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: **Salem Health West Valley Foundation**

Employer Identification Number (EIN): 93-1298564

Contact Person: Lisa Roth

Contact Person Title: Foundation Director

Address: PO Box 14001 Salem, OR 97309

Telephone: (503) 814-1992

Email: lisa.roth@salemhealth.org

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	12am-11:59pm
Monday	12am-11:59pm
Tuesday	12am-11:59pm
Wednesday	12am-11:59pm
Thursday	12am-11:59pm
Friday	12am-11:59pm
Saturday	12am-11:59pm
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)	West Valley hospital is open 24/7 with no scheduled closures.

Total transportation program costs by year

FY18 (historical data, if applicable)	FY19 (projected, if applicable)	FY20 (projected)	FY21 (projected)
$72,830.00	$74,676.00	$76,916	$144,585.00

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)*

Connections Van providing medical transportation

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

North boundary	to Grand Ronde
West boundary	as far as Grande Ronde/Falls City
South boundary	as far as Falls City/Monmouth
East boundary	Independence into West Salem
Other general geographic area (i.e., within the City of Woodburn)	Dallas and surrounding areas

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 · 2019

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

$60,932.00

Total grant funds requested by year

	FY20	FY21
STF project	$30,016.00	$30,916.00

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.):

To scale this request, we would have to significantly restructure the program and potentially replace the staff person with an hourly, part time employee at $15 per hour plus benefits and would include a 3% cost of living increase in the second year. However this could also impact the volunteer force this role trains to sustain the program cost effectively. Program demand resulted in the projects expansion to meet patient need. We would then need to explore organizational and community capacity to further fundraise for the program administration in addition to maintenance and a needed replacement vehicle.

$15,600 part time employee at $15 per hour
$1140 taxes
$4836 benefits
$21,576 annual cost + 3% cost of living wage in year 2 at $22,223

	FY20	FY21	Total
Scaled request:	$ 21,576.00	$ 22,223.00	$ 43,799.00

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!)*	$60,932.00
Local Resources	$160,569.00
Federal Resources	$
Other (provide description):	$
Project Grand Total	$221,501.00

☐ 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. 53

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).

Accessible transportation continues to be a significant barrier to gaining crucial healthcare services for the residents of Polk County. Patients with acute conditions, chronic conditions, and disabilities find it difficult to secure reliable public and/or private transportation to medical appointments. Even when taxis and bus transportation are available, these patients suffer from medical conditions that are not easily managed by relatives and public transportation. Many patients in Polk County reside in rural and/or remote areas that make it improbable to gain access to healthcare services without the Connections Program. In addition to inadequate access, patients find it difficult to cover the cost of transportation while being burdened with routine medical expenses.

The Connections Program has proven itself an asset to the community by ensuring patients are making it to and from outpatient surgeries, rehabilitation appointments, cardiology appointments, laboratory visits, local primary care offices for preventative care and management, pharmacies for crucial prescriptions, radiology and imaging appointments, and Infusion and Wound Care appointments to receive vital open wound and intravenous antibiotic treatments.

Without the Connections Program, many Polk County residents would no longer be able to make it to medical appointments and the overall health of the community would suffer. This would be a detriment to public health and could lead to more advanced, and often more expensive, medical care for these patients.

The Connections Van program has access to both a bus and a van providing ride services for patients in the West Valley primary service area. Staff and volunteer drivers travel to pick up and return residents reaching west to Grand Ronde, south to Falls City and including Independence and Monmouth as well as all of Dallas. The bus is the vehicle we will need to replace to ensure continuity of vehicles and on-going safety for ridership and drivers.

Providers, care givers and patients can call or refer to the service; either staff or a dispatcher will schedule the curb to curb rides as needed. Most rides are scheduled in advance but can be same day when slots are available. The service is well known in the community and the vehicles are clearly identified. Medical staff request the service for their patients frequently and we work to ensure clinic staff are well informed about the services offered for the patients at not cost to them.

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.*

Salem Health West Valley, as a not-for-profit business is committed to coordinating with the community to enhance existing services. Specialized staff are trained to help connect community members with the most affordable and medically acceptable options to meet their variety of transportation needs.

The community currently has limited options for medical transportation and the added factors of being in outlying or remote areas of the community provide more barriers. Some possible options include private transportation, public transit and community volunteers. These options are not always available to the residences needing medical transportation at particular times and places.

Providers are well aware of the need these services meet in the community and work/collaborate to avoid wasting the limited resources.

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.

Latest information shows that over 95% of the population utilizing this van connections service are seniors or persons with disabilities living in Polk County and outlying areas within the county. The seniors and disabled population need cost effective transportation available to them as their medical issues arise.

This no cost service continues to be an effective and easy service for residents with medical needs to access. Often the residents we serve are located in remote areas of the county where other services do not reach. Because there is a lack of affordable transportation options for this population it is necessary to continue the services to protect the wellness and often medically complicated needs of our aging population.

The past calendar year brought over 1600 rides to and from medical appointments with connections program assistance. The investment of a coordinator to help drive, train and schedule rides and volunteers each month allows for easy access to what otherwise might be tricky transportation needs for residents- finding cost effective and safe solutions to transportation remains the goal.

