Oregon Department of Transportation

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Oregon Department of Transportation
Rail and Public Transit
STIF Discretionary and Statewide Transit Network
2/1/2019 deadline

C.A.C. TRANSPORTATION INC.

Central Oregon Breeze BUS

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Project Contact
JOSEPH WIDNER
joseph@cobreeze.com
Tel: 5413897469

Additional Contacts
NITA@COBREEZE.COM,

C.A.C. TRANSPORTATION INC.

64970 DESCHUTES PLEASANT RIDGE
BEND, OR 97701

PRESIDENT
JOSEPH WIDNER
JOSEPH@COBREEZE.COM

Telephone 5413897469
Fax 5413892518
Web COBREEZE.COM
EIN 930882751

Application Questions *top*

Provider Information

1. Transit Agency Type
- ☐ City
- ☐ County
- ☐ Mass Transit District
- ☐ Transportation District
- ☐ Special District
- ☐ Intergovernmental Entity
- ☐ Municipal/Public Corporation or other political subdivision
- ☐ Indian Tribe
- ☐ Non-Profit
- ✔ Private For-Profit

2. What is the main type of service that will be supported by this grant?
- ✔ Fixed Route
- ☐ Demand Response
- ☐ Deviated Fixed Route

Risk Assessment Information

This risk assessment section contains a subset of the entire risk assessment. The entire risk assessment will be populated with the answers you provide in this section and data already reported to RPTD. Please contact Andrew S OKeefe@odot.state.or.us for assistance.

3. Did your agency have any turnover of management or financial staff in the last 2 years?
- ☐ Yes
- ✔ No

4. Does your agency have an accounting system that allows you to completely and accurately track the receipt and disbursement of funds related to the award?
- ✔ Yes
- ☐ No

5. What type of accounting system does your agency use?
- ✔ Manual
- ☐ Automated
- ☐ Combined

6. Does your agency have a system in place that will account for 100% of each employee's time?
- ✔ Yes
- ☐ No

7. Did your staff members attend required training and meetings during prior grant awards?
- ✔ Yes
- ☐ No

8. Was your agency audited by the Federal government in the past 2 years?
- ☐ Yes
- ✔ No

9. If yes, did the audit result in one or more audit findings?
- ☐ Yes
- ☐ No
- ✔ N/A

10. Did your agency stay on budget in the past two years?
- ✔ Yes
- ☐ No

Applicant Qualifications

11. Describe how your agency has legal, managerial and operational capacity to perform and report on project progress within the scope, schedule and budget. (Operational capacity specifically for workload of projects in this application.)

Enter response in text box or upload your response on the Document Upload tab of the application and write "See Upload."
HAVE BEEN A PART OF THE OPTIS SYSTEM FOR A COUPLE OF YEARS NOW AND HAVE BEEN REPORTING FOR OTHER GRANTS FOR OVER 15 YEARS. SYSTEMS AND TRAINING ARE IN PLACE ALLOWING CONSISTENT AND REGULAR ATTENTION TO GRANT SERVICES AND REQUIREMENTS, EVEN WHEN CONSIDERING THE CONSISTENT CHANGES IN REPORTING AND REQUIREMENTS. We have a 3rd Party Bookkeeper and CPA for redundancy in our Accounting system. Our Ticketing/passenger account system is run through BETTEREZ- a full service online ticketing/reservation/tracking system. The Purchase of a New Bus would require minimal up front Grant Service (with which we are well acquainted at this point having purchased capital equipment through state price agreements and grants just this past Biennium. Long term grant service would require nothing more than our already committed time and effort to continue reporting on our current Capital Grant Equipment.

12. Capacity to Maintain Compliance

✔ By checking this box, the applicant certifies that if they are awarded funding they are able to meet or will have the capacity to maintain compliance with applicable federal, state and local laws and regulations including, and not limited to, those pertaining to passenger transportation, civil rights, labor, insurance, safety and health.

13. Does the applicant plan to use a Sub-Recipient or contractor to implement the grant supported activity?

☐ Yes
✔ No

14. If Yes, please list the Sub-Recipient(s) and describe how the applicant will provide sufficient Sub-Recipient/contractor oversight to ensure eligibility is maintained while receiving STIF Discretionary or Statewide Transit Network moneys.
If Yes, enter response in text box or upload response on the Document Upload tab and write "See Upload." If No, write N/A.
N/A

Project Information

Try to answer all questions, even if your project does not fit neatly within a category. No answer means a zero score.

