local match contributions you will use for this grant, such as STF state funds, agency fund balance, program revenues, etc. You may not use farebox proceeds as match for federal grants.

Budget Sheet C: Mobility Management (page 8):

- When entering data in this budget sheet, be sure use the “TAB” key to navigate from column to column on each line. (Using the “enter” key takes you down to the next line instead of to the field in the next column.)
- Enter the project costs by line item for both fiscal years.
- Be sure to complete the Budget Sheet for your **total** mobility management project cost (including both grant and match funds).
- Be sure to complete **both** columns of the budget if your request includes both fiscal years of the biennium. Otherwise, the request will only be for one fiscal year of funding.
- Under “Project administration expense”, enter the administrative salaries and benefits, facility costs, and other operating costs associated with the project. Use the “Other Expenses” section for any expense items that don’t fit into the other line items in this section. Please note that expenses associated with call center operations are eligible for

funding under Mobility Management. Include these expenses within the “Project administrative expense” section.

- No vehicle operating costs or purchased service costs are eligible for funding under Mobility Management project grants.
- Under “Durable equipment less than \$5,000”, enter any equipment such as office equipment, small shop equipment, or security equipment on the lines provided. You may group like types of equipment under one cost line (example: “two new dispatch monitors”) Use separate lines for completely different categories of equipment.
- NOTE: total equipment in the section cannot exceed \$5,000 for all items. Equipment over \$5,000 total cost is a Capital asset. Do not include that here. You may apply for capital equipment under Capital Projects, Section 4: Equipment. Equipment requests exceeding \$5,000 will be rejected.

Section 4. Capital Projects Information

Part D1: Vehicles – Replacements

- 1. The following information is required for replacement vehicles:** Complete the chart in Table 1 to describe each vehicle to be replaced. The information will be used to confirm that each vehicle meets or exceeds one of the useful life standards for the category. See the list in Appendix A: *Vehicle Description and Useful Life Standards* to help identify which standard applies to a specific vehicle.

Vehicle requests for non ADA-accessible (i.e. not equipped with wheelchair lifts, on-board wheelchair securement, etc.) require a Certificate of Equivalent Service. A link to this form is found on the PTD website at this link:

<http://www.oregon.gov/ODOT/PT/PROGRAMS/CAPITAL/EquivalentServiceCertificationADA.pdf>

- Use one row of the table per vehicle. If more than three vehicles are being replaced, attach a list and check the box provided below the table
- When entering data in this table, be sure use the “TAB” key to navigate from column to column on each line. (Using the “enter” key takes you down to the next line instead of to the field in the next column.)
- Year, make (manufacturer), and model number of the vehicle being replaced;
- Select one of the categories from A to E-7 from the drop-down menu (see *Vehicle Description and Useful Life Standards* chart for categories);
- Enter Vehicle Identification Number;
- Enter total number of seats including ADA seats;
- Enter state vehicle license number;
- Enter current mileage and include the date taken;

- Select vehicle disposal status from drop-down menu; see explanations on footnote “b” below the table (sell, transfer, or back-up)

2. Planning to access the state price agreement contract? Select Yes or No from the drop-down menu.

All agencies should plan to purchase vehicles utilizing the State DAS vehicle price agreement contracts. PTD price agreements are available for all five categories of public transit vehicles. State vehicle price agreements are also in place for other vehicle types (passenger cars and trucks). Please see PTD requirements and website links to the contracts under “Capital Projects – Vehicle Purchases” in the Applicant Guidance section of the instructions.

If you select No, please state the reason your agency cannot use the existing state price agreements and must conduct its own procurement.

3. Vehicles to be Purchased: Complete Table 3 for all vehicles to be purchased in your replacement project. The vehicles in this section should correspond in number and type with the vehicles listed for replacement in table 1. If not a replacement project, complete the Expansion form in Part D2 instead.

Any equipment to be installed and bus wraps required to put the vehicle into service should be included in the cost estimates. Most providers will be accessing the state price agreements for vehicle purchases. Work with the 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.

