

# Formula Fund

## Statewide Transportation Improvement Fund (STIF) STIF Plan Guidance Supplemental February 28, 2019

### Oregon Department of Transportation Rail and Public Transit Division

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[www.oregon.gov/ODOT/RPTD/Pages/STIF.aspx](http://www.oregon.gov/ODOT/RPTD/Pages/STIF.aspx)



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## Overview

This STIF Formula Fund guidance document supplements the [Formula Fund Guidance and Applications Instructions dated July 19, 2018](#). It provides additional guidance to address common STIF Plan errors and potential rejection considerations identified in the November 2018 STIF Plan submissions. Qualified Entities submitting their STIF Plan applications on May 1, 2019 should consult this document, as well as the following additional guidance documents, when preparing a STIF Plan to reduce submission errors and improve the likelihood of approval:

- [Formula Fund Guidance and Applications Instructions, July 19, 2018](#)
- [STIF Allocation Estimates, December 2018 Update](#)
- [Oregon Transportation Commission STIF Plan Rejection Considerations, Oct. 19, 2018](#)
- [STIF Methods for Calculating Low-Income Households, October 2018](#)
- [Formula Fund Sub-allocation Guidance, April 2018](#)

ODOT strongly encourages Qualified Entities to provide draft STIF Plans to the relevant regional transit coordinator for review and feedback prior to final submittal to ODOT. This will increase the likelihood that STIF Plans are more accurately completed by Qualified Entities on their first submittal. Qualified Entities will be asked to revise and re-submit inaccurate STIF Plans.

Supplemental guidance topics are organized by the order in which they appear in the STIF Plan template and include topics listed in the Table of Contents:

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## 1.2 Public Transportation Service Providers in this STIF Plan

### LISTING OF PUBLIC TRANSPORTATION SERVICE PROVIDERS

Make sure the name of Public Transportation Service Providers (PTSPs) listed in Section 1.2 are exactly the same as the PTSPs list in Section 6.1. Enter the PTSP name in *1.2. Public Transportation Service Providers* and enter the PTSP name exactly the same again in *6.1 Project Detail Entry* in the field *Public Transportation Provider or Qualified Entity Name*. Confirm there are no errors. See graphic examples below.

**1.2 Public Transportation Service Providers in this STIF Plan**

✖ Provider 1

Service Provider Name \*

Provider Example A

Employer Identification Number (EIN) \*

Service Provider Website \*

Service Provider Contact Name \*

Service Provider Contact Title \*

Service Provider Phone Number \*

Service Provider Email \*

Service Provider Type \*

## 6.1 Project Detail Entry

### ✖ Project 1

Public Transportation Service Provider or Qualified Entity Name \*

Provider Example A

Project Name \*

Limit 50 characters

Project Description \*

Service Provider Type \*



## 2.1 Advisory Committees

### MEETING INFORMATION

Enter working website URL or attach documentation on required Advisory Committee meeting information so that ODOT can review public meeting and other Advisory Committee review requirements. ODOT must be able to directly access meeting minutes, meeting notices or PTSP's project proposals for review. It is insufficient to provide a link to an agency home page. Provide a detailed hyperlink or website navigation instructions as needed to ensure easy access (see graphic below).

## 2. Advisory Committees

### 2.1 Advisory Committee Website

- ☐ By checking this box I agree all Advisory Committee requirements of OARs 732-040-0030, 732-040-0035 and 732-042-0020 have been met, including but not limited to, required constituencies, bylaws that include method for determining high percentage of Low-Income Households, public meetings, review and prioritization of STIF Plan Projects.

Advisory Committee Web Address \*

If this information is not available on a website, you may upload other documentation that demonstrates how Advisory Committee information was published. \*

Upload

or drag files here.

Limit 100 MB

## REQUIRED MEMBERS

Enter documentation that demonstrates the three required constituencies are represented on the STIF Advisory Committee. The three required constituencies for reference are:

- 1) Low income
- 2) Individuals age 65 or older or people with disabilities
- 3) Public Transportation Service Provider or non-profit entity that provides public transportation service

Upload a document, such as an Advisory Committee roster, which identifies which members meet the constituency requirement. If the Qualified Entity is an Indian Tribe, then the Advisory Committee must be composed of at least three members, each of whom must be able to represent the public transportation needs of individuals served by the Indian Tribe. Click “Upload” to submit documentation on the three required constituencies, or if an Indian Tribe, the three required members.

**2. Advisory Committees**  
**2.1 Advisory Committee Website**  
☐ By checking this box I agree all Advisory Committee requirements of OARs 732-040-0030, 732-040-0035 and 732-042-0020 have been met, including but not limited to, required constituencies, bylaws that include method for determining high percentage of Low-Income Households, public meetings, review and prioritization of STIF Plan Projects.  
**Advisory Committee Web Address \***  
  
**If this information is not available on a website, you may upload other documentation that demonstrates how Advisory Committee information was published. \***  

Upload

 or drag files here.  
Limit 100 MB

## 4.2 Sub-Allocation Method

### SUB-ALLOCATION METHOD FOR INDIAN TRIBES

ODOT has determined that the sub-allocation requirement is not relevant to Indian Tribes. However, Indian Tribes are still encouraged to coordinate and collaborate with other transit providers to help ensure integrated and efficient service, and avoid duplicative or competing service.

