FTA Section 5310 Federal Formula Application Instructions, 2027-29

Oregon Department of Transportation

March 2026
This information is available in alternative formats

Contents

1. Overview

This document provides instructions on how to apply for FTA Section 5310 Enhanced Mobility of Seniors funding and Individuals with Disabilities for the 2027-29 grant cycle. There is an application for Lead Agencies and a separate application for subrecipients. Although the instructions are largely the same, be sure to fill out the correct application.

More information

For more details regarding this call for projects, please refer to the Section 5311 and Federal Fund Program Guidance section of the Public Transportation Funding Opportunities [webpage on ODOT's website.](#)

How to get help

If there are technical problems using the application, email ROTH Brian Brian.ROTH@odot.oregon.gov . For questions about the grant program or call for projects, contact Ryan Phillips ryan.l.phillips@odot.oregon.gov.

Application and grant agreement schedule

Guidance published online	March 4, 2026
Application opens	March 16, 2026
Webinar for providers	March 19, 2026
Questions & answers session initial application	April 23, 2026
Initial applications due	**May 14, 2026**
Applicants revise applications	May-July 2026
Questions & Answers Final Application	June 25, 2026
Final Application due	**July 16, 2026**
Grant Agreements	
Grant agreements sent to provider for signature	February – September 2027
Grant period begins	October 1, 2027

2. General Instructions

ODOT uses information from completed applications to evaluate project eligibility, apply for FTA funding and fulfill FTA funding requirements, create subgrant agreements, and determine the eligibility of reimbursement requests. Please ensure your responses answer the question directly and are accurate, complete and clear to facilitate an efficient grantmaking process. ODOT staff will review applications following the initial application deadline and provide feedback to applicants on necessary improvements. Applicants will have the opportunity to edit their applications and make required revisions prior to the final application deadline.

Applications should identify specific project deliverables and tasks. All deliverables and tasks within a single project must be interrelated or dependent on one another. Unrelated activities

cannot be grouped together and submitted as one project. For example, installing several bus stops and pedestrian facilities to access those stops would be considered a single project because the elements are functionally related. In contrast, constructing an administration building and implementing a new bus route would not be considered a single project, as these activities are unrelated.

Application questions are formatted as multiple choice, select all that apply, short answer, and tables. Some questions will prompt applicants to upload required documents.

Questions will populate on the application based on the project type and answers provided by the applicant. As a result, not every question that appears in these instructions will appear on the actual application. **All questions that contain "*" are required and the applicant cannot advance through or submit until all required fields are completed.**

To save the application at any time, click the "Save" button at the bottom right-hand side of the window. By clicking the "Save" button, you will be provided a link to your saved application and an option to email yourself that link. A new link will be provided each time the application is saved. **To avoid erasing progress made in the application, we recommend that you save frequently.**

Once a page has been completed, select "Next" in the bottom left-hand corner of the window to continue to the next application section. To move back to a previous section, you can either click the "Back" button at the bottom of the window or click on the desired section at the top of the window.

3. Application Questions and Detailed Instructions

Lead Agency Details (Lead Agency only)

Select the Section 5310 funding source you are applying for with this application. *Submit one application for each applicable funding source.*
- Small urban apportionment
- Rural apportionment
- Surface Transportation Block Grant funding (STBG)

Do you intend to use your entire allocation estimate for this funding source?
- Yes
- No

Lead Agency Information (Lead Agency only)

Lead Agency legal name

Lead Agency doing business as (DBA) name

Lead Agency provider type
- City
- County
- Mass transit district
- Special district
- Intergovernmental entity
- Municipal or public corporation or other political subdivision
- Tribal government
- Private for-profit
- Non-profit

Lead agency legal address

Lead agency contact name

Lead agency contact title

Lead Agency contact email address

Lead Agency contact phone

Lead Agency Coordinated Public Transit-Human Services Transportation Plan (Lead Agency only)

Attach current Coordinated Public Transit-Human Services Transportation Plan.
An upload button will allow agency to attach plan to application.

Coordinated Public Transit Human Services Transportation Plan website
Please list the direct link to the Coordinated Plan for the agency.

Date Coordinated Plan adopted
Provide the date the Coordinated Plan was adopted by the governing board.

Lead Agency Risk Assessment (Lead Agency only)

Will administration of the grant be delegated to a separate agency?
- Yes
- No

Provide agency name. *If "yes," fill in the name of agency providing the grant administration*

Lead Agency Financial and Audit (Lead Agency only)

The financial and audit section of the application are part of a risk assessment of the agency's capacity to fulfill the project according to FTA Section 5310 funding requirements and 2 CFR 200 financial requirements. Answers will be multiple choice, fill in the blank and you may be required to attach documents if your agency meets the requirements.

Is the agency subject to Single Audit requirements?
If an agency expends $1M or more federal assistance funds annually they are required to have a Single Audit.

- Yes
- No

Attach a copy of the most recent Single Audit.
If "yes," an upload button will allow agency to attach Single Audit.

Attach a copy of the most recent financial audit.
If "no," an upload button will allow agency to attach most recent financial audit.

Does the agency have established financial management policies and procedures?
- Yes
- No

Does the agency have an established accounting system for federal grants?
- Yes
- No

If "yes," note what type of accounting system your agency uses?
An example of an "automated" accounting system is a program tool such as QuickBooks. A "manual" accounting system is a bookkeeping system for recording business activity transactions where financial records are kept without using a computer system with specialized accounting software. A "combined" system uses a combination of the two systems. Choose the type from drop-down that best describes your accounting system.

- Manual
- Automated
- Combined

What is the financial software utilized?
If "automated" or "combined" is chosen, provide name of financial software.

Can your system separately identify the federal awards and programs that are received?

- Yes
- No

Does the system identify the source and application of awarded funds and support documentation?

- Yes
- No

Does the system account for 100 percent of each employee's time?

