

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

## Grant County Transportation District John Day to Ontario Route

Jump to: [Application Questions](#) [Budget and Project Tables](#) [Document Upload](#)

Submitted: 1/31/2019 4:27:55 PM (Pacific)

### Project Contact

Angie Jones  
[peoplemover@ortelco.net](mailto:peoplemover@ortelco.net)  
Tel: 5415752370

Additional Contacts  
[kbtlc@centurytel.net](mailto:kbtlc@centurytel.net)

### Grant County Transportation District

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

Board Chairman  
Deronda Lallatin  
[dlallatin@yahoo.com](mailto:dlallatin@yahoo.com)

Telephone 5415752370  
Fax 5415752162  
Web [grantcountypeoplemover.com](http://grantcountypeoplemover.com)  
EIN 931062268

### Application Questions [top](#)

#### 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.

### 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 will be a weekly Intercommunity Connector bus between John Day, OR and Ontario, OR. The bus will stop in: Mt Vernon, John Day, Prairie City, Austin Junction, Unity, Ironside, Brogan, Jamieson, Willow Creek, Vale and Ontario.

This is GCTD's last missing regional connection and will offer not only Grant County residents the opportunity to travel to Ontario for medical, shopping or other needs it also offers the residents of all of the communities listed above the same opportunity. Four of the six stops outside of Grant County are not currently served by public transportation on a regular basis, if at all due to their remoteness.

Once in Ontario passengers will be able to connect with the SRT-Malheur Express transit vehicles.

### 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 41,45, 47

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.

65,000.00

### 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.

High Percentage of Low-income Households was defined by the STIF Advisory Committee as: "High Percentage of Low Income Households" shall mean an area is determined to have a high percentage of low-income households when the percent of resident population demographics with income at or below 200% of poverty level in that area exceeds the percent of low-income population demographics in the State of Oregon by comparison.

Data contained in the American Community Survey report that Grant County has a population of 6,082 persons, with 8.6% of families below the poverty level.

Unity, OR has a population of 69 people, with 42.9% of the families being reported below the poverty level.

Ironside, Brogan, Jamieson, Willow Creek data was difficult to find on the ACS. However, Malheur County as a whole has a population of 23,601 with 18.9% of families listed as living below the poverty level.

As noted previously in this application, Unity (Baker County), Ironside, Brogan, Jamieson and Willow Creek (all in Malheur County) are not currently served by public transportation. This project will connect communities regionally and allow everyone to have access to medical, shopping or entertainment on a regular basis. The bus that will be delivering the service on this route will be ADA compliant and able to accommodate passengers with disabilities.

## 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.

This community connector will involve partnering with Baker County public transit as well as STR-Malheur Express public transit in Malheur County. These agencies will be asked to assist in the promotion of the service to the residence of their counties as well as work with GCTD on trip scheduling to ensure good connections once the passengers are in Ontario.

On the intercommunity connections, we frequently coordinate with the transit providers in the counties we travel through to ensure that all Oregonians in the path we travel are served to our best capabilities. Coordination also occurs with medical professionals and human service agencies of appointment scheduling for passengers.

We are partnered with Valley Transit and their iTransitNW system which provides passengers with valuable public transportation information, and hope to be able to install hardware which will allow the public to track our vehicles realtime. This route would be added to the iTransitNW system.

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.

This route will include stops in Grant County, Baker County and Malheur County for efficient passenger travel. This project supports and increases statewide transit connectivity for Oregonians in rural Eastern Oregon.

This project will be included on the iTransitNW live maps and allow passengers and other transit agencies the opportunity to track the vehicle in real-time, which allows for more efficient trip planning.

Overall, this project will allow public transportation services through areas that it doesn't currently exist in. The vehicle will be ADA compliant and create a positive travel experience.

**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.*

GCTD currently connects Grant County to the Redmond/Bend area every Monday, Wednesday and Friday. Pendleton and Walla Walla every Tuesday. Burns the 1st, 3rd and 5th Thursdays of the month and Baker City the 2nd and 4th Thursdays of the month. On each of these routes, we stop in the small communities along the way, many of which are not served by other public transportation services due to their remoteness.

This route is the last regional connection identified in our GCTD Coordinated Human Services Transportation Plan and the identified STIF Priority List. It not only has a positive impact on Grant County public transit services, it will also have a positive impact for Baker County and Malheur County residents that reside along the proposed route. This route will be connected to our services in the iTransitNW system.

Matching funds for the project will come from contract revenues. We anticipate being able to fund the route in the future from contract revenues and 5311f grant funds.

**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.*

No, however if this grant application is unsuccessful, the route will not be started as no other funding sources are available to accommodate the additional expenses this route would involve.

**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 adding an intercommunity connector between John Day and Ontario, it would allow passengers an alternative method of travel who currently have no other option but single occupant vehicle trips. This assists in reducing pollution and offers passengers additional modes of transportation which includes walking or biking while in Ontario, reducing congestion and decreasing the load 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.**

As noted above, five of the communities that we will be stopping in currently do not have any form of public transportation. The current choice regarding mode of travel is single occupant vehicles. This provides passengers the ability to travel for shopping, entertainment, medical appointments and other activities cheaper than taking a personal vehicle, which is also an attractive feature for using public transportation. The vehicle that runs this route will be ADA compliant as well.

**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. The Bureau of Transportation Statistics (BTS) reports that, in a typical year, a transit passenger is 40 to 70 times less likely to be killed or injured when riding public transportation than driving or riding in a motor vehicle.

The vehicle used on this route will also be equipped 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. All GCTD drivers are trained in Defensive Driving, Passenger Assistance, Safety and Sensitivity, First Aid/CPR/AED and Blood Borne Pathogens as well as proper fire extinguisher use and many other safety trainings and refreshers. These trainings increase the overall safety of passengers and promote a better experience as well.

**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.*  
N/A

**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	\$	\$	\$	\$	\$	\$ 0
Facility Purchase	\$	\$	\$	\$	\$	\$ 0
Signs/Shelters Purchase	\$	\$	\$	\$	\$	\$ 0
Planning	\$	\$	\$	\$	\$	\$ 0
Project Administration	\$	\$	\$	\$	\$	\$ 0
Operating	\$	\$	\$	\$	\$	\$ 0
Preventive Maintenance	\$	\$	\$	\$	\$	\$ 0
Mobility Management	\$ 58,500	\$	\$	\$ 6,500	\$	\$ 65,000
<b>Total</b>	<b>\$ 58,500</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 6,500</b>	<b>\$ 0</b>	<b>\$65,000</b>

**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)	\$	%	\$ 0	\$ 0	Text	\$	Yes/No	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)	\$ 65,000	10 %	\$ 58,500	\$ 6,500	Contract Revenue Text	\$	yes Yes/No	07/01/2019 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 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 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)	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	Text		#	\$	\$ 0	xx/xx/xxxx	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

**Document Upload** [top](#)

Documents Requested *	Required?	Attached Documents *
Document 1		<a href="#">GCTD Coordinated Transportation Plan</a>
		<a href="#">STIF Website and committe members</a>
Document 2		<a href="#">iTransitNW Website - screen capture</a>
Document 3		<a href="#">STIF Priority List</a>
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: 134756

Become a [fan of ZoomGrants™](#) on Facebook  
 Problems? Contact us at [questions@zoomgrants.com](mailto:questions@zoomgrants.com)  
 ©2002-2019 GrantAnalyst.com. All rights reserved.  
 \*ZoomGrants\* and the ZoomGrants logo are trademarks of GrantAnalyst.com, LLC.  
[Logout](#) | [Browse](#)