## 4.3 High Percentage of Low-Income Households

### DEFINITION AND IDENTIFICATION OF HIGH PERCENTAGE OF LOW-INCOME HOUSEHOLDS

The explanation of defining and identifying communities with a high percentage of low-income households must clarify that the Qualified Entity converted U.S. Census data from individuals to households for the purpose of determining whether and to what extent a project is serving Low-Income Households. The analysis of Low-Income Households cannot rely on the number of low-income individuals. This data must be converted to households. Refer to the methods in Estimating Low Income Households Guidance for technical assistance to ensure the Qualified Entity method is consistent with statute and administrative rule requirements:

<https://www.oregon.gov/ODOT/RPTD/RPTD%20Committee%20Meeting%20Documents/STIF-Low-Income-Methods-Guidance.pdf>.

#### 4.3 High Percentage of Low-Income Households

Explain how the STIF Plan defines and identifies communities with a high percentage of Low-Income Households. \*

Limit 1000 Characters

Upload Response \*

Upload

or drag files here.

Limit 100 MB

## 5.2 STIF Plan Adoption

### GOVERNING BODY ADOPTION

After entering the STIF Plan Advisory Committee recommendation date and the STIF Plan Governing Body Adoption date, enter the website URL where the Governing Body adoption document is located or upload the Governing Body adoption document, if a website is unavailable. This documentation should include the appropriate Governing Body signatures, as relevant.

**5.2 STIF Plan Adoption**

STIF Plan Advisory Committee recommendation date \*

7/1/2018

STIF Plan Governing Body adoption date \*

Website where Governing Body adoption document is located \*

Upload Governing Body adoption document if website is unavailable. \*

Upload

or drag files here.

Limit 100 MB

Did the Governing Body modify the Advisory Committee's recommended STIF Plan? \*


## 6.1 Project Detail Entry

### PROJECT ALIGNMENT

Ensure project details have internal consistency across project description, project category, type and detail, project outcomes/measures and allocations across each criterion. Enter tasks as necessary to capture the various elements of a project, consistent with the project description and budget.

### PROJECT DESCRIPTION AND TASK LEVEL DESCRIPTION

ODOT has expanded the project description text box to 500 characters and added a task level description text box. See below.

 Project 1

Public Transportation Service Provider or Qualified Entity Name \*

Project Name \*

Limit 50 characters

Project Description \*

Limit 500 Characters

Do you plan to expend funding in a future STIF Plan period? \*

☐ Yes

☒ No

Is this project part of your 100% list or 130% list? \*

### 6.1.1 Project Scope

#### ✖ Task 1

##### Task Description

Limit 250 Characters

##### Category \*

### 6.1.2 Expenditure Estimates

#### Expenditures by Fund Source and Fiscal Year

Enter estimates of all expenditures for activities in this task denoting both fund source and fiscal year of expenditure.

## VEHICLE PREVENTATIVE MAINTENANCE

Maintenance should be performed to ensure the fleet is maintained (per manufacturer's recommendations) in good condition. Enter preventative maintenance projects under appropriate Task with task description. Select *Category* of Capital 117-00 Other Capital Items (Bus) along with *Activity Type* Preventative Maintenance 11.7 A and *Activity Detail* Preventative Maintenance 11.7 A.00.

### 6.1.1 Project Scope

#### ✖ Task 1

##### Task Description

Limit 250 Characters

##### Category \*

##### 117-00 Other Capital Items Activity Type \*

- ☒ Preventive Maintenance 11.7A
- ☐ Third Party Contracts 11.71
- ☐ Force Accounts 11.72
- ☐ Real Estate (R/W) 11.75
- ☐ Real Estate (Other) 11.76

##### Preventive Maintenance 11.7A Activity Detail \*

- ☒ 11.7A.00 Preventive Maintenance



## PROJECT BUDGET SHARE TO IMPROVE, EXPAND, OR MAINTAIN PUBLIC TRANSPORTATION SERVICE TRANSIT VEHICLES

As part of the November 2018 submissions review process, ODOT made a rule interpretation that a project that proposes to replace a transit vehicle because it is at or near the end of its useful life and no longer in a state of good repair is an improvement project (rather than a maintenance project). Replacing a transit vehicle improves the fleet reliability, provides a safer ride, and is more cost-effective than continuing to operate a vehicle that is no longer in a state of good repair. If the project proposes to replace a transit vehicle, then it should be identified as Improve or Expand Service, not Maintain Service. Click on Improve or Expand Service for drop down menu and scroll to 100% for the project.

Is this project part of your 100% list or 130% list? *	
<div></div>	
Project budget share to improve, expand or maintain public transportation service	
Improve or Expand Service *	Maintain Service
100%	0 %
Local Plan from which this project is derived: *	
<div></div>	
Local Plan page number *	
<div></div>	
Multi-Phase Project	
Is your project part of a larger multi-phase project? *	
<div></div>	


If uncertain whether a vehicle is eligible for replacement, consult with the relevant regional transit coordinator or the capital coordinator for assistance.