- Yes
- No

Does the agency compare expenditure with budget amounts throughout the life of the grant?

- Yes
- No

Does your agency know the guidance on allowable costs associated with this award?
If "no," please review 2 CFR 200. FTA C9040 1.H or reach out to RTC for more information.

- Yes
- No

Was your agency audited by the State and/or Federal government in the past two years?

- Yes
- No

Did the audit result in one or more audit findings?
If "yes," answer whether there were one or more audit findings.

- Yes
- No

Provide the list of findings and identify any repeat findings.
If you answered "yes. provide the list of findings and identify any repeat findings. Note if findings were repeat findings from previous year. If "no" enter N/A.

Lead Agency Staffing and Resources (Lead Agency only)

Staffing and resources questions are additional risk assessment questions and help PTD to determine the agencies' experience and additional technical resources that might be required to complete all reporting for the funding requested.

Does the agency have adequate staff and resources to deliver the project?
Choose the drop-down that best fits your agency staffing

- We have adequate staff to comply with the terms of this agreement.
- Need to hire new staff for this work.
- Will have to contract with a vendor to carry out the program activities.

- We have experienced significant turnover-limited resources.

Did the agency have any turnover of management staff in the last two years?
- Yes
- No

List the position(s) that experienced turnover.
If "yes," fill in the management staff titles that experienced turnover (e.g., CEO, GM, CFO, Lead Accountant).

Did your agency have turnover or vacancies in program related key positions in the last two years? *Key line staff positions that experienced turnover (Operations Manager, Lead Dispatch, Fleet Maintenance Lead, Mobility Management)*
- Yes
- No

List the position(s) that experienced turnover.
If "yes," fill in the program related staffing positions that have experienced turnover.

Does the agency provide ongoing training for program and finance personnel?
- Yes
- No

Lead Agency Procurement (Lead agency only)

The procurement section is also a risk assessment question. This aids PTD in the agency's understanding of the required Code of Federal Regulations that pertains to purchasing and contracting requirements found n 2 CFR 200.

Does the entity have established procurement policies?
- Yes
- No
- Will adopt 2 CFR 200 during this grant period

Project Information (Lead Agency and/or subgrantee)

Complete project information with each associated activity. Each recipient may have multiple projects. *(Vehicle, Equipment, Facilities, Preventive Maintenance, Contracted Service…)*
For each section of the project information, ensure that you have included enough detail for reviewers to understand each of the project elements. The information provided will help to determine eligibility of project activities as they align with federal funding requirements.

Fields in the application are specific to the answer you provide, be sure to read each question carefully and ensure that you have provided the details being asked for each question.

Is this project for the Lead Agency applying on behalf of a subgrantee? *If the Lead Agency is applying for themselves, then many of the below listed questions will not apply. The following sections deal with questions that are pertaining to your subgrantee risk assessment, agency type and service locations. If the Lead Agency is applying for themselves without a subgrantee, you can skip down to the questions beginning on the bottom of page 11.*

- Yes
- No

If "yes," fill in the information for the subgrantee

Subgrantee legal name

Subgrantee DBA (Doing Business As) name

Subgrantee mailing address

Subgrantee city, state, zip code

Subgrantee Unique Entity Identifier (UEI) *Some Fill in number Subgrantee unique entity identifier (UEI) Unique Entity Identifier (UEI) is a 12-character alphanumeric code assigned by SAM.gov to identify businesses, organizations, and entities doing business with the U.S. federal government.* Subgrantee federal employer identification number (FEIN) *A federal employment identification number (FEIN) is the same thing as an employer identification number (EIN). The only exception to this rule is when someone uses the abbreviation EIN to refer to a state tax identification number.*

Subgrant agency type.
From the dropdown choose the provider type that fits subgrantee type.

Does the subgrantee have any existing grant agreements with ODOT?
- Yes
- No

Subgrantee Authorized Representative

The person authorized to sign the subgrant agreement. If the applicant is applying for the subgrantee, this information would be for the subgrantee. To have the subgrantee sign you can save the application and then send the link to subgrantee prior to submitting it to ODOT.

Authorized representative first and last name

Authorized representative title

Authorized representative email

Authorized representative phone

Subgrantee Risk Assessment Information

Will administration of the grant be delegated to a separate agency?
- Yes
- No

Provider agency name
If "yes," provide agency name that will be delegated to administer the grant.

Subgrantee Financial and Audit Information

Is the agency subject to single audit requirements? *If an agency expends $1M or more federal assistance funds annually they are required to have a Single Audit.*
- Yes
- No

Attach a copy of the most recent single audit.
If "yes," attach copy of the most recent single audit document.

Attach a copy of the most recent financial audit.
If "no," attach a copy of the most recent financial audit document

Does your agency have established financial management policies and procedures?
- Yes
- No

Does your agency have an established accounting system for federal grants?
- Yes
- No

If "yes," provide the type of accounting system your agency uses. *An example of automated accounting system is a program tool such as QuickBooks. A manual accounting system is a booking system for recording business activity transactions where financial records are kept without using a computer system with specialized accounting software. Combined system uses a combination of both systems.*
- Manual
- Automated
- Combined

What is the financial software utilized?
If "automated" or "combined," please fill in the name of the financial software utilized.

Can your system separately identify the federal awards and programs that are received?
- Yes
- No

Can your system separately identify the source and application of awarded funds and support documentation?
- Yes
- No

Does the system account for 100 percent of each employee's time?
- Yes
- No

Does the agency compare expenditure with budget amounts throughout the life of the grant?
- Yes
- No

Does the agency know the guidance on allowable costs associated with this award?
- Yes
- No

If "no," please refer to 2 CFR 200, FTA C 9040.1H.

Was your agency audited by the State and/or Federal government in the past two years?
- Yes
- No

Did the audit result in one or more audit findings?
If "yes," indicate whether the audit resulted in one or more audit findings.
- Yes
- No

Provide the list of findings and identify any repeat findings.
If "yes," list findings and identify any repeat findings.

