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 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)
$631,000.00	$644,000.00	$663000	$683,000.00

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)*

Woodburn Transit System Services

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 the Woodburn City Limits

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.

01/09/19

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

$444,000.00

Total grant funds requested by year

	FY20	FY21
STF project	$219,000	$225,000.00

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 requested amount sustains existing service levels. Based on available capacity, WTS currently attempts to accept every out of town medical trip request it receives, providing an average of 57 trips per week. With the scaled request below, WTS would limit the total number of trip requests it accepts to 51 per week.

	FY20	FY21	Total
Scaled request:	$ 211,000	$ 218,000	$ 429,000

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!)*	$444,000.00
Local Resources	$407,008.00
Federal Resources	$494,992.00
Other (provide description):	$
Project Grand Total	**$** 1,346,000.00

☐ 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. 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 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).

Woodburn Transit Service (WTS) provides transportation services to the general public, with the vast majority being seniors and persons with disabilities. Woodburn's Fixed Route and complementary paratransit programs operate within the city limits of Woodburn. The volunteer medical program transports clients to medical appointments outside of Woodburn to areas between Salem to Portland.

WTS provides a high level of service to the public through its Fixed Route, Dial-A-Ride, and Demand Response programs by ensuring that they have access to grocery, medical and other resources. WTS 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. WTS regularly coordinates 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. As needed, WTS employees provide home visits to help determine the best transportation options for persons with disabilities. Employees also provide hands on assistance to help clients learn how to use the system.

Woodburn Transit utilizes City volunteers 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.

We market using Google Transit, webpage, email newsletters, public meeting, 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 an 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 placed on communicating in both English and Spanish. Bus schedules are printed in English and Spanish, and all signs are in English and Spanish. When phone inquiries are made by non-English speakers, the transit system is fully described to the client in Spanish and assistance with trip planning is offered. The transit website can also be translated into more than 50 different languages with the click of a button.

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.*

WTS coordinates with other service providers and does not duplicate services. Staff helps customers plan their trips on WTS to connect with other transit entities that make stops in Woodburn (CAT, CARTS, Cascade Point). WTS employees explain how our system works and helps local resident plan their trip on the Fixed Route bus, the Dial-A-Ride and out of town Medical Services.

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.

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 connects.

2. Project Budget

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

Type	Amount
Labor (payroll)	$ 880,000.00
Contracted services	$
Materials and supplies	$ 331,265.00
Operations	$
Preventive maintenance	$ 133,735.00
Capital equipment	$
Technology	$
Marketing	$ 1,000.00
Other (describe)	$
Other (describe)	$
Other (describe)	$

Project Total	$ 1,346,000.00
Amount requested in this grant	$ 444,000.00

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

	Milestone Description	**Completion Date**
1	Existing Service Begins	7/1/19
2	Service Date Ends	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.

Kathleen Freeman — Transit Manager — 01/09/19

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: 01/09/19

Certifying Representative

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