

***Public Transit Division***

# **Federal §5310 Program**

*Enhanced Mobility of Seniors and Persons With Disabilities*



## **2013-15 GRANT APPLICATION INSTRUCTIONS**

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**For assistance or to obtain alternative formats of this document:**

- 1. Contact your Public Transit Division Regional Transit Coordinator (RTC) with any questions you may have. Please see Appendix A for an RTC contact list.**
- 2. Contact the Public Transit Division if you need a version of this document with increased font size or in PDF format:**

**ODOT Public Transit Division  
555 13<sup>th</sup> Street NE, Salem OR 97301  
(503) 986-3300 PTD Office; (503) 986-4189 PTD Fax**

## *Please read all information and instructions before completing the application.*

### General Information

- ❖ **New Freedom Notice:** Under the MAP-21 re-authorization bill, the New Freedom program was eliminated. The types of projects formerly classified as “New Freedom” are now eligible in the 5310 Program.

*If you wish to apply for a continuation of an existing New Freedom operations project which was funded in the 2011-13 biennium, check “A1. Operations - Preserve Existing New Freedom Project” on page 2 of the application.*

- ❖ **STF Agency Responsibilities:** Please see “Information for Applicants and STF Agencies” posted on the ODOT Public Transit Division (PTD) website for more information on the STF Agency role in the application process.
- ❖ **Match Rates:** Match rates may change under new MAP-21 reauthorization statutes. Our understanding is that the following match rates will apply to Oregon grants:
  - Operations - 50% federal / 50% local match;
  - Purchased Services and Mobility Management - 80% federal / 20% local match;
  - ADA-accessible or alternative fuel vehicle purchases - 83% federal / 17% local match;
  - Vehicles and Facilities assume 89.73% federal / 10.27% local match. **NOTE:** This could change to 80% federal / 20% local match as FTA provides further guidance.
- ❖ **Non-profit Agencies:** If your agency is a private non-profit organization that has not applied for a PTD grant since the 2009-2011 biennium (or if your agency has never been a discretionary grant recipient through PTD), please provide the following agency information to your STF Agency (see Appendix B for STF Agency contact information):
  - Articles of Incorporation,
  - Adopted Corporate Bylaws,
  - 501(c)3 non-profit approval letter from the Internal Revenue Service, and
  - A description of transportation services and other grants received by your agencyPrivate nonprofit agencies (both new and returning applicants) must be registered with the Oregon Secretary of State Corporation Division to do business in Oregon. Here is a link to the Web site: <http://www.filinginoregon.com/business/index.htm>

### Additional Documents

The following documents *may be* required in addition to the application, depending on the type of project(s). Samples and guidance for most of these documents are posted on our website.

- ❖ Capitalized Preventive Maintenance applications must include a **Vehicle Preventive Maintenance Plan**.
- ❖ Signs and Amenities, Passenger Shelter, and Facility Project applications must include a **Documented Categorical Exclusion (DCE) Worksheet**.
- ❖ All facility projects must include a **Site Map** showing the location of all structures.

You will be prompted to email required documents in the appropriate section of the application.

## Application Details

The 5310 application is in an *AdobePro* format to be completed online. You must have Adobe Reader 9.1 (or later), or Adobe Acrobat 9.1 (or later) to open the application. If you do not have the required version you may download it for free at: <http://get.adobe.com/reader/> If you have technical problems with the form, please call our main line at (503) 986-3300. For answers to programmatic or process questions, contact your RTC or STF Agency.

## Access the Application

To download the **FTA Section 5310 Application for Funding – Fiscal Year 2013-2015** from PTD's website, go to our homepage at [www.oregon.gov/ODOT/PT/](http://www.oregon.gov/ODOT/PT/). Under "Transit Professionals", select "Read More" / "Grant Opportunities" / "Application Form". Or, if you are reading these instructions online, click (or Ctrl/click) here: [http://www.oregon.gov/ODOT/PT/Pages/transit-providers.aspx#Grant\\_Opportunities](http://www.oregon.gov/ODOT/PT/Pages/transit-providers.aspx#Grant_Opportunities). Click the application link and select **OPEN**. Save a copy of the application to your computer before you begin entering information.

## Using the Application

The first step on the application is to indicate applicant type: STF Agency or Non-STF Agency. Non-STF Agency applicants submit applications to their STF Agency for review. STF Agencies submit applications directly to PTD. When all fields are complete and you are ready to submit, the form presents you with the correct submittal option based on the selected agency type.

As you work through the application, use the "TAB" key to navigate to ensure that no fields will accidentally be missed. 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 questions.

To email attachments (if required), first, be sure the document is complete and saved to your computer. Then, in the appropriate application section, click the "Email Attachment Now" button; enter your agency-specific information in the email which appears; select Insert/File on the Outlook toolbar; browse to the stored document location; and double click or select "Insert" to attach the document to the email. Click send to forward the document in a separate email to the STF Agency or PTD (depending on applicant type).

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

## Instructions

Numbering in the instructions corresponds to the numbered sections on the application form. Instructions for non-numbered lines, boxes, or fields are indicated by a ➤.

### ***Applicant Information ( Page 1)***

- Check Yes or No to the statement: "I am the STF Agency"
- In each field, enter (or select from the drop down menu), the following:
  - Full Agency Name;
  - Federal Employer Identification Number (FEIN);
  - Alternate Agency Name - DBA ("Doing Business As"), if used;
  - State Urbanized Area (UZA) within which your agency lies (see **NOTE** on next page);

Agency Mailing Address;  
Contact Person Name, Phone Number, and Title;  
Agency Fax Number;  
Agency (or Contact Person) Email Address;  
Agency Web Address

**NOTE:** The US Census Bureau has designated the following as Oregon’s urbanized areas:

Albany Area	Bend Area	Corvallis Area
Eugene Area	Grants Pass Area	Longview WA-OR Area
Medford Area	Portland Area	Salem Area

## Agency Status, Service Type, and Service Data Information (Page 2)

**1. Recipient Agency Status** - Use the drop-down box to select: Public Entity, Tribe, or Non-Profit Agency. These are the only eligible applicant categories for the 5310 program.

**2. Transportation Provider Service Type** - Select a check box for each transportation service type which applies to your agency. Contact your RTC for more information on service types.

**3. Service Data** – Complete the table with your agency’s actual, projected, and estimated annual one-way passenger transportation trips. Indicate of those total trips the **subset** of total trips for seniors and persons with disabilities. For example, you may have 10,000 total one-way trips, of which 3,800 are one-way trips for seniors and persons with disabilities.

### Annual One-Way Trips

- **Actual FY 11-12** (Column 1): in the first row/box, enter the actual number of all trips for fiscal year 2011-12 (ending June 30, 2012). Below that in the second row/box, enter how many of those trips were for seniors and persons with disabilities.
- **Projected FY 12-13** (Column 2): in the first row/box, enter your projected total trips for the current fiscal year 2012-13 (ending June 30, 2013). Below that in the second row/box, enter how many of those trips you project will be for seniors and persons with disabilities.
- **Estimated FY 13-14** (Column 3): in the first row/box, enter your estimated total trips for FY 2013-14 (ending June 30, 2014). Below that in the second row/box, enter how many of those trips you estimate will be for seniors and persons with disabilities.
- **Estimated FY 14-15** (Column 4): in the first row/box enter your estimated trips for FY 2014-15 (ending June 30, 2015). Below that in the second row/box, enter how many of those trips you estimate will be for seniors and persons with disabilities.

**NOTE:** If you are applying for a new service for the two-year grant period, enter zeros in the “Actual” and “Projected” columns, a start-up estimate for the FY 2013-14 column, and a higher ongoing estimate for the FY 2014-15 column.

## Project Selection (Page 2)

The Project Selection section allows you to choose all project types for which you are applying. The form then creates a customized application for your agency based on those selections only.