Subgrantee Staffing and Resources

Does the agency have adequate staff and resources to deliver the project?
- We have adequate staff to comply with the terms of this agreement.

- Need to hire new staff for this work.
- Will have to contract a vendor to carry out the program activities.
- We have experienced significant turnover - limited resources.

Did your agency have any turnover of management staff in the last two years?
- Yes
- No

If "yes," list the position(s) that experienced management turnover.

Did your agency have turnover or vacancies in program related key positions in the last two years?
- Yes
- No

If "yes," list the key program related positions that experienced turnover.

Does the agency provide ongoing training for program and finance personnel?
- Yes
- No

Procurement

Does the agency have established procurement policies?
- Yes
- No
- Will adopt 2 CFR 200 during this grant cycle.

Project Details

The project details section will be information for projects that are either the Lead Agency or Subgrantee. This section of the application provides PTD with the information that is needed to apply for the funding through the Federal Transit Administration. While PTD does get apportioned funding, like you all PTD still needs to apply and provide project detail to the FTA on any funding requested.

Project name
Fill in a project title that matches the description of the project.
Examples – Redline Fixed Route, Bus Cutaway Procurement, Mobility Management Program
Describe project service area and where does the majority of service happen.
List of routes and bounds of service- Examples -Service covers the entire county, service is limited to XYZ
District boundaries which includes the city of "X", "Y" and parts of "Z". Include service hours of
operation for the funding type that is being requested. Examples- dial-a-ride operations M-F 8:00 am –

6:00 pm, Fixed route service operations M-S 6:00 am. Details provided aid PTD staff in completing the required fields in the FTA funding applications submitted.

Select the type(s) of service that will be supported by this award.
Select all that apply.
- Open to the general public at all times
- Open to the general public on a space-available basis
- Open only to seniors and individuals with disabilities
- Limited to defined clientele (e.g. residential home)
- Deviated fixed route
- Fixed route (excluding commuter and intercity routes)
- Demand response (Excluding ADA complementary paratransit)
- ADA complementary paratransit

Does the majority of the operations occur within one of these areas?
Select "Not Applicable," if operations are not in these areas.
This question helps PTD determine if additional Statewide Transportation Improvement Program (STIP) keys are needed. These keys identify the funding and scheduling for transportation projects.
- Albany Area
- Bend Area
- Corvalis Area
- Eugene Area
- Grants Pass Area
- Longview, WA-OR Area
- Medford Area
- Portland Area
- Salem Area
- Walla Walla WA
- Not Applicable

Select the counties served by this project.
Select all that apply

BAKER	DOUGLAS	LAKE	SHERMAN
BENTON	GILLIAM	LANE	TILLAMOOK
CLACKAMAS	GRANT	LINCOLN	UMATILLA

CLATSOP	HARNEY	LINN	UNION
COLUMBIA	HOOD RIVER	MALHEUR	WALLOWA
COOS	JACKSON	MARION	WASCO
CROOK	JEFFERSON	MORROW	WASHINGTON
CURRY	JOSEPHINE	MULTNOMAH	WHEELER
DESCHUTES	KLAMATH	POLK	YAMHILL

Activity Type(s) for this Project

Select the activity type(s) supporting this project. *Select all that apply. All deliverables and tasks within a single project must be interrelated or dependent on one another. Unrelated activities cannot be grouped together and submitted as one project. The application will open up additional fields depending on the project that was chosen. Make sure that all required fields for each project type are fully completed.*

- Vehicle acquisition
- Equipment, signs and amenities, shelters
- Facilities: bus barns and other buildings
- Preventive maintenance (Only 5310 funded)
- Mobility management
- Purchased service (competitively procured via RFP)

Vehicle Acquisition

Describe how the vehicle(s) will be used for seniors and individuals with disabilities.

On what page is activity or project listed in the adopted Coordinated Plan?
Insert page number in blank provided.

Coordinated Plan page(s) upload
Attach the corresponding page(s) from Coordinated Plan.

Attach the required independent cost estimate (ICE) for this project.
For additional information on ICE requirements, see appendix A on page 35 of this document. An independent cost estimate (ICE) must be included with all vehicle acquisition projects (vehicle replacement, right-sizing or expansion). Access the ODOT ICE form here:
https://www.cognitoforms.com/ODOT2/IndependentCostEstimate

Contract Information and Procurement Milestones

In the fields below enter the current or anticipated milestone dates for contracting the procurement services.

How will you deliver the proposed project activity? *Check all that apply.*

- In-house
- Contractor or Consultant

Contract or Consultant

Contract or consultant name. If unknown, enter "unknown."
Enter the name of contractor used to assist in the procurement of vehicle purchase

Below information is for the administrative contract and requires a date(s) that are reasonable to achieve for the procurement of vehicle. Dates will be updated in the Agency Periodic Report each quarter.

Request for proposal date

Invitation for bid date

Contract start date

Contract award date

Service start date

Service end date

Maximum end date with extensions – *This date should not exceed six months past the grant end date. Typically capital grants are four year grants with no more than six months extension.*

Will you use the ODOT/Department of Administrative Service state price agreement contract?
- Yes
- No

Describe the needs not addressed in state contracts (e.g., no contracts for trolley-style vehicles, no contracts for buses larger than 44 passengers, etc.). *Note that under FTA guidelines, piggybacking on outside contracts is strictly limited. Any vehicle purchased not purchased with the state price agreement requires approval of the PTD Capital Program Coordinator.*

Oregon Public Transportation Division Transit Asset Management (TAM) plan

Is the agency that will receive this vehicle(s) a participant in ODOT's Tier II Group Transit Asset Management Plan?
- Yes
- No

If "no," does the agency have their own Transit Asset Management Plan?

- Yes
- No

If agency has their own TAM Plan, attach TAM plan here.

