CHERRIOTS

2019-2021
SECTION 5310 (ODOT) FORMULA GRANT APPLICATION

FOR PROJECTS LOCATED WITHIN MARION AND POLK COUNTIES

DECEMBER 14, 2018

2019-2021 Section 5310(ODOT) Formula Grant Application
for Projects Located Within Marion and Polk Counties

INTRODUCTION

- Read the Cherriots *2019-2021 Section 5310(ODOT) Formula Grant Application Instructions* prior to completing this application.
- Each project submitted for funding consideration must have its own application.
- DO NOT submit the application for subrecipients on the "Funding Opportunities" section of the ODOT RPTD website. Only submit this application to Salem Area Mass Transit District (SAMTD) following the instructions referenced above.
- Selection criteria are detailed in the *Application Instructions*.
- This form must be filled out using the online form and submitted in Adobe .pdf format. Paper applications will NOT be accepted.
- Signature pages should be scanned and attached as separate pages to each application.

Submittal Checklist

Make sure

✓ Application is complete, signed, and dated

Submit

✓ Proof of agency status (template included in application packet)

✓ Maintenance Plan (if submitting an application for preventive maintenance)

A. ORGANIZATION INFORMATION

Name of Organization: City of Woodburn

Employer Identification Number (EIN): 936002282

Contact Person: Kathleen McClaskey

Contact Person Title: Transit Manager

Address: 270 Montgomery Street, Woodburn, OR 97071

Telephone: 503-982-5245

Email: Kathleen.McClaskey@ci.woodburn.or.us

Type of Organization (check one)

Government Agency	◉
Private Not-for-Profit	○
Other	○

Area of service (check one)

Inside Marion and Polk Counties	◉
Outside Marion and Polk Counties	○
Both inside and outside Marion and Polk Counties	○

Organization Days and Hours of Operation

Day	**Hours**
Sunday	
Monday	7:00 AM – 7:00 PM
Tuesday	7:00 AM – 7:00 PM
Wednesday	7:00 AM – 7:00 PM
Thursday	7:00 AM – 7:00 PM
Friday	7:00 AM – 7:00 PM
Saturday	
Please list any planned periods of service closure greater than 3 days (i.e., closed the week between Christmas Day and New Year's Day)	

Total transportation program costs by year

FY18 (historical data, if applicable)	FY19 (projected, if applicable)	FY20 (projected)	FY21 (projected)
$ 631,000	$ 644,000	$ 663,000	$ 683,000

Risk Assessment

	Yes	No
Are any FTA-funded buildings that your transit agency owns located in a flood zone?	○	●
If yes, do you have flood insurance?	○	○
Did your agency have any turnover of management or financial staff in the last two years?	○	●
Does your agency have an accounting system that allows you to completely and accurately track the receipt and disbursement of funds related to the award?	●	○
Does your agency have a system in place that will account for 100 percent of each employee's time?	○	●
Did your staff members attend required trainings and meetings during prior grant awards?	●	○
Was your agency audited by the Federal government in the past two years?	○	●
If yes, did the audit result in one or more audit findings?	○	●
Did your agency stay on budget in the past two years?	●	○

	Manual	Automated	Combined
What type of accounting system does your agency use?	○	○	●

B. PROJECT INFORMATION

Project Title (*will be used for reviewer reference and in public comment process. Example: Mobility Management for City of Utopia Transit Service)*

Woodburn Mobility Management Program

Project service area to be served (*indicate the geographic features that define your service area such as streets, rivers, or jurisdictional boundaries)*

North boundary	Woodburn City Limits
West boundary	Woodburn City Limits
South boundary	Woodburn City Limits
East boundary	Woodburn City Limits
Other general geographic area (i.e., within the City of Woodburn)	Within Woodburn City Limits

Optional: please provide a map of your service area as a separate single page 8.5"x11" attachment.

Start date

July 1, 2019

Project Service Types (check all that apply) *What type of services will be supported with this Section 5310(ODOT) grant?*

A. Open to the general public at all times	☑
B. Open only to seniors and individuals with disabilities	☑
C. Demand response	☑
D. Open to the general public on a space-available basis	☐
E. Limited to defined clientele (i.e., group residential home)	☐
F. Deviated route	☐
G. Other (define):	☐

Project Type (check one) *Select the project type that you wish to include in your application.*