### 6.1.1 Project Scope

#### TASK, CATEGORY, ACTIVITY TYPE, AND ACTIVITY DETAILS

Enter tasks as needed for each project to accurately reflect the activities to be funded for each project. Include additional tasks to match the tasks in the project description. Projects will need to have accurate category and Activity Line Item (ALI) selected. A helpful tool for ALIs is the Federal Transit Administration's Scope and Activity Line Items Tree which is available at the following website: <https://www.transit.dot.gov/funding/grantee-resources/teamtrams/scope-activity-line-item-tree>. This contains an inventory of Scope codes and their associated ALIs available in the Transit Award Management System (TrAMS) for application development. Below are a few examples of the ALIs for common project types.

### Project Example 1: Low-Income Fare Program


**Project 1**

**Public Transportation Service Provider or Qualified Entity Name \***

**Project Name \***  
  
*Limit 50 characters*

**Project Description \***  

Project reduces the fares of Low-Income households who use the transit service. Fare will be reduced from \$5 to \$2.50 per ride.

*Limit 500 Characters*

**Do you plan to expend funding in a future STIF Plan period? \***  
☐ Yes  
☒ No

**Is this project part of your 100% list or 130% list? \***

**100% List Project Rank \***

**Project budget share to improve, expand or maintain public transportation service**  

**Improve or Expand Service \***

**Maintain Service \***

The *Task Description* provides additional information regarding the project. The accurate *Category* of Operations 300-00 Operations is selected along with the *Activity Type* Operating Assistance 30.09 and *Activity Detail* Operating Assistance 30.09.01.

### 6.1.1 Project Scope

#### Task 1

##### Task Description

Reduction of fares to a fixed route that will serve low-income households.

Limit 250 Characters

##### Category \*

Operations 300-00 Operations

##### Specify the mode that this task will support.

☒ Fixed Route ☐ Demand Response

##### 300.00 Operations Activity Type \*

☒ Operating Assistance 30.09

##### Operating Assistance Activity Detail \*

☒ 30.09.01 Operating Assistance

☐ 44.26.14 Communications

☐ 11.7L.00 Mobility Management

## Project Example 2: Added Weekend Service

#### Project 1

##### Public Transportation Service Provider or Qualified Entity Name \*

Provider Example B

##### Project Name \*

2020-2021 Weekend Service

Limit 50 characters

##### Project Description \*

Add service on weekends for up to 50,000 revenue hours including startup costs for hiring new employees, and coordination of schedules with Public Transportation Service Provider C.

Limit 500 Characters

##### Do you plan to expend funding in a future STIF Plan period? \*

☐ Yes

☒ No

##### Is this project part of your 100% list or 130% list? \*

100 % List

##### 100% List Project Rank \*

1

##### Project budget share to improve, expand or maintain public transportation service

##### Improve or Expand Service \*


100%

##### Maintain Service

0 %

The *Task 1 Description* provides additional information regarding the project. The accurate *Category* of Operations 300-00 Operations is selected along with the *Activity Type* Operating Assistance 30.09 and *Activity Detail* Operating Assistance 30.09.01.

**6.1.1 Project Scope**

 **Task 1**

**Task Description**  

Coordination of schedules with Public Transportation Service Provider C

Limit 250 Characters

**Category \***  

Operations 300-00 Operations

**Specify the mode that this task will support.**  

☒ Fixed Route ☐ Demand Response

**300.00 Operations Activity Type \***  

☒ Operating Assistance 30.09

**Operating Assistance Activity Detail \***  

☒ 30.09.01 Operating Assistance  
☐ 44.26.14 Communications  
☐ 11.7L.00 Mobility Management

The *Task 2 Description* also provides additional information regarding the project. The accurate *Category* of Operations 300-00 Operations is selected along with the *Activity Type* Operating Assistance 30.09 and *Activity Detail* Mobility Management 11.7L.00.

## ✖ Task 2

### Task Description

Startup costs for hiring new employees

Limit 250 Characters

### Category \*

Operations 300-00 Operations

### Specify the mode that this task will support.

☒ Fixed Route ☐ Demand Response

### 300.00 Operations Activity Type \*

☒ Operating Assistance 30.09

### Operating Assistance Activity Detail \*

☐ 30.09.01 Operating Assistance

☐ 44.26.14 Communications

☒ 11.7L.00 Mobility Management

## Project Example 3: Coordinated Plan Update

## ✖ Project 1

### Public Transportation Service Provider or Qualified Entity Name \*

Provider Example C

### Project Name \*

Coordination Plan Update

Limit 50 characters

### Project Description \*

Update the Provider Example C - Coordinated Public Transit - Human Services Transportation Plan. The plan was last adopted in 2009 and needs an update to reflect current condition and STIF funding.

Limit 500 Characters

### Do you plan to expend funding in a future STIF Plan period? \*

☐ Yes

☒ No

### Is this project part of your 100% list or 130% list? \*

100 % List

### 100% List Project Rank \*

1

### Project budget share to improve, expand or maintain public transportation service

#### Improve or Expand Service \*


100%

#### Maintain Service

0 %

The *Task Description* provides additional information regarding the project. The accurate *Category* of Planning 442-00 Planning is selected along with the *Activity Type* Planning 44.22 and *Activity Detail* Planning 44.22.00.

**6.1.1 Project Scope**

 **Task 1**

**Task Description**  

Update the Provider Example C - Coordinated Public Transit - Human Services Transportation Plan.

