

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

Grant County Transportation District Vehicle Hardware/Software

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Project Contact

Angie Jones
peoplemover@ortelco.net
Tel: 5415752370

Additional Contacts
kbltc@centurytel.net

Grant County Transportation District

PO BOX 126
229 NE Dayton St
John Day, OR 97845

Board Chairman
Deronda Lallatin
dlallatin@yahoo.com

Telephone 5415752370
Fax 5415752162
Web grantcountypeoplemover.com
EIN 931062268

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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."

Grant County Transportation District (GCTD) is the Qualified Entity for Grant County. GCTD was formed as a Transportation District through ORS 267.080 -- 267.510 on December 5, 1990. GCTD is governed by a Board of Directors (BOD) comprising of seven members who are elected At-Large. The BOD set policy and procedure as recommended by the District Manager, with guidance from Special Districts Association of Oregon, ODOT RPTD, FTA, and FMSCA.

GCTD employs 1 District Manager, 1.5 Dispatchers, 10 Drivers & 1 contract bookkeeper.

GCTD currently has five 12 passenger cutaways, two 18 passenger cutaways, one 8 passenger Ford Transit and two minivans, all ADA.

January 16, 2019 GCTD started two fare free deviated fixed routes with the STIF formulary that supports the need for vehicle tracking, real-time passenger travel information and the other hardware associated with the iTransitNW system integration.

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."

Purchase of hardware and software for 5 vehicles to allow realtime passenger tracking for our vehicles with basic tracking for 3 additional vehicles. As well as automated stop announcements and potentially passenger counting on the fare free DFR's, Intercity and Demand Response vehicles. Additional option include an app specific to GCTD for passengers that could be accessed Android or Apple devices.

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

See guidance for exemptions to this requirement.

Grant County Coordinated Human Service Public Transportation Plan 6/2016 pg 41 & 48

STIF Priority List: <https://grantcountypeoplemover.com/priority-explanation/>

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

Enter an amount in dollars.

124275

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.

This project would allow passengers to have real-time access to bus locations for stop planning. This would be especially helpful to passengers during inclement weather. This project would include Internal Next Stop signage that would accommodate passengers with hearing difficulties.

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.

We are partnered with Valley Transit and their iTransitNW.com system which provides passengers with valuable public transportation information and trip planning capabilities, and hope to be able to install hardware which will allow the public to track our vehicles realtime which would allow passengers to predict stop arrival time during inclement weather and during other unforeseen events.

We are currently partnered with Community Connections of NE Oregon for the Adept dispatching software. Multiple agencies are engaged in this resource sharing, including Baker County, Union County, Wallowa County and Gilliam County.

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 real-time tracking and other capabilities of this software/hardware will be used on our Intercity, Intercommunity, free fare Deviated Fixed Routes and Demand Response systems. The current collaboration with iTransitNW.com allows any passenger anywhere the ability to look at our system and determine where the vehicle is whether the bus is in Bend, OR, John Day, OR or Walla Walla, WA. This system will allow for better interagency communication, as other transit systems that we connect with will also have access to the real-time data and trip planning for their passengers. This system has the potential to provide one platform for a passenger to plan a trip and to get real-time data from any public transportation system in the PNW, should additional systems come on board. There are currently 7 transit agencies involved in this project.

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.

Because GCTD was involved in Valley Transit's initial federal grant application to put together the iTransitNW.com system, we are also able to get guaranteed contract prices at a lower rate than agencies not involved in the initial project. Waiting an additional 2 or 3 years could jeopardize the ability to make use of the current contract, and increase the prices on the hardware and software.

The hardware and software will require ongoing annual maintenance. This grant is including the annual cost of this maintenance for the period of the 19-21 biennium.

Matching funds for this project will come from contract revenues. We plan to continue to use contract revenues to fund the annual system maintenance cost along with a 5311f grant.

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.

This assists passengers in trip planning and has the potential to decrease single occupancy vehicle trips by allowing passengers to track our vehicles in real-time by increasing ridership on our public transportation buses.

This assists in reducing pollution and offers passengers additional modes of transportation which includes walking or biking for the first mile/last mile on fare free deviated fixed routes. Reducing congestion and decreasing the impact on infrastructure.

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.

Passengers would be able to trip plan and real-time track our vehicles. This reduces wait time at bus stops, especially during inclement weather and allows for a more positive passenger experience which will have an positive impact on ridership. The happier passengers are with public transportation, the more likely they are to use it and refer their friends to it. Because we travel to multiple destinations regionally, this project has the potential to impact passengers throughout the region.

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

Public transportation is safer than single occupant travel. In addition to the potential to decrease single occupant travel by adding capacity to our fleet, having a newer vehicle reduces costs associated with breakdowns. This vehicle will also be equip with audio and video surveillance for passenger safety, as well as be ADA accessible increasing disabled individuals ability to safely enter and exit the vehicle.