Project Type	Existing Service	New Service
A. Purchased service	☐	☐
B. Mobility Management	☑	☐
C. Replacement Vehicle(s)	☐	☐
D. Service Expansion and Right-sizing Vehicles	☐	☐
E. Preventive Maintenance	☐	☐
F. Equipment	☐	☐
G. Signs and Other Bus Stop Amenities	☐	☐
H. Passenger Shelters	☐	☐
I. Facilities (Bus Barns and Other Buildings)	☐	☐

Total Section 5310(ODOT) funds requested

$95,000

Total grant funds requested by year

	FY20	FY21
Section 5310 project	$47,500	$47,500

Scalable Section 5310(ODOT) Grant Request

You are strongly encouraged to request the full amount of funding that is needed for each project, including funding for new projects; however, funding is limited. Describe the scalability of your 5310(ODOT) funding request, how you scaled down your request and what aspects of the program would not be funded under this funding scenario below. Then enter your scaled down request amounts.

Scalability Description:

By reducing our mobility management funding by 5%, WTS would have the time available to assist 5-10 fewer clients with in-person and telephone trip planning, service provider coordination, and coordination with health care providers for our mobility challenged clients.

	FY20	FY21
Scaled request:	$ 45,125	$ 45,125

Identify the project's additional sources of funding in the table below

Estimated Additional Project Resources	
Source of Funds	**Dollar Amount**
2019-2021 Section 5310(ODOT) Grant Request (*Important!)*	$ 95,000
Local Resources (to meet matching requirements)	$ 10,587
Federal Resources	$
Other (provide description):	$
Project Grand Total	**$** 105,587

Coordinated Plan

Is project derived from the *Cherriots Coordinated Public Transit – Human Services Transportation Plan* dated August, 2016? ◉ Yes ○ No If yes, what page(s)? p. 67

If no, explain why the project is not part of the Coordinated Plan.
For example: Is the project part of another plan (please name)? Is the plan still being finalized?

1. **Project Description**
   a.) **Describe services or capital investment to be provided by Section 5310 funding by answering the questions below based on the type of project** *(limit 500 words)*:

- For Purchased Service projects, please provide the following:
  - 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.
  - Is this project part of a group of activities or projects that are dependent on each other (for example, a new transit service that requires capital and operating funds)?
  - Does your agency have an existing contract with Cherriots and/or ODOT to provide transit services? If yes, name the contractor. If no, describe how the transit agency will procure the service and name contractor.
- For Mobility Management projects, please:
  - 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.
  - 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.
- For Vehicle Purchases (replacement or expansion vehicles), please:
  - Describe how the vehicles will be used in service to seniors and individuals with disabilities
- For Equipment, Signs, Amenities, and Shelter projects:
  - Will this project disturb the ground? If yes, an environmental worksheet including site map(s) showing placement of each item must be submitted to Cherriots and ODOT, and approved by FTA prior to payment for any ground-disturbing activities. Submittal of the draft environmental worksheets at the time of this application is optional.
  - Describe why these equipment, signs, amenities, and/or shelters are needed and how they will be used in providing transit service to seniors and individuals with disabilities.
- For Facilities including Transit Centers, Bus Barns, and Transit Agency Building projects:
  - Will this project disturb the ground? If yes, an environmental worksheet including site map(s) showing placement of each item must be submitted to RPTD and approved by FTA prior to payment for any ground-disturbing activities.
  - Explain why this facility project is needed and how the facility will be used in providing transit service to seniors and individuals with disabilities
  - Provide a description of the facility project request as one of the following:
    - Siting and Right-of-Way, Planning, Architecture, Engineering, Project Management, Construction Contracting, Inspecting and Permitting, Interior Surfaces and Furnishings

(limit 500 words).

Woodburn Transit takes an active role in providing customized transportation services. With features such as computerized dispatching and real time GPS vehicle tracking, the City's AVL Tablet system enables us to provide efficient and highly customized trip coordination. We have also trained an employee to provide travel training to Woodburn Transit clients.

Woodburn Transit also provides individualized telephone and in-person trip planning assistance, which involves coordinating with services provided by other regional providers, such as CARTS, CAT and SMART. We regularly coordinate the transportation needs of clients from area social service agencies, such as AFS, Salud Clinic, Senior & Disability Services, etc. Transportation coordination for mobility challenged clients frequently involves trips to the home to better determine their accessibility needs and our strategies for providing services. WTS had contact with roughly 30 customers and 6 customers were trained, WTS will continue to track this information during the next biennium using spreadsheets.

Woodburn Transit partners with the Woodburn volunteer program to provide individualized trips to out of town medical appointments anywhere between Salem and Portland. Volunteers are reimbursed for mileage when using their own vehicles to provide this medical transportation. Our MV-1 wheelchair vehicle provides and enhanced mobility experience for disabled residents needing medically related transportation outside of Woodburn.