Limit 250 Characters

**Category \***  

Planning 442-00 Planning


**442.00 Planning Activity Type \***  

☒ Planning 44.22

**Planning Activity Detail \***  

☒ 44.22.00 Planning

## Project Example 4: STIF Program Administration

 **Project 1**

**Public Transportation Service Provider or Qualified Entity Name \***  

Provider Example D

**Project Name \***  

Provider Administrative Expenses

Limit 50 characters

**Project Description \***  

FTE cost for staff record keeping and reporting of all Statewide Transportation Improvement Fund projects.

Limit 500 Characters

**Do you plan to expend funding in a future STIF Plan period? \***  

☐ Yes

☒ No

**Is this project part of your 100% list or 130% list? \***

100 % List

**100% List Project Rank \***

1

**Project budget share to improve, expand or maintain public transportation service**

**Improve or Expand Service \***

100%

**Maintain Service**

0 %

The *Task Description* provides additional information regarding the project. The accurate *Category* of Administration 620-00 Project Administration is selected along with the *Activity Type* Project Administration 11.79 and *Activity Detail* Project Administration 11.79.00.

6.1.1 Project Scope

✖ Task 1

Task Description

FTE

 cost for staff record keeping and reporting of all Statewide Transportation Improvement Fund projects.

Limit 250 Characters

Category \*

Administration 620-00 Project Administration

620-00 Project Administration \*

☐ Project Administration 11.79

Project Administration Activity Detail \*

☒ 11.79.00 Project Administration

Project Example 5: Purchase Bus Stop Signage

✖ Project 1

Public Transportation Service Provider or Qualified Entity Name \*

Provider Example E

Project Name \*

Bus Stop Signage

Limit 50 characters

Project Description \*

Bus stop poles with signage to benefit all riders including students grades 9-12 who will be first time target constituents of Provider Example E mobility services.

Limit 500 Characters

Do you plan to expend funding in a future STIF Plan period? \*

☐ Yes

☒ No

Is this project part of your 100% list or 130% list? \*

100 % List

100% List Project Rank \*

1

Project budget share to improve, expand or maintain public transportation service

Improve or Expand Service \*

100%

Maintain Service

0 %

The *Task Description* provides additional information regarding the project. The accurate *Category* of Capital 113-00 Bus Stations/Stops/Terminals is selected along with the *Activity Type* Acquisition 11.32 and *Activity Detail*/Bus Route Signing 11.32.09.

6.1.1 Project Scope

✖
Task 1

Task Description

Bus stop poles with signage.

Limit 250 Characters

Category \*

Capital 113-00 Bus Stations / Stops / Terminals

113-00 Bus Stations / Stops / Terminals Activity Type \*

☐ Engineering & Design 11.31

☒ Acquisition 11.32

☐ Construction of Bus Stations/Terminal 11.33

☐ Rehab / Renovation Bus Stations 11.34

☐ Lease Bus Stations/Terminals 11.35

Acquisition 11.32 Activity Detail \*

☐ 11.32.01 Terminal, Bus

☐ 11.32.02 Bus Station

☐ 11.32.03 Terminal, Intermodal (Transit)

☐ 11.32.04 Bus Park & Ride Lot

☐ 11.32.06 Stationary Fare Collection Equipment

☐ 11.32.07 Surveillance / Security Equipment

☐ 11.32.08 Furniture / Graphics

☒ 11.32.09 Bus Route Signing

☐ 11.32.10 Bus Passenger Shelters

☐ 11.32.11 Terminal, intermodal (Intercity bus)

☐ 11.32.12 Terminal, intermodal (Intercity rail)

☐ 11.32.20 Miscellaneous Bus Station Equipment



## ALI CORRECTIONS

Please note that if there is a selected ALI that is incorrect then this ALI will remain on the application due to software limitations. A correct ALI may be selected but it does not remove the incorrect ALI previously selected. The project and task must be deleted and re-entered with the project information and necessary changes. This will ensure the previous incorrect selected categories and ALIs will be removed. ODOT recommends that applicants save the project information in a separate document for the Qualified Entity reference before manually deleting and re-entering and selecting the accurate information.

### 111-00 Bus Rolling Stock Activity Type \*

- ☒ Engineering & Design - Capital Bus 11.11
- ☐ Buy Replacements - Capital Bus 11.12
- ☐ Buy Expansion - Capital Bus 11.13
- ☐ Rehab / Rebuild Capital Bus 11.14
- ☐ Mid Life Rebuild 11.15
- ☐ Lease - Replacement - Capital Bus 11.16
- ☐ Vehicle Overhaul - Up to 20% Vehic Maint 11.17
- ☐ Lease Expansion - Capital Bus 11.18

### Engineering & Design - Capital Bus 11.11 Activity Detail \*

- |   |  |
|---|--|
| <input checked="" type="radio"/> 11.11.01 Bus STD 40 FT | <input type="radio"/> 11.11.02 Bus STD 35 FT           |
| <input type="radio"/> 11.11.03 Bus 30 FT                | <input type="radio"/> 11.11.04 Bus < 30 FT             |
| <input type="radio"/> 11.11.06 Bus Articulated          | <input type="radio"/> 11.11.07 Bus Commuter / Suburban |
| <input type="radio"/> 11.11.08 Bus Intercity            | <input type="radio"/> 11.11.09 Bus Trolley STD         |
| <input type="radio"/> 11.11.10 Bus Trolley Artic.       | <input type="radio"/> 11.11.11 Bus Double Deck         |
| <input type="radio"/> 11.11.12 Bus Used                 | <input type="radio"/> 11.11.14 Bus Dual Mode           |
| <input type="radio"/> 11.11.15 Vans                     | <input type="radio"/> 11.11.16 Sedan / Station Wagon   |

### Lease 11.66 Activity Detail \*

- ☒ 11.66.01 Control / Signal System
- ☐ 11.66.02 Communications Systems
- ☐ 11.66.03 Radios
- ☐ 11.66.20 Misc. Communications Equip.


