CHERRIOTS

2019-2021
SPECIAL TRANSPORTATION FUND (STF) GRANT APPLICATION

FOR PROJECTS LOCATED WITHIN MARION AND POLK COUNTIES

DECEMBER 14, 2018

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: Garten Services, Inc

Employer Identification Number (EIN): 93-0582004

Contact Person: Gaelen McAllister

Contact Person Title: CEO

Address: 500 Hawthorne Ave. NE, Salem, OR 97301

Telephone: (503) 581-1984

Email: gmcallister@garten.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	as needed
Monday	6:30am-1am
Tuesday	6:30am-1am
Wednesday	6:30am-1am
Thursday	6:30am-1am
Friday	6:30am-1am
Saturday	as needed
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)
$36,000.00	$56,000.00	$62000	$70,000.00

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)*

Community Employment Transportation for People with Disabilities

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
West boundary	Dallas
South boundary	Marion County Border
East boundary	Marion County Eastern border
Other general geographic area (i.e., within the City of Woodburn)	

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.

02/27/70

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

$82,577.00

Total grant funds requested by year

	FY20	FY21
STF project	$36289	$36,289.00

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.):

We are requesting two vehicles through this grant application, as that is what we need. However, if funded for less, we would buy one vehicle instead of two and continue to fundraise for the other.

	FY20	FY21	Total
Scaled request:	$ 36289	$ 0	$ 36289

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!)*	$72,577.00
Local Resources	$8,971.00
Federal Resources	$0.00
Other (provide description):	$0.00
Project Grand Total	$81,548.00

☐ 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. 5,967

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).

We will use the vans to transport adults with disabilities in Marion and Polk county. We will provide rides to and from their job and rides to employers who are hiring for interviews and trial work experiences and assessments. We will also be able to transport individuals who wish to volunteer in the community. For example, currently, we have individuals interested in volunteering with Meals on Wheels who cannot because of the need for a wheelchair accessible van. The large buses we have are utilized at the same time for group trips in the community, so we cannot accommodate individual trips. Individuals will work with their program support specialists to maximize their ability to get to their destination independently.

The van service will be used when public transit is not feasible or during the period when the individual is starting their job and learning to use transit to get to their job. Increasingly, entry level jobs available to our workforce are weekend and swing shift hours when there may not be public transit available.

Garten staff who are also job coaches will manage the schedule according to individuals needs and drive the vehicle. This service will be marketed as part of our job development and ongoing job coaching services to county and brokerage service coordinators and school transition program personnel.
Garten, like all other organizations providing services to people with disabilities is under mandate to provide individualized community employment and activity opportunities. This has drastically impacted our transportation needs. In the past, community activities were large group outings on a mini bus. Up until the last couple of years, our participants mostly worked in our businesses, so could be transported as a group to one location, all on the same schedule. Now we are developing jobs and activities for them at a wide variety of community businesses and sites. This requires individual or very small group trips. In order to be able to offer the same opportunities to all of our participants, regardless of physical disabilities, we need vans that are wheelchair accessible. The lifts are also helpful to those who do not use a wheelchair, but might need a lift to get into a vehicle.

The services are marketing to all adults with disabilities through VR and the county offices of developmental disabilities.

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.*

We coordinate with individuals home staff, Cherriots Lift and Cherriots to help each individual be as independent in getting to their job as possible. The individual might need rides at the beginning of the job, when being on time (neither too early, not late) is key to fitting in as a regular employee. Interestingly, we noticed that people who must arrive too early due to bus schedules are often perceived as a problem for employers who don't really have a place for them to be. Once the pattern is established and home provider rides, regular route transportation or CherryLift services can be arranged, the individual is gradually trained to use those services. Only in cases where there is no ongoing service available would the individual use Garten transportation on an ongoing basis. This occurs in our last mile service that we provide from the nearest bus stop to our recycling service and our late evening ride home service where we bring swing shift workers home after the bus routes have stopped running. In periods when this van is not being used by Garten, we will be open to sharing with other organizations.