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.

The equipment is expected to have an average 7 year useful life.

8 buses, 5 Medius/MSlate, 3 basic tracking: \$85,000

Additional Options:

\$800 per bus – Engine Diagnostics

\$1,700 per bus – Internal Next-Stop Sign

and Apple/Andriod App specific to GCTD would cost an additional \$20,000.

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	\$	\$	\$	\$	\$	\$ 0
Vehicle Purchase - Replacement or Right-Sizing	\$	\$	\$	\$	\$	\$ 0
Equipment Purchase	\$ 111,847	\$	\$	\$ 12,428	\$	\$ 124,275
Facility Purchase	\$	\$	\$	\$	\$	\$ 0
Signs/Shelters Purchase	\$	\$	\$	\$	\$	\$ 0
Planning	\$	\$	\$	\$	\$	\$ 0
Project Administration	\$	\$	\$	\$	\$	\$ 0
Operating	\$	\$	\$	\$	\$	\$ 0
Preventive Maintenance	\$	\$	\$	\$	\$	\$ 0
Mobility Management	\$	\$	\$	\$	\$	\$ 0
Total	\$ 111,847	\$ 0	\$ 0	\$ 12,428	\$ 0	\$124,275

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)	\$ 124,275	10 %	\$ 111,848	\$ 12,428	Contract Revenue Text	\$	yes Yes/No	07/01/2019 xx/xx/xxxx	%	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	Text	Text	Select Letter (A-E)	#	\$	\$ 0	#	#	#	G/D/BD/E/HG/CNG/OF	xx/xx/xxxx	xx/xx/xxxx	Only used vehicle	Only used vehicle	Only used vehicle	Only 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 used vehicle	Only used vehicle	Only used vehicle	Only used vehicle
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 3		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 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)	17 digits	#	#	#	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)	17 digits	#	#	#	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)	17 digits	#	#	#	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)	17 digits	#	#	#	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)	17 digits	#	#	#	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)	17 digits	#	#	#	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)	17 digits	#	#	#	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)	17 digits	#	#	#	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)	17 digits	#	#	#	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)	17 digits	#	#	#	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	Basic Vehicle tracking - Connexionz Text		3 #	\$ 4,125	\$ 12,375	11/1/2019 xx/xx/xxxx	12/31/2019 xx/xx/xxxx	Delivered to and installed on GCTD vehicles at 229 NE Dayton St, John Day, OR			e If Applicable
Row 2	5 Medius/MSlate devices - Connexionz Text		5 #	\$ 7,500	\$ 37,500	11/01/2019 xx/xx/xxxx	12/31/2019 xx/xx/xxxx	Delivered to and installed on GCTD vehicles at 229 NE Dayton St, John Day, OR			e If Applicable
Row 3	Internal Next-Stop Sign - Connexionz Text		5 #	\$ 1,700	\$ 8,500	11/01/2019 xx/xx/xxxx	12/31/2019 xx/xx/xxxx	Delivered to and installed on GCTD vehicles at 229 NE Dayton St, John Day, OR			e If Applicable
Row 4	Engine Diagnostics - Connexionz Text		8 #	\$ 800	\$ 6,400	11/01/2019 xx/xx/xxxx	12/31/2019 xx/xx/xxxx	Delivered to and installed on GCTD vehicles at 229 NE Dayton St, John Day, OR			e If Applicable
Row 5	Automated Passenger Counters - Connexionz Text		5 #	\$ 7,500	\$ 37,500	11/01/2019 xx/xx/xxxx	12/31/2019 xx/xx/xxxx	Delivered to and installed on GCTD vehicles at 229 NE Dayton St, John Day, OR			e If Applicable
Row 6	Training and installation by Connexionz Text		1 #	\$ 4,000	\$ 4,000	11/01/2019 xx/xx/xxxx	12/31/2019 xx/xx/xxxx	Delivered to and installed on GCTD vehicles at 229 NE Dayton St, John Day, OR			e If Applicable
Row 7	2 year maintenance contract Text		1 #	\$ 18,000	\$ 18,000	11/01/2019 xx/xx/xxxx	12/31/2019 xx/xx/xxxx	Delivered to and installed on GCTD vehicles at 229 NE Dayton St, John Day, OR			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

Documents Requested *	Required?	Attached Documents *
Document 1		GCTD Coordinated Transportation Plan STIF Website and committe members
Document 2		Budgeting Estimate from Connexionz
Document 3		TtransitNW Website - screen capture
Document 4		
Document 5		
Document 6		
Document 7		
Document 8		
Document 9		
Document 10		

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

Application ID: 134753

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