15. Describe the project to be funded.
See application instructions for required content. Enter response in text box or upload response as an attachment in the Document Upload tab and write "See Upload."
PURCHASE OF NEW BUS(ES) TO SUPPORT EXISTING INTERCITY SERVICES AND POSSIBLY EXPAND SERVICES TO INCLUDE OTHER AREAS/COMMUNITIES. We would like to explore the expansion of connections/service from the Bend/Central Oregon area: to Corvallis (OSU) via Highway 20 through Sweethome and Sisters; and to The Dalles/Bigs Jnct. via Highway 197 and Highway 97 with connections to/from Prineville. This North Central area of the state is clearly an undeserved population with need for connection to service not immediately available in their area.

We would like to purchase of a New 32 Passenger (or larger) Bus. The bus would be Heavy or Medium Duty equipment with a lift, 2 handicap accessibility stations, and a total of at least 32 passengers with rear and/or under carriage luggage. This equipment would help to expand seating and services provided by the Breeze and allow us to avoid leasing larger equipment during peak travel times. The most recent Medium Duty 28 Passenger Bus acquired via grants in 2017/18 replaced 3 older pieces of equipment (1997, and 2 2004 25 passenger buses) which had LONG out lasted their useful life cycle. The 28 Passenger International bus Cost approximately $170,000 to bring into service. We are seeking $185,000 to procure a similar piece of equipment this Grant Cycle.

16. What Local Plans include this project and elements of the project?
See guidance for exemptions to this requirement.
We are working closely with Central Oregon Intergovernmental Counsel and Cascade East Transit to include new connections in the Bend and Redmond areas transit hubs. As of FEB. 1st 2019 Central Oregon Breeze regular route will include the CET Redmond Area Transit Hub to and from the Portland area. At the time of writing this grant application we have already advertised and accepted reservation for this stop.

17. What is the minimum award amount that will still allow your project to proceed?
Enter an amount in dollars.
$170000

18. Select the fund source(s) that you think best aligns with your application.
Check all that apply

☐ STIF Discretionary
☐ STIF Intercommunity Discretionary
✔ FTA Section 5311 (f) Intercity Discretionary

Equity and Public Transportation Service to Low Income Households

(Score weights: Discretionary = 20%, STIF = 10%)

19. Describe how the project supports and improves access for vulnerable populations.
THE CENTRAL OREGON BREEZE HAS PROVIDED NEEDED INTERCITY TRANSPORTATION TO THE COMMUNITIES OF BEND, REDMOND, TERREBONNE, MADRAS, WARM SPRINGS, GOVERNMENT CAMP, WELCHES, SANDY, GRESHAM AND THE PORTLAND AIRPORT AND DOWNTOWN UNION STATION AMTRAK FOR OVER 25 YEARS. MANY OF OUR PASSENGERS DO NOT HAVE OTHER REASONABLE TRANSPORTATION OPTIONS THAN THE CENTRAL OREGON BREEZE'S DAILY REGULAR ROUTE SERVICES BETWEEN CENTRAL OREGON AND THE PORTLAND AREA. THE CENTRAL OREGON BREEZE IS ONE OF THE "ONLY" SERVICES PROVIDING UNATTENDED MINORS WITH TRANSPORTATION OPTIONS FOR TRAVEL BETWEEN FAMILIES IN THE CENTRAL OREGON AND PORTLAND AREAS, OR TO AND FROM SCHOOLS. WE ALSO HAVE A LARGE PORTION OF OUR CUSTOMER BASE THAT REQUIRE ADDITIONAL ASSISTANCE/SERVICE FROM HELP WITH BAGS, STEPS, LIFTS, COMMUNICATION OR DIRECTION THAT WE HAVE ALWAYS ASSISTED OUR PASSENGERS WITH.

Coordination of Public Transportation Services

(Score weights: Discretionary = 10%, STIF = 30%)

20. Describe how the project is a collaboration of multiple agencies or involves consolidation, coordination, or resource sharing between agencies.
THE BREEZE HAS ALWAYS MADE CONNECTION WITH THE REDMOND AIRPORT, PORTLAND AIRPORT, TRIMET, BEND AREA TRANSIST, CASCADE EAST TRANSIT, PEOPLE MOVER, AMTRAK, S.A.M., C-TRAN, AND OTHER SERVICES/CONNECTIONS THROUGHOUT THE STATE.