Is this vehicle acquisition for client-specific service that is not open to the general public?
- Yes
- No

If vehicle(s) will be used for client-specific service, will the agency allow the vehicle(s) to be used by other public transportation providers when the vehicle(s) are not scheduled for client services?
- Yes
- No

If vehicle(s) will be used for client-specific service, will the agency provide rides to non-clients when the vehicles are not scheduled for client services?
- Yes
- No

Is this project part of a group of activities or projects that are dependent on each other? *For example, bus washing station dependent on facility.*
- Yes
- No

Provide details of dependent tasks.
Describe details of dependent tasks in space provided

Is this a vehicle expansion, replacement, or rightsizing? Select all that apply.
- Vehicle Replacement
- Vehicle Expansion
- Vehicle Rightsizing

Provide a rationale for right sizing the vehicle.
Rightsizing a vehicle is purchasing a different size vehicle than what you are replacing. Going from Class E to Class D or going from a van to a cutaway.

Information for vehicle(s) to be replaced, fleet expansion or right sized
Below questions will provide details regarding current use, mileage, and condition of vehicle you will be replacing or right-sizing.

Is the vehicle being replaced still in service?
- Yes

- No

If the vehicle being replaced is not in service, explain why.
Describe below which vehicles being replaced are not currently in service, and why.

Has the vehicle met its useful life minimum for miles and/or years?
Use the ODOT Vehicle Useful life benchmark document to ensure benchmarks have been met.
https://www.oregon.gov/odot/RPTD/RPTD%20Document%20Library/Vehicle-Useful-Life-Benchmarks.pdf
- Yes
- No

If "no," when will it meet one or both useful life minimums? *Vehicles being replaced must meet their useful life (miles or years) before FTA permits its replacement. PTD will not reimburse the cost of the new vehicle until this occurs.*

Current mileage
Provide mileage: mileage should be what vehicle has on odometer at the time of the application.

Date vehicle was put into service
Provide information on when the vehicle was put into service. This information can be found in OPTIS under vehicle asset reports.

Current vehicle condition
Excellent - The vehicle is new or nearly new, with no visible defects or signs of wear. It operates at full efficiency and does not require any repairs.
Good - The vehicle is in good working order with only minor wear and tear. It may show some superficial signs of aging but requires no significant maintenance.
Adequate - The vehicle is in a state of repair sufficient to meet operational needs. It shows moderate wear and deterioration, and minor repairs may be necessary to maintain functionality.
Marginal - The vehicle is nearing the end of its useful life. It has significant wear, defects, or maintenance issues that may impact reliability and require frequent or more substantial repairs.
Poor - The vehicle is in very poor condition, with major defects or damage. It is no longer reliable or safe for regular use and requires immediate replacement or extensive repairs to remain operational.
- Excellent
- Good
- Adequate
- Marginal
- Poor

Expected mileage at time of procurement of new vehicle

Expected date of procurement of new vehicle

Expected condition at time of procurement of new vehicle
Use the vehicle condition definitions under found in current vehicle condition question above

- Excellent
- Good
- Adequate
- Marginal
- Poor

Details for Vehicle being Replaced

VIN

Year

Make and model – *Example Ford Endera*

Total seats of vehicle being replaced or right sized.

Number of ADA seats being replaced or right sized.

Vehicle length

Vehicle maintenance history (Maintenance issues, repairs, etc.)

+ Add Vehicle
If there another vehicle to be replaced or right sized, select "+ Add Vehicle". Repeat all information above if adding more than one vehicle

Vehicle Purchase Information

Indicate the category(ies) of vehicle(s) your agency intends to procure if awarded funding. If applying for more than one vehicle, indicate the category for each vehicle you intend to procure.
Resource for vehicle category (A-E) definitions:
https://www.oregon.gov/odot/RPTD/RPTD%20Document%20Library/Vehicle-Useful-Life-Benchmarks.pdf

- Category A: large, heavy-duty transit bus
- Category B: medium, heavy-duty transit bus
- Category C: medium, heavy-duty transit bus and truck chassis cutaway
- Category D: medium, light-duty bus and chassis cutaway
- Category E 1: small, light-duty bus
- Category E 2: modified van

- Category E 3: modified minivan

Estimated order date, month and year

Estimated delivery date, month and year

Quantity

For fleet expansion, enter number of type(s) of vehicle to be purchased. For replacement or rightsizing projects, enter 1. To add more vehicles to be purchased for replacement projects or rightsizing, select "Add Vehicle" at the end of this section.

Unit cost

Total seats- *Including ADA and driver seats*

ADA seats

Vehicle length

Vehicle propulsion type
- Battery electric
- Biodiesel
- Compressed natural gas
- Diesel
- Ethanol
- Fuel cell electric
- Gasoline (non-ethanol)
- Liquefied natural gas
- Other fuel
- Propane
- Renewable diesel
- Renewable natural gas
- Renewable propane

If vehicle propulsion type is electric, please describe below if agency has existing charging infrastructure for these new vehicles. *Provide information on current or planned charging for electric vehicles*

Do existing storage and maintenance facilities have capacity to accommodate the purchased vehicles without the need for new or expanded facilities or equipment?
This question is required by the FTA to determine if additional NEPA requirements need to be determined due to expanding facilities or purchasing additional equipment.

- Yes
- No

Physical location where the vehicle(s) will be stored/maintained.
If your agency has an office and a bus barn in different locations, list the location where you will be storing the vehicles. Please provide the location in longitude and latitude and latitude format, address and/or tax lot. Form (Latitude =45.21490/Longitude =123.969360). If you can provide latitude/longitude, address and tax lot that is ideal.

+ Add vehicle purchase.
Select if you will be purchasing another vehicle. Repeat all information above if adding more than one vehicle.