**This ALI was incorrectly selected and still remains even after selecting the correct Activity Type and Activity Detail above.**


## CAPITAL EQUIPMENT/FACILITIES INFORMATION

If the project pertains to capital equipment or facilities, mandatory information is required. Click on *Category* for drop down menu and scroll to select applicable *Activity Type* and *Activity Detail*. Complete the required data of 1. Equipment or Equipment/Facilities Information 2. Quantity and 3. Unit Cost in the appropriate fields. See the example below.

**112-00 Bus Transitways / Lines**


**Equipment Information**


Description *	Quantity *	Unit Cost *	Total Cost
			\$0.00
			\$0.00



**114-00 Bus Support Equipment / Facilities**

**Equipment/Facilities Information**

Description *	Quantity *	Unit Cost *	Total Cost
			\$0.00
			\$0.00



## PROGRAM RESERVE

If the project is a programmatic reserve project that would be used to fund unanticipated or emergency needs during the current STIF Plan period, then it should be categorized as Program Reserve. Click on *Category* for drop down menu and scroll to select Program Reserve 11.73.00 (117-00 Other Capital Items) for the project.

### 6.1.1 Project Scope

✖ Task 1

**Task Description**

*Limit 250 Characters*

**Category \***

Program Reserve 11.73.00 (117-00 Other Capital Items)
 ▼

### 6.1.2 Expenditure Estimates

**Expenditures by Fund Source and Fiscal Year**

*Enter estimates of all expenditures for activities in this task denoting both fund source and fiscal year of expenditure.*

Fund Type *	2019	2020	2021	Total
<span>✖</span> STIF				\$0.00

## CARRY FORWARD

If funds will be carried forward for expenditure from this plan period to a future plan period, then select yes and enter the expenditure amount. You will also need to select the project type(s) for which you plan to carry forward funds. See STIF Carry Forward Guidance for additional information:

<https://www.oregon.gov/ODOT/RPTD/RPTD%20Committee%20Meeting%20Documents/STIF-Carry-Forward-Funds-Guidance.pdf>.

<b>Do you plan to expend funding in a future STIF Plan period? *</b>	<b>If yes, what is the expenditure amount? *</b>
<input checked="" type="radio"/> Yes	<input type="text"/>
<input type="radio"/> No	<small><i>This will be added to the total amount of STIF funds requested.</i></small>
<b>What is the project type that you are carrying forward funds for? *</b>	
<input type="checkbox"/> Holding funds for financial stability	
<input type="checkbox"/> Capital 111-00 Bus Rolling Stock	
<input type="checkbox"/> Capital 112-00 Bus Transitways / Lines	
<input type="checkbox"/> Capital 113-00 Bus Stations / Stops / Terminals	
<input type="checkbox"/> Capital 114-00 Bus Support Equip / Facilities	
<input type="checkbox"/> Capital 115-00 Bus Electrification / Power Distribution	
<input type="checkbox"/> Capital 116-00 Signal and Communication Equipment	
<input type="checkbox"/> Capital 117-00 Other Capital Items (Bus)	
<input type="checkbox"/> Operations 300-00	
<input type="checkbox"/> Planning 442-00	
<input type="checkbox"/> Administration 620-00	

## VEHICLE REPLACEMENT OR EXPANSION

If the project pertains to vehicles proposed for replacement, mandatory information is required for eligibility verification. Vehicles will need to meet both the age and mileage replacement requirements during the STIF Plan period. For example if the project proposes to replace a Category A vehicle that will meet its useful life in the second year of the plan period, this vehicle would be eligible for replacement. Vehicles that have been previously replaced are not eligible for replacement as a “replacement vehicle”, but would be eligible to be replaced as an “expansion vehicle” under STIF. Please note that the FTA requirements pertaining to vehicle replacement are different and still in effect. Please see definitions for Categories A-E and their useful life benchmarks in the following document:

<https://www.oregon.gov/ODOT/RPTD/RPTD%20Document%20Library/Vehicle-Useful-Life-Benchmarks.pdf>.

Click on Category for drop down menu and scroll to select Capital 111-00 Bus Rolling Stock for the project. Select the Activity Type of either Buy Replacements - Capital Bus 11.12 or Lease - Replacement - Capital Bus 11.16. Lastly, select applicable Activity Detail.