Statewide Transit Network

(Score weights: Discretionary = 10%, STIF = 30%)

21. Describe how the project supports and improves the utility of the statewide transit network, improves the passenger experience, benefits multiple transit providers, and/or creates a foundation for future statewide transit network improvements.
25 PLUS YEARS OF EXISTING SERVICES BETWEEN CENTRAL OREGON AND THE PORTLAND AREA PROVIDED BY THE BREEZE HAS BEEN AN INTEGRAL PART OF THE EXISTING SYSTEM WHICH HAS LITERALLY GROWN UP AROUND OUR SERVICE. WE MAKE CONNECTIONS WITH AT LEAST A DOZEN OTHER TRANSPORTATION SERVICES/SYSTEMS. WE ARE INTEGRATED INTO GOOGLE TRANSIT AND SHOULD STILL BE IN BING AS WELL. THE BREEZE OPERATES FOR 362 DAYS A YEAR DESPITE MOUNTAIN PASSES, WEATHER, OR TRAFFIC ISSUES.

Funding and Strategic Investment

(Score weights: Discretionary = 20%, STIF = 10%)

22. Describe how project match requirements will be met or exceeded. If this project will last beyond the 19-21 biennium, describe the plan for ongoing funding including match.
Describe why investment in this project makes sense both from the perspective of current need and long term Oregon transit needs.
The anchor transportation service provided by the Central Oregon Breeze for over 25 years has created a customer base, in the Hundreds of Thousands, which has thrived on our long term commitment, consistency, reliability, and accessibility. Every year for the past 10+ years we have provided daily service between Central Oregon and the Portland area to the quantifiable measure of over 2 million passenger road miles per year. In the 25 plus years of service we have provided transportation in Central Oregon we have easily surpassed more than 40 Million reliable passenger miles traveled. Our customers are dedicated to our service as much as we are to our community. We have a well established reputation based on reliability, customer service and accessibility. We have at this time funds available for matching the capital grant to purchase a new 25-30 passenger bus to back-up and expand passenger service along side the our 2017-2018 Grant Bus. The economic savings of a New Bus, over having to lease equipment or maintain older equipment to meet passenger volumes/needs during peak travel time allows the bus to pay for itself in less that 2 years.

23. Does this project depend on other funding sources including other discretionary grant processes whose outcomes are uncertain?
If yes, identify the fund source and anticipated timing of funding certainty. If no, write N/A.
Not at this time.

Environmental and Public Health

(Score weights: Discretionary = 15%, STIF = 10%)

24. Describe how the project reduces greenhouse gas emissions, reduces pollution, and/or supports positive health outcomes.
When passengers travel the one-way distance between Central Oregon and the Portland Area on the Breeze bus you are eliminating approximately 170 miles that would have other wise been driven by the individual passenger in their own vehicle just one-way. For passengers that do not have their own transportation option and are relying on family or friends to come and pick them up- that may mean a total of 340 miles for that one way passenger trip on the bus. Between 2017 and 2018 the Central Oregon Breeze provided more than 26,000 passenger trips; at a conservative average of 140 mile per trip that totals over 3.6 Million Passenger Road Miles or that past 2 years. If you accept the estimated average U.S. light duty passenger vehicle gets approximately 22 miles to the gallon, then that mean the Central Oregon Breeze saves approximately 83,000 gallons of just Fossil Fuels every year, from passengers that chose to ride the Breeze.

Safety, Security, and Community Livability

(Score weights: Discretionary = 25%, STN = 10%)

25. Describe how the project increases use and participation in active transportation, including public transportation.
Customers that travel with the Central Oregon Breeze have multiple opportunities to connect with other transit services and, having chosen to leave their cars at home, are clearly motivated to utilized these other transit service, or alternatives like ride sharing, walking or other conveyances like biking (as the Central Oregon Breeze now offers a Bicycle Rack on the Front of our newest Vehicle); another New Bus would also include the options of a Bicycle Rack as well as being other possible Accessibility features.

26. Describe how the project supports and improves safety of passengers in transit vehicles and safety of other roadway users.
Newer- updated equipment, over leased or older/past-useful-life equipment, means for an obvious improvement. At this time the Central Oregon Breeze/C.A.C. Transportation Inc. operates on the regular route one, new, 2018 International Starcraft Bus, one 1999 Ford F-450 Krystal Bus, and one 2005 Freightliner Champion- or we have to lease/charter vehicles to help cover the routes. By including a NEW 2019 Bus- dedicated to the regular route, with greater seating than older equipment, we would be better able to handle high traffic days, have more ADA accessibility for potential walk-ons or last minute changes by either passengers or mechanical/maintenance issues. All in all, obviously, new equipment will have better safety feature (e.g. 3 point restraints as apposed to simple lap belts, etc.) than the older past useful life equipment we would like to at least mothball.