- When entering data in this table, be sure use the “TAB” key to navigate from column to column on each line.
- Complete one row on the table for each category of vehicle being requested
- Select the correct vehicle category from the drop-down menu (should be a close match to the vehicle being replaced, or attach an explanation to your application)
- Enter quantity of vehicles to be acquired
- Enter full cost of individual vehicle including all options
- The “Total” cell will be populated automatically for you – you do not need to enter anything here. The formula is Quantity X individual vehicle cost
- Enter number of regular seats on vehicle (when ADA station is deployed)
- Enter number of ADA stations on the vehicle
- Enter total seating capacity (ambulatory seats + ADA stations)
- Select fuel type from the drop-down menu; choices are explained in footnote “a” below the table

- Enter the estimated order date, and the estimated delivery date in the two columns provided. You may need to check with a vendor for a typical delivery schedule for the type of vehicle selected; there is a minimum 160 days from order to delivery for ADA-equipped vehicles.

4. Project Derived from a Local Coordinated Plan: Fill in the page number where your project or service is identified, and date the plan was adopted by the lead agency. If you do not know, get assistance from your STF Agency Coordinator. All projects **must** be derived from a local plan.

5. Describe how will the vehicle(s) be used: In the box provided, explain how the vehicles will be used (For example: describe briefly whether paratransit, elderly and people with disabilities dial-a-ride service, general public demand response, deviated fixed route, etc.) If more than one service type with 5 vehicles total, identify how many will be used for what service—such as 2 buses for paratransit, 3 vans for dial-a-ride.

For a vehicle replacement project, describe any changes in use from the purpose of the vehicles being replaced. (For example, ridership increases could justify purchasing slightly larger vehicles; or where greater flexibility is needed in dial-a-ride services, several smaller vehicles could be replacing a large bus.)

See application guidelines for PTD policies regarding client-only transportation, and minimum vehicle use.

6. Project Part of a Group of Activities/Projects: Select Yes or No from the drop-down menu. If “Yes” (your vehicle purchase is dependent on another project, or another project such as preventive maintenance is linked to this one), please provide identifying information in the details box provided.

7. Project Total Cost: The form is set up to calculate your total costs from the chart in no. 3 above. It will deduct the required match and fill in the eligible grant amount on lines 7a through 7c.

8. Match Source (required): Identify the source of your local match contribution (for example, STF formula funds, local taxes, etc.), which is 10.27% of the total vehicle project cost.

Part D2: Vehicles – Expansions

Attach additional sheets if required.

1. Are you planning to access the state price agreement contract? Select Yes or No from the drop-down menu.

All agencies should plan to purchase vehicles utilizing the State DAS vehicle price agreement contracts. PTD-coordinated price agreements are available for all five categories of public transit vehicles. State vehicle price agreements are also in place for

most standard service vehicles (passenger cars and trucks) that an agency may seek to acquire. Please see PTD requirements and website links to the contracts under “Capital Projects – Vehicle Purchases” in the Applicant Guidance section of the instructions.

If you select No, please state the reason your agency cannot use the existing state price agreements and must conduct its own procurement.

- 2. Vehicles to be Purchased:** Complete Table 2 for all vehicles to be purchased in your expansion project. The vehicles in this section should correspond in number and type with the vehicles listed for replacement in table 1. If not an expansion project, complete the Replacement form in Part D1 instead.

Any equipment to be installed and bus wraps required to put the vehicle into service should be included in the cost estimates. Most providers will be accessing the state price agreements for vehicle purchases. Work with the 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.

Vehicles which are not ADA-accessible (i.e. not equipped with wheelchair lifts, on-board wheelchair securement, etc.) require a Certificate of Equivalent Service. A link to this form is found on the PTD website at this link:

<http://www.oregon.gov/ODOT/PT/PROGRAMS/CAPITAL/EquivalentServiceCertificationA DA.pdf>

- When entering data in this table, be sure use the “TAB” key to navigate from column to column on each line.
- Complete one row on the table for each category of vehicle being requested
- Select the correct vehicle category from the drop-down menu (should be a close match to the vehicle being replaced, or attach an explanation to your application)
- Enter quantity of vehicles to be acquired
- Enter full cost of individual vehicle including all options
- The “Total” cell will be populated automatically for you – you do not need to enter anything here. The formula is Quantity X individual vehicle cost
- Enter number of regular seats on vehicle (when ADA station is deployed)
- Enter number of ADA stations on the vehicle
- Enter total seating capacity (ambulatory seats + ADA stations)
- Select fuel type from the drop-down menu; choices are explained in footnote “a” below the table
- Enter the estimated order date, and the estimated delivery date in the two columns provided. You may need to check with a vendor for a typical delivery schedule for the type of vehicle selected; there is a minimum 160 days from order to delivery for ADA-equipped vehicles.