- **Transit Operations** - Choose one, two, or three types of operating projects by checking the box next to the type(s) for which you wish to apply: A1. Existing New Freedom Operations; A2. Regular Operations; B. Purchase Service.
- **Mobility Management** – Choose option C. if you wish to apply for a Mobility Management project which improves coordination and access to transportation services (e.g., travel or mobility training, marketing, or the funding of a Mobility Manager position.)
- **Capital Projects** – Choose from seven types of capital projects: D1. Replacement Vehicles; D2. Service Expansion; E. Vehicle Preventive Maintenance; F. Equipment; G. Signs and Amenities; H. Passenger Shelters; J. Facilities
- **Create Application** - After making your selections, click **Create My Application from Selected Projects Above** to generate your customized application. The project types you have not selected will no longer appear. If you have forgotten to include a project type, you may return to page 2, make another selection, click the Create button again, and the new project type will appear. You may also deselect a project in the same way.

### **Project Details and Budget (Page 3 ff. Based on project types selected on Page 2)**

#### **Part A1: Operations Project – Preserve Existing New Freedom Project**

1. **Project Title and Services Description:** Enter a descriptive title for the project in the Project Title box, e.g., “Provide Dial-a-ride service to Anytown, Oregon”. In the Project Service Description box, briefly describe the service and how it will support the 5310 program goals of serving the special needs of seniors and persons with disabilities. Briefly note what gaps in current access to service the project addresses.
2. **Estimated number of unduplicated individuals (seniors and persons with disabilities) this project proposes to support in the 2013-15 biennium:** Enter the estimated number of separate individuals your operating project will serve during the two-year grant period.
3. **Estimated number of one-way rides this project proposes to provide in the 2013-15 biennium:** Enter the estimated number of total one-way rides (for all customers) that your operating project will provide during the two-year grant period.
4. **Project is included in the adopted Coordinated Plan:** Enter the page number where the project or service is identified in your local Coordinated Plan. Enter the date the plan was adopted by the lead agency. If you do not know the adoption date, get assistance from your STF Agency Coordinator. All projects **must** be included in a local coordinated service plan.
5. **Budget Table:** Complete the table by entering proposed budget figures into the appropriate columns for both the 2013-2014 and 2014-2015 fiscal years.

#### **Project Administration Expenses**

**NOTE:** Federal guidance states that project administrative expenses should not exceed 10% of the total project cost.

- a. **Administration Wages and Benefits:** Enter the estimated costs of salaries and benefits associated with the administration of the project for each fiscal year.

- b. Administrative Portion of Facility:** Enter the estimated facility costs associated with the administration of the project for each fiscal year.
- c. Professional Services:** Enter the estimated professional services costs associated with the administration of the project for each fiscal year.
- d. Administrative Services and Supplies:** Enter the estimated costs of services and supplies associated with the administration of the project for each fiscal year.
- e. Other:** Describe costs which don't fit into any of the other line items in this section which are associated with the administration of the project for each fiscal year.

**Operations Expenses**

- f. Cost of Purchased Service Agreement(s):** Enter estimated costs of any purchased services agreement(s) for each fiscal year.
- g. Operations Wages and Benefits:** Enter estimated costs of salaries and benefits associated with the operations of the project for each fiscal year.
- h. Vehicle Maintenance and Expense:** Enter estimated costs of vehicle maintenance and other expenses for each fiscal year. This includes tires, fuel and oil (if purchased in bulk), vehicle insurance, vehicle painting, and the costs associated with vehicle cleaning.
- i. Operations Portion of Facility:** Enter estimated facility costs associated with project operations for each fiscal year. (Rent, utilities, janitorial services, and building insurance.)
- j. Operating Services and Supplies:** Enter estimated costs of services and supplies associated with project operations for each fiscal year. (Office expenses, staff travel, and telecommunications.)
- k. Training:** Enter estimated costs of training associated with project operations for each fiscal year.
- l. Other:** Describe costs which don't fit into any of the other line items in this section which are associated with project operations e for each fiscal year.

**Durable equipment less than \$5,000**

**NOTE:** Apply for equipment *exceeding* \$5,000 for one item in *Part F: Capital Projects – Equipment*.

- m. Describe Item(s):** List durable equipment valued at less than \$5,000, e.g., office equipment (fax machine, computer monitor, etc.) or small shop equipment (tools, cameras, etc.). Group like types together (e.g., “two dispatch monitors”). If more than one type, list each type in the narrative box with the value in parentheses after each [e.g., “two dispatch monitors (\$600.00), one office scanner (\$275.00), and one hydraulic lift (\$4,000)”. Enter total estimated cost for all equipment in the appropriate fiscal year column.

**Subtotals and Grand Total are auto-calculated for you.**

- 6. Project Cost and Match:** This chart is auto-calculated based on 5. Budget Table.
- 7. Source of Match Funds:** Enter the source of local match contributions you will use for this grant such as: STF funds, program revenue, agency funds, etc.  
**NOTE:** You may not use farebox proceeds as match for federal grants.
- 8. Dependent Activities/Projects:** Select Yes or No. If Yes, provide details.

## **Part A2: Operations Project – Regular Elderly & Disabled Program Services**

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- 1. Project Title and Services Description:** Enter a descriptive title for the project in the Project Title box, e.g., “Provide Dial-a-ride service to Anytown, Oregon”. In the Project Service Description box, briefly describe the service and how it will support the 5310 program goals of serving the special needs of seniors and persons with disabilities. Briefly note what gaps in current access to service the project addresses.
- 2. Estimated number of unduplicated individuals (seniors and persons with disabilities) this project proposes to support in the 2013-15 biennium:** Enter the estimated number of separate individuals your operating project will serve during the two-year grant period.
- 3. Estimated number of one-way rides this project proposes to provide in the 2013-15 biennium:** Enter the estimated number of total one-way rides (for all customers) that your operating project will provide during the two-year grant period.
- 4. Project is included in the adopted Coordinated Plan:** Enter the page number where the project or service is identified in your local Coordinated Plan. Enter the date the plan was adopted by the lead agency. If you do not know the adoption date, get assistance from your STF Agency Coordinator. All projects **must** be included in a local coordinated service plan.
- 5. Budget Table:** Complete the budget table by entering proposed budget figures into the appropriate columns for both the 2013-2014 and 2014-2015 fiscal years.

### **Project Administration Expenses**

**NOTE:** Federal guidance states that project administrative expenses should not exceed 10% of the total project cost.

- a. Administration Wages and Benefits:** Enter estimated costs of salaries and benefits associated with the administration of the project for each fiscal year.
- b. Administrative Portion of Facility:** Enter estimated facility costs associated with the administration of the project for each fiscal year.
- c. Professional Services:** Enter estimated professional services costs associated with the administration of the project for each fiscal year.
- d. Administrative Services and Supplies:** Enter estimated costs of services and supplies associated with the administration of the project for each fiscal year.
- e. Other:** Describe estimated costs which don't fit into any of the other line items in this section which are associated with the administration of the project for each fiscal year.

### **Operations Expenses**

- f. Cost of Purchased Service Agreement(s):** Enter estimated costs of any purchased services agreement(s) for each fiscal year.
- g. Operations Wages and Benefits:** Enter estimated costs of salaries and benefits associated with the operations of the project for each fiscal year.
- h. Vehicle Maintenance and Expense:** Enter estimated costs of vehicle maintenance and other expenses for each fiscal year. This includes tires, fuel and oil (if purchased in bulk), vehicle insurance, vehicle painting, and the costs associated with vehicle cleaning.

- i. **Operations Portion of Facility:** Enter estimated facility costs associated with the operations of the project for each fiscal year. This includes rent, utilities, janitorial services, and building insurance.
- j. **Operating Services and Supplies:** Enter estimated costs of services and supplies associated with the operations of the project for each fiscal year. This includes office expenses, staff travel, and telecommunications.
- k. **Training:** Enter estimated costs of training associated with the operations of the project for each fiscal year.
- l. **Other:** Describe costs which don't fit into any of the other line items in this section which are associated with the operations of the project for each fiscal year.

**Durable equipment less than \$5,000**

**NOTE:** Apply for equipment *exceeding* \$5,000 for one item in *Part F: Capital Projects – Equipment*.

- m. **Describe Item(s):** List durable equipment valued at less than \$5,000, e.g., office equipment (fax machine, computer monitor, etc.) or small shop equipment (tools, cameras, etc.). Group like types together (e.g., “two dispatch monitors”). If more than one type, list each type in the narrative box with the value in parentheses after each [e.g., “two dispatch monitors (\$600.00), one office scanner (\$275.00), and one hydraulic lift (\$4,000)”. Enter total estimated cost for all equipment in the appropriate fiscal year column.

