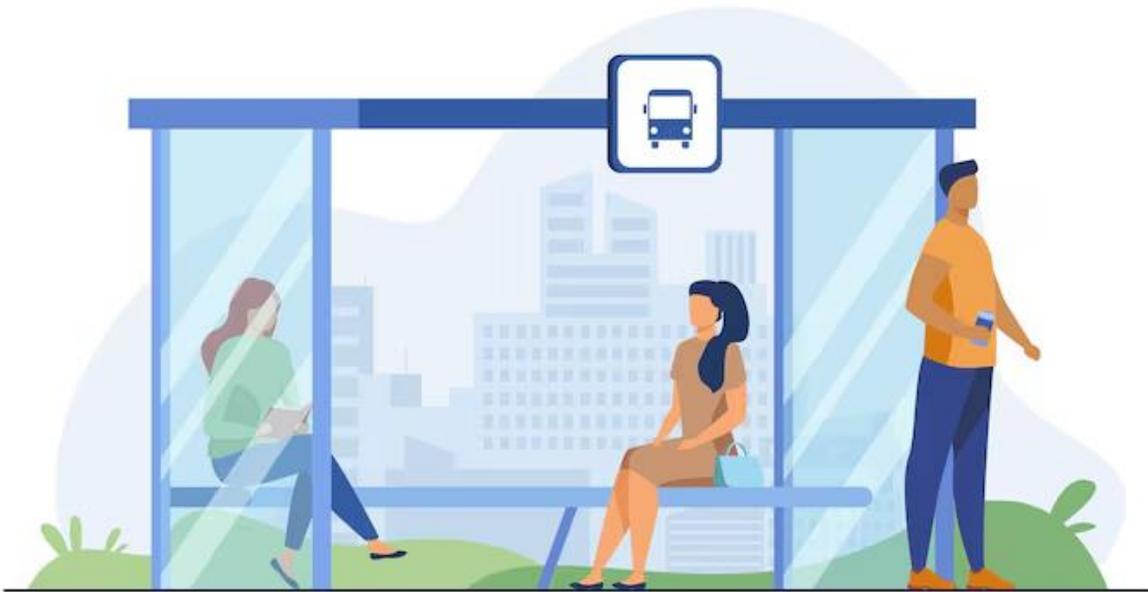


# **FTA Section 5311 Federal Formula Application Instructions, 2027-2029**



March 2026  
This information is  
available in alternative  
formats

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## Overview

This document provides instructions on how to apply for FTA Section 5311 Formula Grants for Rural Areas funding for the 2027-29 grant cycle.

## 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](mailto:Brian.ROTH@odot.oregon.gov). For questions about the grant program or call for projects, contact Ryan Phillips [ryan.l.phillips@odot.oregon.gov](mailto: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
<b>Initial applications due</b>	<b>May 14, 2026</b>
Applicants revise applications	May-July 2026
Questions & Answers Final Application	June 25, 2026
<b>Final Application due</b>	<b>July 16, 2026</b>
<b>Grant Agreements</b>	
Grant agreements sent to provider for signature	February – September 2027
Grant period begins	October 1, 2027

## 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.

## Application Questions and Detailed Instructions

### Agency Information

Agency legal name

Agency doing business as (DBA) name

Agency 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

Agency legal address

City, state, zip code

Application contact name

*The person who should be contacted if there is a question about the application.*

Application contact title

Application contact email address

Application contact phone

## **Authorized Representative**

*This is the person who is authorized by the agency to sign the subgrant agreement.*

Authorized representative first and last name

Authorized representative title

Authorized representative email

Authorized Representative phone

## **Risk Assessment**

Will administration of the grant be delegated to a separate agency?

- Yes
- No

Provide agency name. *If “yes,” fill in the name of agency administering the grant.*

## **Financial and Audit**

*The financial and audit section of the application is part of a risk assessment of your agency’s capacity to fulfill the project according to FTA Section 5311 funding requirements and 2 CFR 200 financial requirements. Answers will be multiple choice and 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 in federal assistance funds annually they are required to have a Single Audit.*

- Yes
- No

Attach a copy of the most recent single audit. *If you answered "yes," an upload button will allow agency to attach single audit.*

Attach most recent annual financial audit. *If you answered "no," an upload button will allow agency to attach 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

What type of accounting system does your agency use?