3. Project Derived from a Local Coordinated Plan: Fill in the page number where your project or service is identified, and date the plan was adopted by the lead agency. If you do not know, get assistance from your STF Agency Coordinator. All projects **must** be derived from a local plan.

4. Describe how will the vehicle(s) be used: In the box provided, explain how the vehicles will be used (For example: describe briefly whether paratransit, elderly and people with disabilities dial-a-ride service, general public demand response, deviated fixed route, etc.) If more than one service type with 5 vehicles total, identify how many will be used for what service—such as 2 buses for paratransit, 3 vans for dial-a-ride.

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

See application guidelines for PTD policies regarding client-only transportation, and minimum vehicle use.

5. Project Part of a Group of Activities/Projects: Select Yes or No from the drop-down menu. If “Yes” (your vehicle purchase is dependent on another project, or another project such as preventive maintenance is linked to this one), please provide identifying information in the details box provided.

6. Project Total Cost: The form is set up to calculate your total costs from the chart in no. 3 above. It will deduct the required match and fill in the eligible grant amount on lines 6a through 6c.

7. Match Source (required): Identify the source of your local match contribution (for example, STF formula funds, local taxes, etc.), which is 10.27% of the total project cost.

Part E: Capitalized Vehicle Preventive Maintenance

1. Number of vehicles: Enter size of agency fleet covered by preventive maintenance here. 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 the vehicles providing service to the targeted population of elderly and people with disabilities—either paratransit or dial-a-ride.

2. Project Derived from a Local Coordinated Plan: Enter the page number where your project or service is identified, and the date the plan was adopted by the lead agency. If you do not know, get assistance from your STF Agency Coordinator. All projects **must** be derived from a local plan.

3. Describe how this project coordinates with other services: In the box provided, describe how the preventive maintenance supports your agency’s transit service. (Examples: Dial-a-ride service is part of a coordinated system in the county; OR: 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.)

- 4. Vehicle Preventive Maintenance Plan attached?** All agencies need to develop a Vehicle Preventive Maintenance Plan. Please refer to the Transit Provider Handbook: Capital Vehicle Preventive Maintenance Handbook section on our web site at: <http://www.oregon.gov/ODOT/PT/PROGRAMS/transit-provider-handbook.shtml>

Select Yes or No from the drop-down menu. If Yes, please attach a copy of your Plan. If No, explain when you expect to complete the Plan. A Plan must be in place prior to the grant agreement being written for the project.

- 5. Total project cost:** In Line a, enter the total cost of preventive maintenance for your project. The match rate and grant amount on Lines b and c will be automatically calculated for you
- 6. Match Source (required):** Identify the source (for example, STF formula funds, local taxes, etc.) of your local match contribution, which is 10.27% of the total vehicle project cost.
- 7. Project Part of a Group of Activities/Projects:** Select Yes or No from the drop-down menu. If this project is dependent on another project, such as vehicle purchases—changes to the purchase would influence how much preventive maintenance is requested, and is therefore linked to this project—please provide identifying information in the detail box provided.

Part F: Equipment

- 1. Equipment Requested:** Complete Table 1 for all equipment to be purchased in your project.

If an item on its own does not meet the \$5,000 capital threshold, but the project total is \$5,000 or more for all items, it will be considered a capital project. (For example, computers, a server, software and a printer would not individually cost \$5,000 but together as a computer system, it would.)

If equipment is needed for several linked projects, all equipment may be entered onto one form. However, please complete a separate line item for the equipment requested for different linked projects. For example, one line item may be computer equipment and software for a new Mobility Management project. Another set of computer equipment and software may be requested for dial-a-ride service already in place. Use the Details Box (No. 3 below) to identify which line items are linked to or contingent on approval of other projects.

Work with the 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; work with the vendor and be sure to include this in your equipment cost.

- When entering data in this table, be sure use the “TAB” key to navigate from column to column on each line.
- Complete one row on the table for each category of equipment, or linked project, being requested
- Enter a description of the equipment by category. Example categories are noted in footnote “a” below the table.
- Enter quantity of items to be acquired
- Enter full cost of the equipment item, including all options
- The “Total” cell will be populated automatically for you – you do not need to enter anything here. The formula is Quantity X individual item cost
- Enter the estimated order date, and the estimated delivery date in the two columns provided. You may need to check with a vendor for a typical delivery schedule for customized or not-in-stock equipment.