**Subtotals and Grand Total are auto-calculated for you.**

- 6. **Project Cost and Match:** This chart is auto-calculated based on 5. Budget Table.
- 7. **Source of Match Funds:** Enter the source of local match contributions you will use for this grant such as: STF funds, program revenue, agency funds, etc.  
**NOTE:** You may not use farebox proceeds as match for federal grants.
- 8. **Dependent Activities/Projects:** Select Yes or No. If Yes, provide details about dependent or linked activities or projects in the box provided.

**Part B: Purchased Services**

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- 1. **Project Title and Services Description:** Enter a descriptive title for the project in the Project Title box, e.g., “Provide Dial-a-ride service to Anytown, Oregon”. In the Project Service Description box, briefly describe this purchased service project will support the 5310 program goals of serving the special needs of seniors and persons with disabilities. Briefly note what gaps in current access to service the project addresses.
- 2. **Estimated number of unduplicated individuals (seniors and persons with disabilities) this project proposes to support in the 2013-15 biennium:** Enter the estimated number of separate individuals the project will serve during the two-year grant period.
- 3. **Estimated number of one-way rides in the grant period:** Enter the estimated number of total one-way rides (for all customers) that your purchased service project will provide during the two-year grant period.
- 4. **Project is included in the adopted Coordinated Plan:** Enter the page number where the project or service is identified in your local Coordinated Plan. Enter the date the plan was

adopted by the lead agency. If you do not know the adoption date, get assistance from your STF Agency Coordinator. All projects **must** be included in a local coordinated service plan.

5. **Budget Table:** Complete the table by entering proposed budget figures into the appropriate columns for both the 2013-2014 and 2014-2015 fiscal years.

### **Project Administration Expenses**

**NOTE:** Federal guidance states that project administrative expenses should not exceed 10% of the total project cost.

- a. **Administration Wages and Benefits** – Enter estimated costs of salaries and benefits associated with the administration of the project for each fiscal year.
- b. **Administrative Portion of Facility** – Enter estimated facility costs associated with the administration of the project for each fiscal year.
- c. **Professional Services** – Enter estimated professional services costs associated with the administration of the project for each fiscal year.
- d. **Administrative Services and Supplies** - Enter estimated costs of services and supplies associated with the administration of the project for each fiscal year.
- e. **Other** - Describe estimated costs which don't fit into any of the other line items in this section which are associated with the administration of the project for each fiscal year.

### **Operations Expenses**

- f. **Cost of Purchased Service Agreement(s)** – Enter estimated costs of any purchased services agreement(s) for each fiscal year.

### **Durable equipment less than \$5,000**

**NOTE:** Apply for equipment *exceeding* \$5,000 for one item in *Part F: Capital Projects – Equipment*.

- g. **Describe Item(s)** – List durable equipment valued at less than \$5,000, e.g., office equipment (fax machine, computer monitor, etc.) or small shop equipment (tools, cameras, etc.). Group like types together (e.g., “two dispatch monitors”). If more than one type, list each type in the narrative box with the value in parentheses after each [e.g., “two dispatch monitors (\$600.00), one office scanner (\$275.00), and one hydraulic lift (\$4,000)”. Enter total estimated cost for all equipment in the appropriate fiscal year column.

**Subtotals and Grant Total are auto-calculated for you.**

6. **Project Cost and Match:** This chart is auto-calculated based on 5. Budget Table.
7. **Source of Match Funds:** Enter the source of local match contributions you will use for this grant such as: STF funds, program revenue, agency funds, etc.
- NOTE:** You may not use farebox proceeds as match for federal grants.
8. **Dependent Activities/Projects:** Select Yes or No. If Yes, provide details about dependent or linked activities or projects in the box provided.
9. **Existing Contract for Services:** Select Yes or No. If Yes, enter the name of the agency contracted with. If this contract is with a new service provider not previously identified in a PTD grant, please attach a copy of the contract to your application form.

## Part C: Mobility Management Project

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

1. **Project Type:** From the drop-down list, select the category that best describes your type of mobility project. If multiple categories apply, select the aspect that is most predominant for your project; you will be able to more fully describe it in Line 2.
2. **Project Title and Services Description:** Provide the title of your project, and briefly describe the service or operation that this mobility management project will support and how it will be designed and implemented to increase access to transportation services for seniors and persons with disabilities. Describe the major service components of the activity.
3. **Project Performance Measurement:** Identify the estimated number of customer contacts, customers trained, or mobility products/services produced. Describe the method to measure that planned output or performance. Identify service numbers for the two fiscal years separately (Example: "FY 2012 = 100 customers trained; FY 2013 = 250 customers trained.")
4. **Project is included in the adopted Coordinated Plan:** Enter the page number where the project or service is identified in your local Coordinated Plan. Enter the date the plan was adopted by the lead agency. If you do not know the adoption date, get assistance from your STF Agency Coordinator. All projects **must** be included in a local coordinated service plan.
5. **Budget Table:** Complete the table by entering proposed budget figures into the appropriate columns for both the 2013-2014 and 2014-2015 fiscal years.

### Project Expenses

- a. **Staff Wages and Benefits** – Enter estimated costs of salaries and benefits associated with the administration of the project for each fiscal year.
- b. **Facility Expense** - Enter estimated facility costs associated with the project for each fiscal year. This includes rent, utilities, janitorial services, and building insurance.
- c. **Professional Services** – Enter estimated professional services costs associated with the project for each fiscal year.
- d. **Operating Services and Supplies** - Enter estimated costs of services and supplies associated with the project for each fiscal year. (Office expenses, staff travel, and telecommunications.)
- e. **Other Expenses** - Describe estimated costs which don't fit into any of the other line items in this section which are associated with the project for each fiscal year.

### Durable equipment less than \$5,000

**NOTE:** Apply for equipment *exceeding* \$5,000 for one item in *Part F: Capital Projects – Equipment*.

- f. **Describe Item(s)** – List durable equipment valued at less than \$5,000, e.g., office equipment (fax machine, computer monitor, etc.) or small shop equipment (tools, cameras, etc.). Group like types together (e.g., "two dispatch monitors"). If more than one type, list each type in the narrative box with the value in parentheses after each [e.g., "two dispatch monitors (\$600.00), one office scanner (\$275.00), and one hydraulic lift (\$4,000)"]. Enter total estimated cost for all equipment in the appropriate fiscal year column..

- 6. Project Cost and Match** – This chart is auto-calculated based on 5. Budget Table.
- 7. Source of Match Funds** - Enter the source of local match contributions you will use for this grant, such as: STF funds, program revenue, agency funds, etc.
- NOTE:** You may not use farebox proceeds as match for federal grants.

## **Part D1: Capital Projects - Replacement Vehicles**

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- 1. Vehicles Being Replaced:** Complete the chart 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: Appendix C: *Vehicle Description and Useful Life Standards*.

**NOTE:** Vehicle requests for non ADA-accessible (i.e. not equipped with wheelchair lifts, on-board wheelchair securement, etc.) require a Certificate of Equivalent Service. This form is included in the Appendices.

- Enter Year, Make (manufacturer), and Model of the vehicle being replaced;
- Select a categories from A to E-7 from the drop-down menu;
- Enter Vehicle Identification Number;
- Enter total number of seats including ADA seats;
- Enter Oregon vehicle license plate number;
- Enter Current Mileage
- Select Disposal Type status from the drop-down menu; see footnote “(c)” below the table;
- If you have more than one vehicle request, click “Add Record” to add another row to the table. If you make a mistake, click “Delete Record” to remove that row.

- 2. Will you purchase through the state price agreement contract?** Select Yes or No.

**NOTE:** Purchase of vehicles via the State DAS vehicle price agreement contracts is required unless prior approval is obtained. PTD price agreements are available for all five categories of public transit vehicles. See Appendices.

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

- 3. Vehicles To Be Purchased:** Complete the chart for all vehicles to be purchased in your replacement project. These vehicles should correspond in number and category to the vehicles listed for replacement in 1. If not a like-for-like replacement project, please complete the Expansion Vehicles Section D2. instead.