Capital Assets

Capital assets are items that cost at least $5,000 and have a useful life of at least 3 years.

27. Describe proposed capital purchases. Enter asset details in the Budget and Project Tables tab.
For capital construction projects, additional documentation will be required in the Document Upload tab. See guidance for more information. If no capital assets are included in your application, write N/A.
Purchase of a New 32 Passenger Bus to right size the fleet after loses of old equipment, and to avoid having to lease/charter larger buses at during peak travel time. The bus would be Heavy or Medium Duty equipment with a lift, 2 handicap accessibility stations, and a total of at least 32 passengers. This equipment would help to expand seating and services provided by the Breeze and allow us to avoid leasing larger equipment during peak travel times. The most recent Medium Duty 28 Passenger Bus acquired via grants in 2017/18 replaced 3 older pieces of equipment (1997, and 2 2004 25 passenger buses) which had LONG out lasted their useful life cycle. The 28 Passenger International bus Cost approximately $170,000 to bring into service. We are seeking $185,000 to procure a similar piece of equipment this Grant Cycle.

Budget and Project Tables *top*

Project Category and Fund Source

Project Category	Project Cost	Other Fund Source (Federal)	Other Fund Source (State)	Other Fund Source (Local)	Other Fund Source (Other)	Project Category Totals
Vehicle Purchase - Expansion	$	$ 0	$ 0	$ 0	$	$ 0
Vehicle Purchase - Replacement or Right-Sizing	$ 185,000	$ 0	$ 0	$ 0	$	$ 185,000
Equipment Purchase	$	$	$	$	$	$ 0
Facility Purchase	$	$	$	$	$	$ 0
Signs/Shelters Purchase	$	$	$	$	$	$ 0
Planning	$	$	$	$	$	$ 0
Project Administration	$	$	$	$	$	$ 0
Operating	$	$	$	$	$	$ 0
Preventive Maintenance	$	$	$	$	$	$ 0
Mobility Management	$	$	$	$	$	$ 0
Total	**$ 185,000**	**$ 0**	**$ 0**	**$ 0**	**$ 0**	**$185,000**

Project Totals and Match Rate

Fund Source	Total Project Amount (Grant Amount + Match Amount)	Match Rate	Grant Amount	Match Amount	Match Sources	Overmatch Amount (If Any)	Match Funding Is available if project is awarded?	Date match available	% of Funds used for Demand Response Transportation	% of Funds used for Fixed Route Transportation
STIF Discretionary - All Project Categories (20% Match)	$	%	$ 0	$ 0	Text	$	Yes/No	xx/xx/xxxx	%	100 %
STIF Discretionary - All Project Categories, Qualified Projects (10% Match)	$	%	$ 0	$ 0	Text	$	Yes/No	xx/xx/xxxx	%	100 %
STIF Intercommunity Discretionary - All Project Categories (20% Match)	$	%	$ 0	$ 0	Text	$	Yes/No	xx/xx/xxxx	%	100 %
STIF Intercommunity Discretionary - All Project Categories, Qualified Projects (10% Match)	$	%	$ 0	$ 0	Text	$	Yes/No	xx/xx/xxxx	%	100 %
5311 (f) Intercity - Operating (50% Match)	$	%	$ 0	$ 0	Text	$	Yes/No	xx/xx/xxxx	%	100 %
5311 (f) Intercity - Capital, Planning, Project Administration, Preventive Maintenance, Mobility Management (20% Match)	$ 185,000	20 %	$ 148,000	$ 37,000	existing funds/savings Text	$	yes Yes/No	07/01/2019 xx/xx/xxxx	%	100 %