2. **Project Derived from a Local Coordinated Plan:** Enter the page number where your project or service is identified, and the date the plan was adopted by the lead agency. If you do not know, get assistance from your STF Agency Coordinator. All projects **must** be derived from a local plan.
3. **Project Part of a Group of Activities/Projects:** Select Yes or No from the drop-down menu. Enter details in the detail box provided.

If this project is dependent on another project, such as a Mobility Management start-up project—it could influence whether or not the equipment project will go forward. Provide identifying information regarding the linked project(s). If equipment purchases are derived from multiple different projects, list and describe each line item and the associated linked project.

4. **Total project cost:** The total cost will be auto-filled from the chart in item no. 1 above. The match rate and grant amount will be calculated and auto-filled.
5. **Match Source (required):** Identify the source (for example, STF formula funds, local taxes, etc.) of your local match contribution, which is 10.27% of the total equipment project cost.

Section 4. Capital - Facility Projects Information

Part G: Signs and Other Amenities

- 1. Signs and/or amenities requested:** Enter the description of items with quantity and costs in table 1.

Group like items into one line. For instance, 10 signs at \$15 each would be one line item; another might be 3 bike lock-ups at \$250 each. Installation may be a line item for both, or the installation may be quoted in the price of the item.

- When entering data in this table, be sure use the “TAB” key to navigate from column to column on each line.
- Complete one row on the table for each category of item, or linked project, being requested
- Enter a description of the sign or amenity by category. Example categories are noted in footnote “a” below the table.
- Enter quantity of items to be acquired
- Enter full cost of the sign or amenity item
- The “Total” cell will be populated automatically for you – you do not need to enter anything here. The formula is Quantity X individual item cost
- Enter the estimated order date, and the estimated delivery date in the two columns provided. You may need to check with a vendor for a delivery schedule for specialized items.

- 2. Documented Categorical Exclusion (DCE) Worksheet (Required):** Select Yes or No from the drop-down menu. If Yes, attach a copy of the DCE Worksheet. Application with “No” checked and no attachment will be rejected.

This is the information required for any project for structures with the potential to impact wildlife, watershed or historical areas. The worksheet is on our Web site at:
http://www.oregon.gov/ODOT/PT/PROGRAMS/disc_grant_program.shtml

Signs and some other amenities often meet the criteria for exclusion from environmental issues but the project information must be provided for FTA approval. (Be sure to contact the local ODOT Region office as you plan your project if signs are to be placed in locations visible from State highways and access points.)

- 2. Project Derived from a Local Coordinated Plan:** Enter the page number where your project or service is identified, and the date the plan was adopted by the lead agency. If you do not know, get assistance from your STF Agency Coordinator. All projects **must** be derived from a local plan.

- 3. Project Part of a Group of Activities/Projects:** Select Yes or No from the drop-down menu. Enter details in the detail box provided.

If this project is dependent on another project, such as a route extension project—it could influence whether or not the signs project will go forward. Provide identifying information regarding the linked project(s). If signs or amenities support multiple different projects, list and describe each line item and the associated linked project.

- 4. Total project cost:** The total cost will be auto-filled from the chart in item no. 1 above. The match rate and grant amount will be calculated and auto-filled.
- 5. Match Source (required):** Identify the source (for example, STF formula funds, local taxes, etc.) of your local match contribution, which is 10.27% of the total project cost.

Part H: Passenger Shelters

- 1. Shelters requested:** Enter the description of passenger shelters with quantity and costs in table 1.

Generally, this table only requires one line of data entry, unless differing types of shelters with different pricing is being requested, or if the shelters are linked to multiple projects. Installation may be a line item for both, or the installation may be quoted in the price of the item.

- When entering data in this table, be sure use the “TAB” key to navigate from column to column on each line.
- Complete one row on the table for each category of item, or linked project, being requested
- Enter a description of the shelter.
- Enter quantity of shelters to be acquired
- Enter full cost of the shelter
- The “Total” cell will be populated automatically for you – you do not need to enter anything here. The formula is Quantity X individual item cost
- Enter the estimated order date, and the estimated delivery date in the two columns provided. You may need to check with a vendor for a delivery schedule for specialized items.