- Manual
- Automated
- Combined

*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.*

What is the financial software utilized? *If you answered "automated" or "combined," provide the name of the software used for financial management.*

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

- Yes
- No

Can your 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 your 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](#) and [FTA C9040 1.H pp. IV-1 – IV-13](#).

- 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 finding?

- Yes
- No

Provide the list of findings and identify any repeat findings.

## Staffing and Resources

*Staffing and resources questions are additional risk assessment questions and help ODOT determine 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's 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 a vendor to carry out the program activities.
- We have experienced significant turnover - limited resources.

Did your agency have any turnover in management staff in the last two years?

- Yes
- No

List the positions that experienced turnover.

*Fill in any management staff titles that experienced turnover.*

Did your agency have turnover or vacancies in program related key positions in the last two years?

- Yes
- No

List the position(s) that experienced turnover.

*If "yes," fill in the program related key staffing positions that have experienced turnover.*

Does the agency provide ongoing training for program and finance personnel?

- Yes
- No

## **Procurement**

*The procurement section is also a risk assessment question. This aids PTD in the agency understanding of the required Code of Federal Regulations that pertains to purchasing and contracting requirements found in 2 CFR200.*

Does the agency have established procurement policies?

- Yes
- No
- Will adopt 2 CFR 200 during this grant period

## **Project Information**

*Complete project information for all associated activity. Each project may contain multiple types of service and activities. (Vehicle, Equipment, Facilities, Preventive Maintenance, Contracted Service...). Often recipients have one project, but some may choose to separate work into multiple projects (for example, to aid in tracking purposes).*

*For each section of the project information, ensure that you have included enough detail and 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. Please read each question carefully and ensure that you have provided the details being asked for each question.*

**Project Title**

*Fill in a project title that matches the description of the type of project you will provide. Examples: Redline Fixed Route, Bus Cutaway Procurement, Mobility Management Program*

**Describe project service area and where the majority of service happens.**

*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 during all service hours
- Deviated fixed route
- Fixed route (excluding commuter and intercity routes)
- Demand response (Excluding ADA complementary Paratransit)
- ADA complementary paratransit

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

## Select activity type(s) for this project

Select the activity type(s) supporting this project. Select all that apply.

- Vehicle Acquisition
- Equipment, Signs and Amenities, Shelters
- Facilities: Bus Barns and Other Buildings
- Preventive Maintenance
- Mobility Management
- Operations
- Project Administrative Expense

### A. Vehicle Acquisition

Describe how the vehicle(s) will be used to maintain or improve public transportation in rural areas.

Attach the required independent cost estimate for this project.

An independent cost estimate must be included with all vehicle acquisition projects (vehicle replacement, right-sizing or expansion). Access the ODOT independent cost estimate form here:  
<https://www.cognitofrms.com/ODOT2/IndependentCostEstimate>

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 "yes," upload agency's TAM Plan here.

Is this vehicle acquisition for client-specific service that is not open to the general public?

- Yes
- No

How will you deliver this activity on the proposed project? *Select 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.*

Contract or consultant name. If unknown, type "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

Is this a vehicle expansion, replacement, or rightsizing? *Select all that apply.*

- Vehicle replacement

- Vehicle expansion
- Vehicle right-sizing

Provide a rationale for right-sizing the vehicle.

## **Information for vehicles to be replaced or right-sized**

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.)

Is the vehicle being replaced or right-sized still in service?

- Yes
- No

If the vehicle is being replaced or right-sized and is not in service, explain why.

Has the vehicle met its useful life minimum for miles and/or years?

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

- Yes
- No

If vehicle has not yet met its useful life minimum for miles and/or years, when will it meet one or both useful life minimums?