Project Match Amount

Match Percentage
Calculated automatically

Match status
- Planned
- Pending
- Secured
- Other

"Secured" match would refer to some official decision taken to guarantee the funds (e.g., in a STIF Plan). "Pending" is a match that is in process with approval or partial approval. "Planned" means no official action has been taken to guarantee match funding, but agency plans to go through the process.

+ Add Item

Project Deliverables

Deliverable description

Units

Deliverable date

+Add Deliverable
Select if more than one deliverable for this project (for example, more than one contract).

Select if more than one match source.

If "Other" selected as match source, please explain source.

Is your agency including in-kind match in the application?
- Yes
- No

If you answered "yes," please indicate the type of in-kind match.
In-kind match needs to be approved by PTD prior to award.

Equipment, Signs and Amenities, Shelter

Select the activity options to be included in this project.
- Equipment
- Signs and Amenities
- Shelters

On what page is activity or project listed in the adopted Coordinated Plan?
Insert page number in blank provided.

Coordinated Plan page(s) upload
Attach the corresponding page(s) from Coordinated Plan.

Please describe the activity in detail and identify how the activities benefits seniors and individuals with disabilities. *Depending on the activities, this may require the applicant to successfully get FTA NEPA concurrence before incurring any costs. See more detail on NEPA under the Environmental Section on page 26 of this document or reach out to your RTC to determine next steps.*

Will the equipment, signs and amenities, and/or shelters for this activity be located in a flood zone?

Will the item(s) be covered by flood insurance?

Is this activity part of a group of activities or projects that are dependent on each other?
Provide details of independent tasks. *For example, bus washing station dependent on facility, or a new transit service that requires capital and operating funds.*
- Yes
- No

Provide details of dependent tasks?

How will you deliver the proposed project activity? *Check all that apply.*
- In-house
- Contractor or consultant

Contractor or Consultant

If you answered contractor or consultant above, in the fields below enter the current or anticipated milestone dates for contracting the procurement services for this project.
Contract or consultant name. If unknown, enter "Unknown".

Request for proposal (RFP) date

Invitation for bid date (IFB)

Contract start date

Contract award date

Service start date

Service end date

Maximum end date with extensions

Capital items to be purchased for this activity (including location)
Item name

Item description

Item type

Please provide the location in longitude and latitude format, address and/or tax lot for each project element. Format (Latitude= 45.214940/ Longitude = -123.969360).
If "on-bus" this needs to be specified in the project description above. Address would be location of bus storage. Please provide the location in longitude and latitude format. If you have the address and/or tax lot provide that here as well. Format (Latitude= 45.214940/ Longitude = -123.969360)

Request for proposal (RFP) date

Purchase order date

Delivery date

Final delivery date

Quantity

Unit cost

Total cost
Calculated automatically

+ Add Item
Select to add additional capital item.

Project Match

Match source
- State
- Local
- Other

Match amount

Match percentage
Automatically populated.

Match status
- Planned
- Pending
- Secured

"Secured" match would refer to some official decision taken to guarantee the funds (e.g., in a STIF Plan). "Pending" is a match that is in process with approval or partial approval. "Planned" no official action has been taken to guarantee match funding, but agency plans to go through the process.

+ Add Item
Select if more than one match source.

Project Deliverables

Deliverable description

Units

Deliverable date

+Add Deliverable
Select if more than one deliverable for this project (for example, more than one contract).

If "other" selected as match source, please explain source.

Is your agency including in-kind match in the application?

- Yes
- No

If you answered "yes," please indicate the type of in-kind match.
In-kind match needs to be approved by PTD prior to award.

Project Cost and Match Information

Calculated automatically.

Total project cost

Match amount

Grant amount

Facilities: Bus Barns and Other Buildings

Please describe the activity in detail and identify how it benefits seniors and individuals with disabilities. *Describe major activities, including siting and right-of-way, planning, architecture, engineering, project management, construction contracting, inspection and permitting, interior surfaces and furnishings, etc.*

On what page is activity or project listed in the adopted Coordinated Plan?
Insert page number in blank provided.

Coordinated Plan page(s) upload
Attach the corresponding page(s) from Coordinated Plan.

Will the facility(ies) be located in a flood zone?

Will the facility(ies) be covered by flood insurance?

Is this activity part of a group of activities or projects that are dependent on each other?
For example, bus washing stations dependent on facility, or a new transit service that requires capital and operating funds.
- Yes
- No

If "yes," provide details of dependent task.

How will you deliver this activity on the proposed project? Check all that apply
- In-house

- Contractor or Consultant

Contractor or Consultant

If you answered contractor or consultant above, in the fields below enter the current or anticipated milestone dates for contracting the procurement services for this project.

Contract or consultant name. *If unknown, type "unknown".*

Request for proposal

Invitation for bid date

Contract start date

Contract award date

Service start date

Service end date

Maximum end date with extensions

Facility cost and location

Describe below details of the cost and specific location of the facility.

Item description

Please provide the location in longitude and latitude format, address and/or tax lot. Format (Latitude= 45.214940/ Longitude = -123.969360).
Example 632 E. Apple Dr., The Dalles 97058 OR Tax Lot 820 (3N-11E-35DB) at the Port of Hood River AND Latitude= 45.214940/ Longitude = -123.969360

Estimated environmental review/NEPA concurrence documentation submittal date

Estimated purchase date

Estimated closing date

Quantity

Unit cost

Estimated cost needed to complete environmental/NEPA concurrence.

Total cost
Amount will be automatically populated

+ Add facility item
Select to add additional facility item if more than one facility project will be part of the projects

Project Deliverables

Deliverable description

Units

Deliverable date

+Add Deliverable
Select if more than one deliverable for this project (for example, more than one contract).

Project Match

Match source
- State
- Local
- Other

Match amount

If "other" selected as match source, please explain.

Match percentage
Calculated automatically.

Match status
- Planned
- Pending
- Secured
- Other

"Secured" match would refer to some official decision taken to guarantee the funds (e.g., in a STIF Plan). "Pending" is a match that is in process with approval or partial approval. "Planned" no official action has been taken to guarantee match funding, but agency plans to go through the process.

