

STIF Low-Income Mitigation Report Section

Webinar
July 15, 2019



Annual STIF Low-Income Mitigation Report

- Actions taken by any PTSP to mitigate the impact of the STIF tax on passengers who reside in low-income communities
- PTSPs submit reports to their QE
- QE bundles the reports and submits to ODOT
- Report to include information on dollars spent to improve and expand transportation services to Low-Income Households



Low-Income Impact Mitigation Cover Letter

- QE to complete a cover letter
 - Explain how the QE defines and identifies passengers in low-income communities
 - List of PTSPs who have submitted the Low-Income Impact Mitigation Forms
- Submit cover letter and attach all Low-Income Impact Mitigation Forms to ODOT
 - Consolidated report is due 45 days after end of each FY
 - QE to coordinate with PTSPs on receiving submissions in advance



Low-Income Impact Mitigation Form

Statewide Transportation Improvement Fund: PTSP Low-Income Impact Mitigation Form

Per OAR 732-040-0025(1), each Qualified Entity receiving Statewide Transportation Improvement Fund (STIF) funds is required to submit an Annual STIF Low-Income Tax Mitigation Report, detailing any actions taken by any Public Transportation Service Providers (PTSPs) located within the area of that Qualified Entity to mitigate the impact of the STIF tax on passengers who reside in low-income communities. Under STIF, “low-income household” is defined as a household the total income of which does not exceed 200% of the poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2). Each PTSP receiving STIF funds must complete this form and return it to the appropriate Qualified Entity. The identified Qualified Entity will use collected responses to complete its Annual STIF Low-Income Tax Mitigation Report.

Instructions: Complete all sections of this form, providing as much detail as is feasible. Once completed, return the completed form to the Qualified Entity identified in the form.

Name of PTSP:
Fund Source(s) Received (check all that apply): STIF Formula ____ STIF Discretionary ____ STIF Intercommunity Discretionary ____
Name of Qualified Entity (based on location of PTSP):
Describe the actions, if any, that this PTSP has taken to mitigate the impact of the STIF tax on passengers residing in low-income communities. If no such actions have been taken, write “N/A.”

