CHERRIOTS

2019-2021
SPECIAL TRANSPORTATION FUND (STF) GRANT APPLICATION

FOR PROJECTS LOCATED WITHIN MARION AND POLK COUNTIES

DECEMBER 14, 2018

2019-2021 STF Grant Application
for Projects Located Within Marion and Polk Counties

INTRODUCTION

- Read the Cherriots *2019-2021STF 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 Silverton, Silver Trolley

Employer Identification Number (EIN): 93-6002256

Contact Person: Jason Gottgetreu

Contact Person Title:

Address: 306 S Water Street, Silverton, OR 97381

Telephone: (503) 874-2212

Email: Jgottgetreu@silverton.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	9:00 am to 5:00 pm
Tuesday	9:00 am to 5:00 pm
Wednesday	9:00 am to 5:00 pm
Thursday	9:00 am to 5:00 pm
Friday	9:00 am to 5:00 pm
Saturday	9:00 am to 3:30 pm
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)
$130,647.00	$130,647.00	$125,760	$125,760.00

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)*

Silver Trolley, 5311 Match

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

North boundary	Hobart Road
West boundary	Westfield Street
South boundary	Pioneer Drive
East boundary	Monitor Road
Other general geographic area (i.e., within the City of Woodburn)	Within the Urban Growth Boundary of Silverton

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

Start date
Provide the date of first work that will be charged to the grant.

07/01/19

Project Service Types (check all that apply) *What type of services will be supported with this STF 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. Transit Operations	☑	☐
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 STF funds requested

$39,000.00

Total grant funds requested by year

	FY20	FY21
STF project	$19,500	$19,500.00

Scalable STF Grant Request by Year
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 STF 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 (200 words max.):

The 5311 Grant program the Silver Trolley relies on for operations is based on a formula. This biennium, the amount typically provided to the Silver Trolley has been reduced by $6,000. The typical STF request for the biennium is $33,000. The increase in the request from previous years is due to the reduction in 5311 funds. The City would likely be able to continue operating the Trolley at the scalable request.

	FY20	FY21	Total
Scaled request:	$ 16,500	$ 16,500	$ 33,000

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

Estimated Additional Project Resources	
Source of Funds	**Dollar Amount**
2019-2021 STF Program Request (*Important!)*	$39,000.00
Local Resources	$66,418.00
Federal Resources	$134,602.00
Other (provide description): 5310	$11,500.00
Project Grand Total	**$**251,520.00

☑ The award of this STF Grant will enable federal funds to be brought to the project.

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. 42

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 STF funding** *(limit 500 words)*. Answer the following questions in your description:

   - Who will you serve?
   - What geographic area will you serve?
   - What level of service will be provided to customers?
   - Operational activities; how will customers request and receive rides, including scheduling and dispatching?
   - Describe if volunteers will be utilized to provide service and how this will occur (will the volunteer program be supported with STF or other funds? Will you provide mileage reimbursement to volunteers using their own vehicles?).
   - How will the service be marketed?

(limit 500 words).

The Silver Trolley is operated by the City of Silverton's Community Development Department and provides demand responsive (dial-a-ride) curb-to-curb service for the senior, disabled, special needs, youth, economically disadvantaged, and the general public.

The Silver Trolley provides free curb-to-curb service; drivers wait for an individual at the curb of a public street, in front or close to the rider's house, building, or other designated pick-up location as possible. For passenger drop offs, the driver drops the rider off at the sidewalk, or another safe waiting area next to the curb of a public street, in front or as close to the designated drop off location as possible.

Dispatch is available for ride scheduling Monday through Friday from 8:00 AM to 5:00 PM (Dispatchers will not be available to answer phones on Saturdays so all trips need to be made by Friday). There is 24 hour voicemail service available for after hour calls or if the line is busy. Dispatchers shall route and schedule each trip request at the time the reservation is made. Ride confirmation and “ready times” will be given to the rider. When at capacity, alternative times and/or days can be arranged, or the trip may be denied. Riders should expect the Trolley vehicle within 30 minutes of the arranged time (15 minutes before and 15 minutes after the scheduled time).

The City periodically does outreach to ascertain the effectiveness of the Silver Trolley service and to see if there are any desired changes to the service. The City also advertises the Trolley service through print media being available in the City Hall lobby where citizens pay their Water Bill.

Recently a farm worker housing development was constructed in Silverton. The City conducted outreach to the property owner and property manager to inform the residents of the Silver Trolley Service.

The City held a meeting with Somos Hispanas Unidas in May 2018. Somos Hispanas Unidas is a local non-profit that aims to strengthen the Hispanic family through education, their civic participation and the active presence of their members in their communities and improve the social and economic welfare of the Hispanic family based on the recognition and defense of their civil rights and equal opportunities. A portion of the meeting was sharing information on the Silver Trolley with the participants indicating they would forward the information on to their network and through local churches.

b.) Will you coordinate between providers to avoid duplication? *Describe what level of coordination between partners is done and how duplication is avoided. Limit 200 words.*

Riders of the Silver Trolley can coordinate their ride with Cherriots 20x to connect Silverton to the communities of Salem, Woodburn, Mt. Angel, Hubbard, Gervais, and other neighboring communities in between.

c.) Expected Outcomes
Describe the expected outcomes of this project on seniors and people with disabilities. Why is this project the best method to address the needs identified in the Coordinated Plan? Limit 400 words.

The Silver Trolley is expected to continue to serve the community of Silverton with a convenient demand response transportation service at no charge for seniors, people with disabilities, and the general public.

2. Project Budget

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

Type	Amount
Labor (payroll)	$ 39,000.00
Contracted services	$
Materials and supplies	$
Operations	$
Preventive maintenance	$
Capital equipment	$
Technology	$
Marketing	$
Other (describe)	$
Other (describe)	$
Other (describe)	$

Project Total	$
Amount requested in this grant	$ 39,000.00

3. Provide a timeline for the project in the following table:

	Milestone Description	**Completion Date**
1	Project start	7/1/19
2	Project end	6/30/21
3		
4		
5		
6		
7		
8		
9		
10		

4. Is your application for a replacement vehicle?

☐ Yes (continue to #5) ☑ No (go 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						

***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.*

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.).

5b. Vehicles to be purchased (expansion vehicles only):

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:							

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 STF;
- 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 STF Program;
- Properly uses and accounts for the STF Program's goals; and
- Will operate the project or service in a safe, prudent and timely manner.

Christopher Wanstall, City Manager — 1/14/2019

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: 07/01/19

Certifying Representative

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