**Category \***  

Capital 111-00 Bus Rolling Stock

**111-00 Bus Rolling Stock Activity Type \***  
☐ Engineering & Design - Capital Bus 11.11  
☒ Buy Replacements - Capital Bus 11.12  
☐ Buy Expansion - Capital Bus 11.13  
☐ Rehab / Rebuild Capital Bus 11.14  
☐ Mid Life Rebuild 11.15  
☐ Lease - Replacement - Capital Bus 11.16  
☐ Vehicle Overhaul - Up to 20% Vehic Maint 11.17  
☐ Lease Expansion - Capital Bus 11.18

**Buy Replacements - Capital Bus 11.12 Activity Detail \***  

☒ 11.12.01 Bus STD 40 FT  
☐ 11.12.03 Bus 30 FT  
☐ 11.12.06 Bus Articulated  
☐ 11.12.08 Bus Intercity  
☐ 11.12.10 Bus Trolley Artic.  
☐ 11.12.12 Bus Used  
☐ 11.12.15 Vans



☐ 11.12.02 Bus STD 35 FT  
☐ 11.12.04 Bus < 30 FT  
☐ 11.12.07 Bus Commuter / Suburban  
☐ 11.12.09 Bus Trolley STD  
☐ 11.12.11 Bus Double Deck  
☐ 11.12.14 Bus Dual Mode  
☐ 11.12.16 Sedan / Station Wagon

Complete the required data of 1. Vehicles to be Replaced 2. Condition of Vehicles and 11.12 Vehicle Purchase Information in the appropriate fields below.



## Buy Replacements - Capital Bus 11.12

### Replacement Vehicle Information



#### 1. Vehicles to be Replaced

Year *	Make/Model *	Category *	VIN *	Total Seats / ADA Seats *	Current Miles *
				Ex. 24/2	
					

#### 2. Condition of Vehicles

VIN *	Condition *	Vehicle Maintenance History (Issues, Repairs, etc.) *
		
		

#### 11.12 Vehicle Purchase Information

Quantity *	Make *	Model *	Length *	Total Seats *	Total ADA Stations *	Fuel Type *
						
						

## 6.1.2 Expenditure Estimates

### OTHER FUND SOURCES

Enter amounts of any other state, local or federal funds that are planned to fund a portion of a STIF project. If there are no other sources and the project will be entirely funded by STIF Formula funding, select the check box under the table indicating so.

### 6.1.2 Expenditure Estimates

Expenditures by Fund Source and Fiscal Year

Enter estimates of all expenditures for activities in this task denoting both fund source and fiscal year of expenditure.

Fund Type *	2019	2020	2021	Total
<input checked="" type="checkbox"/> STIF	\$10,000.00	\$20,000.00	\$30,000.00	\$60,000.00
<input checked="" type="checkbox"/> Federal	Enter other sources of revenue that also will fund this project			\$0.00
<input checked="" type="checkbox"/> Other State				\$0.00
<input checked="" type="checkbox"/> Local				\$0.00
<input checked="" type="checkbox"/> Other Funds				\$0.00
	\$10,000.00	\$20,000.00	\$30,000.00	\$60,000.00

[+ Add Fund Source](#)

☐ By checking this box, I confirm that this project task is only funded by STIF.

Select the check box if there are no other sources

## 6.1.3 Outcome Measures

### MEASURABLE OUTCOMES

Review and update outcomes to reflect only new outcomes that will occur as a direct result of funding this project. ODOT will total the outcomes reported for each project to develop the total outcomes expected if the STIF Plan is funded. If multiple operations projects are entered, report the new rides and miles for each separate project. Do not calculate a total across all projects and enter the same figures for each project. This will result in double counting and overestimation of anticipated outcomes. Once funding is awarded, ODOT will review the Qualified Entity's quarterly reports to track progress towards the projected outcomes identified in the STIF Plan.

### 6.1.3 Outcome Measures

#### Minimum required measures for operations tasks

Revenue Miles \*

Revenue Hours \*

Rides \*

Number of people with access to transit (within ½ mile of transit stop for fixed route) \*

Number of Low-Income Households with access to transit (within ½ mile of transit stop for fixed route) \*

Number of new shared stops with other transit providers (reducing fragmentation in transit services) \*

Is this project supporting student transportation? \*

Yes



Choose at least one

Operations \*

- ☐ Number of students in grades 9-12 with free or reduced fare transit pass
- ☐ Number of students in grades 9-12 attending a school served by transit
- ☐ Number of rides provided to students in grades 9-12
- ☐ Other

## OUTCOME MEASURES

Project will need to have entered quantifiable or qualitative outcome measures. Include outcome measures that are accurate and appropriate to the project.

### Outcome Measures Example 1: Bus Stop Signage

#### 6.1.3 Outcome Measures

##### Optional Outcome Measures

✖ Outcome Measure 1

All Project Types

Other Measure:

Bus Stop Signs

Number of Units:

5

+ Add Outcome Measure



This project is for bus stop signs at all stops. In the Other Measure data field “bus stop signs” is entered and in the Number of Units data field “5” is the number of signs expected to be purchased.

### Outcome Measures Example 2: ADA Accessible Elevator

**6.1.3 Outcome Measures**  
**Optional Outcome Measures**  

✖ Outcome Measure 1

All Project Types

Other Measure:

Number of Units:

+ Add Outcome Measure

This project is for an installation of a new ADA elevator at City Hall. In the Other Measure data field “Elevator installed allowing all the general public to enter throughout City Hall” is entered and in the Number of Units data field “1” is the number of elevators expected to be purchased.