Vehicle Purchase

Vehicle Purchase	Vehicle Purchase Type	VIN of vehicle being replaced	Make	Model	Vehicle Category	Quantity	Unit Cost	Total Cost	Seats	ADA Stations	Seats w/ADA Stations Deployed	Fuel Type	Estimated Order Date	Estimated Delivery Date	Mileage	Date of Reading	Seller	Vehicle Condition
Vehicle Purchase 1	Bus Expansion/Replacement	Only answer if replacing vehicle	internatio Text	unk Text	B Select Letter (A-E)	1 #	$ 185,000	$ 185,000	28 #	2 #	24 #	D G/D/BD/E/HG/CNG/OF	07/15/2019 xx/xx/xxxx	01/15/2020 xx/xx/xxxx	Only answer if purchasing used vehicle	Only answer if purchasing used vehicle	Only answer if purchasing used vehicle	Only answer if purchasing used vehicle
Vehicle Purchase 2	Expansion/Replacement	Only answer if replacing vehicle	Text	Text	Select Letter (A-E)	#	$	$ 0	#.	#	#	G/D/BD/E/HG/CNG/OF	xx/xx/xxxx	xx/xx/xxxx	Only answer if purchasing used vehicle	Only answer if purchasing used vehicle	Only answer if purchasing used vehicle	Only answer if purchasing used vehicle
Vehicle Purchase 3	Expansion/Replacement	Only answer if replacing vehicle	Text	Text	Select Letter (A-E)	#	$	$ 0	#	#	#	G/D/BD/E/HG/CNG/OF	xx/xx/xxxx	xx/xx/xxxx	Only answer if purchasing used vehicle	Only answer if purchasing used vehicle	Only answer if purchasing used vehicle	Only answer if purchasing used vehicle
Vehicle Purchase 4	Expansion/Replacement	Only answer if replacing vehicle	Text	Text	Select Letter (A-E)	#	$	$ 0	#	#	#	G/D/BD/E/HG/CNG/OF	xx/xx/xxxx	xx/xx/xxxx	Only answer if purchasing used vehicle	Only answer if purchasing used vehicle	Only answer if purchasing used vehicle	Only answer if purchasing used vehicle
Vehicle Purchase 5	Expansion/Replacement	Only answer if replacing vehicle	Text	Text	Select Letter (A-E)	#	$	$ 0	#	#	#	G/D/BD/E/HG/CNG/OF	xx/xx/xxxx	xx/xx/xxxx	Only answer if purchasing used	Only answer if purchasing used	Only answer if purchasing used	Only answer if purchasing used

Vehicle Purchase 6	Expansion/Replacement	Only answer if replacing vehicle	Text	Text	Select Letter (A-E)	#	$	$ 0	#	#	#	G/D/BD/E/HG/CNG/OF	xx/xx/xxxx	xx/xx/xxxx	Only answer if purchasing used vehicle	Only answer if purchasing used vehicle	Only answer if purchasing used vehicle	Only answer if purchasing used vehicle
Vehicle Purchase 7	Expansion/Replacement	Only answer if replacing vehicle	Text	Text	Select Letter (A-E)	#	$	$ 0	#	#	#	G/D/BD/E/HG/CNG/OF	xx/xx/xxxx	xx/xx/xxxx	Only answer if purchasing used vehicle	Only answer if purchasing used vehicle	Only answer if purchasing used vehicle	Only answer if purchasing used vehicle
Vehicle Purchase 8	Expansion/Replacement	Only answer if replacing vehicle	Text	Text	Select Letter (A-E)	#	$	$ 0	#	#	#	G/D/BD/E/HG/CNG/OF	xx/xx/xxxx	xx/xx/xxxx	Only answer if purchasing used vehicle	Only answer if purchasing used vehicle	Only answer if purchasing used vehicle	Only answer if purchasing used vehicle
Vehicle Purchase 9	Expansion/Replacement	Only answer if replacing vehicle	Text	Text	Select Letter (A-E)	#	$	$ 0	#	#	#	G/D/BD/E/HG/CNG/OF	xx/xx/xxxx	xx/xx/xxxx	Only answer if purchasing used vehicle	Only answer if purchasing used vehicle	Only answer if purchasing used vehicle	Only answer if purchasing used vehicle
Vehicle Purchase 10	Expansion/Replacement	Only answer if replacing vehicle	Text	Text	Select Letter (A-E)	#	$	$ 0	#	#	#	G/D/BD/E/HG/CNG/OF	xx/xx/xxxx	xx/xx/xxxx	Only answer if purchasing used vehicle	Only answer if purchasing used vehicle	Only answer if purchasing used vehicle	Only answer if purchasing used vehicle

