



# STIF Subrecipient Project Application 2025-27

For alternative formats / accessibility questions please reach out to: The Regional Transit Coordinator in your region or Brian Roth: [brian.roth@odot.oregon.gov](mailto:brian.roth@odot.oregon.gov)

## 1. Subrecipient Information

**Service Provider Name**

Oregon Cascades West Council of Governments

**Service Provider Contact Name**

Justin Peterson

**Service Provider Contact Title**

CED Planner

**Service Provider Phone Number**

(541) 924-8420

**Service Provider Email**

[jpeterson@ocwcog.org](mailto:jpeterson@ocwcog.org)

**Service Provider Type**

Intergovernmental Entity

**Employer Identification Number (EIN)**

93-0584306

**Service Provider Website**

<https://cwride.org/>

## 2. Qualified Entity representing Subrecipient

**Qualified Entity Name**

Benton County

**STIF Plan Contact Name**

Charlene Pech

**STIF Plan Contact Title**

Special and Rural Transportation Coordinator

**STIF Plan Contact Phone Number**

(541) 754-1748

**STIF Plan Contact Email**

[Charlene.Pech@corvallisoregon.gov](mailto:Charlene.Pech@corvallisoregon.gov)

**End Date of QE STIF Plan**

6/30/2027

## 3. Local Plan Compliance

### 3.1 Existing Local Plans from which project(s) are derived.

#### Local Plan 1

**Local Plan Name**

Benton County TSP

**Governing Body that adopted Local Plan**

Benton County

**Plan Adoption Date**

3/21/2019

**Local Plan Web Address**

[https://pw.bentoncountyor.gov/wp-content/uploads/2023/12/tsp\\_03212019\\_lowres.pdf](https://pw.bentoncountyor.gov/wp-content/uploads/2023/12/tsp_03212019_lowres.pdf)

Upload copy of Local Plan if it's not available on a website.

## 3.2 Local Plan requirements

I agree that the Local Plan(s), either separately or together, contain all of the information required by OAR 732-040-0005(19).

Yes

## 4. Projects

### 4.1 Project Detail Entry

#### Project 1

**Subrecipient or Qualified Entity Name**

Oregon Cascades West Council of Governments

**Project Name**

Seamless Transit Continuing operations

**Project Description**

This project supports regional coordination across three counties to provide real time vehicle information, a centralized website, and mobile ticketing to all agencies within Benton County. The contract cost is split among the three-county region.

**Project using planned carry forward funding:**

Do you plan to set aside funding that you receive during this biennium to pay for expenses related to this project in a future biennium?

No

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

**Improve or Expand Service**

100%

**Maintain Service**

0%

**Local Plan this project is derived from:**

Benton County TSP

**Local Plan Page Number**

### Multi-Phase Project

**Is your project part of a larger multi-phase project?**

Yes

**Project Timeline**

2019-2029

**Total Project Budget (All Phases)**

\$820,000.00

**Other Planned Funding Sources**

STIF

Federal

**Phase represented in current STIF Plan**

Ongoing operations. A 2019-21 STIF discretionary grant led to the implementation and received 23-25 STIF Formula funds. The project remains ongoing in perpetuity.

### 4.1.1 Project Scope

#### Task 1

**Task Description**

Support Swiftly contract, Transit App subscription, and general admin of the overall project. Swiftly: Enables GTFS feeds to be consumed live and shared with mapping applications. Includes GPS trackers. Transit App: Enables riders to map their route and see live bus information across all three counties, regardless of service provider. Administration: To manage contracts and ensure smooth operation

**Is this task supporting services for older adults and people with disabilities?**

No

**Is this task supporting a pedestrian or bike project with a physical or functional relationship to public transit?**

Yes

**What percentage of the funding for this task is supporting the pedestrian/bike project?**

100%

**Category**

Mobility Management 11.7L.00

### Mobility Management Task Category

**Task Category Amount**

\$60,000.00

### 4.1.2 Expenditure Estimates

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

“Federal,” “Other State,” “Local,” and “Other Funds” categories may be used for funding other than STIF funding that is allocated to this task, including when STIF money is being used as matching funds for another funding source.

“Prior Biennia STIF Funds” refers to “old” STIF money. It includes any unspent STIF money that you received during the 2023-2025 biennium (including any unspent program reserves), which you are carrying forward for use during the 2025-2027 biennium. It does not include interest earned on STIF money during the 2023-2025 biennium, which should be listed as “Prior Biennia Interest Accrued,” for use during the 2025-2027 biennium.

### Expenditures by Fund Source and Fiscal Year

Fund Type	FY 2026	FY 2027	FY 2028	FY 2029	Total
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STIF Population Funds	\$0.00	\$0.00			\$0.00
STIF Payroll Funds	\$30,000.00	\$30,000.00			\$60,000.00
Federal	\$0.00	\$0.00			\$0.00
Other State	\$0.00	\$0.00			\$0.00
Local	\$0.00	\$0.00			\$0.00
Other Funds	\$0.00	\$0.00			\$0.00
Prior Biennia STIF Funds	\$0.00	\$0.00			\$0.00
Prior Biennia Interest Accrued	\$0.00	\$0.00			\$0.00
	\$30,000.00	\$30,000.00	\$0.00	\$0.00	\$60,000.00

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

Yes

Check this box if you are using STIF funding in this task as a match another source of funding. Please make sure you have indicated that information in your task description above in section 4.1.1.

