

Oregon Department of Transportation
Rail and Public Transit
STIF Discretionary and Statewide Transit Network
2/1/2019 deadline

SMART-City of Wilsonville
SMART Express Medical Shuttle

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Provider Information

1. Transit Agency Type

- City
- County
- Mass Transit District
- Transportation District
- Special District
- Intergovernmental Entity
- Municipal/Public Corporation or other political subdivision
- Indian Tribe
- Non-Profit
- Private For-Profit

2. What is the main type of service that will be supported by this grant?

- Fixed Route
- Demand Response
- Deviated Fixed Route

Risk Assessment Information

This risk assessment section contains a subset of the entire risk assessment. The entire risk assessment will be populated with the answers you provide in this section and data already reported to RPTD. Please contact Andrew.S.Keefe@odot.state.or.us for assistance.

3. Did your agency have any turnover of management or financial staff in the last 2 years?

- Yes
- No

4. Does your agency have an accounting system that allows you to completely and accurately track the receipt and disbursement of funds related to the award?

- Yes
- No

5. What type of accounting system does your agency use?

- Manual
- Automated
- Combined

6. Does your agency have a system in place that will account for 100% of each employee's time?

- Yes
- No

7. Did your staff members attend required training and meetings during prior grant awards?

- Yes
- No

8. Was your agency audited by the Federal government in the past 2 years?

- Yes
- No

9. If yes, did the audit result in one or more audit findings?

- Yes
- No
- N/A

10. Did your agency stay on budget in the past two years?

- Yes
- No

Applicant Qualifications

11. Describe how your agency has legal, managerial and operational capacity to perform and report on project progress within the scope, schedule and budget. (Operational capacity specifically for workload of projects in this application.)

Enter response in text box or upload your response on the Document Upload tab of the application and write "See Upload."

SMART directly employs 30 bus operators, 7 maintenance personnel, 3 supervisors, 2 dispatchers, and 6 administrative staff, including an award winning Transit Director and Fleet Manager. An Operations Manager, Grants & Programs Manager, and Transit Management Analyst round out the core leadership team. SMART's professional transit management staff is supported by the City of Wilsonville's Finance, Legal, Community Development and Project Management staff. These City Departments work together with SMART to ensure the transit system has the necessary technical, financial, and legal capacity to manage, administer, and successfully implement major projects and meet federal and state grant obligations.

SMART and the City of Wilsonville have no outstanding legal, technical or financial issues that would put this project at risk. It should be noted that the City undergoes an independent annual financial audit, and has received an "unqualified opinion" from the auditor. Since 1997, the City's Finance Department has been recognized annually by the Governmental Finance Officers Association (GFOA) for producing award-level comprehensive annual financial reports. The department has also received the annual award for outstanding budget documents every year since 1998, The City of Wilsonville has an "AA" bond rating as issued by both Moody's and Standard & Pears.

12. Capacity to Maintain Compliance

- By checking this box, the applicant certifies that if they are awarded funding they are able to meet or will have the capacity to maintain compliance with applicable federal, state and local laws and regulations including, and not limited to, those pertaining to passenger transportation, civil rights, labor, insurance, safety and health.

13. Does the applicant plan to use a Sub-Recipient or contractor to implement the grant supported activity?

- Yes
 No

14. If Yes, please list the Sub-Recipient(s) and describe how the applicant will provide sufficient Sub-Recipient/contractor oversight to ensure eligibility is maintained while receiving STIF Discretionary or Statewide Transit Network moneys.

If Yes, enter response in text box or upload response on the Document Upload tab and write "See Upload." If No, write N/A.

N/A

Project Information

Try to answer all questions, even if your project does not fit neatly within a category. No answer means a zero score.

15. Describe the project to be funded.

See application instructions for required content. Enter response in text box or upload response as an attachment in the Document Upload tab and write "See Upload."

SMART proposes operating a deviated fixed route medical shuttle to serve as an express between the Wilsonville Community Center and Legacy Meridian Park Medical Center in Tualatin, Oregon. The route will be limited deviated, providing service within 3/4 mile of the community center and 3/4 mile of the medical center (see attached deviated route map). SMART will purchase one CNG Cutaway bus in Fiscal Year (FY) 2019 and begin operating the shuttle in FY 2020. This service will be free and eliminate the multiple transfers required by the current fixed route.