+ Add Item
Select if more than one match source.

If "other" selected as match source, please explain.

Is your agency including in-kind match in the application?
- Yes
- No

If you answered "yes," please indicate the type of in-kind match.
In-kind match needs to be approved by PTD prior to award.

Preventive Maintenance

Many preventive maintenance activities may require the applicant to successfully get FTA NEPA concurrence before incurring any costs. ODOT will review answers to Environmental Review section below to determine requirements.

Task title

Please describe the activity in detail and identify how it benefits seniors and individuals with disabilities.

On what page is activity or project listed in the adopted Coordinated Plan?
Insert page number in blank provided.

Coordinated Plan page(s) upload
Attach the corresponding page(s) from Coordinated Plan.

Is this activity part of a group of activities or projects that are dependent on each other?
- Yes
- No

If "yes," provide details of dependent task.

How will you deliver this activity on the proposed project? Check all that apply
- In-house
- Contractor or Consultant

Contractor or Consultant

If you answered contractor or consultant above, in the fields below enter the current or anticipated milestone dates for contracting the services for this project.

Contract or consultant name. If unknown, enter "Unknown".

Request for proposal (RFP)

Invitation for bid (IFB) date

Contract start date

Contract award date

Service start date

Service end date

Maximum end date with extensions

What will be maintained? Check all that apply.
- Revenue service vehicles
- Shelters or facilities
- Other assets

Maintaining Revenue Service Vehicles

FTA requires agencies to identify whether preventive maintenance projects are for vehicles acquired (e.g., purchased) with 5310 funding, for vehicles not acquired with 5310 funding, or both.

Describe vehicle preventive maintenance that will be performed.

Number of vehicles purchased with 5310 funding that will be included in this preventive maintenance project. *Provide the number of 5310 purchased vehicles that you will be maintaining with this preventive maintenance funding.*

Number of vehicles **NOT** purchased with 5310 funding that will be included in this preventive maintenance project. *This could include vehicles purchased with STIF, local funds, 5339 or any other source of funding that is not 5310.*

Cost of preventive maintenance for vehicles purchased with 5310 funding?

Cost of preventive maintenance for revenue service **NOT** purchased with 5310 funding?

Will any of these funds be used to maintain electric vehicles, or their charging infrastructure? *This may require the applicant to successfully get FTA NEPA concurrence before incurring **any** project costs. See page 26 for more details on environmental requirements.*
- Yes
- No

Attach the current Vehicle Preventive Maintenance Plan.
A current plan reflecting current fleet policies, fleet procedures, and vehicle and lift equipment manufacturer's recommended maintenance schedules are required.

Maintaining Shelters or Facilities

Describe the shelter or facility preventive maintenance.
What will the funds be used for to provide preventive maintenance on shelters or facilities. Examples, painting the building, regular lawn maintenance, janitorial.

Please provide the location in longitude and latitude format, address and/or tax lot. Format (Latitude= 45.214940/ Longitude = -123.969360). *If you can provide latitude/longitude, address and tax lot, that is ideal.*

Attach the current Facilities Preventative Maintenance Plan.

Cost of preventive maintenance for shelters or facilities.
Include the total cost for shelter/facilities preventive maintenance for the biennia

Maintaining Other Assets

Describe the assets being maintained.

Please provide the location in longitude and latitude format, address and/or tax lot. Format (Latitude= 45.214940/ Longitude = -123.969360). *If you can provide latitude/longitude, address and tax lot, that is ideal.*

Attach the current Asset Preventative Maintenance Plan, which addresses the "other assets."

Cost of preventive maintenance for other assets.

Preventive Maintenance Budget

Enter the identification number from OPTIS for each asset which start with one of the following letters:
V – Vehicle
F – Facility
E – Equipment
S – Signs/Shelters
Optis Link

Optis asset identification number

Preventive maintenance amount
Enter dollar amount of preventive maintenance for asset identified.

+Add Asset
Select if more than one asset will be maintained on this grant application.

Project Deliverables

Deliverable description

Units

Deliverable date

+Add Deliverable
Select if more than one deliverable for this project (for example, more than one contract).

Project Match

Match source
- State
- Local
- Other

Match amount

Match percentage *automatically populated*

Match status
- Planned
- Pending
- Secured

"Secured" match would refer to some official decision taken to guarantee the funds (e.g., in a STIF Plan). "Pending" is a match that is in process with approval or partial approval. "Planned" no official action has been taken to guarantee match funding, but agency plans to go through the process.

+ Add Item
Select if more than one match source will be used.

 If "other" selected as match source, please explain.

Is your agency including in-kind match in the application?
- Yes
- No

If you answered "yes," please indicate the type of in-kind match.
In-kind match needs to be approved by PTD prior to award.

Total preventive maintenance activity costs. These costs will be automatically populated.
Include the total cost for other asset preventive maintenance for the biennia

Mobility Management

Task title
Provide a title that matches the requested funding activity Example- travel training, ride coordination

Task type – *If you would like to add more than one task type you will need to "add item" at the bottom of this activity section. Only one task type can be added to each item. Example, if you are going to have referrals, but also support partnerships and staffing, you would need to include three task types.*
- One stop referral operating transportation brokerages to coordinate service providers, funding resources, and customer needs
- Coordinating transportation services for older adults, individuals with disabilities, and individuals with low incomes
- Supporting local partnerships that coordinate transportation services
- Staffing for the development and implementation of coordination plans
- Providing travel training and trip planning activities for customers
- Developing and operating traveler call centers to coordinate travel information, manage eligibility requirements, and arrange customer travel
- Planning and implementing the acquisition and purchase of intelligent transportation technologies to operate a coordinated system (Only purchases under $5,000)
- Travel mobility planning
- Internet based information
- Informational materials or marketing

On what page is activity or project listed in the adopted Coordinated Plan?
Insert page number in blank provided.

