

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

City of Corvallis
Philomath Connection Bus

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Submitted: 1/31/2019 3:51:55 PM (Pacific)	City of Corvallis
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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.O'Keefe@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. The bus will be owned by City of Philomath. The cities of Philomath and Corvallis have an Intergovernmental Agreement which calls for Corvallis to manage all aspects of the Philomath transit service, known as the Philomath Connection. 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 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 a new 35-foot mass transit bus. The bus that had been operating service for Philomath Connection is no longer operable due to catastrophic mechanical failure. The service is now being operated by a backup Corvallis Transit System bus, but this is not a sustainable long-term solution.

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

See guidance for exemptions to this requirement.
Philomath Strategic Plan, adopted 12/10/2018 by the Philomath City Council. The plan can be accessed at https://www.ci.philomath.or.us/vertical/sites/%7B2CFF016E-1592-4DB3-9E2B-444FA3EFC736%7D/uploads/Strategic_Plan_2019-2023.pdf

The relevant page is 16.

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

Enter an amount in dollars.
402,300

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 = 25%, STN = 10%)

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

Philomath Connection is the only fixed-route service provider in the city of Philomath, 15% of the population is comprised of seniors, 35% of Philomath residents are below the 200% poverty. Save for a few general medical practitioners, Philomath has virtually no medical services. Philomath residents rely on medical services in Corvallis and for many residents, the Philomath Connection is the only form of transportation to access these services.

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.

City of Corvallis operates the Philomath Connection service via an Intergovernmental Agreement between Corvallis and Philomath. The Philomath Connection is currently being operated by a Corvallis Transit System bus because there are no Philomath Connection buses in good enough state to operate the service.

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.

The Philomath Connection is the lone fixed-route service available to Philomath residents. Once residents are transported to Corvallis, there are myriad transit options available to them.

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 Philomath's STIF formula funds. 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 certainly. 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.

The Philomath Connection service will allow users to not drive single or low occupancy personal vehicles, thus reducing greenhouse gas emissions and reducing pollution. Passengers will be 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.

Philomath Connection passengers often transfer to other local transit services such as Corvallis Transit Service, Coast to Valley Express, and 99 Express Adair Village, to name a few.

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 replacement vehicle. There is currently no Philomath-owned bus to operate the system. A spare Corvallis Transit System bus is being used to provide the service. This is not sustainable for either the Corvallis or Philomath system.

Capital Assets

(Capital assets are assets 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.
One 35-foot mass transit vehicle. All Philomath Connection 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.

[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
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Vehicle Purchase - Expansion	\$	\$	\$	\$	\$
Vehicle Purchase - Replacement or Right-Sizing	\$ 402,300	\$	\$ 44,700	\$	\$ 447,000
Equipment Purchase	\$	\$	\$	\$	\$ 0
Facility Purchase	\$	\$	\$	\$	\$ 0
Signs/Shelters Purchase	\$	\$	\$	\$	\$ 0
Planning	\$	\$	\$	\$	\$ 0
Project Administration	\$	\$	\$	\$	\$ 0
Operating	\$	\$	\$	\$	\$ 0
Preventive Maintenance	\$	\$	\$	\$	\$ 0
Mobility Management	\$	\$	\$	\$	\$ 0
Total	\$ 402,300	\$ 0	\$ 44,700	\$ 0	\$ 447,000

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)	\$ 447,000	10%	\$ 402,300	\$ 44,700	STIF Formula Funds Text	\$	Yes Yes/No	09/01/2019 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 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	1HVBT SKM1BH289139	Gillig Low A Select Floor Letter (A-E)	1 #	\$ 447,000	\$ 447,000	32 #	2 #	6 #	G/D/BD/E/HG/CNG/OF	11/15/2018	09/27/2019	Only answer if purchasing used vehicle			
Vehicle Purchase 2	Expansion/Replacement Only 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 Only 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 Only 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 Only 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 Only 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 Only 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 Only 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 Only 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 10	Expansion/Replacement Only 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 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	2,010	International Text	Bus	C Select Letter (A-E) 17 digits	28 #	1 #	0 #	G/D/BD/E/HG/CNG/OF	219,047 #	Sale	Good/Adequate/Marginal/Poor	Poor Vehicle suffered catastrophic engine failure and is not usable. 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		#	\$	5 0	xx/xx/xxxx	xx/xx/xxxx				<input type="checkbox"/> If Applicable
Row 2	Text		#	\$	5 0	xx/xx/xxxx	xx/xx/xxxx				<input type="checkbox"/> If Applicable
Row 3	Text		#	\$	5 0	xx/xx/xxxx	xx/xx/xxxx				<input type="checkbox"/> If Applicable
Row 4	Text		#	\$	5 0	xx/xx/xxxx	xx/xx/xxxx				<input type="checkbox"/> If Applicable
Row 5	Text		#	\$	5 0	xx/xx/xxxx	xx/xx/xxxx				<input type="checkbox"/> If Applicable
Row 6	Text		#	\$	5 0	xx/xx/xxxx	xx/xx/xxxx				<input type="checkbox"/> If Applicable
Row 7	Text		#	\$	5 0	xx/xx/xxxx	xx/xx/xxxx				<input type="checkbox"/> If Applicable
Row 8	Text		#	\$	5 0	xx/xx/xxxx	xx/xx/xxxx				<input type="checkbox"/> If Applicable
Row 9	Text		#	\$	5 0	xx/xx/xxxx	xx/xx/xxxx				<input type="checkbox"/> If Applicable
Row 10	Text		#	\$	5 0	xx/xx/xxxx	xx/xx/xxxx				<input type="checkbox"/> If Applicable

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

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

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