The project reduces fragmentation for trips between the area surrounding Legacy Meridian Park Medical Center and Wilsonville. The Medical Shuttle is an express route that removes barriers such as multiple transfers, multiple fares, and indirect routing. The project connects Wilsonville, which is a community outside of TriMet's service district, to Legacy Meridian Medical Center, where TriMet offers connecting routes to Downtown Tualatin, Tigard, Beaverton, Lake Oswego and Portland.

Existing service requires Americans with Disabilities Act paratransit eligible passengers to make transfers between SMART and TriMet LIFT at Coffee Creek Correctional Facility. This Medical Shuttle will reduce or eliminate the number of transfers and provide a fixed schedule for increased reliability.

16. What Local Plans include this project and elements of the project?

See guidance for exemptions to this requirement.

1. Local plan name: 2018 Regional Transportation Plan

Governing body that adopted the plan: Metro Council

Plan adoption date: December 7, 2018

Plan web site address: oregonmetro.gov

Page number: Chapter 3, page 30

URL for plan: https://www.oregonmetro.gov/sites/default/files/2018/07/02/draft2018RTP_publicreviewweb.pdf

draft2018RTP_publicreviewweb.pdf

2. Local plan name: Transit Master Plan

Governing body that adopted the plan: City of Wilsonville City Council

Plan adoption date: June 19, 2017

Plan web site address: www.ridesmart.com

Page number: 62

URL for plan: https://www.ridesmart.com/sites/default/files/fileattachments/smart_transit/page/10376/final_tmp_with_hb2017_amendments_oct_2018.pdf

3. Local plan name: Transit Master Plan Amendment

Governing body that adopted the plan: City of Wilsonville City Council

Plan adoption date: October 15, 2018

Plan web site address: www.ridesmart.com

Page number: 155

URL for plan: https://www.ridesmart.com/sites/default/files/fileattachments/smart_transit/page/10376/final_tmp_with_hb2017_amendments_oct_2018.pdf

17. What is the minimum award amount that will still allow your project to proceed?

Enter an amount in dollars.

\$303,000

18. Select the fund source(s) that you think best aligns with your application.

Check all that apply

- STIF Discretionary
 STIF Intercommunity Discretionary
 FTA Section 5311 (f) Intercity Discretionary

Equity and Public Transportation Service to Low Income Households

(Score weights: Discretionary = 20%, STN = 10%)

19. Describe how the project supports and improves access for vulnerable populations.

SMART is proposing the implementation of an Express Medical Shuttle that serves a concentrated area of groups with high equity needs with direct service to medical facilities. To reduce the impact on communities with a high percentage of Low-Income Households, SMART is proposing the service be offered fare-free. Before starting operations of the shuttle, SMART will procure one cutaway bus that is fueled by natural gas. The shuttle will have pick-up from the Wilsonville Community Center, where many seniors already participate in senior programs.

Coordination of Public Transportation Services

(Score weights: Discretionary = 10%, STN = 30%)

20. Describe how the project is a collaboration of multiple agencies or involves consolidation, coordination, or resource sharing between agencies.

The proposed Express Medical Shuttle project has garnered support from the community through an extensive two year public outreach process and was emphasized in the Transit Integration Project. The outreach was completed after numerous stakeholders participated in workshops, surveys, interviews, and additional outreach opportunities. Details of the public outreach process is given in Appendix F of the Transit Master Plan (TMP). Wilsonville's City Council adopted the TMP in June 2017 allowing SMART to use it as a guiding document. The City Council supports improving intercity connectivity that offers more access between Wilsonville and neighboring communities.

This project was also coordinated with Legacy Meridian Park Medical Center and has received support from the mayors of Tualatin and Wilsonville.

Statewide Transit Network

(Score weights: Discretionary = 10%, STN = 30%)

21. Describe how the project supports and improves the utility of the statewide transit network, improves the passenger experience, benefits multiple transit providers, and/or creates a foundation for future statewide transit network improvements.