Include bus wraps and any equipment to be installed which is 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.

- Select the correct vehicle category from the drop-down menu
- 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
- 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 “(d)”
- Enter estimated order and delivery dates. There is a minimum 160 days from order to delivery for ADA-equipped vehicles. Check with your vendor for a typical delivery schedule.

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

**5. Describe how vehicle(s) will be used in service to seniors and persons with disabilities:** Describe whether 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.

**6. Dependent Activities/Projects:** Select Yes or No. If Yes, provide details about dependent or linked activities or projects in the box provided.

**7. Project Cost and Match:** This chart is auto-calculated based on 3.

**NOTE - Blended Match Rate:** For ADA-equipped or alternative fuel replacement vehicles, the “blended” match rate of 83% federal and 17% local match requirement is used. This does not apply to sedans or unmodified vans, which require a match rate of 80% / 20%.

**8. Source of Match Funds:** Identify the source of your local match contribution (for example, STF formula funds, local taxes, etc.).

## **Part D2: Capital Projects – Service Expansion and Right-Sizing Vehicles**

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**1. Will you purchase through the state price agreement contract?** Select Yes or No.

**NOTE:** Purchase of vehicles via the State DAS vehicle price agreement contracts is required unless prior approval is obtained. PTD price agreements are available for all five categories of public transit vehicles. See Appendices.

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

**2. Vehicles To Be Purchased:** Complete the table for all vehicles to be purchased. If you are replacing vehicles on a like-for-like basis, this is not an expansion project; please complete the Replacement Vehicles form in Part D1 instead.

Include bus wraps or equipment to be installed that is 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.

Non-ADA-accessible vehicles (not equipped with wheelchair lifts, wheelchair securement, etc.) require a Certification of Equivalent Service. This form is included in the Appendices.

- Select the correct vehicle category from the drop-down menu
- 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
- 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 “(d)”
- Enter estimated order date and estimated delivery date. Check with your vendor if necessary for a typical delivery schedule; there is a minimum 160 days from order to delivery for ADA-equipped vehicles.

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

**4. Describe how vehicle(s) will be used in service to seniors and persons with disabilities:** Describe whether 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 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.)

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.

**5. Dependent Activities/Projects:** Select Yes or No. If Yes, provide details about dependent or linked activities or projects in the box provided.

**6. Project Cost and Match:** This chart is auto-calculated based on 2.

**NOTE - Blended Match Rate:** For ADA-equipped or alternative fuel replacement vehicles, the “blended” match rate of 83% federal and 17% local match requirement is used. This does not apply to sedans or unmodified vans, which require a match rate of 80% / 20%.

**7. Source of Match Funds:** Identify the source of your local match contribution (for example, STF formula funds, local taxes, etc.).

## **Part E: Capitalized Vehicle Preventive Maintenance**

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

2. **Project is included in the adopted Coordinated Plan:** Enter the page number where the project or service is identified in your local Coordinated Plan. Enter the date the plan was adopted by the lead agency. If you do not know the adoption date, get assistance from your STF Agency Coordinator. All projects **must** be included in a local coordinated service plan.
3. **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.)
4. **Vehicle Preventive Maintenance Plan attached?:** Agencies applying for capitalized preventive maintenance must submit a Vehicle Preventive Maintenance Plan to PTD prior to grant execution. See the Transit Provider Handbook: Capital Vehicle Preventive Maintenance section at: <http://www.oregon.gov/ODOT/PT/PROGRAMS/transit-provider-handbook.shtml> for more information.  
  
Select Yes or No. If Yes, please attach a copy of your plan using the "Email Attachment Now" button. If No, explain when you expect to complete the plan.
5. **Project Cost and Match:** Enter a. Total Project Cost. Lines b. and c. will auto-calculate.
6. **Source of Match Funds:** Identify the source of your local match contribution (for example, STF formula funds, local taxes, etc.).
7. **Project Part of a Group of Activities/Projects:** Select Yes or No. If this project is dependent on another project, such as vehicle purchases, changes to the purchase would influence the preventive maintenance request, and is therefore linked to this project—please identify and provide information about the linked plans in the detail box provided.

## Part F: Capital Projects - Equipment

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1. **Project Description:** Describe how this equipment will support the 5310 program goals of serving the special needs of seniors and persons with disabilities. Briefly note what gaps in current services the equipment project will be addressing.
2. **Equipment Requested:** Complete the table for all equipment to be purchased.

Capital equipment must have a value of \$5,000 or more. If an item alone does not meet the \$5,000 capital threshold but the project total does, it will be considered a capital project. (For example: computers, a server, software, and a printer would not individually cost \$5,000 each, but together as a computer system, the project qualifies.)

Enter equipment for several linked projects on one line. Use a separate line for equipment 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. 4 below) to identify which line items are linked to, or contingent on approval of, other projects.

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

- Enter a description of the equipment by category. Examples are noted in footnote “a”.
- 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.
- 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.

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

**4. Project Part of a Group of Activities/Projects:** Select Yes or No and enter details. If this project is supports another project, such as a Mobility Management start-up project— identify and provide information regarding the linked project(s). If equipment purchases are derived from multiple projects, list and describe each item and the associated linked project.

**5. Project Cost and Match:** This chart is auto-calculated based on 2.

**6. Source of Match Funds:** Identify the source of your local match contribution (for example, STF formula funds, local taxes, etc.).

## **Part G: Capital Projects - Signs and Other Amenities**

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**1. Project Description:** Briefly describe how the requested signs and amenities will support the 5310 program goals of serving the special needs of seniors and persons with disabilities. Briefly note what gaps in current services the signs project will be addressing.

**2. Signs and/or amenities requested:** Enter a description with quantity and costs.

Capital signs and amenities must have a value of \$5,000 or more. Group like items into one line. For instance, ten route signs would be one line item; three bike racks, a second line item. 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.

If signs are not replacing existing signs and are on public property, check all local street and building codes, and obtain permission from the governing jurisdictions before proceeding with the project.

- Enter a description of the sign or amenity by category. Examples are noted in footnote “a”.
- 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

➤ Enter the estimated order date, and the estimated installation date. You may need to check with a vendor for a delivery and installation schedule for specialized items.

- 3. Documented Categorical Exclusion (DCE) Worksheet:** Select Yes or No. If Yes, attach a copy of the DCE Worksheet. **NOTE:** Applications with “No” checked and no worksheet attached will be rejected.

This information is required for any project for signs and amenities with the potential to impact wildlife, watershed or historical areas. The worksheet is posted at:

[http://www.oregon.gov/ODOT/PT/PROGRAMS/disc\\_grant\\_program.shtml](http://www.oregon.gov/ODOT/PT/PROGRAMS/disc_grant_program.shtml) A copy of the DCE Worksheet is also included as Appendix E.

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

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

- 5. 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 supports or is dependent on another project, such as a route extension project, provide information regarding the linked project(s). If signs or amenities support multiple projects, describe each line item and the associated linked project.

- 6. Project Cost and Match:** This chart is auto-calculated based on 2.

- 7. Source of Match Funds:** Identify the source of your local match contribution, which is 20% of the total project cost (for example, STF formula funds, local taxes, etc.).

## **Part H: Capital Projects - Passenger Shelters**

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- 1. Project Description:** Describe how the passenger shelters will support the 5310 program goals of serving the special needs of seniors and persons with disabilities. Briefly note what gaps in current services the shelter project will address.

- 2. Table 2 – Passenger Shelters requested:** Enter the description of passenger shelters with quantity and costs in Table 2.

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.

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

- 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
- Enter the estimated order date, and the estimated installation date. You may need to check with a vendor for a delivery and installation schedule for specialized items.

**3. Documented Categorical Exclusion (DCE) Worksheet (Required):** Select Yes or No from the drop-down menu. If Yes, attach a copy of the DCE Worksheet and site map(s).  
**NOTE:** Applications with “No” checked and no worksheet attached will be rejected.

This information is required for any project for structures with the potential to impact wildlife, watershed or historical areas. The worksheet is posted at:  
[http://www.oregon.gov/ODOT/PT/PROGRAMS/disc\\_grant\\_program.shtml](http://www.oregon.gov/ODOT/PT/PROGRAMS/disc_grant_program.shtml) A copy of the DCE Worksheet is also included as Appendix E.

