

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

Lincoln County Transportation Service District Coast to Valley Express Service Expansion

Jump to: [Application Questions](#) [Budget and Project Tables](#) [Document Upload](#)

Submitted: 2/1/2019 1:42:18 PM (Pacific)

Project Contact
Cynda Bruce
cbruce@co.lincoln.or.us
Tel: 541-574-1292

Additional Contacts
LeeKLazaro@gmail.com

Lincoln County Transportation Service District

410 NE Harney Street
Newport, OR 97365

Director of Transit
Cynda Bruce
cbruce@co.lincoln.or.us

Telephone 541-574-1292
Fax 541-574-1296
Web www.co.lincoln.or.us/transit
EIN 936002304

Application Questions [log](#)

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 at 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."

The program director has managed LCTSD for the past 30 years. State, Federal and local reviews/audits are performed annually to ensure compliance. If observations arise they are corrected in a timely manner. LCTSD has the benefit of Lincoln County Legal Counsel, Finance, Personnel, IT and other departments, as needed, to assist in legal and managerial issues if needed. LCTSD has adequate staffing to cover the operational capacity and workload of the projects in this application. Our agency will be hiring additional bus drivers to cover the needs of this proposed project to ensure adequate coverage of the enhanced bus service.

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."

Lincoln and Benton Counties co-operate the Coast to Valley Express Route, connecting Newport to Albany/Corvallis seven days per week. Each agency provides two round trips per day. This project will double service while providing enhanced connectivity to the Albany Amtrak station. Indeed, this service would consolidate the Amtrak Connector and the Coast to Valley Express. Lincoln and Benton Counties anticipate greater ridership by recreators as this service would interline with Amtrak trains arriving at the Albany Station. The service travels along U.S. Highway 20, making connections in Albany, Corvallis, Philomath, Eddyville, Toledo, and Newport. The Coast to Valley Express serves passengers accessing medical facilities, job training, shopping, recreation, and educational opportunities. The service is also marketed to visitors through the North by Northwest Connector Alliance. The service operates seven days a week from 6:20 a.m. to 7:30 p.m., with four round trips per day. The fare for cross-county trips is \$10.00 each way, or \$7.00 for adults 60 years or older, youth under 12, and persons with disabilities. Short duration trips, e.g. for Toledo to Newport, are \$1.00. All buses are ADA accessible and include a wheelchair lift, two on-board wheelchair securement spaces, and capacity for two bicycles. This proposal would double the service described above.

16. What Local Plans include this project and elements of the project?

See guidance for exemptions to this requirement.

Lincoln County Coordinated Plan, adopted by Lincoln County Board of Commissioner's May 24, 2017, order #5-17-137
www.co.lincoln.or.us/stac/page/coordinated-transportation-plan

Lincoln County Transit Development Plan, April 2018
www.co.lincoln.or.us/transit/page/transit-development-plan

17. What is the minimum award amount that will still allow your project to proceed?

Enter an amount in dollars.
\$410,000

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%, STN = 10%)

19. Describe how the project supports and improves access for vulnerable populations.

According to Lincoln County's adopted Transit Development Plan (page 21) elderly, low income and disabled persons constitute 70% of the county's population. Doubling services to these vulnerable populations will provide greater opportunity to schedule medical appointments and provide essential access to commercial destinations not available on the coast. This service would also increase inter-regional travel opportunities with additional connections to Amtrak.

Coordination of Public Transportation Services

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

20. Describe how the project is a collaboration of multiple agencies or involves consolidation, coordination, or resource sharing between agencies.

Lincoln and Benton Counties co-operate the Coast to Valley Express Route, connecting Newport to Albany/Corvallis seven days per week. Each agency provides two round trips per day. This project will double service while providing enhanced connectivity to the Albany Amtrak station. This project is a continuation of the partnership between Lincoln and Benton Counties. Further investment of the service described herein will surely strengthen our relationship as each county becomes more vested in the service.

Statewide Transit Network

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

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.

As part of the Northwest Connector, LCTSD coordinates schedules with TCTD for stops in Tillamook and the Coastal Connector route from Lincoln City to Spirit Mountain and Salem (TCTD Route 6).