The Express Medical Shuttle removes barriers such as multiple transfers, multiple fares, and indirect routing. The project connects Wilsonville, which is outside of TriMet's service district, to Legacy Meridian Medical Center, where TriMet offers connecting routes to Downtown Tualatin, Tigard, Beaverton, Lake Oswego and Portland.

The project not only improves inter-community connections, supports low-income households, and improves customer service -- it also serves as a pilot project that can be replicated by other small urban transit agencies.

Funding and Strategic Investment

(Score weights: Discretionary = 20%, STN = 10%)

22. Describe how project match requirements will be met or exceeded. If this project will last beyond the 19-21 biennium, describe the plan for ongoing funding including match.

Describe why investment in this project makes sense both from the perspective of current need and long term Oregon transit needs.

The initial funding will cover the purchase of one CNG cutaway bus and one year of operation. Support beyond this grant period may be allocated through STF, STIF, and/or Section 5310 funding. SMART is partially funded by a .005% employment tax and maintains a reserve account designated specifically for grant matching requirements.

23. Does this project depend on other funding sources including other discretionary grant processes whose outcomes are uncertain?

If yes, identify the fund source and anticipated timing of funding certainty. If no, write N/A.

N/A

Environmental and Public Health

(Score weights: Discretionary = 15%, STN = 10%)

24. Describe how the project reduces greenhouse gas emissions, reduces pollution, and/or supports positive health outcomes.

SMART is dedicated to implementing green projects. SMART is installing digital, real-time bus schedules at the Transit Center, lighting bus stops with solar panels, expanding CNG capabilities, and putting electric buses into service. SMART has set the goal to convert its fleet to zero emissions by 2028.

This project includes the purchase of one CNG cutaway bus, further reducing greenhouse gases. It also supports positive health outcomes for seniors and persons with disabilities of any age by connecting them to medical services through free and reliable transportation.

Finally, this project has the potential of significantly reducing SOV by providing group rides as opposed to the current DAR system, often providing one passenger per trip.

Safety, Security, and Community Livability

(Score weights: Discretionary = 25%, STN = 10%)

25. Describe how the project increases use and participation in active transportation, including public transportation.

SMART has a robust Transportation Options (TO) Program, offering a large suite of services to, ultimately, improve ridership and active transportation and reduce SOV and greenhouse emissions. Passengers on the Express Medical Shuttle provides more opportunities to reach these riders with TO information, such as Walk SMART and Senior Trips. This is done in a number of ways and can include web site information, Facebook, and channel cards in the buses. Outreach opportunities can also be accomplished through mobile applications.

For the elderly and persons with disabilities of all ages, the Express Medical Shuttle will provide safe, reliable, and free service to their medical appointments, increasing their use of public transportation.

26. Describe how the project supports and improves safety of passengers in transit vehicles and safety of other roadway users.

In 2016, about 7,400 older adults (aged 65+) were killed and more than 290,000 were treated in emergency departments for motor vehicle crash injuries. This amounts to 20 older adults killed and 794 injured in crashes on average every day (CDC, https://www.cdc.gov/injury/wisqars/index.html).

There were almost 42 million licensed older drivers in 2016, which is a 56 percent increase from 1999 (Federal Highway Administration, https://www.fhwa.dot.gov/policyinformation/statistics/2016).

The Express Medical Shuttle will take some seniors off the road, increasing their safety as well as other roadway users.

Capital Assets

Capital assets are items that cost at least \$5,000 and have a useful life of at least 3 years.

27. Describe proposed capital purchases. Enter asset details in the Budget and Project Tables tab.

For capital construction projects, additional documentation will be required in the Document Upload tab. See guidance for more information. If no capital assets are included in your application, write N/A.

This project includes the purchase of one cutaway CNG bus.