- 2. Documented Categorical Exclusion (DCE) Worksheet (Required):** Select Yes or No from the drop-down menu. If Yes, attach a copy of the DCE Worksheet. Application with “No” checked and no attachment will be rejected.

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3. **Project Derived from a Local Coordinated Plan:** Enter the page number where your project or service is identified, and the date the plan was adopted by the lead agency. If you do not know, get assistance from your STF Agency Coordinator. All projects must be derived from a local plan.
4. **Project Part of a Group of Activities/Projects:** Select Yes or No from the drop-down menu. Enter details in the detail box provided.

If this project is dependent on another project, such as a route extension project—it could influence whether or not the equipment project will go forward. Provide identifying information regarding the linked project(s). If shelters support multiple different projects, list and describe each line item and the associated linked project.

5. **Total project cost:** The total cost will be auto-filled from the chart in item no. 1 above. The match rate and grant amount will be calculated and auto-filled. Enter source of match (for example, STF formula funds, local taxes, etc.)
6. **Match Source (required):** Identify the source (for example, STF formula funds, local taxes, etc.) of your local match contribution, which is 10.27% of the total equipment project cost.

Part J: Facilities (Bus Barns and Other Buildings)

Facility projects are eligible for funding. Bus barns and small structures are well within the program scope. However, for large scale projects, agencies should plan to request partial assistance from ODOT Public Transit Division grant programs with other funding sources contributing as well. Please contact Joni Bramlett if you are considering a phased project that will require funding beyond the 2011-2013 biennium.

1. **Facilities requested:** Enter the description of facility subcategories with quantity and costs in table 1.
 - When entering data in this table, be sure use the “TAB” key to Tab to navigate from column to column on each line.
 - Complete one row on the table for each facility subcategory, or linked project, being requested
 - On the first line, enter a brief description of the project, such as bus barn to shelter vehicles and provide securement against weather and vandalism. Leave the rest of this line blank – costs will be entered by subcategory on the lines below.
 - Starting with line 2, enter a description of the facility project subcategory. Examples of project subcategories can be found in Footnote “a” below the table.

- Enter quantity to be acquired – on a facility project with activity subcategories (example, “architectural and engineering design”), the quantity is typically “1”
- Enter full cost of the facility project subcategory
- The “Total” cell will be populated automatically for you – you do not need to enter anything here. The formula is quantity X individual item cost
- Enter the estimated project commencement date, and the estimated project completion date in the two columns provided.

2. Documented Categorical Exclusion (DCE) Worksheet (Required): Select Yes or No from the drop-down menu. If Yes, attach a copy of the DCE Worksheet. Application with “No” checked and no attachment will be rejected.

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Detailed site maps and building plans should be provided along with the DCE worksheet.

3. Project Derived from a Local Coordinated Plan: Enter the page number where your project or service is identified, and the date the plan was adopted by the lead agency. If you do not know, get assistance from your STF Agency Coordinator. All projects must be derived from a local plan.

A bus barn or other large facility should be included in a local plan. The plan should describe how the structure will benefit service provision and what issues the facility would be addressing.

4. Project Part of a Group of Activities/Projects: Select Yes or No from the drop-down menu. Enter details in the detail box provided.

If this facility supports a transit service or other projects, indicate that here. Provide identifying information regarding the linked project(s). If the facility supports multiple different projects, list and describe each line item and the associated linked project.

5. Total project cost: The total project cost will be auto-filled from the chart in item no. 1 above. The match rate and grant amount will be calculated and auto-filled. Enter source of match (for example, STF formula funds, local taxes, etc.)

6. Match Source (required): Identify the source (for example, STF formula funds, local taxes, etc.) of your local match contribution, which is 10.27% of the total equipment project cost.