In the mid-Willamette Valley the enhanced Coast to Valley Express service would provide more frequent connections to Corvallis Area Transit, Linn Benton Loop, Albany Transit, The Linn Shuttle and passenger rail service. Two of the trips to Albany Amtrak Station would interline with Amtrak trains going north and south.

More frequent service will improve the passenger experience by offering better connections to local and regional transit services.

The Linn-Benton Loop could also benefit from this service enhancement because more frequent service on Highway 20 would allow the Linn-Benton Loop to run exclusively on Highway 34 where greater efficiencies can be realized. The connections to other regional providers described above also applies to statewide transit networks that could be implemented in the future. For example, future service on Highway 99 W could connect transit services operating between the Willamette Valley and the Oregon Coast along Highway 20, Highway 22 and Highway 126W.

Funding and Strategic Investment

(Score weights: Discretionary = 20%, STN = 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.

This project is consistent with the following provisions found in the application guidance:

-The project will serve an area located outside of a Public Transportation Service Provider's jurisdiction; The project will provide statewide benefits to multiple Public Transportation Service Providers. Meeting this criteria would qualify Lincoln and Benton Counties for 10% match ratio.

Lincoln County intends to sustain this service using the next round of STIF formula funding and local property tax revenue.

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.
N/A

Environmental and Public Health

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

24. Describe how the project reduces greenhouse gas emissions, reduces pollution, and/or supports positive health outcomes.

It is anticipated that enhanced service would increase ridership since potential riders would have greater access to transit. If trips are shifted from personal vehicles to buses running on an established schedule, all greenhouse gas emissions the personal vehicle would otherwise produce would be eliminated. Similarly, unlike personal vehicles, transit is active transportation, which has been shown to result in positive health outcomes.

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.

It is anticipated that enhanced transit service along Highway 20 would increase ridership since potential riders would have greater access to transit. If trips are shifted from personal vehicles to buses running on an established schedule, more participation in active transportation would be anticipated. Active transportation has been shown to result in positive health outcomes.

26. Describe how the project supports and improves safety of passengers in transit vehicles and safety of other roadway users.

It is anticipated that enhanced transit service along Highway 20 would remove personal vehicle trips from Highway 20. This would reduce congestion, making this Highway Corridor safer for all road users.

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.

Two Category C Buses will be necessary for this expanded service given the distances covered. Existing service on this route requires two buses. The buses we have historically used on this route are at the end of the useful lives (high mileage, 2009 6-litre Fords). These buses are being replaced with other grant funding, however, if we double service, we would be unable to rely on the 6-litre Ford's being replacements for this additional service as they have proven to be unreliable. The Ford's would ultimately become back-up buses for this route.

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 | \$ 226,800 | \$ | \$ | \$ 25,200 | \$ | \$ 252,000 |
| Vehicle Purchase - Replacement or Right-Sizing | \$ | \$ | \$ | \$ | \$ | \$ 0 |
| Equipment Purchase | \$ | \$ | \$ | \$ | \$ | \$ 0 |
| Facility Purchase | \$ | \$ | \$ | \$ | \$ | \$ 0 |
| Signs/Shelters Purchase | \$ | \$ | \$ | \$ | \$ | \$ 0 |
| Planning | \$ | \$ | \$ | \$ | \$ | \$ 0 |
| Project Administration | \$ 86,670 | \$ | \$ | \$ 9,630 | \$ | \$ 96,300 |
| Operating | \$ 394,830 | \$ | \$ | \$ 43,870 | \$ | \$ 438,700 |
| Preventive Maintenance | \$ 13,500 | \$ | \$ | \$ 1,500 | \$ | \$ 15,000 |
| Mobility Management | \$ | \$ | \$ | \$ | \$ | \$ 0 |
| Total | \$ 721,800 | \$ 0 | \$ 0 | \$ 80,200 | \$ 0 | \$802,000 |

