

Application Instructions

The grant recipient for 5311 operating funds should fill out this application. If a sub-recipient or contractor will deliver the transit service on your behalf, please coordinate completion of the application with your sub-recipient/contractor.

- The Word version of the application is formatted to be completed and submitted electronically. **Application submittal via email is preferred**, but is not mandatory.
- Use the Tab key to navigate in the document (Shift + Tab, if you need to go back). Mouse selection is also enabled if the area has not been locked for editing.
- Fill-in shading is enabled for navigation purposes only; the printed document will not contain shading.
- Items requiring a signature or attachments that are not available electronically should be submitted separately by mail or facsimile (503.986.4189).

Applications are due April 1, 2011. This means received by April 1.

If submitting application via email, please send it to sharon.k.peerenboom@odot.state.or.us or mail the original to:

ODOT-Public Transit Division
Attention: Sharon Peerenboom
555 13th Street NE, Suite 3
Salem, OR 97301-4179

A. Program Certification

This page must be signed by an authorized representative of your agency. Prefer scanned version of page sent with application. *The signed page may be sent to Public Transit Division via mail or facsimile if you cannot send via email.*

B. Provider Information

Fill out all information requested. If your agency has a sub-recipient or sub-contractor who will operate the 5311-funded service, enter the information requested for the sub-recipient or sub-contractor.

If your agency provides all transportation services funded by this grant (no sub-recipients or contractors are used), please mark the appropriate box.

C. Financial/Budget Information

1. Grant Request:

Cell 1: Enter the total project cost. Note: the total project cost is used in the grant agreement and is not intended to reflect your entire budget for the 5311 service. It only reflects the total of the federal grant funds plus your local matching funds.

Cell 2: Enter the grant amount you are requesting for FY 2011-12. This should equal 56.08% of the project cost in Cell 1. It cannot exceed your FY 2011-12 allocation. You may request less than your allocation amount if you are not able to fully match your allocation.

Cell 3: Enter your amount of local match. It must be equal to at least 43.92% of the project amount in Cell 1.

2. FY 2011-12 Budget

Attach a copy of your estimated or adopted transportation program budget for FY 2011-12. It must be in enough detail to show your various sources of revenue so that we can document your available match for the grant funds. *Include any anticipated Business Energy Tax Credit (BETC) revenues.*

3. Expense Allocation

Check the appropriate box to indicate if your agency allocates indirect costs to its transportation program. If you check yes, your agency must have a cost allocation plan approved by a federal agency on file with the Public Transit Division in order to receive reimbursement for those costs.

4. Documentation of Local Match for Grants

The purpose of this section is to allow Public Transit Division to look at your agency's match commitment for this project, within the context of the other match commitments your agency may have for FY 2011-12. List only the grants that require match and only the grants for which you will make expenditures for FY 2011-12.

If you have a grant that spans multiple years, include only the portion you expect to use in FY2011-12.

Include all grants for which you have applied, even if they have not yet been awarded.

Common match sources include local Special Transportation Fund (STF), local taxes, contributions from local governments, contract revenue, donations, and BETC revenue. If a grant has multiple sources of match, list the source and amount of each match contribution. Match amounts listed should equal the amount of match required by the grant.

Include a description of how you track matching funds used for grants. Include information about any software you use (such as an Excel spreadsheet). If you have a tool you can make available to others, please describe.

D. Project Description and Scope

Your responses to these questions will be used to help create the scope of work for your grant agreement. If portions of your service are clearly not part of your 5311-funded

general public service (such as a senior bus service or developmentally disabled workshop shuttle), exclude that information from the project description.

1. Area Served

What communities will be served by the 5311-funded project? Please list each incorporated and unincorporated community. For each area served, please describe in as much detail as possible the specific service area. Attach separate sheets if necessary.

Examples (can be used in combination if applicable):

- Service is provided within the city limits of Anytown.
- Service is provided within a five-mile radius Anytown city center.
- Service is provided within the urban growth limits of Anytown.
- Service is provided within the boundaries of School District 123.
- Service is provided within the county limits of Any County.
- Service is provided within census tracts (list tracts).
- Service is provided within the limits of (specify major highways or landmarks).
- Service is provided between the cities of Anytown and Anothertown (please list cities along route).