**4. 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 included in a local coordinated service plan.

**5. 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 supports or is dependent on another project, such as a route extension project—identify and provide information regarding the linked project(s). If shelters support multiple 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 Table 2 above. The match rate and grant amount will be calculated and auto-filled.

**6. Source of Match Funds:** Identify the source of your local match contribution, which is 20% of the total project cost (for example, STF formula funds, local taxes, etc.).

**Part J: Capital Projects - Facilities** (transit centers, bus barns, maintenance facilities, infrastructure improvements and transit administration buildings)

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**Please contact your Regional Transit Coordinator before you apply, if you are considering a large-scale, multi-phase project that will require funding beyond the 2013-2015 biennium.**

**1. Project Title and Description:** Provide the title of your project, and briefly describe the service and how this capital facility will support the 5310 program goals of serving the special needs of seniors and persons with disabilities. Briefly note what gaps in current access to service the project will be addressing.

**2. Facility Project requested:** Enter the major activities or subcategories’ quantities, costs, and estimated start and completion dates in the table. If the PTD-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 a description of each major activity or subcategory. See footnote “(a) for examples.
- Enter the quantity to be acquired (typically “1”) for each activity
- Enter the cost associated with each activity
- The “Total” cell will be populated automatically for you.
- Enter the estimated commencement and completion dates for each activity.
- If you are entering more than one activity, click “Add Record” to add another row to the table. If you make a mistake, click “Delete Record” to remove that row.

**3. Documented Categorical Exclusion (DCE) Worksheet (Required):** Select Yes or No from the drop-down menu. If Yes, attach a copy of the DCE Worksheet and site map(s).

**NOTE:** Applications with “No” checked and no worksheet attached will be rejected.

This information is required for any project for structures with the potential to impact wildlife, watershed or historical areas. The worksheet is posted at: [http://www.oregon.gov/ODOT/PT/PROGRAMS/disc\\_grant\\_program.shtml](http://www.oregon.gov/ODOT/PT/PROGRAMS/disc_grant_program.shtml) A copy of the DCE Worksheet is also included as Appendix E.

Major capital projects may not be 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.

**4. 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 included in a local coordinated service plan.

Bus barns or other large facilities should always be included in a local plan describing how the structure benefits service and what issues the facility addresses.

**5. 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 supports or is dependent on another project, such as a route extension project—identify and provide information regarding the linked project(s). If facilities support multiple projects, list and describe each line item and the associated linked project.

**6. Project Cost and Match:** This chart is auto-calculated based on 2.

**7. Source of Match Funds:** Identify the source (for example, STF formula funds, local taxes, etc.) of your local match contribution, which is 20.00% of the total equipment project cost.

**8. 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 PTD, and make it more likely that the application process will go smoothly. Answer all questions and enter all required information in sections **a.** through **y.** Descriptions should be brief, but complete.

## **Application Submittal**

**When your application is complete, save and/or print it using the buttons provided.**

- If you indicated that you are not an STF Agency, click the “Submit by Email to STF Agency” button. (NOTE: If you see a pop-up message generated by Adobe Acrobat, click the OK button to continue.) An outgoing email message will appear with your application attached. Enter the email address of your STF Agency in the “To” line, customize the email text as needed, and click Send.
- If you indicated that you are an STF Agency, you will see a note directing you to the “Submit Form” button at the top right of the application. Click this button to activate the “Send Form” box. Enter your email address and name in the fields provided and click the “Send” button to submit your application over the Internet to PTD. After a few moments, you will see a message near the “Submit Form” button indicating that “Your response was successfully sent”.

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### **Application Submittal Instructions for STF Agencies Only**

STF Agencies will receive applications from subrecipient provider agencies via email. Required attachments will be sent in a separate email and should be saved until the review process is complete. When you are ready to submit applications to PTD, these stored attachments from subrecipients need to be emailed to [PTD.apps@odot.state.or.us](mailto:PTD.apps@odot.state.or.us).

STF Agencies review all applications submitted to them and have the option to modify them before submitting recommended projects to PTD.

**Before submitting an application to PTD, change the “I am the STF Agency” button on page 1 from No to Yes. This validates your submittal to PTD and generates an approval button on the application. (Leave agency name as subrecipient.)**

- For applications with *no attachments*, click the “Show Projects to Award from Selection Above” button on page 2 of the application, and then click “Submit Form” as above.
- For applications *with attachments* (indicated by the presence of the “Email Attachment Now” button in Sections E, G, H, or J), re-select the Yes button(s) (auto-cleared when you changed the applicant type to STF Agency), click the “Show Projects to Award from Selection Above” button on page 2 of the application, and then click “Submit Form” as above. (Attachments will not be submitted with the application, but must be sent separately.)

If you need assistance, call PTD’s main line at 503-986-3300 and explain to the receptionist that you would like help with the 5310 application form. The receptionist will connect you with someone who can answer your questions.

## ***Appendix A – ODOT PTD Regional Transit Coordinators***

### **Transit Region 1**

RTC = Sherrin Coleman 503-986-4305 [Sherrin.K.Coleman@odot.state.or.us](mailto:Sherrin.K.Coleman@odot.state.or.us)

555 13<sup>th</sup> Street NE Suite 3, Salem OR 97301-4179

**Counties Served: Clackamas, Hood River, Multnomah, Washington, METRO**

### **Transit Region 2A**

RTC = Jean Palmateer 503-986-3472 [Jean.M.Palmateer@odot.state.or.us](mailto:Jean.M.Palmateer@odot.state.or.us)

555 13<sup>th</sup> Street NE Suite 3, Salem OR 97301-4179

**Counties Served: Clatsop, Columbia, Marion, Polk, Tillamook, Yamhill**

### **Transit Region 2B**

RTC = Dave Galati 503-986-4414 [David.A.Galati@odot.state.or.us](mailto:David.A.Galati@odot.state.or.us)

555 13<sup>th</sup> Street NE Suite 3, Salem OR 97301-4179

**Counties Served: Benton, Lane, Lincoln, Linn**

### **Transit Region 3**

RTC = Alison Wiley 503-986-4131 [Alison.J.Wiley@odot.state.or.us](mailto:Alison.J.Wiley@odot.state.or.us)

555 13<sup>th</sup> Street NE Suite 3, Salem OR 97301-4179

**Counties Served: Coos, Curry, Douglas, Jackson, Josephine**

### **Transit Region 4**

RTC = Joni Bramlett 541-388-6185 [Joni.D.Bramlett@odot.state.or.us](mailto:Joni.D.Bramlett@odot.state.or.us)

63085 N Highway 97, Building L, Bend, OR 97701

**Counties Served: Crook, Deschutes, Gilliam, Jefferson, Klamath, Lake, Sherman, Wasco, Wheeler**

### **Transit Region 5**

RTC = Robin Phillips 503-986-3416 [Robin.Phillips@odot.state.or.us](mailto:Robin.Phillips@odot.state.or.us)