Coordinated Plan page(s) upload
Attach the corresponding page(s) from Coordinated Plan.

Describe how this activity benefits seniors and individuals with disabilities.
Example-We will host five events at locations in our community to explain the transit services available to seniors.

How will you deliver this activity on the proposed project? *Check all that apply.*
- In-House
- Contractor or Consultant

Contractor or Consultant

If you answered contractor or consultant above, in the fields below enter the current or anticipated milestone dates for contracting the services for this project.

List the contract or consultant name. If unknown, type "unknown".

 Request for proposal

Invitation for bid date

Contract start date

Contract award date

Service start date

Service end date

Maximum end date with extensions

Identify the estimated number of customer contacts, customers trained, or mobility products/services produced. Describe the method you will use to measure output from the project.

Description of unit.
The "unit" used to measure customer contacts/training.

Number of units.

Describe the method you will use to measure output from the project.

Cost of mobility management activity.
Enter total cost for mobility management activity for biennium.

Project Deliverables

Deliverable description

Units

Deliverable date

+Add Deliverable

Select if more than one deliverable for this project (for example, more than one contract).

Project Match

Match source
- State
- Local
- Other

Match amount

Match percentage
Calculated automatically.

Match status
- Planned
- Pending
- Secured

"Secured" match would refer to some official decision taken to guarantee the funds (e.g., in a STIF Plan). "Pending" is a match that is in process with approval or partial approval. "Planned" no official action has been taken to guarantee match funding, but agency plans to go through the process.

+ Add Item
Select if more than one match source.

If "other" selected as match source, please explain.

Is your agency including in-kind match in the application?
- Yes
- No

If you answered "yes," please indicate the type of in-kind match.
In-kind match needs to be approved by PTD prior to award.

+ Add mobility management task. Select if applying for additional mobility management task.

Purchased/Contracted Services (competitively procured RFP)

FTA requires that purchased or contracted services to be competitively procured in order to be eligible for funding. If the services you are proposing were not (or will not be) competitively procured, please discuss with your Regional Transit Coordinator prior to applying for funding.

Describe the purchased service and how the services benefit seniors and individuals with disabilities.

Explain how your project is planned, designed, and carried out to meet the special needs of seniors and individuals with disabilities when general public transit is either insufficient, inappropriate, or not available:

Coordinated Plan page(s) upload
Attach the corresponding page(s) from Coordinated Plan.

Describe how this activity benefits seniors and individuals with disabilities.
Example-We will host five events at locations in our community to explain the transit services available to seniors.

Estimated number of unduplicated individuals (older adults and individuals with disabilities) this project proposes to support in the biennial grant period.

Estimated number of one-way rides this project proposes to provide in the biennial grant period.

How will you deliver this activity on the proposed project? Check all that apply.
- In-House
- Contractor or Consultant

Contractor of Consultant

In the fields below enter the current or anticipated milestone dates for contracting the services.

List the contract or consultant name. If unknown, type "unknown".

Request for proposal

Invitation for bid date

Contract start date

Contract award date

Service start date

Service end date

Maximum end date with extensions

Cost of purchased service activity

Project Match

Match source
- State
- Local
- Other

Match amount

Match percentage
Calculated automatically.

Match status
"Secured" match would refer to some official decision taken to guarantee the funds (e.g., in a STIF Plan). "Pending" is a match that is in process with approval or partial approval. "Planned" no official action has been taken to guarantee match funding, but agency plans to go through the process.
- Planned
- Pending
- Secured

+Add Item
Select if more than one match source will be used.

If "other" selected as match source, please explain.

Is your agency including in-kind match in the application?
- Yes
- No

If you answered "Yes," please indicate the type of in-kind match.
In-kind match needs to be approved by PTD prior to award.

Project Cost and Match Information

Automatically calculated.

Total project cost

Match amount

Grant amount

Project Deliverables

Deliverable description

Units

Deliverable date

+Add Deliverable
Select if more than one deliverable for this project (for example, more than one contract).

4. Environmental Review

Federal funding/NEPA Applicability

The requirements of the National Environmental Policy Act (NEPA) apply to all projects that receive federal funding. The FTA conducts environmental review for all projects that have identified or planned/programmed FTA funding. Answer the following question to help determine which NEPA requirements apply to the proposed project.

Will the proposed project involve identified FTA funding? (Not including a grant from the 2027-29 5310 grant program)
- Yes
- No

If "yes," provide funding source and estimated amount.

Project Scope

According to federal regulation, projects evaluated under NEPA must demonstrate "independent utility," meaning the project must be usable and be a reasonable expenditure even if no additional improvements are made in the area. This does not prohibit the construction of a project in phases. Answer the following questions to help determine if the proposed project demonstrates independent utility:

Would the project described above require additional improvements to be usable or to be considered a reasonable expenditure? This includes improvements considered part of another project or improvements funded by another grant or state/local funds.
- Yes
- No

Does the proposed project involve development of property or installation of equipment purchased through a separate project, including property or equipment purchased with state or local funds?

- Yes
- No

Does the proposed project involve acquisition of property, equipment, or vehicles that will be developed, constructed, or installed as part of a separate project?
- Yes
- No

If you answered "yes" to any of the questions in this "Project Scope" section, provide details for each of your answers.

Documentation Requirements

Answer the following questions to help determine if the proposed project would require completion of FTA's CE Worksheet. Would the project described include any of the following?

- Final design activities – any design beyond 30%

- Property acquisition – includes, but is not limited to, purchase discussions with property owners that imply or are explicitly binding

- Purchase of construction materials – includes, but is not limited to, purchase of any materials used for the activities listed under the definition of project construction below.