### Outcome Measures Example 3: Hiring Dispatchers

**6.1.3 Outcome Measures**  
**Optional Outcome Measures**  

✖ Outcome Measure 1

All Project Types

Other Measure:

Number of Units:

+ Add Outcome Measure

This project is for new dispatchers. In the Other Measure data field, “Dispatch positions” is entered and in the Number of Units data field “2 FTE” is the number of positions expected to be purchased.

# 6.2 Allocation of STIF funds by Project

## CRITERION PERCENTAGES

Thorough identification of all applicable Fund Allocation Criteria is essential to meeting ODOT’s legislative reporting requirements and demonstrating how the State’s investment in public transportation is achieving the legislature’s desired results.

<p><b>6.2 Allocation of STIF funds by project</b></p> <p><u><b>STIF Criteria</b></u></p> <ol style="list-style-type: none"><li>1. Increased frequency of bus service to areas with a high percentage of Low-Income Households.</li><li>2. Expansion of bus routes and bus services to serve areas with a high percentage of Low-Income Households.</li><li>3. Fund the implementation of programs to reduce fares for public transportation in communities with a high percentage of Low-Income Households.</li><li>4. Procurement of low or no emission buses for use in areas with 200,000 or more.</li><li>5. The improvement in the frequency and reliability of service between communities inside and outside of the Qualified Entity's service area.</li><li>6. Coordination between Public Transportation Service Providers to reduce fragmentation in the provision of transportation services.</li><li>7. Implementation of programs to provide student transit service for students in grades 9-12.</li></ol>
--

The percentages inputted for the applicable criteria will need to have logical connections with the actual project. Please ensure the percentages are justified/methodical and not arbitrarily assigned. Review Fund Allocation tables to ensure all relevant criteria are selected and are not over or underestimated. The sum of all criteria, also known as total criteria, includes seven individual criteria that comprise the total criteria. The total criteria can be greater than 100% for each fiscal year. Review the allocation estimates and ensure that the appropriate percentages are entered for each of the relevant criteria, even if the total for each fiscal year exceeds 100%. Review the allocation estimates and ensure there are entries for each fiscal year, not just for a single year, as relevant. **The total for all criteria in a single fiscal year may exceed 100% if the project will have benefits across multiple criteria.** See examples below of issues.

### Fund Allocation (Must not exceed 100% per criterion per fiscal year)

If some criteria don't apply, fill in with zeros. Do not add or remove additional criterion.

Criterion	FY 2019 *	FY 2020 *	FY 2021 *
<input checked="" type="checkbox"/> Criterion 1	100.0 %	100.0 %	100.0 %
<input checked="" type="checkbox"/> Criterion 2			
<input checked="" type="checkbox"/> Criterion 3			
<input checked="" type="checkbox"/> Criterion 4			
<input checked="" type="checkbox"/> Criterion 5			
<input checked="" type="checkbox"/> Criterion 6			
<input checked="" type="checkbox"/> Criterion 7			
	100.0 %	100.0 %	100.0 %

This selection of criterion 1 needs further review.  
A project can have multiple benefits and other  
criteria may also be selected.

+ Add #

### Fund Allocation (Must not exceed 100% per criterion per fiscal year)

If some criteria don't apply, fill in with zeros. Do not add or remove additional criterion.

Criterion	FY 2019 *	FY 2020 *	FY 2021 *
<input checked="" type="checkbox"/> Criterion 1			
<input checked="" type="checkbox"/> Criterion 2	100.0 %	100.0 %	100.0 %
<input checked="" type="checkbox"/> Criterion 3			
<input checked="" type="checkbox"/> Criterion 4	100.0 %	100.0 %	100.0 %
<input checked="" type="checkbox"/> Criterion 5			
<input checked="" type="checkbox"/> Criterion 6			
<input checked="" type="checkbox"/> Criterion 7	100.0 %	100.0 %	100.0 %
	300.0 %	300.0 %	300.0 %

+ Add #

This is fine for total criteria to exceed 100% per FY.

**Fund Allocation (Must not exceed 100% per criterion per fiscal year)**

*If some criteria don't apply, fill in with zeros. Do not add or remove additional criterion.*

Criterion	FY 2019 *	FY 2020 *	FY 2021 *
✖ Criterion 1	100.0 %	100.0 %	100.0 %
✖ Criterion 2	100.0 %	100.0 %	100.0 %
✖ Criterion 3			
✖ Criterion 4			
✖ Criterion 5			
✖ Criterion 6			
✖ Criterion 7			
	200.0 %	200.0 %	200.0 %

**+ Add #**

**This is fine for total criteria to exceed 100% per FY.**

## TOTAL CRITERIA

The STIF Plan template notes that the fund allocation must not exceed 100% per criterion per fiscal year. There will be an exclamation on the bottom right of the field informing that the total percentage cannot be more than 100% per criterion. Review and adjust percentages accordingly if this notification appears. See examples below.