555 13<sup>th</sup> Street NE Suite 3, Salem OR 97301-4179

**Counties Served: Baker, Grant, Harney, Malheur, Morrow, Umatilla, Union, Wallowa**

## Appendix B – STF Agency Contact Information for Applicants

<b>ODOT PUBLIC TRANSIT - STF Agency Coordinators</b>				
<b>STF Agency Name</b>	<b>Primary Contact</b>	<b>Email</b>	<b>Phone Number</b>	<b>Mailing Address</b>
Baker County	Christena Cook	<a href="mailto:ccook@bakercounty.org">ccook@bakercounty.org</a>	541-523-8209	1995 Third St, Baker City OR 97814
Basin Transit Service	Ernie Palmer	<a href="mailto:bts@ccountry.net">bts@ccountry.net</a>	541-883-2877	1130 Adams St, Klamath Falls OR 97601
Benton County	Sharon Fipps	<a href="mailto:sharon.fipps@ci.corvallis.or.us">sharon.fipps@ci.corvallis.or.us</a>	541-754-1748	PO Box 1083, Corvallis OR 97339
Burns Paiute Tribe	Kenton Dick	<a href="mailto:kenton.dick@burnspaiute-nsn.gov">kenton.dick@burnspaiute-nsn.gov</a>	541-573-2088	100 Pasigo St, Burns OR 97720
Columbia County	Janet Wright	<a href="mailto:janet.wright@co.columbia.or.us">janet.wright@co.columbia.or.us</a>	503-397-1035	230 Strand St, Saint Helens OR 97051
Confederated Tribes of Coos, Lower Umpqua & Siuslaw	Jeff Stump	<a href="mailto:jstump@ctclusi">jstump@ctclusi</a>	541-888-1305	1245 Fulton Ave, Coos Bay OR 97420
Confederated Tribes of Grand Ronde	Kim Ray Rogers	<a href="mailto:kim.rogers@grandronde.org">kim.rogers@grandronde.org</a>	503-879-2250	9615 Grand Ronde Rd, Grand Ronde OR 97347
Confederated Tribes of Siletz Indians	Rick Wake	<a href="mailto:rickw@ctsi.nsn.us">rickw@ctsi.nsn.us</a>	541-444-8343	201 SE Swan Ave, PO Box 549, Siletz, OR 97380
Confederated Tribes of the Umatilla Indian Reservation	Jim Beard	<a href="mailto:jimbeard@ctuir.org">jimbeard@ctuir.org</a>	541-429-7520	46411 Timine Way, PO Box 638, Pendleton OR 97801
Confederated Tribes of Warm Springs	Lonny Macy	<a href="mailto:lmacy@wstribes.org">lmacy@wstribes.org</a>	541-553-3509	1233 Veterans Dr, PO Box C, Warm Springs OR 97761
Coos County	Russ Pedersen	<a href="mailto:rpedersen@coostransit.org">rpedersen@coostransit.org</a>	541-266-7029	2810 Ocean Blvd, PO Box 1118, Coos Bay OR 97420
Coquille Indian Tribe	Jack Lenox	<a href="mailto:jacklenox@coquilletribe.org">jacklenox@coquilletribe.org</a>	541-756-0904	3050 Tremont St, Box 783, North Bend OR 97459
Cow Creek Band of Umpqua Indians	Tonya Theiss-Skrip	<a href="mailto:ttheiss@cowcreek.com">ttheiss@cowcreek.com</a>	541-677-5537	2371 NE Stephens St, Suite 100, Roseburg OR 97470
Crook County	Kathy Gray	<a href="mailto:kathy.gray@co.crook.or.us">kathy.gray@co.crook.or.us</a>	541-447-6554	300 NE Third St, Prineville OR 97754
Curry County	Joanne Wasbauer	<a href="mailto:jwasbauer@currypublictransit.org">jwasbauer@currypublictransit.org</a>	541-412-8806	500 Chetco Lane, Brookings OR 97415
Deschutes County	Judith Ure	<a href="mailto:judithu@co.deschutes.or.us">judithu@co.deschutes.or.us</a>	541-330-4627	1300 NW Wall Street Ste 200, Bend OR 97701
Douglas County	Kathy Stauffer	<a href="mailto:kastauff@co.douglas.or.us">kastauff@co.douglas.or.us</a>	541-440-3675	621 W Madrone, Roseburg OR 97470
Gilliam County	Delene Durfey	<a href="mailto:delene.durfey@co.gilliam.or.us">delene.durfey@co.gilliam.or.us</a>	541-384-2114	211 S Oregon St, PO Box 427, Condon OR 97823
Grant County Transportation District	Karin Barntish	<a href="mailto:kblltc@centurytel.net">kblltc@centurytel.net</a>	541-575-2370	229 NE Dayton St, PO Box 126, John Day OR 97845

<b>STF Agency Name</b>	<b>Primary Contact</b>	<b>Email</b>	<b>Phone Number</b>	<b>Mailing Address</b>
Harney County	Angela Iturbide	<a href="mailto:angelaiturbide@gmail.com">angelaiturbide@gmail.com</a>	541-573-6024	450 N Buena Vista, Burns OR 97720
Hood River County Transportation District	Dan Schwanz	<a href="mailto:cat1@gorge.net">cat1@gorge.net</a>	541-386-4202	224 Wasco Loop, PO Box 1147, Hood River OR 97301
Jefferson County	Kathleen Marston	<a href="mailto:kathy.marston@co.jefferson.or.us">kathy.marston@co.jefferson.or.us</a>	541-474-4451	66 SE D Street, Madras OR 97741
Josephine County	Scott Chancey	<a href="mailto:schancey@co.josephine.or.us">schancey@co.josephine.or.us</a>	541-474-5441	500 NW 6th St, Dept 6, Grants Pass OR 97526
Klamath Tribes	Curt Raines	<a href="mailto:curtis.raines@klamathtribes.com">curtis.raines@klamathtribes.com</a>	541-783-2219 x175	501 Chiloquin Blvd, PO Box 436, Chiloquin OR 97624
Lake County	Robert Pardee	<a href="mailto:bpardee@co.lake.or.us">bpardee@co.lake.or.us</a>	541-947-6071	513 Center St, Lakeview OR 97630
Lane Transit District	Cosette Rees	<a href="mailto:cosette.rees@ltd.org">cosette.rees@ltd.org</a>	541-682-6751	PO Box 7070, Springfield OR 97475-0470
Lincoln County Transportation District	Cynda Bruce	<a href="mailto:cbruce@co.lincoln.or.us">cbruce@co.lincoln.or.us</a>	541-574-1292	410 NE Harney St, Newport OR 97365
Linn County	Mark Volmert	<a href="mailto:mvolmert@ocwcog.org">mvolmert@ocwcog.org</a>	541-924-8430	1400 Queen Ave SE Ste 205A, Albany OR 97321
Malheur County	Lorinda Dubois	<a href="mailto:ldubois@malheurco.org">ldubois@malheurco.org</a>	541-473-5183	251 B Street W, Vale OR 97918
Morrow County	Gayle Gutierrez	<a href="mailto:mctreasurer@co.morrow.or.us">mctreasurer@co.morrow.or.us</a>	541-676-5630	100 Court Street, PO Box 37, Heppner OR 97836
Rogue Valley Transportation District	Julie Brown	<a href="mailto:j.brown@rvtd.org">j.brown@rvtd.org</a>	541-608-2413	3200 Crater Lake Ave, Medford OR 97504
Salem Area Mass Transit District	Mona West	<a href="mailto:westm@cherriots.org">westm@cherriots.org</a>	503-588-2424	925 Commercial St SE, Salem OR 97302
Sherman County	Marnene Benson-Wood	<a href="mailto:marnenebw@co.sherman.or.us">marnenebw@co.sherman.or.us</a>	541-565-3553	500 Court St, PO Box 365, Moro, OR 97039
Sunset Empire Transportation District	Jay Flint	<a href="mailto:jay@ridethebus.org">jay@ridethebus.org</a>	503-861-5399	900 Marine Drive, Astoria OR 97103
Tillamook County Transportation District	Doug Pilant	<a href="mailto:dpilant@tillamookbus.com">dpilant@tillamookbus.com</a>	503-842-0500	3600 Third St. Ste A, Tillamook OR 97141
Tri County Metropolitan Transportation District	Claire Potter	<a href="mailto:potterc@trimet.org">potterc@trimet.org</a>	503-962-5867	4012 SE 17th Ave, Portland OR 97202
Umatilla County	Robert Pahl	<a href="mailto:robertp@co.umatilla.or.us">robertp@co.umatilla.or.us</a>	541-278-6210	216 SE 4th St, Pendleton OR 97801
Union County	Shelley Burgess	<a href="mailto:sburgess@union-county.org">sburgess@union-county.org</a>	541 963-1079	1106 K Ave, La Grande OR 97850
Wallowa County	Susan Roberts	<a href="mailto:sroberts@co.wallowa.or.us">sroberts@co.wallowa.or.us</a>	541-426-4543 x113	101 S River St, Room 202, Enterprise OR 97828
Wasco County (MCCOG)	Kathy White	<a href="mailto:kathyw@co.wasco.or.us">kathyw@co.wasco.or.us</a>	541-506-2525	511 Washington St, The Dalles OR 97058
Wheeler County	Candy Humphreys	<a href="mailto:chumphreys@co.wheeler.or.us">chumphreys@co.wheeler.or.us</a>	541-468-3391	802 Thorn St, PO Box 152, Spray, OR 97874
Yamhill County	Tonya Saunders	<a href="mailto:saunderst@co.yamhill.or.us">saunderst@co.yamhill.or.us</a>	503-474-4910	535 NE 5th St, McMinnville OR 97128

## **Appendix C – 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; Van; Minivan; 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

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***Standard vehicles are not in the ODOT Public Transit Price Agreements, but may be on the Department of Administrative 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 D: 5310 Federal Grant Application

### **Certification of Equivalent Service**

\_\_\_\_\_ (name of agency) certifies that its demand responsive service offered to individuals with disabilities (as defined in 49 CFR 37.3), including individuals who use wheelchairs, is equivalent to the level and quality of service offered to individuals without disabilities.