We market using Google Transit, webpage, email newsletters, public meetings, flyers, and signs. Schedules and brochures are available from the bus driver, City Hall, Public Library, Medical facilities, shopping mall, and grocery stores and can be mailed to clients who call and request information. The City adopted and LEP program, which provides strategies for communicating with LEP populations about the City's transit services. As Spanish is the first language for thousands of Woodburn residents, a priority is place on communicating in both English and Spanish. Bus Schedules are printed in English and Spanish and all signs are in English and Spanish. The Transit website can also be translated into more than 50 different languages with the click of a button.

b.) Describe how this project coordinates with other services to provide services to seniors and individuals with disabilities. *Limit 200 words.*

Woodburn Transit takes an active role in providing customized transportation services. With features such as computerized dispatching and real time GPS vehicle tracking, the City's AVL tablet system enables us to provide efficient and highly customized trip coordination.

As needed, WTS employees visit the homes of older adults and people with disabilities to help plan trips and determine accessibility needs and the best mode of transportation for them. If

c.) Expected Outcomes

- For Purchased Service projects, please provide:
  - 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
- For Mobility Management projects, please:
  - 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.
- For all projects, please explain why is this project the best method to address the needs identified in the Coordinated Plan? *Limit 400 words.*

This project will enhance local mobility for Woodburn residents who are transportation challenged. WTS strives to provide a clean, safe, reliable, efficient, sustainable and affordable public transportation service for people traveling within Woodburn with a focus on those who do not have other transportation options; and to strive to provide residents, visitors, and workers traveling to or from Woodburn with efficient and convenient regional connections. Woodburn offers Dial-A-Ride door to door service to enhance local mobility for seniors and persons with disabilities. These services enhance the quality of life for Woodburn residents who depend on the local transit system to access needed services. WTS had contact with roughly 30 customers and 6 customers were trained, WTS will continue to track this information during the next biennium using spreadsheets.

d.) Is this project part of a group of activities or projects that are dependent on each other (for example, a bus washing station that is dependent on a facility)? If yes, please describe.

e.) For vehicle purchases and preventive maintenance projects, a Vehicle Preventive Maintenance Plan must be submitted by the time the grant agreement is signed. A plan reflecting current fleet policies, fleet procedures, and vehicle and lift equipment manufacturer's recommended maintenance schedules is required. You may attach supporting documentation.

Electronic document attached ☑

2. Project Budget

Enter all costs involved in the **total** cost of the project.

Type	Amount
Labor (payroll)	$105,587

Contracted services	$
Materials and supplies	$
Purchased Service	$
Preventive maintenance	$
Capital equipment	$
Technology	$
Marketing	$
Other (describe)	$
Other (describe)	$
Other (describe)	$
Project Total	$105,587
Amount requested in this grant	$95,000

2a. Describe the source of your local match funds in the field below (examples: funds from your budget or STF funds). If the matching funds are not available now, describe when they will be (examples: next fiscal year, month/year). Please be specific.

3. Provide the timeline of the project in the following table

	Milestone Description	Completion Date
1	Project Begins	July 1, 2019
2	Project Concludes	June 30, 2021
3		
4		
5		
6		
7		
8		
9		
10		

4. Is your application for a new vehicle? ○ Yes (continue to #5) ◉ No (go on to Section C)

5. Enter the following information about each vehicle to be replaced:

Year	Make/ Model	Vehicle Category*	VIN	Total Seats	ADA Seats	Current Mileage	Vehicle Condition	Maintenance History (Issues, repairs, etc.)
		Choose						
		Choose						
		Choose						
		Choose						
		Choose						

5a. 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 new FTA guidelines, piggybacking on outside contracts is strictly limited.

5b. Vehicles to be purchased:

Vehicle Category*	Qty (#)	Cost Each ($)	Total ($)	No. Seats w/ADA Deployed	No. of ADA Stations	Total Capacity	Fuel Type*	Estimated Order Date	Estimated Delivery Date*
Choose							Choose		
Choose							Choose		

Choose							Choose		
Choose							Choose		
Choose							Choose		
Totals:		**Grand Total:**							

Vehicle Category Descriptions: http://www.oregon.gov/ODOT/PT/resources/guidance-library/vehicle-descriptions-usefullife-standards.pdf
**Fuel Type Options: (G) Gas, (D) Diesel, (B) Biodiesel, (HG) Hybrid-gas, (HD) Hybrid-diesel, (CNG) Compressed Natural Gas, (OF) Other alternative Fuel.*
Estimated Delivery Date: *Minimum 160 days if ADA accessible.*