No

## 4.1.3 Outcome Measures

### Optional Outcome Measures

#### Outcome Measure 1

#### Operations - Mobility Management

Number of individuals that received transit training

60

Number of individuals that are served by a coordinated demand response call center

#### All Project Types

#### Other Measure

Marketing Materials Created

Number of Units:

## 4.2 Allocation of STIF funds by project

Please identify what percentage of this STIF project budget is allocated to each of the criteria listed below by fiscal year.

Note: More information about requirements for criterion #7 can be found in [OAR 732-042-0015\(3\)\(j\)](#). More information about requirements for criterion #8 can be found in [OAR 732-042-0010\(1\)\(a\)](#).

### **STIF Criteria**

1. Increased frequency of bus service to areas with a high percentage of Low-Income Households.
2. Expansion of bus routes and bus services to serve areas with a high percentage of Low-Income Households.
3. Fund the implementation of programs to reduce fares for public transportation in communities with a high percentage of Low-Income Households.
4. Procurement of low or no emission buses for use in areas with 200,000 or more.
5. The improvement in the frequency and reliability of service between communities inside and outside of the Qualified Entity's service area.
6. Coordination between public transportation service providers to reduce fragmentation in the provision of transportation services.
7. Implementation of programs to provide student transit service for students in grades 9-12.
8. Services for older adults and people with disabilities.

**FY 2026 STIF Total**  
\$30,000.00

**FY 2027 STIF Total**  
\$30,000.00

**FY 2028 STIF Total**  
\$0.00

**FY 2029 STIF Total**  
\$0.00

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

Criterion	FY 2026	FY 2027	FY 2028	FY 2029
Criterion 1	0%	0%		
Criterion 2	0%	0%		
Criterion 3	0%	0%		
Criterion 4	0%	0%		
Criterion 5	25%	25%		

Criterion 6	50%	50%		
Criterion 7	12%	12%		
Criterion 8	13%	13%		
	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>	<b>0.00%</b>

## 4.3 Oregon Public Transportation Plan Goals

**Select the OPTP goals that apply to your STIF Plan Projects.**

Goal 1 Mobility: Public Transportation User Experience

Goal 2: Accessibility and Connectivity

Goal 3: Community Livability and Economic Vitality

Goal 4: Equity

Goal 7: Environmental Sustainability

Goal 9: Funding and Strategic Investment

Goal 10: Communication, Collaboration, and Coordination

## 4.4 Project Summary

### Project Name

Seamless Transit Continuing operations

### Subrecipient Project Total

\$60,000.00

### FY 2026 STIF Project

#### Total

\$30,000.00

### FY 2027 STIF Project

#### Total

\$30,000.00

## Funds Supporting Student Transportation

### FY 2026 STIF Funds supporting student transportation

\$3,600.00

### FY 2027 STIF Funds supporting student transportation

\$3,600.00

### FY 2026 percent of STIF Funds supporting student transportation

12%

### FY 2027 percent of STIF Funds supporting student transportation

12%

## Funds Supporting Older and Disabled Persons Transportation

### FY 2026 STIF Funds supporting older and

### FY 2027 STIF Funds supporting older and

<b>disabled persons transportation</b> \$3,900.00	<b>disabled persons transportation</b> \$3,900.00
<b>FY 2026 percent of STIF Funds supporting older and disabled persons transportation</b> 13%	<b>FY 2027 percent of STIF Funds supporting older and disabled persons transportation</b> 13%

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### **Funds from Previous Biennia**

<b>FY 2026 STIF Funds From Previous Cycle</b> \$0.00	<b>FY 2027 STIF Funds From Previous Cycle</b> \$0.00
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## **5. All Projects Totals**

<b>Subrecipient Projects Grand Total</b> \$60,000.00	<b>Planned Carried Forward</b> \$0.00
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**Subrecipient Projects Total**  
\$60,000.00

<b>FY 2026 Total Prior Biennia Funds</b> \$0.00	<b>FY 2027 Total Prior Biennia Funds</b> \$0.00
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<b>FY 2026 Total STIF Funds</b> \$30,000.00	<b>FY 2027 Total STIF Funds</b> \$30,000.00
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<b>FY 2026 Student STIF Funds</b> \$3,600.00	<b>FY 2027 Student STIF Funds</b> \$3,600.00
<b>FY 2026 Percent of STIF Funds supporting student transportation</b> 12.00%	<b>FY 2027 Percent of STIF Funds supporting student transportation</b> 12.00%

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<b>FY 2026 Older and Disabled Persons STIF Funds</b>	<b>FY 2027 Older and Disabled Persons STIF Funds</b>
\$3,900.00	\$3,900.00

<b>FY 2026 Percent of STIF Funds supporting older and disabled persons transportation</b>	<b>FY 2027 Percent of STIF Funds supporting older and disabled persons transportation</b>
13.00%	13.00%

**By signing below, I certify that I am authorized to submit this Subrecipient Project Application to Benton County on behalf of Oregon Cascades West Council of Governments.**  
Yes

**Name of authorized representative**  
Jaclyn K. Disney

**Title of authorized representative**  
CED Director

**Signature**

**Signature Date**  
10/11/2024

*Jaclyn K. Disney*