2. Project Budget

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

Type	Amount
Labor (payroll)	$ 60,932.00
Contracted services	$ 4,000.00
Materials and supplies	$ 5,261.56
Operations	$ 49,473.04
Preventive maintenance	$ 15,498.40
Capital equipment	$ 65,000.00
Technology	$
Marketing	$ 4,000.00
Other (describe) fuel	$ 7,000.00
Other (describe) insurance	$ 10,336.00
Other (describe)	$

Project Total	$ 221,501.00
Amount requested in this grant	$ 60,932.00

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.

Tim Dekot — Foundation Director — 01.14.2019

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: West Valley Hospital Foundation

State of Oregon Articles of Incorporation Number: 760029-80

Date of Incorporation: 06/21/2000

Certifying Representative

Name (print): Lisa D Roth	
Title (print): Foundation Director	
Signature: Lisa Roth	Date: 01/14/2019

Business Name Search

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Business Entity Data

01-14-2019
10:58

Registry Nbr	Entity Type	Entity Status	Jurisdiction	Registry Date	Next Renewal Date	Renewal Due?
760029-80	DNP	ACT	OREGON	06-21-2000	06-21-2019	

Entity Name	WEST VALLEY HOSPITAL FOUNDATION
Foreign Name	
Non Profit Type	PUBLIC BENEFIT WITH MEMBERS

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Associated Names

Type	PPB	PRINCIPAL PLACE OF BUSINESS				
Addr 1	525 SE WASHINGTON ST					
Addr 2						
CSZ	DALLAS	OR	97338		Country	UNITED STATES OF AMERICA

Please click here for general information about registered agents and service of process.

Type	AGT	REGISTERED AGENT		Start Date	10-26-2018	Resign Date
Name	LISA	DUNGAN	ROTH			
Addr 1	525 SE WASHINGTON ST					
Addr 2						
CSZ	DALLAS	OR	97338		Country	UNITED STATES OF AMERICA

Type	MAL	MAILING ADDRESS				
Addr 1	PO BOX 378					
Addr 2						
CSZ	DALLAS	OR	97338		Country	UNITED STATES OF AMERICA

Type	PRE	PRESIDENT				Resign Date
Name	DARIN		SILBERNAGEL			
Addr 1	525 SE WASHINGTON ST					
Addr 2						

CSZ	DALLAS	OR	97338		Country	UNITED STATES OF AMERICA

Type	SEC	SECRETARY			Resign Date	
Name	DARIN		SILBERNAGEL			
Addr 1	525 SE WASHINGTON ST					
Addr 2						
CSZ	DALLAS	OR	97338		Country	UNITED STATES OF AMERICA

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Name History

Business Entity Name	Name Type	Name Status	Start Date	End Date
WEST VALLEY HOSPITAL FOUNDATION	EN	CUR	07-25-2003	
VALLEY COMMUNITY HOSPITAL FOUNDATION	EN	PRE	06-21-2000	07-25-2003

Please read before ordering Copies.

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Summary History

Image Available	Action	Transaction Date	Effective Date	Status	Name/Agent Change	Dissolved By
	REINSTATEMENT AMENDED	10-26-2018		FI	Agent	
	ADMINISTRATIVE DISSOLUTION	08-30-2018		SYS		
	AMENDED ANNUAL REPORT	06-12-2017		FI		
	AMENDED ANNUAL REPORT	05-25-2016		FI	Agent	
	AMNDMT TO ANNUAL RPT/INFO STATEMENT	06-19-2015		FI	Agent	
	AMENDED ANNUAL REPORT	06-19-2015		FI		
	AMENDED ANNUAL REPORT	05-23-2014		FI		
	AMNDMT TO ANNUAL RPT/INFO STATEMENT	07-08-2013		FI		
	AMENDED ANNUAL REPORT	06-24-2013		FI		
	AMENDED ANNUAL REPORT	05-21-2012		FI		
	AMENDED ANNUAL REPORT	06-16-2011		FI		

	AMENDED ANNUAL REPORT	06-01-2010		FI		
	AMNDMT TO ANNUAL RPT/INFO STATEMENT	05-27-2009		FI		
	AMENDED ANNUAL REPORT	05-27-2009		FI		
	ANNUAL REPORT	07-08-2008		FI		
	ANNUAL REPORT	06-06-2007		FI		
	AMNDMT TO ANNUAL RPT/INFO STATEMENT	06-19-2006		FI		
	ANNUAL REPORT PAYMENT	06-06-2006		SYS		
	AMNDMT TO ANNUAL RPT/INFO STATEMENT	05-24-2005		FI		
	ANNUAL REPORT PAYMENT	05-19-2005		SYS		
	ANNUAL REPORT PAYMENT	05-10-2004		SYS		
	AMNDMT TO ANNUAL RPT/INFO STATEMENT	07-31-2003		FI		
	ANNUAL REPORT	07-31-2003		FI		
	RESTATED ARTICLES	07-31-2003		FI	Agent	
	ARTICLES OF AMENDMENT	07-25-2003		FI	Name	
	ANNUAL REPORT PAYMENT	06-03-2002		SYS		
	AMENDED ANNUAL REPORT	05-22-2001		FI		
	NB AMENDMENT	12-07-2000		FI		
	NEW FILING	06-21-2000		FI		

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please contact : corporation.division@state.or.us

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