List counties served. A county is considered served if your transportation service makes a stop in that county.

List any changes in your service area from last year. This should include new areas served as well as any areas that are no longer served. Include the type of service now provided or discontinued.

Check the appropriate box to indicate if your agency provides service where another provider also supplies transportation service.

If yes, describe those services. Examples:

- Your agency provides commuter service between Anytown and Anothertown, and “Anothertown Transit” provides service within Anothertown.
- Your agency provides service from Anytown to Anothertown where connecting service is available to Bigtown.
- Intercity service to several towns has a stop in your service area.

2. Type of Service

Service types are defined as follows:

Fixed Route: Transit service using vehicles operating on fixed routes and schedules, regardless of whether a passenger actively requests a vehicle. This does not include commuter service and intercity service (below).

Complementary Paratransit: Transportation service required by the Americans with Disabilities Act (ADA) for individuals who are unable to use fixed route transportation systems.

Deviated Fixed Route: Transit service that operates along a fixed alignment or path at generally fixed times, but may deviate from the route alignment to collect or drop off passengers who have requested deviation.

Demand Response: A transit service operating in response to calls from passengers or their agents to the transit operator, who then dispatches a vehicle to pick up the passengers and transport them to their destinations. The vehicle may be dispatched to pick up several passengers at different pick-up points before taking them to their respective destinations and may even be interrupted en route to these destinations to pick up other passengers. This service type is often called “dial-a-ride”. This does not include ADA Complementary Paratransit (above).

Commuter: Service characterized by service predominantly in one direction during peak periods, limited stops, use of multi-ride tickets, and routes of extended length, usually between the central business district and outlying suburbs. Commuter bus service may also include other service, characterized by a limited route structure, limited stops, and a coordinated relationship to another mode of transportation.

Intercity: Regularly scheduled bus service for the general public that operates with limited stops over fixed routes connecting rural areas to an urban area not in close proximity. This service has the capacity for transporting baggage carried by passengers and makes meaningful connection with scheduled intercity bus service to more distant points.

3. Description of Service

Service Type/Days of Service/Hours of Operation/Communities Served Table:

If you operate services on different days of the week or different hours, please break these out on separate lines. For example, if you operate dial-a-ride services in one area on Mondays, Wednesdays, and Fridays from 11:00 am to 3:00 pm and you operate dial-a-ride services in another area on Tuesdays and Thursdays from 9:00 am to 4:00 pm, these would be on two separate lines. If you also operate a commuter service Monday-Friday, that should be shown on a separate line.

If you have a brochure that shows your services, please include it.

4. Service to Minorities and Low-Income Populations

Please check appropriate box.

5. Incidental Services

Incidental service is defined as service which does not interfere with or detract from the provision of your general public service funded by 5311 funds, and does not shorten the life of equipment or facilities.

Check appropriate box. If the answer is yes, describe services including number of rides, miles, and revenues associated with incidental services. Attach additional sheet(s) as necessary.

6. Service Information/Marketing

Provide information about how your agency markets its services. Examples include types of materials distributed, outreach efforts, partnerships with other agencies or local businesses, and marketing or advertising campaigns.

Please indicate if you are currently using or plan to use any internet technology, such as Google Transit, to promote use of your service.

E. Performance Measures for FY 2010-11 and 2011-12

Estimate to the best of your ability your trips, miles, and hours for general public transportation in FY 2010-11 and 2011-12 and your estimated percentage of increase or decrease in each category.

F. Complementary Paratransit Information

Please answer all applicable questions.

G. Coordinated Plan Information

Check the appropriate box to indicate if your agency's transportation services are included in a coordinated plan(s). Include the name of the plan(s) and page number(s) where your agency's services are referenced.

- **Be sure to include (via email or send via regular mail) the agency FY 2011-12 proposed or adopted budget and a map of your service area(s). Please include service brochure if available.**

Please contact Sharon Peerenboom at 503.986.4414 or sharon.k.peerenboom@odot.state.or.us if you have questions or comments.