Budget and Project Tables [top](#)

Project Category and Fund Source

Project Category	Project Cost	Other Fund Source (Federal)	Other Fund Source (State)	Other Fund Source (Local)	Other Fund Source (Other)	Project Category Totals
Vehicle Purchase - Expansion	\$	\$	\$ 89,000	\$ 22,250	\$	\$ 111,250
Vehicle Purchase - Replacement or Right-Sizing	\$	\$	\$	\$	\$	\$ 0
Equipment Purchase	\$	\$	\$	\$	\$	\$ 0
Facility Purchase	\$	\$	\$	\$	\$	\$ 0
Signs/Shelters Purchase	\$	\$	\$	\$	\$	\$ 0
Planning	\$	\$	\$	\$	\$	\$ 0
Project Administration	\$	\$	\$	\$	\$	\$ 0
Operating	\$	\$	\$ 214,000	\$ 53,500	\$	\$ 267,500
Preventive Maintenance	\$	\$	\$	\$	\$	\$ 0
Mobility Management	\$	\$	\$	\$	\$	\$ 0
Total	\$ 0	\$ 0	\$ 303,000	\$ 75,750	\$ 0	\$378,750

Project Totals and Match Rate

Fund Source	Total Project Amount (Grant Amount + Match Amount)	Match Rate	Grant Amount	Match Amount	Match Sources	Overmatch Amount (If Any)	Match Funding is available if project is awarded?	Date match available	% of Funds used for Demand Response Transportation	% of Funds used for Fixed Route Transportation
STIF Discretionary - All Project Categories (20% Match)	\$ 378,750	20 %	\$ 303,000	\$ 75,750	.005 transit tax Text	\$	Yes Yes/No	02/01/2019 xx/xx/xxxx	%	100 %
STIF Discretionary - All Project Categories, Qualified Projects (10% Match)	\$	%	\$ 0	\$ 0	Text	\$	Yes/No	xx/xx/xxxx	%	100 %
STIF Intercommunity Discretionary - All Project Categories (20% Match)	\$ 378,750	20 %	\$ 303,000	\$ 75,750	.005 transit tax Text	\$	Yes Yes/No	02/01/2019 xx/xx/xxxx	%	100 %
STIF Intercommunity Discretionary - All Project Categories, Qualified Projects (10% Match)	\$	%	\$ 0	\$ 0	Text	\$	Yes/No	xx/xx/xxxx	%	100 %
5311 (f) Intercity - Operating (50% Match)	\$	%	\$ 0	\$ 0	Text	\$	Yes/No	xx/xx/xxxx	%	100 %
5311 (f) Intercity - Capital, Planning, Project Administration, Preventive Maintenance, Mobility Management (20% Match)	\$	%	\$ 0	\$ 0	Text	\$	Yes/No	xx/xx/xxxx	%	100 %

Vehicle Purchase

Vehicle Purchase	Vehicle Purchase Type	VIN of vehicle being replaced	Make	Model	Vehicle Category	Quantity	Unit Cost	Total Cost	Seats	ADA Stations	Seats w/ADA Stations Deployed	Fuel Type	Estimated Order Date	Estimated Delivery Date	Mileage	Date of Reading	Seller	Vehicle Condition
Vehicle Purchase 1	Expansion/Replacement	Only answer if replacing vehicle	Eldorado Text	Aerotech Text	C Select Letter (A-E)	1 #	\$ 113,000	\$ 113,000	18 #	2 #	20 #	CNG/G/D/BD/E/HG/CNG/OF	11/20/2019 xx/xx/xxxx	03/01/2020 xx/xx/xxxx	Only answer if used vehicle	Only answer if used vehicle	Only answer if used vehicle	Only answer if used vehicle