*Vehicles being replaced must meet their useful life (miles or years) before any new vehicle is put into service. PTD will not reimburse the cost of the new vehicle until this occurs.*

Current mileage

*Provide mileage 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
- Good
- Adequate
- Marginal
- Poor

*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.*

#### Expected mileage at time of procurement of new vehicle

List an expected mileage at the time of procurement

#### Expected date of procurement of new vehicle

+ Add Vehicle. Select to add vehicle to be replaced or right-sized. Repeat all information above if adding more than one vehicle

## Vehicle Purchase Information

Vehicle category of vehicle your agency intends to procure if awarded funding. If applying for more than one vehicle, select "Add Vehicle" at the end of this section to add more. *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

Quantity

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

Estimated RFP/IFB Date

Estimated order date

Estimated delivery date

Unit cost

Total seats

ADA seats

Vehicle length (feet)

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 address 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.*

+ Add Vehicle Purchase. *Select if planning to purchase more than one vehicle category.*

Will you use the ODOT/DAS state price agreement contract?

- Yes
- No

If “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.*

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

If “yes,” provide details of dependent tasks.

*Describe details of dependent tasks in space provided*

## Activity Deliverables

Deliverable description

Units

Deliverable date

+ Add deliverable

*Select if there is another deliverable for this activity.*

## 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 there is 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.*

## **Task Cost and Match Information**

*Calculated automatically.*

Total task cost

Match amount

Grant amount

## **B. Equipment, Signs and Amenities, Shelter**

*This activity may require the applicant to successfully get FTA NEPA concurrence before incurring any costs. Reach out to your RTC to determine next steps.*

Select the activity options to be included in this project.

- Equipment

- Signs and Amenities
- Shelters

Please describe the activity in detail.

*This activity may require the applicant to successfully get FTA NEPA concurrence before incurring any costs.*

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 tasks.

*Describe details of dependent tasks in space provided*

Is the equipment, signs and amenities and/or shelters located in a flood zone?

*If you are not sure if your project is located in a flood zone, use the Federal Emergency Management Agency (FEMA) website to locate the project address. If you select "yes," answer the question regarding flood insurance.*

- Yes
- No

If "yes," do you have flood insurance?

- Yes
- No

How will you deliver this activity on the proposed project? Select 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, type "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

## **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. Format (Latitude= 45.214940/ Longitude = -123.969360). *If you can provide latitude/longitude, address and tax lot, that is ideal. If "on-bus" this needs to be specified.*

Estimated RFP/IFB Date

Estimated order date

Estimated delivery date

Quantity

Unit Cost

Total Cost

+ Add Item.

*Select if purchasing additional capital item.*

## **Activity Deliverables**

Deliverable description

Units

Deliverable date

+ Add deliverable

*Select if there is another deliverable for this activity.*

## 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 there is 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.*

## Task Cost and Match Information

*Calculated automatically.*

Total task cost

Match amount

Grant amount

## C. Facilities: Bus Barns and Other Buildings

Please describe the activity in detail.

*Describe major activities, including siting and right-of-way, planning, architecture, engineering, project management, construction contracting, inspection and permitting, interior surfaces and furnishings, etc.*

Are any facilities that your transit agency intends to construct or refurbish located in a flood zone?

*Indicate if any FTA-funded facilities will be in a flood plain. If you are not sure if your project is located in a flood zone, use the [Federal Emergency Management Agency \(FEMA\) website](#) to locate the project address. If you select "yes," answer the question regarding flood insurance.*

- Yes
- No

If "yes," do you have flood insurance?

- Yes
- No

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

Provide details of dependent tasks.

*Describe details of dependent tasks in space provided.*

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, type "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

## **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). *If you can provide latitude/longitude, address and tax lot, that is ideal.*

Estimated RFP/IFB date

Estimated purchase date

Estimated closing date

Quantity

Unit cost

Estimated cost needed to complete environmental/NEPA concurrence.

Total cost

*Calculated automatically.*

+ Add facility item

*Select if you have an additional facility item to add.*

## **Activity Deliverables**

Deliverable description

Units

Deliverable date

+ Add deliverable

*Select if there is an additional deliverable for this activity.*

## **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 there is 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.*

## **Task Cost and Match Information**

*Calculated automatically.*

Total task cost

Match amount

Grant amount

## D. 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

Task description.