Such service, when viewed in its entirety, is provided in the most integrated setting feasible and is equivalent with respect to the following:

- 1) Response time;
- 2) Fares;
- 3) Geographic service area;
- 4) Hours and days of service;
- 5) Restrictions or priorities based on trip purpose;
- 6) Availability of information and reservation capability; and,
- 7) Constraints on capacity or service availability.

**Public Demand Responsive Agencies:** In accordance with 49 CFR 37.77, public funded entities operating demand responsive systems for the general public which receive financial assistance under section 18 of the Federal Transit Act must file this certification with the appropriate state program office before procuring any inaccessible vehicle. Public entities receiving FTA funds under any other section of the FTA Act must file the certification with the appropriate FTA regional office. This certification is valid for no longer than one year from its date of filing.

**All Other Grant Recipients:** ODOT Public Transit Division requires all participants to certify equivalent service when requesting to purchase non-ADA accessible vehicles. By signing this certification, the above-named agency is certifying that it has a mechanism in place to provide rides to individuals with disabilities. The ride must be provided in a manner equivalent to the service provided by the above-named agency to individuals without disabilities.

**All Agencies:** Attach a description of how you provide rides to individuals with disabilities.

\_\_\_\_\_  
(Name and Title of Authorized Official)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

*Applicants: Submit this form to PTD by attaching it to your application.*

# Appendix E: Documented Categorical Exclusion Worksheet

## **FTA CATEGORICAL EXCLUSION and DOCUMENTED CATEGORICAL EXCLUSION WORKSHEET**

### **For Submission with 2013-15 5310 Program Facilities Grant Applications**

This worksheet assists sponsoring agencies gather and organize materials for environmental analysis required under the National Environmental Policy Act (NEPA), particularly for projects that may qualify for Documented Categorical Exclusion (DCE). The use of this particular worksheet is NOT required; it is provided merely as a helpful tool in providing information to the Federal Transit Administration (FTA).

Submission of the worksheet by itself does not meet NEPA requirements. FTA must concur in writing in the sponsoring agency's NEPA recommendation. Project activities may not begin until this process is complete. Contact the FTA Region 10 office at (206) 220-7954 if you have any questions, especially if this is the first time you have used this form. See the Region 10 website (linked at the end of this document) for a list of topical resources.

#### **I. PROJECT DESCRIPTION**

Sponsoring Agency	Date Submitted	FTA Grant Number(s) (if known)
Project Title		
Project Description (1-2 sentences)		
Purpose and Need for Project (1-2 sentences, include as an attachment if adopted statement is lengthy)		
Project Location (include city and street address)		
Project Contact (include phone number, mailing address, and email address)		
If your project involves construction, include the following maps: <ul style="list-style-type: none"> <li>• Project Vicinity</li> <li>• Project Site Plan</li> <li>• USGS quad</li> </ul>		

#### **II. NEPA Class of Action**

The following questions will determine the project's potential class of action. If the answer to any of the questions in Sections A or B is "YES", contact FTA's regional office to determine whether the project requires preparation of a NEPA environmental assessment (EA).

**A.** Will the project significantly impact the natural, social and/or economic environment?

- YES (contact FTA Regional office)  
 NO (continue)

**B.1** Is the significance of the project's social, economic or environmental impacts unknown?

- YES (contact FTA Regional office)  
 NO (continue)

**B.2** Is the project likely to require detailed evaluation of more than a few potential impacts?

- YES (contact FTA Regional office)  
 NO (continue)

**B.3** Is the project likely to generate intense public discussion, concern or controversy, even though it may be limited to a relatively small subset of the community?

- YES (contact FTA Regional office)  
 NO (continue)

**C.1** The projects listed below are generally categorically excluded from further NEPA analysis under 23 CFR 771.117(c) unless certain circumstances exist, such as the presence of wetlands, historic buildings, historic structures, parklands, or floodplains in the project area.

Does the project appear on the following list of potential Categorical Exclusions (CEs)?

- YES (If checked AND there are no special circumstances, mark the applicable checkbox and briefly describe the activity below. Then, proceed to the signature block on the back page.)
- NO (continue to Section D)

- Activities not involving or directly leading to construction (technical studies, planning, preliminary engineering, etc.)
- Utility installations along or across a transit facility
- Construction of bicycle or pedestrian facilities, excluding those requiring construction in new right-of-way
- Installation of noise barriers or alterations to existing publicly-owned buildings to provide for noise reduction
- Landscaping
- Installation of fencing, signs, pavement markings, toll facilities, control centers, vehicle test centers, small passenger shelters, traffic signals, railroad warning devices, or signal controls with no substantial land acquisition or traffic disruption
- Emergency repairs under 23 USC 125
- Acquisition of scenic easements
- Ridesharing activities
- Bus, ferry, or rail car rehabilitation (including conversions to alternative fuels)
- Alterations to facilities or vehicles to make them accessible to elderly or disabled persons
- Program administration (including safety programs), technical assistance, and operating assistance to continue existing service or increase service to meet routine changes in demand
- Purchase and lease of vehicles and equipment for use on existing facilities or new facilities that also qualify as CEs (including the capital cost of contracts for transit services)
- Track, railbed, and wayside system maintenance and improvements when carried out in existing right-of-way
- Purchase and installation of operating, maintenance, or Intelligent Transportation Systems (ITS) equipment to be located solely within the transit facility and with no significant off-site impacts
- Mitigation banking
- Resurfacing and restriping
- Routine maintenance

**C.2 Brief Activity Description**

Include a brief description of the activity and the reason for its categorical exclusion.

**D. Does the project appear on the following list of potential documented Categorical Exclusions?**

These projects may be categorical exclusions under 23 CFR § 771.177(d), but require additional documentation demonstrating that the specific conditions or criteria for the CEs are satisfied and that significant effects will not result.

- YES (Check and continue to Part III)
- NO (Contact FTA Regional Office)

- Grade separations requiring land acquisition to replace existing at-grade railroad crossings and bridge rehabilitation (including approaches to bridges but excluding historic bridges or bridges providing access to ecologically sensitive areas)

- Corridor fringe parking facilities (usually located adjacent to a mass transportation corridor such as an interstate highway system)
- Carpool programs and activities requiring land acquisition and construction
- Safety improvements including seismic retrofit and mitigation of wildlife hazards
- Construction of new bus storage and maintenance facilities or new ITS control centers in areas used predominantly for industrial or transportation purposes where such construction is consistent with existing zoning and located on a street with adequate capacity to handle anticipated traffic
- Rehabilitation or reconstruction of existing rail or bus buildings and ancillary facilities where only minor amounts of additional land are required and there is not a substantial increase in the number of users
- Construction of bus transfer facilities (an open area consisting of passenger shelters, boarding areas, kiosks, and related street improvements) when located in a commercial area or other high activity center in which there is adequate street capacity for projected bus traffic
- Construction of rail storage and maintenance facilities (or other similarly sized support facilities) in areas used predominantly for industrial or transportation purposes where such construction is consistent with existing zoning and where there is no significant noise impact on the surrounding community
- Area-wide coordination of multiple ITS elements
- Advance land acquisition including:
  - Acquisition of underutilized private railroad rights-of-way (ROW) to ensure that adjacent land uses remain generally compatible with the continued transportation use of the ROW
  - Acquisition of land for hardship or protective purposes, consistent with 23 CFR 771.117 (D)(12)

***(Note: the eligibility of hardship and protective buys is very limited and must be approved, in writing, by the Regional FTA office before proceeding with any acquisition activities. Failure to do so will render the project ineligible for Federal participation.)***

### III. Information Required for Documented Categorical Exclusions

If you checked "Yes" to any of the options in Part II, Section D, complete Part III and submit to FTA.