Vehicle Purchase 2	Expansion/Replacement	Only answer if replacing vehicle	Text	Text	Select Letter (A-E)	#	\$	\$ 0	#	#	#	G/D/BD/E/HG/CNG/OF	xx/xx/xxxx	xx/xx/xxxx	Only answer if purchasing used vehicle	Only answer if purchasing used vehicle	Only answer if purchasing used vehicle	Only answer if purchasing used vehicle
Vehicle Purchase 3	Expansion/Replacement	Only answer if replacing vehicle	Text	Text	Select Letter (A-E)	#	\$	\$ 0	#	#	#	G/D/BD/E/HG/CNG/OF	xx/xx/xxxx	xx/xx/xxxx	Only answer if purchasing used vehicle	Only answer if purchasing used vehicle	Only answer if purchasing used vehicle	Only answer if purchasing used vehicle
Vehicle Purchase 4	Expansion/Replacement	Only answer if replacing vehicle	Text	Text	Select Letter (A-E)	#	\$	\$ 0	#	#	#	G/D/BD/E/HG/CNG/OF	xx/xx/xxxx	xx/xx/xxxx	Only answer if purchasing used vehicle	Only answer if purchasing used vehicle	Only answer if purchasing used vehicle	Only answer if purchasing used vehicle
Vehicle Purchase 5	Expansion/Replacement	Only answer if replacing vehicle	Text	Text	Select Letter (A-E)	#	\$	\$ 0	#	#	#	G/D/BD/E/HG/CNG/OF	xx/xx/xxxx	xx/xx/xxxx	Only answer if purchasing used vehicle	Only answer if purchasing used vehicle	Only answer if purchasing used vehicle	Only answer if purchasing used vehicle
Vehicle Purchase 6	Expansion/Replacement	Only answer if replacing vehicle	Text	Text	Select Letter (A-E)	#	\$	\$ 0	#	#	#	G/D/BD/E/HG/CNG/OF	xx/xx/xxxx	xx/xx/xxxx	Only answer if purchasing used vehicle	Only answer if purchasing used vehicle	Only answer if purchasing used vehicle	Only answer if purchasing used vehicle
Vehicle Purchase 7	Expansion/Replacement	Only answer if replacing vehicle	Text	Text	Select Letter (A-E)	#	\$	\$ 0	#	#	#	G/D/BD/E/HG/CNG/OF	xx/xx/xxxx	xx/xx/xxxx	Only answer if purchasing used vehicle	Only answer if purchasing used vehicle	Only answer if purchasing used vehicle	Only answer if purchasing used vehicle
Vehicle Purchase 8	Expansion/Replacement	Only answer if replacing vehicle	Text	Text	Select Letter (A-E)	#	\$	\$ 0	#	#	#	G/D/BD/E/HG/CNG/OF	xx/xx/xxxx	xx/xx/xxxx	Only answer if purchasing used vehicle	Only answer if purchasing used vehicle	Only answer if purchasing used vehicle	Only answer if purchasing used vehicle
Vehicle Purchase 9	Expansion/Replacement	Only answer if replacing vehicle	Text	Text	Select Letter (A-E)	#	\$	\$ 0	#	#	#	G/D/BD/E/HG/CNG/OF	xx/xx/xxxx	xx/xx/xxxx	Only answer if purchasing used vehicle	Only answer if purchasing used vehicle	Only answer if purchasing used vehicle	Only answer if purchasing used vehicle
Vehicle Purchase 10	Expansion/Replacement	Only answer if replacing vehicle	Text	Text	Select Letter (A-E)	#	\$	\$ 0	#	#	#	G/D/BD/E/HG/CNG/OF	xx/xx/xxxx	xx/xx/xxxx	Only answer if purchasing used vehicle	Only answer if purchasing used vehicle	Only answer if purchasing used vehicle	Only answer if purchasing used vehicle