*Please describe task in detail.*

How will you deliver this activity on the proposed project? Select 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, type "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? *Select all that apply.*

*Maintenance funds are meant to maintain the federal investment in that specific asset during its useful life.*

- Revenue Service Vehicles
- Shelters or Facilities
- Other Assets

## Maintaining Revenue Service Vehicles

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

- 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.*

Cost of preventive maintenance for revenue service vehicles.

*Include the total cost for vehicle preventive maintenance for the biennia.*

## Maintaining Shelters or Facilities

Describe the shelter/facility preventative 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.*

Cost of preventive maintenance for shelters or facilities.

*Include the total cost for shelter/facilities preventive maintenance for the biennia.*

Attach the current Facilities Preventative Maintenance Plan.

## 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.

## Activity Deliverables

Deliverables description

Units

Deliverable Date

+ Add deliverable

*Select if there is an additional deliverable for this activity. If applying for funding for more than one type of preventive maintenance (e.g., vehicles + facility), add more than one deliverable.*

## 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 there is 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.*

## **Task Cost and Match Information**

*Calculated automatically.*

Total task cost

Match amount

Grant amount

## **E. Mobility Management**

Task Title

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

Task type

- 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

## **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, type "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

*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

Number of units

Method to measure output

Cost of mobility management activity. Enter Total cost for mobility management activity for biennia.

## **Activity Deliverables**

Deliverable description

Units

Deliverable date

+ Add deliverable

*Select if there is an additional deliverable for this activity.*

## **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 there is 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.*

+ Add Item. *Add mobility management task if completing more than one mobility management project.*

## **Task Cost and Match Information**

*Calculated automatically.*

Total task cost

Match amount

Grant amount

## **F. Operations**

Describe the operations service.

Estimated number of unduplicated individuals 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? *Select 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, type "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

## **Activity Deliverables**

Deliverable description

Units

Deliverable date

+ Add deliverable

*Select if there is an additional deliverable for this activity.*

Cost of operations activity

## **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 there is 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.*

+ Add item. *Add operations service if you are applying for more than one operations activity.*

## **Task Cost and Match Information**

*Calculated automatically.*

Total task cost

Match amount

Grant amount

## **G. Project Administration Expense**

Describe the project administration expense.

How will you deliver this activity on the proposed project? *Select 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, type "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

## **Activity Deliverables**

Deliverable description

Units

Deliverable date

+ Add deliverable

*Select if there is an additional deliverable for this activity.*

Cost of project administration activity

## **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 there is 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.*

+ Add item.

*Select if applying for an additional project administration activity.*

## **Task Cost and Match Information**

*Calculated automatically.*

Total task cost

Match amount

Grant amount

## **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 5311 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%

- Yes
- No

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

- Yes
- No

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.

- Yes
- No

Purchase of rolling stock

- Yes
- No

Purchase of equipment

- Yes
- No

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.

- Yes
- No

Provide additional details for all “Yes” answers in this “Documentation Requirements” section.

## **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.

## 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 5311 de minimis indirect cost worksheet](#) to calculate indirect costs for operations and non-operations tasks. You must calculate and provide indirect costs for operations and non-operations tasks because the local match must be calculated separately. Be sure to use the 5311 de minimus worksheet and not the 5310 worksheet because they contain different formulas.*

Enter total “operations indirect costs” here.

*5311 de minimus worksheet, sheet “Budget & Budget Narrative,” cell highlighted in orange.*

Enter total “non-operations indirect costs” here.

*5311 de minimus worksheet, sheet “Budget & Budget Narrative,” cell highlighted in blue.*

Attach completed 5311 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 for 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.

## Certification

Signature

Printed Name

*First and last name of official who has authority to indebted 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

# 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.<sup>3</sup>

## 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 this worksheet. <https://www.cognitofrms.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	8,000 – 11,000	10	E 1: 20 – 22
E 2: Modified van	8,000 – 11,000		
E 3: Modified minivan	6,000-8,000	5	E 2/E 3: < 20
E 4 – E 7 vehicle purchase are not allowed using FTA funds.			