Appendix A – Vehicle Descriptions and Useful Life Standards

CATEGORY A: Large, Heavy-Duty Transit Bus - ADA

Gross Vehicle Weight Rating (GVWR): 33,000 to 40,000 lbs.
Minimum 2 ADA stations required. (This category includes articulated buses.)
Length: 35' – 40'
Passengers: 35 – 40+
Useful Life: 12 Years or 500,000 miles
Price Range: \$200,000 - \$300,000+

CATEGORY B: Medium-Size, Heavy-Duty Transit Bus - ADA

Gross Vehicle Weight Rating (GVWR): 26,000 to 33,000 lbs.
Minimum 2 ADA stations required.
Length: ~ 30' – 35'
Passengers: 25 – 35
Useful Life: 10 Years or 350,000 miles
Price Range: \$150,000 - \$280,000 (~ \$10,000 more for diesel)

CATEGORY C: Medium-Size Medium-Duty Transit Bus & Truck Chassis Cutaway - ADA

Gross Vehicle Weight Rating (GVWR): 10,000 to 26,000 lbs.
Minimum 2 ADA stations required.
Length: ~ 25 – 30'
Passengers: 16 – 30
Useful Life: 7 Years or 200,000 miles
Price Range: \$70,000 - \$175,000 (~ \$7,000 to \$10,000 more for diesel)

CATEGORY D: Medium-Size, Light-Duty Bus & Van Chassis Cutaway Bus - ADA

Gross Vehicle Weight Rating (GVWR): 10,000 to 16,000 lbs.
Minimum of 2 ADA stations required if 22 ft. or greater in length, 1 ADA station if less than 22 ft.
Length: 20' – 25'
Passengers: 12 – 16
Useful Life: 5 Years or 150,000 miles
Price Range: \$40,000 – \$65,000 (\$5,000 to \$10,000 more for diesel)

CATEGORY E: Small, Light-duty Bus; Vans; Minivans; Station Wagon; Sedan – ADA and Standard

Gross Vehicle Weight Rating (GVWR): 6,000 to 14,000 lbs.
1. ADA accessible: Small, light-duty van chassis cutaway (9-12 passenger)
2. ADA accessible van: Lift- or ramp-equipped, lowered floor/raised roof
3. ADA accessible: Modified minivan

Standard vehicles are not in the ODOT Public Transit Price Agreements, but may be on the Department of Admin. Services statewide contracts:

4. Standard: van
5. Standard: minivan
6. Standard: station wagon
7. Standard: sedan
Passengers: 3 – 14
Useful Life: 4 Years or 100,000 miles
Price Range: \$18,000 - \$55,000

Appendix B – STF Agency Coordinators: Contact Information for Applicants

STF Agency	Contact	Phone	Email	Address
Baker County	Christina Cook	(541) 523-8209	ccook@bakercounty.org	1995 Third St. Suite 140 Baker City OR 97814
Basin Transit Service	Starla Davis	(541) 883-2877	bts@ccountry.net	1130 Adams Street Klamath Falls OR 97601
Benton County	Sharon Fipps	(541) 754-1748	sharon.fipps@ci.corvallis.or.us	PO Box 1083 Corvallis OR 97339
Columbia County	Janet Wright	(503) 397-1035	wrightj@co.columbia.or.us	230 Strand St St Helens OR 97051
Coos County	Bruce Bennett	(541) 269-2013	bbennett@scbec.org	93781 Newport Lane Coos Bay OR 97420
Crook County	Kathy Puckett	(541) 447-6554	kathy.puckett@co.crook.or.us	200 NE Second Street Prineville OR 97754
Curry County	Joanne Wasbauer	(541) 412-8806	jwasbauer@currypublictransit.org	PO Box 1771 Brookings OR 97415
Deschutes County	Judith Ure	(541) 330-4627	judithu@co.deschutes.or.us	1300 NW Wall St # 200 Bend OR 97701
Douglas County	Vicki Nunenkamp	(541) 957-3005	vlunek@co.douglas.or.us	621 W Madrone Roseburg OR 97470
Gilliam County	Delene Durfey	(541) 384-2114	delene.durfey@co.gilliam.or.us	PO Box 427 Condon OR 97823
Grant County Transportation District	Karin Barntish	(541) 575-2721	kbltc@centurytel.net	PO Box 367 John Day OR 97845
Harney County	Ann Lessar	(541) 573-6024	ann.lessar@state.or.us	450 N Buena Vista Ave Burns OR 97220
Hood River County Transportation District	Dan Schwanz	(541) 296-7545	mccogtransnet@gorge.net	201 Federal The Dalles OR 97741
Jefferson County	Kathleen Puckett	(541) 475-4451	Kathy.puckett@co.jefferson.or.us	66 SE D Street Madras OR 97741
Josephine County	Scott Chancey	(541) 474-5441	schancey@co.josephine.or.us	201 River Hights Way Grants Pass OR 97526
Lake County	Bob Pardee	(541) 947-6003	bpardee@co.lake.or.us	513 Center Street, Lakeview OR 97360
Lane Transit District	Terry Parker	(541) 682-3245	terry.parker@lts.org	P O Box 7070 Eugene OR 97401
Lincoln County	Cynda Bruce	(541) 574-1292	cbruce@co.lincoln.or.us	410 Harney Street Newport OR 97365
Linn County	Mark Volmert	(541) 924-8430	mvolmert@ocwcog.org	1400 Queen Ave SE Ste 205A Albany OR 97321
Malheur County	Loni Debban	(541) 889-7651	loni@mcoainfo.com	PO Box 937 Ontario OR 97914
Morrow County	Gayle Gutierrez	(541-676-5667	mctreasurer@morrow.or.us	PO Box 768 Heppner OR 97836