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) | \$ 252,000 | 10 % | \$ 226,800 | \$ 25,200 | Property Tax Levy Text | \$ | Yes Yes/No | 07/01/2019 xx/xx/xxxx | 0 % | 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) | \$ 550,000 | 10% % | \$ 550,000 | \$ 0 | Property Tax Levy Text | \$ 0 | Yes Yes/No | 07/01/2019 xx/xx/xxxx | 0 % | 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) | \$ | % | \$ 0 | \$ 0 | Text | \$ | Yes/No | 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 | Expansion/Replacement | Only answer if replacing vehicle | N/A Text | N/A Text | C Select Letter (A-E) | 2 # | \$ 126,000 | \$ 252,000 | 22 # | 2 # | 20 # | G | 07/15/2019 | 03/15/2020 | xx/xx/xxxx | xx/xx/xxxx | 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 | xx/xx/xxxx | xx/xx/xxxx | 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 | xx/xx/xxxx | xx/xx/xxxx | 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 | xx/xx/xxxx | xx/xx/xxxx | Only answer if purchasing used vehicle |

| Vehicle Purchase | 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 | used vehicle | used vehicle | used vehicle | used vehicle |
|------------------|-----------------------|----------------------------------|------|------|---------------------|---|----|------|---|---|---|--------------------|------------|------------|--|--|--|--|
| 5 | | | | | | | | | | | | | | | Only answer if purchasing used vehicle |
| 6 | | | | | | | | | | | | | | | Only answer if purchasing used vehicle |
| 7 | | | | | | | | | | | | | | | Only answer if purchasing used vehicle |
| 8 | | | | | | | | | | | | | | | Only answer if purchasing used vehicle |
| 9 | | | | | | | | | | | | | | | Only answer if purchasing used vehicle |
| 10 | | | | | | | | | | | | | | | 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) digits | 17 | # | # | # | 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) digits | 17 | # | # | # | 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) digits | 17 | # | # | # | 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) digits | 17 | # | # | # | 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) digits | 17 | # | # | # | 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) digits | 17 | # | # | # | 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) digits | 17 | # | # | # | 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) digits | 17 | # | # | # | 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) digits | 17 | # | # | # | 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) digits | 17 | # | # | # | 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 Cost | 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 | | | | <input type="checkbox"/> If Applicable |
| Row 2 | Text | | # | \$ | \$ 0 | | xx/xx/xxxx | xx/xx/xxxx | | | | <input type="checkbox"/> If Applicable |
| Row 3 | Text | | # | \$ | \$ 0 | | xx/xx/xxxx | xx/xx/xxxx | | | | <input type="checkbox"/> If Applicable |
| Row 4 | Text | | # | \$ | \$ 0 | | xx/xx/xxxx | xx/xx/xxxx | | | | <input type="checkbox"/> If Applicable |
| Row 5 | Text | | # | \$ | \$ 0 | | xx/xx/xxxx | xx/xx/xxxx | | | | <input type="checkbox"/> If Applicable |
| Row 6 | Text | | # | \$ | \$ 0 | | xx/xx/xxxx | xx/xx/xxxx | | | | <input type="checkbox"/> If Applicable |
| Row 7 | Text | | # | \$ | \$ 0 | | xx/xx/xxxx | xx/xx/xxxx | | | | <input type="checkbox"/> If Applicable |
| Row 8 | Text | | # | \$ | \$ 0 | | xx/xx/xxxx | xx/xx/xxxx | | | | <input type="checkbox"/> If Applicable |
| Row 9 | Text | | # | \$ | \$ 0 | | xx/xx/xxxx | xx/xx/xxxx | | | | <input type="checkbox"/> If Applicable |
| Row 10 | Text | | # | \$ | \$ 0 | | xx/xx/xxxx | xx/xx/xxxx | | | | <input type="checkbox"/> If Applicable |

Document Upload [top](#)

| Documents Requested * | Required? | Attached Documents * |
|-----------------------|--------------------------|--|
| Document 1 | <input type="checkbox"/> | Coordinated Human Service Plan |
| Document 2 | <input type="checkbox"/> | CTSD Transit Development Plan |
| Document 3 | <input type="checkbox"/> | |
| Document 4 | <input type="checkbox"/> | |
| Document 5 | <input type="checkbox"/> | |
| Document 6 | <input type="checkbox"/> | |
| Document 7 | <input type="checkbox"/> | |
| Document 8 | <input type="checkbox"/> | |
| Document 9 | <input type="checkbox"/> | |
| Document 10 | <input type="checkbox"/> | |

* ZoomGrants™ is not responsible for the content of uploaded documents.