Vehicle Replacement Information

Vehicles to Be Replaced	Year Make Model	Vehicle Category	VIN	Seats	ADA Stations	Seats with ADA Stations Deployed	Fuel Type	Vehicle Mileage	Disposal Type	Vehicle Condition	Vehicle Maintenance History
Vehicle Replaced 1	xxxx Text Text	Select Letter (A-E)	17 digits	#	#	#	G/D/BD/E/HG/CNG/OF	#	Sale/Donate/Salvage	Good/Adequate/Marginal/Poor	Also include Right-sizing justification if applicable.
Vehicle Replaced 2	xxxx Text Text	Select Letter (A-E)	17 digits	#	#	#	G/D/BD/E/HG/CNG/OF	#	Sale/Donate/Salvage	Good/Adequate/Marginal/Poor	Also include Right-sizing justification if applicable.
Vehicle Replaced 3	xxxx Text Text	Select Letter (A-E)	17 digits	#	#	#	G/D/BD/E/HG/CNG/OF	#	Sale/Donate/Salvage	Good/Adequate/Marginal/Poor	Also include Right-sizing justification if applicable.
Vehicle Replaced 4	xxxx Text Text	Select Letter (A-E)	17 digits	#	#	#	G/D/BD/E/HG/CNG/OF	#	Sale/Donate/Salvage	Good/Adequate/Marginal/Poor	Also include Right-sizing justification if applicable.
Vehicle Replaced 5	xxxx Text Text	Select Letter (A-E)	17 digits	#	#	#	G/D/BD/E/HG/CNG/OF	#	Sale/Donate/Salvage	Good/Adequate/Marginal/Poor	Also include Right-sizing justification if applicable.
Vehicle Replaced 6	xxxx Text Text	Select Letter (A-E)	17 digits	#	#	#	G/D/BD/E/HG/CNG/OF	#	Sale/Donate/Salvage	Good/Adequate/Marginal/Poor	Also include Right-sizing justification if applicable.
Vehicle Replaced 7	xxxx Text Text	Select Letter (A-E)	17 digits	#	#	#	G/D/BD/E/HG/CNG/OF	#	Sale/Donate/Salvage	Good/Adequate/Marginal/Poor	Also include Right-sizing justification if applicable.
Vehicle Replaced 8	xxxx Text Text	Select Letter (A-E)	17 digits	#	#	#	G/D/BD/E/HG/CNG/OF	#	Sale/Donate/Salvage	Good/Adequate/Marginal/Poor	Also include Right-sizing justification if applicable.
Vehicle Replaced 9	xxxx Text Text	Select Letter (A-E)	17 digits	#	#	#	G/D/BD/E/HG/CNG/OF	#	Sale/Donate/Salvage	Good/Adequate/Marginal/Poor	Also include Right-sizing justification if applicable.
Vehicle Replaced 10	xxxx Text Text	Select Letter (A-E)	17 digits	#	#	#	G/D/BD/E/HG/CNG/OF	#	Sale/Donate/Salvage	Good/Adequate/Marginal/Poor	Also include Right-sizing justification if applicable.

Equipment, Bus Stop Amenities, and Other Assets

Equipment, Signs, Shelters, Facilities, Land	Item Description	Model Number	Quantity	Estimated Unit Cost	Total Cost	Expected Order Date	Expected Delivery Date	Item Location	Lot Size	Square Footage	If breaking ground, have you filled out DCE?
Row 1	Text		#	$	$ 0	xx/xx/xxxx	xx/xx/xxxx				If Applicable
Row 2	Text		#	$	$ 0	xx/xx/xxxx	xx/xx/xxxx				If Applicable
Row 3	Text		#	$	$ 0	xx/xx/xxxx	xx/xx/xxxx				If Applicable
Row 4	Text		#	$	$ 0	xx/xx/xxxx	xx/xx/xxxx				If Applicable
Row 5	Text		#	$	$ 0	xx/xx/xxxx	xx/xx/xxxx				If Applicable
Row 6	Text		#	$	$ 0	xx/xx/xxxx	xx/xx/xxxx				If Applicable
Row 7	Text		#	$	$ 0	xx/xx/xxxx	xx/xx/xxxx				If Applicable
Row 8	Text		#	$	$ 0	xx/xx/xxxx	xx/xx/xxxx				If Applicable
Row 9	Text		#	$	$ 0	xx/xx/xxxx	xx/xx/xxxx				If Applicable
Row 10	Text		#	$	$ 0	xx/xx/xxxx	xx/xx/xxxx				If Applicable

Document Upload *top*

Documents Requested *	Required?	Attached Documents *
Document 1		
Document 2		
Document 3		
Document 4		
Document 5		
Document 6		
Document 7		
Document 8		
Document 9		
Document 10		

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