

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

Sunset Empire Transportation District Astoria - Portland Inter-community

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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."

SETD has the capacity to manage and operate this project. The Executive Director oversees all projects within the District. The Chief Operating Officer is responsible for the day to day operation of all projects. The Finance Officer is responsible for grant management and reporting on all grants. It should be noted that we will be replacing our financial software, QuickBooks, July 1, 2019 with a more robust software package that is better suited for grant management. SETD contracts with a local legal firm for legal counsel.

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."

This project provides three round trips per day, 362 days per year from the Astoria Transit Center to Union Station in Portland traveling along Highway 30. This project will have limited stops in both Clatsop County and Columbia County. Both Columbia County Rider and Sunset Empire Transportation District (SETD) are partners in the Northwest Oregon Transit Alliance (NWOTA) providing seamless connections from the Portland metro area and the Willamette Valley to the coast and travel from Astoria to Yachats. This route represents the northern route of the NW Connector. It will provide connections to the Amtrak Cascade Route providing service north to Vancouver B.C. and south to Eugene, OR.

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

See guidance for exemptions to this requirement.

The SETD Long Range Comprehensive Plan adopted on September 22, 2016 by the SETD Board of Commissioners, includes expanding the number of trips per day on the current Lower Columbia Route. It states, "Re-brand service as Route 30 Lower Columbia Connector. Provide a more robust four round trips per day (which enhance service to Svensen/Knappa in addition to Rainier).

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

Enter an amount in dollars.

565000

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.

In each community that this route will serve (Astoria, Clatskanie, Rainier, St. Helens, and Scappoose) there are significant low-income households. Astoria has 2,435 HH, Clatskanie has 914, Rainier has 938, St. Helens has 2,110, and Scappoose has 1,187 for a total of 7,584 low-income households.

This route will provide access to a route that will enable them to travel to Portland or Astoria for their recreational, shopping, medical, and educational needs.

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 Northwest Oregon Transit Alliance (NWOTA) was created in 2011 and operates under an Intergovernmental Agreement (IGA) with Columbia County, Sunset Empire Transportation District (SETD), Tillamook County Transportation District, Lincoln County, and Benton County as partners. NWOTA was formed to foster collaboration between the partner transit agencies for the coordination of public transit services, connection of transit service areas, and the provision of cost effective transit services within the territory served by the NWOTA parties. This project serves the northern most route in the NW Connector system.

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 collaborative efforts of NWOTA include promoting public transportation and the Connector system throughout NWOTA service areas; working cooperatively with the other NWOTA Parties to pursue grant funding, coordinate services and generally increase the visibility and viability of public transportation throughout the region through collaborative grant writing and marketing efforts; coordinating equipment and services associated with the interconnection of party service areas; and developing internal expertise, including personnel, to share among the Parties. Previously this route has been operated by both Columbia County and SETD and riders would connect to each transit provider in Rainier. This project will be streamlined to eliminate riders having to transfer. SETD will provide service on the entire route from Astoria to Portland. This project will also enhance the comfort of the ride by utilizing motor coaches on this route. The motor coaches will be equipped with wheelchair lifts and will have sufficient baggage storage areas. These motor coaches will be branded with the NW Connector logo to heighten awareness of the service. In order to provide additional rider convenience, we are including implementation of an E-fare program. We will be the test agency for NWOTA for this E-Fare program.

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.

For this project, we are proposing a 10% match due to the capital projects we are proposing and for being the operator of the route. By us operating the route on Highway 30, we are serving two counties providing connections to Union Station in Portland. We are keenly aware of the challenging financial constraints that Columbia County has with their transit system. We feel that by us operating the route this biennium will give them the time to focus on their local service and work on long term financial strategies. When they become stable again, we envision working together on this route again, sharing local resources to provide the service. By enhancing this route, it will show our elected leaders how NWOTA is supporting and showcasing the Oregon Public Transportation Plan.

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.

By reducing the amount of automobiles on Highway 30 and increasing ridership on this route through a more streamlined route with motor coaches, a reduction in greenhouse gas emissions can be significant. Our marketing efforts to encourage bicycle travelers on our route to the coast so they can travel the Oregon Coast Bike Trail will support positive health outcomes.

Safety, Security, and Community Livability

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

We will be enhancing marketing efforts targeting bicycle users to come to the coast on this route so they can travel on the Oregon Coast Bike Trail. We will also be doing the same type of marketing in Clatsop County to promote bicycle use in the Portland metro area.