6. **For Facilities projects only (including Transit Centers, Bus Barns, and Transit Agency Buildings), please complete the questions below about your facility project. Please be brief, but thorough, and answer all questions. If your project is tentatively accepted for funding, you may be asked to complete a supplemental application.**

A. Total scope of entire facility project

B. Portion of project scope applied for in this grant. (If all, state this)

C. Proposed total square feet of facility

D. Other secured funding sources for this project

E. Other anticipated funding sources for this project

F. Who are the designated partner agencies for this project?

G. Who are the other stakeholders for this project, and how is their support being enlisted?

H. Describe how support from local elected officials or bodies has been formally received for this project.

I. Describe how the project fits into the regional coordinated plan.

J. Has this project been thoroughly discussed with your Rail and Public Transit Section Regional Transit Coordinator and has the Regional Transit Coordinator been involved with preliminary project planning efforts? (Yes No).

K. H as your local Area Commission on Transportation been involved and is it in support of this project? (Yes No).

L. Project Milestones: List each of the project's major phases or milestones below. Include associated costs and completion date for each item.

Estimated final completion date of all project activities

M. Is property for facility owned by your agency or an affiliate body? (Yes No).

If an acquisition, has a firm offer been made on this project, and when?

N. Has preliminary project planning been accomplished for this project? (Yes No).

O. Have requisite local agency planning, zoning, building permits and all approvals been applied for and received for this project? (Yes No).

P. Does this project involve changes to any railroad rights of way? (Yes No).

Q. Have all relevant project documents been attached to your grant application? If not, please send them via email to ted.stonecliffe@cherriots.org. (Yes No).

R. Is there any other information you wish reviewers to understand about this project? Yes No). If yes, please explain on next page:

C. ORGANIZATIONAL CERTIFICATION

By submitting this document via email to Salem Area Mass Transit District (SAMTD), I certify that the submitted materials and data included are complete, true and correct. Also, I certify that my organization is:

- Eligible to enter into agreements with SAMTD;
- Has the legal, managerial and operational capacity to do the work to be paid for by the Section 5310 Program;
- Not debarred or suspended from federal grants;
- In compliance with federal, state and local laws and regulations including, and not limited to, those pertaining to passenger transportation, civil rights, labor, insurance, safety and health, as applicable;
- Complies with the laws or rules of the Section 5310 Program;
- Properly uses and accounts for the Section 5310 Program's goals; and
- Will operate the project or service in a safe, prudent and timely manner.

Kathleen McClarkey — Transit Manager — 01/09/2019

Signature of Authorized Organization Officer | Title | Date

Private Nonprofit Agency – Corporation Status Inquiry and Certification

If your agency or organization is claiming eligibility as a Section 5310 or STF Program applicant based on its status as a private nonprofit organization, you must obtain verification of its incorporation number and current legal standing from the Oregon Secretary of State Information Retrieval/ Certification & Records Unit (IRC Unit). The "Status Inquiry" document must be attached as an appendix to the application. To assist your agency or organization in obtaining this information, use one of these two methods:

To obtain Corporate Records Information over the Internet, go to:
http://sos.oregon.gov/business/Pages/find.aspx Enter the name of your agency or organization. If its status is active, print the page and submit it as proof.

Private Non-profits

Legal Name of Non-profit Applicant:

State of Oregon Articles of Incorporation Number:

Date of Incorporation:

Certifying Representative

Name (print):	
Title (print):	
Signature:	Date:

Woodburn 5310 (ODOT) Grant Application
Project: Woodburn Mobility Management Program
Answer, Section 1. Project Description, b.):
Woodburn Transit takes an active role in providing customized transportation services. With features such as computerized dispatching and real time GPS vehicle tracking, the City's AVL tablet system enables us to provide efficient and highly customized trip coordination.

As needed, WTS employees visit the homes of older adults and people with disabilities to help plan trips and determine accessibility needs and the best mode of transportation for them. If clients are unsure of how to use the fixed route or Paratransit (Dial-A-Ride), staff will offer to ride with them on a trip to help learn to maneuver the transit system. Woodburn Transit also provides individualized telephone and in-person trip planning assistance, which involves coordinating with services provided by other regional providers, such as CARTS, CAT and SMART. We regularly coordinate the transportation needs of clients from area social service agencies, such as AFS, Salud Clinic, Senior & Disability Services, etc.