- Purchase of rolling stock

- Purchase of equipment

- If checked any of the options above in this "Document Requirements section, provide details for each of your answers. *Project construction – FTA definition includes construction, alteration, or repair (including dredging, excavating, and painting) of buildings, structures, or other real property; excludes the assembly, alteration, or repair of vessels or other kinds of personal property.*

NEPA Concurrence

Has the FTA already provided NEPA concurrence for this project or components of this project?
- Yes
- No
- Not applicable

If "yes," provide the date of concurrence and additional details. Attach concurrence letter from the FTA and environmental concurrence application documents.

If "no," when will your agency submit the environmental documentation to ODOT? Provide an estimate date.

5. Indirect Costs

Does the recipient intend to charge any indirect cost to this project?
- Yes
- No

Does the subrecipient elect to use the de minimis rate? *Effective October 1, 2024, the updated federal de minimis indirect cost rate is up to 15% of Modified Total Direct Costs (MTDC), increased from the previous 10% rate.*
- Yes
- No

If "yes," what de minimis rate up to 15% is the subrecipient planning to use?

If you plan to use a de minimis rate up to 15% of eligible expenses, fill out the [5310 de minimis *indirect cost worksheet*](#) *to calculate indirect costs for this project. Be sure to use the 5310* de minimis *indirect cost worksheet and not the 5311* de minimis *indirect cost worksheet because they contain different formulas.*

Enter total indirect costs here.
5310 de minimus *indirect cost worksheet, sheet "Budget & Budget Narrative," Cell highlighted in orange*.

Attach completed 5310 *de minimis* indirect cost worksheet.

Does the recipient have a negotiated indirect cost rate (NICRA) they would like to apply to the grant?
- Yes
- No

What is the approved NICRA? *Enter amount that has been negotiated.*

Attach the negotiated indirect cost rate letter and documentation on how you calculated indirect cost for this project.

The Cognito application will calculate the project totals items automatically. You will want to confirm the numbers are correct. If they are not correct, review the project and activities and make necessary corrections in application sections above.

6. Certification

Signature

Printed Name
First and last name of official who has authority to indebt agency.

Certification Statement- *I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729–3730 and 3801–3812*

- Yes
- No

7. Appendix A: Independent cost estimate requirement for vehicle acquisitions

Overview

An independent cost estimate must be included with all vehicle acquisition projects (vehicle replacement, right-sizing or expansion). The independent cost estimate must include an assessment of the expected cost and timeline for procurement based on reliable sources, such as paid historical prices, industry standard, market survey, and/or the ODOT/Department of Administrative Services State Price Agreement.[3]

Background

Over the past several years, transit agencies have experienced unprecedented increases in the cost of vehicles and extended procurement delays. To ensure that agencies can procure vehicles within budget and within the grant agreement period, PTD requires that agencies submit an independent cost estimate with their application for all vehicle acquisition projects.

Instructions

1. Conduct an independent cost estimate based on reliable sources for each vehicle(s) for which you are applying for funding to determine the estimate cost and timeline for procurement. Reliable sources of information include paid historical prices, industry standards, market survey, and/or the ODOT/Department of Administrative Services State Price Agreement.

   If you intend to purchase a vehicle from the ODOT/DAS State Price Agreement, use the cost estimate information below. Depending on the propulsion type (e.g., diesel, electric, etc.) and optional features you intend to include, you may need to conduct additional research and increase the estimate. Additionally, you should factor in inflation and your timeline for procurement.

   If you do not intend to purchase a vehicle from the ODOT/DAS State Price Agreement, you should use other reliable sources to estimate the cost of the vehicle and timeline.

2. Complete worksheet. https://www.cognitoforms.com/ODOT2/IndependentCostEstimate

3. Submit the independent cost estimate on the Supporting Documents and Signature section of the application.

ODOT/DAS cost estimate and procurement timeline information

Table 1 contains estimates of the base price cost, cost of required specifications as well as timeline for delivery for each category vehicle included on the ODOT/DAS State Price Agreement. The information was updated in December 2023 based on input from a vehicle

distributor and an analysis of the Request for Quotes (RFQ's) Oregon transit agencies received in 2023. There were no RFQ's received for Category A vehicles in 2023.

If your agency intends to use the ODOT/DAS State Price Agreement, use the information in Table 1 as the basis for your independent cost estimate. However, keep in mind that key variables will affect the price, including the make, model and length, propulsion type, required specifications as well as inflation over time. Ultimately, your agency is responsible for the budget and timeline, so it may be helpful to seek out additional information to confirm your calculations.

Table 1: ODOT/DAS State Price Agreement estimated costs and timeline for delivery

Category	Current base price range	Average price quote for required specs (2023)	Price range for required specs (2023)	Number of quotes (2025)	Expected delivery time
A	$480,000 - $1,000,000	-	-	0	24+ months
B	$213,000 - $482,000	$70,000	$50,000-$90,000	6	12-24
C	$181,000 - $206,000	$56,000	$40,000-$70,000	4	6-18
D	$126,000 - $485,000	$30,000	$1,000-$70,000	10	6-9
E	$79,000-$195,000	$45,000	$1,000-$100,000	18	3-6

Table 2 provides a description of transit vehicle categories for reference.

Table 2: Transit vehicle categories

Category	Approximate GVWR in pounds	Approximate number of seats	Approximate length in feet
A: Large, heavy-duty transit bus	33,001+	35+	35 – 40
B: Medium-size, heavy-duty transit bus	26,001-33,000	25-35	≥ 30
C: Medium-size, medium-duty transit bus and truck chassis cutaway	17,000 – 26,000	16-30	≥ 25
D: Medium-size, light-duty bus & van chassis cutaway	11,000 – 16,000	12-16	≥ 22
E 1: Small, light-duty bus E 2: Modified van E 3: Modified minivan	8,000 – 11,000 8,000 – 11,000 6,000-8,000	10 5	E 1: 20 – 22 E 2/E 3: < 20
E 4 – E 7 vehicle purchase are not allowed using FTA funds.			