STF Agency	Contact	Phone	Email	Address
Rogue Valley Transit District	Julie Brown	(541) 608-2413	j.brown@rvtd.org	3200 Crater Lake Ave Medford OR 97504
Salem Area Mass Transit District	Mona West	(503) 588-2424	westm@cherriots.org	555 Court St NE # 5230 Salem OR 97301-3776
Sherman County	Marnene Benson	(541) 565-3553	marnenebw@co.sherman.or.us	500 Court Street Moro OR 97039
Sunset Empire Transit District	Cindy Howe	(541) 861-5399	cindy@ridethebus.org	465 Skipanon Drive Warrenton OR 97146
Tillamook County Transit District	Matt Mumford	(503) 842-3115	mmumford@tillamookbus.com	PO Box 188 Tillamook OR 97141
TriMet	Claire Potter	(503) 962-5867	potterc@trimet.org	4012 SE 17th Ave. Portland OR 97202
Umatilla County	Robert Pahl	(531-278-6210)	robertp@co.umatilla.or.us	216 SE 4 th Pendleton OR 97801
Union County	Shelley Burgess	(541) 963-1001	sburgess@union-county.org	1106 K Avenue La Grande OR 97850
Wallowa County	Susan Roberts	(541) 426-4543	sroberts@co.wallowa.or.us	P O Box N St Joseph OR 97846
Wasco County	Dan Schwanz	(541) 386-4202	cat1@gorge.net	PO Box 1147 Hood River OR 97031
Wheeler County	Candy Humphreys	(541) 468-3391	wcct@centurytel.net	P O Box 152 Spray OR 97874
Yamhill County	Tonya Saunders	(503)474-4910	saunders@co.yamhill.or.us	535 NE 5th St. McMinnville OR 97218
Burns Paiute Tribe	Kenton Dick	(541) 573-2088	kenton.dick@burnspaiute-nsn.gov	100 Pasigo Street. Burns OR 97720
Confederated Tribes of Grand Ronde	Kim Rogers	(503) 829-2250	kim.rogers@grandronde.org	9615 Grand Ronde Rd. Grand Ronde OR 97347
Confederated Tribes of Siletz	Pamela Lind	(541) 444-8361	pamelal@ctsi.nsn.us	P O Box 549 Siletz OR 97380
Confederated Tribes of Umatilla	Jim Beard	(541) 966-2599	jimbeard@ctuir.com	PO Box 638 Pendleton OR 97801
Confederated Tribes of Warm Springs	David Conroy	(541) 553-3491	dconroy@wstribs.org	1233 Veterans St. Warm Springs OR 97761
Coquille Indian Tribe	Jack Lennox	(541) 756-0904	jacklennox@coquilletribe.org	PO Box 783 North Bend OR 97459
Cow Creek Tribe of Umpqua Indians	Tonya Theiss-Script	(541) 541-677-5575	theiss@cowcreek.com	2371 NE Stephen Street, Roseburg OR 97470
Confederated Tribes of Coos, et al	Diann Weaver	(541) 888-9577	dweaver@csb.portland.ihs.gov	1245 Fulton Ave, Coos Bay OR 97420
Klamath Tribes	Jana De Garmo	(541) 783-2219	jana.degarmo@klamathtribes.com	501 Chiloquin Blvd. Chiloquin OR 97624