**Fund Allocation (Must not exceed 100% per criterion per fiscal year)**

*If some criteria don't apply, fill in with zeros. Do not add or remove additional criterion.*

Criterion	FY 2019 *	FY 2020 *	FY 2021 *
✖ Criterion 1	200.0 %	200.0 %	200.0 %
✖ Criterion 2	Total percentage cannot be more than 100% per criteria.		
✖ Criterion 3			
✖ Criterion 4			
✖ Criterion 5			
✖ Criterion 6			
✖ Criterion 7			
	200.0 %	200.0 %	200.0 %

**+ Add #**

**This is not fine for total criterion to exceed 100% per FY.**

**Fund Allocation (Must not exceed 100% per criterion per fiscal year)**  
*If some criteria don't apply, fill in with zeros. Do not add or remove additional criterion.*

Criterion	FY 2019 *	FY 2020 *	FY 2021 *
✕ Criterion 1			
✕ Criterion 2			
✕ Criterion 3	500.0 %		
✕ Criterion 4			
✕ Criterion 5			
✕ Criterion 6			
✕ Criterion 7			
	500.0 %	0.0 %	0.0 %

**This is not fine for total criterion to exceed 100% per FY.**

**+ Add #**

## STUDENT TRANSIT SERVICE CRITERION

The entered percentage for criterion 7 will need to have logical connection with the actual project. Please ensure the percentages have been calculated accurately and methodically and not arbitrarily assigned. See the example below of a common issue.

**Fund Allocation (Must not exceed 100% per criterion per fiscal year)**  
*If some criteria don't apply, fill in with zeros. Do not add or remove additional criterion.*

Criterion	FY 2019 *	FY 2020 *	FY 2021 *
✕ Criterion 1	100.0 %	100.0 %	100.0 %
✕ Criterion 2	100.0 %	100.0 %	100.0 %
✕ Criterion 3			
✕ Criterion 4			
✕ Criterion 5			
✕ Criterion 6			
✕ Criterion 7	1.0 %	1.0 %	1.0 %
	201.0 %	201.0 %	201.0 %

**The 1% inputted is suspect because it doesn't directly relate to project description elsewhere in STIF Plan.**

**+ Add #**

Projects that enter percentages in criterion 7 will need to provide clarity on how the project actually directly results in improved or expanded transit service for students. The project description should clearly describe how the project will

benefit high school students. The project outcome measures should identify how this project will benefit students.

### 6.1 Project Detail Entry

## ✖ Project 1

Public Transportation Service Provider or Qualified Entity Name \*

### Provider Example A

Project Name \*

### Project Example A - Weekend Service to Area B

Limit 50 characters

### Project Description \*

Project A will provide weekend service to Area B. Area B will include a route for High School C for weekend school activities.

Limit 500 Characters

**Do you plan to expend funding in a future STIF Plan period? \***

☐ Yes☒ No

Is this project supporting student transportation? \*

Yes

Choose at least one

## Operations \*

- ☐ Number of students in grades 9-12 with free or reduced fare transit pass
- ☒ Number of students in grades 9-12 attending a school served by transit
- ☒ Number of rides provided to students in grades 9-12
- ☐ Other

**Number of students in grades 9-12 attending a school served by transit \***

123

Number of rides provided to students in grades 9-12 \*

456|

# 7. STIF Plan Summary

## TOTAL BUDGET

Projects must be part of either a 100% or 130% funding list. The total STIF funds requested may be less than allocation estimate, but it cannot exceed 130%.

7. STIF Plan Summary

STIF Plan Total	Amount Carried Forward		
\$0.00	\$0.00		

FY 2019 Total STIF Funds	FY 2020 Total STIF Funds	FY 2021 Total STIF Funds
\$0.00	\$0.00	\$0.00

FY 2019 Student STIF Funds	FY 2020 Student STIF Funds	FY 2021 Student STIF Funds
\$0.00	\$0.00	\$0.00

FY 2019 Percent of STIF Funds supporting student transportation	FY 2020 Percent of STIF Funds supporting student transportation	FY 2021 Percent of STIF Funds supporting student transportation

Please explain why your allocation of STIF Funds to support student transportation is less than 1%. \*

Limit 500 Characters

## STUDENT TRANSPORTATION

STIF Plans are required to allocate a minimum of 1% for formula funds to provide student transit for students in grades 9-12 each fiscal year, if practicable (See OAR 732-040-0005 for definition of practicable). If not practicable, enter explanation on why allocation of STIF Funds to support student transportation is less than 1% in any fiscal year. See page 21 of the Formula Fund Guidance and Applications Instructions document for options for serving students in grades 9-12, located here:

<https://www.oregon.gov/ODOT/RPTD/RPTD%20Committee%20Meeting%20Documents/STIF-Application-Guidance.pdf>.

## 7. STIF Plan Summary

**STIF Plan Total**  
\$0.00

**Amount Carried Forward**  
\$0.00

**FY 2019 Total STIF Funds**  
\$0.00

**FY 2020 Total STIF Funds**  
\$0.00

**FY 2021 Total STIF Funds**  
\$0.00

**FY 2019 Student STIF Funds**  
\$0.00

**FY 2020 Student STIF Funds**  
\$0.00

**FY 2021 Student STIF Funds**  
\$0.00

**FY 2019 Percent of STIF Funds supporting  
student transportation**

**FY 2020 Percent of STIF Funds supporting  
student transportation**

**FY 2021 Percent of STIF Funds supporting  
student transportation**

Please explain why your allocation of STIF Funds to support student transportation is less than 1%. \*

Limit 500 Characters