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 coordinated plan addresses the unmet need to transport people with disabilities to the wide range of locations in our service area at a wide range of times. Like all people, people with disabilities want to particpate in activities and employment at times beyond the standard service hours of the transit system. As entry level employment is particularly available for non standard shift times, ie swing or graveyard shifts, weekend work, the flexibility to provide transportation without the difficulty of setting up a special route is important. This service is cost effective because Garten is bearing the largest cost of the ride by providing the driver. The cost of the vehicle alone is considerably less than a Cherriots staffed van or bus where the labor cost is much higher per hour. Garten uses job coaches who work with the individuals while driving on employment skills, career development ideas and route training. We estimate it costs approximately .54 a mile to keep a vehicle on the road and account for insurance and depreciation. This is considerably less than the cost per mile of Cherry Lift or even fixed route services.

2. Project Budget

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

Type	Amount
Labor (payroll)	$
Contracted services	$
Materials and supplies	$
Operations	$
Preventive maintenance	$
Capital equipment	$ 81,548.00
Technology	$
Marketing	$
Other (describe)	$
Other (describe)	$
Other (describe)	$

Project Total	$ 81,548.00
Amount requested in this grant	$ 72,577.00

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

	Milestone Description	Completion Date
1	Grant agreement signed	7/15/19
2	Develop final specifications for vehicles	8/15/19
3	Order the vehicles	9/15/19
4	Take possession of the vehicles	3/15/20
5	Begin using the vehicles for employment services	4/1/20
6	Quarterly and Yearly reports begin	8/1/20
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.)
		E-3						
		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*
E-3	2	$ 40,744	$ 81,488	5	1	5	G	7/1/19	1/1/20
Choose							Choose		
Choose							Choose		
Choose							Choose		
Choose							Choose		
Totals:	2	Grand Total:	$ 81,488						

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.

Signature of Authorized Organization Officer	Title	Date
Timothy Roak	CEO	01/29/19

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: Garten Services, Inc

State of Oregon Articles of Incorporation Number: 8891012

Date of Incorporation: 01/29/19

Certifying Representative

Name (print): Gaelen McAllister	
Title (print): Resource Development Manager	
Signature: Gaelen McAllister	Date: 01/29/19

Secretary of State
Corporation Division
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327

Phone: (503)986-2200
Fax: (503)378-4381
www.filinginoregon.com

2019 ANNUAL REPORT
Registry Number: 8891012
Date of Incorporation: 02/27/1970
Fee: $50
Due Date: 02/27/2019
Type: DOMESTIC NONPROFIT CORPORATION

GARTEN SERVICES, INC.
PO BOX 13970
SALEM OR 97309

Name of Domestic Nonprofit Corporation
GARTEN SERVICES, INC.

Jurisdiction: OREGON

Non Profit: Public Benefit

The following information is required by statute. Please complete the entire form. Failure to submit this Annual Report and fee by the due date may result in inactivation on our records.

Registered Agent
PAMELA BEST
500 HAWTHORNE AVE SE
SALEM OR 97301

If the Registered Agent has changed,
the new agent has consented to the appointment.
Oregon street address required.

1) Type of Business

2) Principal Place of Business (Address,city,state,zip)
500 HAWTHORNE AVE SE
SALEM OR 97301

3) Mailing Address (Address,city,state,zip)
PO BOX 13970
SALEM OR 97309

4) President (Name & Address)
DICK HORNER
500 HAWTHORNE AVE SE
SALEM OR 97301

5) Secretary (Name & Address)
KATHY MORELAND
500 HAWTHORNE SE
SALEM OR 97301

6) Signature _____

7) Printed Name _____

8) Date _____

9) Phone Number _____

Make check payable to "Corporation Division" and mail to the address above.
Note: Filing fees may be paid with a major credit card. Submit the card number and expiration date on a separate page for your protection.

ANRPF1-
01/14/19

Private Nonprofit Agency – Corporation Status Inquiry and Certification

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Private Non-profits

Legal Name of Non-profit Applicant:

State of Oregon Articles of Incorporation Number:

Date of Incorporation:

Certifying Representative

Name (print): Gaelen McAllister	
Title (print): Resource Development Manager	
Signature: Gae McA	Date: 1/13/19