<b>A.</b>	<b>Detailed Project Description</b> Include a project description and explain how the proposal satisfies the purpose and need identified in Part I.
<b>B.</b>	<b>Location and Zoning</b> Attach a map identifying project location and surrounding land uses. Note any critical resource areas (historic, cultural or environmental) or sensitive noise or vibration receptors (schools, hospitals, churches, residences, etc.). Describe the existing zoning of the project area and whether the proposed project is consistent with it. Include a description of the community (geographic, demographic, economic, population characteristics) in the vicinity of the project.
<b>C.</b>	<b>Traffic</b> Describe potential traffic and parking impacts, including whether the existing roadways have adequate capacity to handle increased bus or other vehicular traffic. Include a map or diagram if the project will modify existing roadway configurations. Describe connectivity to other transportation facilities and modes.
<b>D.</b>	<b>Aesthetics</b> Will the project have an adverse effect on a scenic vista? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe  Will the project substantially degrade the existing visual character or quality of the site and its surroundings? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe  Will the project create a new source of substantial light or glare adversely affecting day or nighttime views in the area? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe

**E. Air Quality**

Does the project have the potential to impact air quality?

- NO
- YES, describe

Is the project located in an Environmental Protection Agency (EPA)-designated non-attainment or maintenance area?

- NO
- YES, indicate the criteria pollutant and contact FTA to determine if a hot spot analysis is necessary.
  - Carbon Monoxide (CO)
  - Ozone (O<sub>3</sub>)
  - Particulate Matter (PM<sub>10</sub>)

If the non-attainment area is also in a metropolitan area, was the project included in the MPO's Transportation Improvement Program (TIP) air quality conformity analysis?

- NO
- YES

Date of USDOT conformity finding

**F. Coastal Zone**

Is the proposed project located in a designated coastal zone management area?

- No
- Yes Describe coordination with State regarding consistency with the coastal zone management plan and attach the State finding, if available.

**G. Environmental Justice**

Indicate whether the project will have disproportionately high or adverse impacts on minority or low-income populations and describe them. Describe outreach efforts targeted specifically at minority or low-income populations.

**H. Floodplains**

Is the proposed project located within the Federal Emergency Management Agency (FEMA) 100-year floodplain?

- No
- Yes, describe potential impacts and include the FEMA map with the project location identified.

**I. Hazardous Materials**

Is there any known or potential contamination at the project site?

- No, describe the steps taken to determine whether hazardous materials are present on the site.
- Yes, note mitigation and clean-up measures that will be taken to remove hazardous materials from the project site.

**J. Navigable Waterways**

*Does the proposed project cross or have the potential to impact a navigable waterway?*

- No
- Yes, describe potential impacts and any coordination with the US Coast Guard.

**K. Noise and vibration**

Does the project have the potential to increase noise or vibration?

- NO
- YES, describe impact and provide map identifying sensitive receptors such as schools, hospitals, parks and residences. If the project will result in a change in noise and vibration sources, you must use FTA's "Transit Noise and Vibration Impact Assessment" methodology to determine impact.

**L. Prime and Unique Farmlands**

Does the proposal involve the use of any prime or unique farmlands?

- No
- Yes, describe potential impacts and any coordination with the Soil Conservation Service of the U.S. Department of Agriculture.

**M. Resources**

Does the project have the potential to impact any of the resources listed below?

- NO
- YES Describe resource and impacts. Impacts to cultural, historic, or recreational properties may trigger Section 4(f) evaluation, which requires consideration of avoidance alternatives.

Natural

Cultural

Historic - Indicate whether there are any historic resources in the vicinity of the project. Attach photos of structures more than 45 years old that are within or adjacent to the project site.

Recreational

Biological - The project sponsor must obtain a list of threatened and endangered species in the project area from the US Fish and Wildlife Service (USFWS) and the National Oceanic and Atmospheric Administration-Fisheries (NOAA-Fisheries). Attach a current species map (within six (6) months). Describe any critical habitat, essential fish habitat or other ecologically sensitive areas. See the Region 10 web site more information.

Other, describe

**N. Seismic**

Are there any unusual seismic conditions in the project vicinity? If so, indicate on project map and describe the seismic standards to which the project will be designed.

- No
- Yes, describe

**O. Water Quality**

Does the project have the potential to impact water quality, including during construction.

- No
- Yes, describe potential impacts

Will there be an increase in new impervious surface or restored pervious surface?

- No
- Yes, describe potential impacts and proposed treatment for stormwater runoff.

Is the project located in the vicinity of an EPA-designated sole source aquifer?

- No
- Yes, describe potential impacts and include a map of the sole source aquifer with project location identified.

**P. Wetlands**

Does the proposal temporarily or permanently impact wetlands or require alterations to streams or waterways?

- No
- Yes, describe potential impacts

**Q. Construction Impacts**

Describe the construction plan and identify impacts due to construction noise, utility disruption, debris and spoil disposal, and staging areas. Address air and water quality impacts, safety and security issues, and disruptions to traffic and access to property.

**R. Cumulative and Indirect Impacts**

Are cumulative and indirect impacts likely?

No

Yes, describe the reasonably foreseeable:

a) Cumulative Impacts, which results from the incremental impact of the action when added to other past, present, and reasonably foreseeable future actions regardless of what agency (Federal or non-Federal) or person undertakes such other actions. Cumulative impacts can result from individually minor but collectively significant actions taking place over a period of time.

b) Indirect impacts, which are caused by the action and are later in time or farther removed in distance, but are still reasonably foreseeable. Indirect impacts may include growth inducing effects and other effects related to induced changes in the pattern of land use, population density or growth rate, and related effects on air, water and other natural systems, including ecosystems.

**S. Property Acquisition**

If property is to be acquired for the project, indicate whether acquisition will result in relocation of businesses or individuals.

**Note:** To ensure the eligibility for federal participation, grantees may not acquire property with either local or federal funds prior to completing the NEPA process and receiving written concurrence in the NEPA recommendation. For acquisitions over \$500,000, FTA concurrence in the property's valuation is also required.

**T. Public Notification**

Describe public outreach efforts undertaken on behalf of the project. Indicate opportunities for public hearings, (e.g., board meetings, open houses, special hearings). Indicate any significant concerns expressed by agencies or the public regarding the project.

**U. Mitigation Measures**

Describe all measures to be taken to mitigate project impacts.

**V. Other Federal Actions**

Provide a list of other federal NEPA actions related to the proposed project or in the vicinity.

**W. State and Local Policies and Ordinances**

Is the project in compliance with all applicable state and local policies and ordinances?

No, describe

Yes

**X. Related Federal and State/Local Actions**

- Corps of Engineers (Section 10, Section 404)
- Coast Guard Permit
- Coastal Zone Management Certification
- Critical Area Ordinance Permit
- ESA and EFH Compliance
- Flood Plain Development Permit
- Forest Practice Act Permit
- Hydraulic Project Approval
- Local Building or Site Development Permits
- Local Clearing and Grubbing Permit
- National Historic Preservation Act-Section 106
- National Pollutant Discharge Elimination System Baseline General for Construction
- Shoreline Permit
- Solid Waste Discharge Permit
- Sole Source Aquifer
- Section 4(f) or 6(f) (Recreational and Historic Properties)
- Section 106 (Historic Properties)
- Stormwater Site Plan (SSP)
- Temporary Erosion and Sediment Control Plan (TESC)
- Water Rights Permit
- Water Quality Certification—Section 401
- Tribal Permits (if any, describe below)
- Other

Describe as applicable:

**Y. Submitted By:**

	<b>Date:</b>
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**Z. Approved By:**

<i>Federal Transit Administration</i>	<b>Date:</b>
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**APPLICANTS: SUBMIT THIS DCE FORM WITH YOUR 2013-15 5310 GRANT APPLICATION**