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

Reducing the amount of single occupancy vehicles on the highways is a key priority for SETD. As a tourist destination, we recently were part of the Travel Oregon North Coast Tourism Studio. The focus on this Studio was about managing the impact of tourism in our area. Not only is congestion an issue on Highway 30, but safety is another primary concern especially in Clatsop County, is notoriously dangerous. This article, https://www.dailystar.com/news/local/dangerous-approach/article_9dfc92f9-3d29-5da0-8fd3-e01312a4f2fe.html, shows that between 2012 and 2016, 298 accidents occurred in the 26 mile stretch of the highway east of Astoria causing 253 injuries and 9 deaths. For the entire route we are proposing, there have been a total of 2047 accidents in the 5 year period. From 2012 to 2016, there was a total crash increase of 37%.

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.

We are proposing to purchase two used motor coaches along with an E-fare system. We will be utilizing the TouchPass system from Delerock. This system is the same one that Rogue Valley Transportation District is using and Central Oregon Intergovernmental Council's Cascades East Transit is also using. We looked at the Hop Fastpass system that Trimet uses but it was cost prohibitive for an agency our size. It was estimated to be between \$387,699 and \$584,978.

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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	\$ 170,000	\$	\$	\$	\$	\$ 170,000
Vehicle Purchase - Replacement or Right-Sizing	\$	\$	\$	\$	\$	\$ 0
Equipment Purchase	\$ 90,000	\$	\$	\$	\$	\$ 90,000
Facility Purchase	\$	\$	\$	\$	\$	\$ 0
Signs/Shelters Purchase	\$	\$	\$	\$	\$	\$ 0
Planning	\$	\$	\$	\$	\$	\$ 0
Project Administration	\$ 10,000	\$	\$	\$	\$	\$ 10,000
Operating	\$ 530,000	\$	\$	\$	\$	\$ 530,000
Preventive Maintenance	\$ 20,000	\$	\$	\$	\$	\$ 20,000
Mobility Management	\$	\$	\$	\$	\$	\$ 0
Total	\$ 820,000	\$ 0	\$ 0	\$ 0	\$ 0	\$820,000

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)	\$	%	\$ 0	\$ 0	Text	\$	Yes/No	xx/xx/xxxx	%	100 %
STIF Discretionary - All Project Categories, Qualified Projects (10% Match)	\$ 820,000	10 %	\$ 738,000	\$ 82,000	Property tax/timber rev. Text	\$	Yes Yes/No	12/1/2019 xx/xx/xxxx	0 %	100 %
STIF Intercommunity Discretionary - All Project Categories (20% Match)	\$	%	\$ 0	\$ 0	Text	\$	Yes/No	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	MCI Text	102-DL3 Text	A Select Letter (A-E)	2 #	\$ 85,000	\$ 170,000	57 #	2 #	45 #	D G/D/BD/E/HG/CNG/OF	8/19/2019 xx/xx/xxxx	12/02/2019 xx/xx/xxxx	600,000	12/21/18	Complete	Good
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	Only	Only	Only
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	Only	Only	Only
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	Only	Only	Only
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	Only	Only	Only
Vehicle	Expansion/Replacement	Only	Text	Text	Select	#	\$	\$ 0	#	#	#	G/D/BD/E/HG/CNG/OF	xx/xx/xxxx	xx/xx/xxxx	Only	Only	Only	Only

Purchase 6		answer if replacing vehicle			Letter (A-E)									answer if purchasing used vehicle	answer if purchasing used vehicle	answer if purchasing used vehicle	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 Date	Item Location	Lot Size	Square Footage	If breaking ground, have you filled out DCE?
Row 1	E-Fare System Text	TouchPass	1 #	\$ 90,000	\$ 90,000	08/30/2019 xx/xx/xxxx	12/02/2019 xx/xx/xxxx				e If Applicable
Row 2	Text		#	\$	\$ 0	xx/xx/xxxx	xx/xx/xxxx				e If Applicable
Row 3	Text		#	\$	\$ 0	xx/xx/xxxx	xx/xx/xxxx				e If Applicable
Row 4	Text		#	\$	\$ 0	xx/xx/xxxx	xx/xx/xxxx				e If Applicable
Row 5	Text		#	\$	\$ 0	xx/xx/xxxx	xx/xx/xxxx				e If Applicable
Row 6	Text		#	\$	\$ 0	xx/xx/xxxx	xx/xx/xxxx				e If Applicable
Row 7	Text		#	\$	\$ 0	xx/xx/xxxx	xx/xx/xxxx				e If Applicable
Row 8	Text		#	\$	\$ 0	xx/xx/xxxx	xx/xx/xxxx				e If Applicable
Row 9	Text		#	\$	\$ 0	xx/xx/xxxx	xx/xx/xxxx				e If Applicable
Row 10	Text		#	\$	\$ 0	xx/xx/xxxx	xx/xx/xxxx				e If Applicable

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Documents Requested *	Required?	Attached Documents *
Document 1		Advisory Committee Bylaws
Document 2		Long Range Comprehensive Transportation Plan
Document 3		
Document 4		
Document 5		
Document 6		
Document 7		
Document 8		
Document 9		
Document 10		

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

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