

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

City of Corvallis
Corvallis Transit System Bus

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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."

City of Corvallis will manage the project in this application. City of Corvallis underwent an FTA triennial review in June, 2018, at which only one issue was raised regarding Financial Management and Capacity. This issue has since been resolved, and there are no outstanding issues.

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.

NA

Project Information

Try to answer all questions, even if your project does not fit neatly within a category. No answer results in 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 a new 35-foot mass transit bus. This will be an expansion of the fleet, as Corvallis Transit System will add over 10,000 hours of service in fall of 2019.

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

See guidance for exemptions to this requirement.

Corvallis Transit Development Plan, adopted August, 2018 by the Corvallis City Council. The plan can be accessed at <https://archives.corvallisoregon.gov/internal/ElectronicFile.aspx?dbid=0&docid=1378021>

The relevant page is 23.

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

Enter an amount in dollars.

\$366,328

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.

Corvallis Transit System (CTS) provides fareless fixed-route service within the city of Corvallis. 49.3% of the residents within .25 miles of a CTS stop fall below 200% of the nationwide poverty level. By fall of 2019, CTS will operate seven days a week, providing access to food, medical appointments, and other life critical services.

Coordination of Public Transportation Services

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

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

City of Corvallis operates the Philomath Connection service via an Intergovernmental Agreement between Corvallis and Philomath. Passengers who utilize the Linn-Benton Loop, 99 Express Adair Village, the Coast to Valley Express, and the Corvallis to Amtrak service use Corvallis Transit System as their beginning or end point, or both. City of Corvallis also has a longstanding Intergovernmental Agreement with Oregon State University to provide a citywide late night transit service, called Night Owl, which is operated by Corvallis Transit System buses. This fareless service is open to the public and operates 3 nights per week, 8:45pm-2:45am.

Statewide Transit Network

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

City of Corvallis permits multiple transit services to use its Downtown Transit Center, including the Philomath Connection, Linn-Benton Loop, 99 Express Adair Village, the Coast to Valley Express, and the Corvallis to Amtrak service. The fareless Corvallis Transit System is the anchor of transit within the greater Corvallis area.

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.

Match for the bus will be derived from City of Corvallis local funds. Local funds are derived mainly from the Transit Operations Fee, which accounts for more than \$1,000,000 per year. Local funds are also derived from a direct contribution from Oregon State University. The project will not last beyond 19-21.

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.

No.

Environmental and Public Health

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

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

Corvallis Transit System allows passengers to not drive single or low occupancy personal vehicles, thus reducing greenhouse gas emissions and reducing pollution. Passengers are able to access numerous health facilities in Corvallis.

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.

Corvallis Transit System passengers often transfer to other local transit services such as Philomath Connection, Coast to Valley Express, and 99 Express Adair Village to name a few. All of these passengers walk and bike to and from bus stops.

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

This project is to purchase a mass transit bus. All CTS buses are compliant with local, state and federal safety regulations. The bus will have an on board camera system for the safety of drivers and passengers.

Capital Assets

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. One 35-foot mass transit vehicle. The bus, like all other Corvallis Transit System buses, will have an on board camera system, Automated Passenger Counter system, an Automated Stop Announcement system, and an Automatic Vehicle Location system.

Budget and Project Tables *100*

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	\$ 366,328	\$	\$	\$ 91,582	\$	\$ 457,910
Vehicle Purchase - Replacement or Right-Sizing	\$	\$	\$	\$	\$	\$ 0
Equipment Purchase	\$	\$	\$	\$	\$	\$ 0
Facility Purchase	\$	\$	\$	\$	\$	\$ 0
Signs/Shelters Purchase	\$	\$	\$	\$	\$	\$ 0
Planning	\$	\$	\$	\$	\$	\$ 0
Project Administration	\$	\$	\$	\$	\$	\$ 0
Operating	\$	\$	\$	\$	\$	\$ 0
Preventive Maintenance	\$	\$	\$	\$	\$	\$ 0
Mobility Management	\$	\$	\$	\$	\$	\$ 0
Total	\$ 366,328	\$ 0	\$ 0	\$ 91,582	\$ 0	\$457,910

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)	\$ 457,910	20 %	\$ 366,328	\$ 91,582	STIF Formula Funds Text	\$	Yes Yes/No	09/01/2019 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)	\$	%	\$ 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	answer if replacing vehicle	Gillig Text	Low Floor Text	Select Letter (A-E)	1 #	\$ 457,910	\$ 457,910	32 #	2 #	26 #	BD G/D/BD/E/HG/CNG/OF	07/01/2019 xx/xx/xxxx	10/01/2020 xx/xx/xxxx	Only answer if purchasing used vehicle			
Vehicle Purchase 2	Expansion/Replacement	answer if replacing vehicle	Text	Text	Select Letter (A-E)	#	\$ 0	\$ 0	#	#	#	G/D/BD/E/HG/CNG/OF	xx/xx/xxxx	xx/xx/xxxx	Only answer if purchasing used vehicle			
Vehicle Purchase 3	Expansion/Replacement	answer if replacing vehicle	Text	Text	Select Letter (A-E)	#	\$ 0	\$ 0	#	#	#	G/D/BD/E/HG/CNG/OF	xx/xx/xxxx	xx/xx/xxxx	Only answer if purchasing used vehicle			
Vehicle Purchase 4	Expansion/Replacement	answer if replacing vehicle	Text	Text	Select Letter (A-E)	#	\$ 0	\$ 0	#	#	#	G/D/BD/E/HG/CNG/OF	xx/xx/xxxx	xx/xx/xxxx	Only answer if purchasing used vehicle			
Vehicle Purchase 5	Expansion/Replacement	answer if replacing vehicle	Text	Text	Select Letter (A-E)	#	\$ 0	\$ 0	#	#	#	G/D/BD/E/HG/CNG/OF	xx/xx/xxxx	xx/xx/xxxx	Only answer if purchasing used vehicle			
Vehicle Purchase 6	Expansion/Replacement	answer if replacing vehicle	Text	Text	Select Letter (A-E)	#	\$ 0	\$ 0	#	#	#	G/D/BD/E/HG/CNG/OF	xx/xx/xxxx	xx/xx/xxxx	Only answer if purchasing used vehicle			
Vehicle Purchase 7	Expansion/Replacement	answer if replacing vehicle	Text	Text	Select Letter (A-E)	#	\$ 0	\$ 0	#	#	#	G/D/BD/E/HG/CNG/OF	xx/xx/xxxx	xx/xx/xxxx	Only answer if purchasing used vehicle			
Vehicle Purchase 8	Expansion/Replacement	answer if replacing vehicle	Text	Text	Select Letter (A-E)	#	\$ 0	\$ 0	#	#	#	G/D/BD/E/HG/CNG/OF	xx/xx/xxxx	xx/xx/xxxx	Only answer if purchasing used vehicle			
Vehicle Purchase 9	Expansion/Replacement	answer if replacing vehicle	Text	Text	Select Letter (A-E)	#	\$ 0	\$ 0	#	#	#	G/D/BD/E/HG/CNG/OF	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)	#	\$	\$	#	#	#	G/D/BD/E/HG/CNG/OF	xx/xx/xxxx	xx/xx/xxxx	vehicle	vehicle	vehicle	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	#	#	0	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 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		
Document 2		
Document 3		
Document 4		
Document 5		
Document 6		
Document 7		
Document 8		
Document 9		
Document 10		

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