Vehicle Replacement Information

Vehicles to Be Replaced	Year	Make	Model	Vehicle Category	VIN	Seats	ADA Stations	Seats with ADA Stations Deployed	Fuel Type	Vehicle Mileage	Disposal Type	Vehicle Condition	Vehicle Maintenance History
Vehicle Replaced 1	xxxx	Text	Text	Select Letter (A-E) digits	17	#	#	#	G/D/BD/E/HG/CNG/OF	#	Sale/Donate/Salvage	Good/Adequate/Marginal/Poor	Also include Right-sizing justification if applicable.
Vehicle Replaced 2	xxxx	Text	Text	Select Letter (A-E) digits	17	#	#	#	G/D/BD/E/HG/CNG/OF	#	Sale/Donate/Salvage	Good/Adequate/Marginal/Poor	Also include Right-sizing justification if applicable.
Vehicle Replaced 3	xxxx	Text	Text	Select Letter (A-E) digits	17	#	#	#	G/D/BD/E/HG/CNG/OF	#	Sale/Donate/Salvage	Good/Adequate/Marginal/Poor	Also include Right-sizing justification if applicable.
Vehicle Replaced 4	xxxx	Text	Text	Select Letter (A-E) digits	17	#	#	#	G/D/BD/E/HG/CNG/OF	#	Sale/Donate/Salvage	Good/Adequate/Marginal/Poor	Also include Right-sizing justification if applicable.
Vehicle Replaced 5	xxxx	Text	Text	Select Letter (A-E) digits	17	#	#	#	G/D/BD/E/HG/CNG/OF	#	Sale/Donate/Salvage	Good/Adequate/Marginal/Poor	Also include Right-sizing justification if applicable.
Vehicle Replaced 6	xxxx	Text	Text	Select Letter (A-E) digits	17	#	#	#	G/D/BD/E/HG/CNG/OF	#	Sale/Donate/Salvage	Good/Adequate/Marginal/Poor	Also include Right-sizing justification if applicable.
Vehicle Replaced 7	xxxx	Text	Text	Select Letter (A-E) digits	17	#	#	#	G/D/BD/E/HG/CNG/OF	#	Sale/Donate/Salvage	Good/Adequate/Marginal/Poor	Also include Right-sizing justification if applicable.
Vehicle Replaced 8	xxxx	Text	Text	Select Letter (A-E) digits	17	#	#	#	G/D/BD/E/HG/CNG/OF	#	Sale/Donate/Salvage	Good/Adequate/Marginal/Poor	Also include Right-sizing justification if applicable.
Vehicle Replaced 9	xxxx	Text	Text	Select Letter (A-E) digits	17	#	#	#	G/D/BD/E/HG/CNG/OF	#	Sale/Donate/Salvage	Good/Adequate/Marginal/Poor	Also include Right-sizing justification if applicable.
Vehicle Replaced 10	xxxx	Text	Text	Select Letter (A-E) digits	17	#	#	#	G/D/BD/E/HG/CNG/OF	#	Sale/Donate/Salvage	Good/Adequate/Marginal/Poor	Also include Right-sizing justification if applicable.

Equipment, Bus Stop Amenities, and Other Assets

Equipment, Signs, Shelters, Facilities, Land	Item Description	Model Number	Quantity	Estimated Unit Cost	Total Cost	Expected Order Date	Expected Delivery Item Date Location	Lot Size	Square Footage	If breaking ground, have you filled out DCE?
Row 1	Text		#	\$	\$ 0	xx/xx/xxxx	xx/xx/xxxx			☐ If Applicable
Row 2	Text		#	\$	\$ 0	xx/xx/xxxx	xx/xx/xxxx			☐ If Applicable
Row 3	Text		#	\$	\$ 0	xx/xx/xxxx	xx/xx/xxxx			☐ If Applicable
Row 4	Text		#	\$	\$ 0	xx/xx/xxxx	xx/xx/xxxx			☐ If Applicable
Row 5	Text		#	\$	\$ 0	xx/xx/xxxx	xx/xx/xxxx			☐ If Applicable
Row 6	Text		#	\$	\$ 0	xx/xx/xxxx	xx/xx/xxxx			☐ If Applicable
Row 7	Text		#	\$	\$ 0	xx/xx/xxxx	xx/xx/xxxx			☐ If Applicable
Row 8	Text		#	\$	\$ 0	xx/xx/xxxx	xx/xx/xxxx			☐ If Applicable
Row 9	Text		#	\$	\$ 0	xx/xx/xxxx	xx/xx/xxxx			☐ If Applicable
Row 10	Text		#	\$	\$ 0	xx/xx/xxxx	xx/xx/xxxx			☐ If Applicable

Document Upload [top](#)

Documents Requested *

- Document 1
- Document 2
- Document 3
- Document 4
- Document 5
- Document 6

Required?

Attached Documents *

- [Service Area](#)
- [Medical Shuttle Route](#)
- [Medical Shuttle Route Deviated](#)

Document 7

Document 8

Document 9

Document 10

*ZoomGrants™ is not responsible for the content of uploaded documents.

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