

DRAFT MATERIALS – NOT AN APPLICATION
OREGON DEPARTMENT OF TRANSPORTATION



**Public Transit Division
Discretionary Grant Program
2007-2009 Biennium**

Application Forms for Participants

This forms packet is a companion to the 2007-2009 “Public Transit Division Discretionary Grant Application Instructions”

DRAFT MATERIALS – NOT AN APPLICATION

Table of Contents

| | |
|---|----------|
| Instructions for Completing Applications | 3 |
| FORMS: | |
| Applicant Information (mandatory for all applicants) | 5 |
| Supplemental Applicant Information (mandatory for any new applicants) | 7 |
| Section I: Projects primarily benefiting Special Needs Transportation Services (other than capital projects) | |
| • Operations to Preserve Existing Services Application | # |
| • Operations to Enhance/Expand Services Application | # |
| • Mobility Management Project Application | # |
| Section II: Mobility Management and Planning Application | # |
| Section III: Vanpool Development Project Application | # |
| Section IV: Intercity Bus Project Application | # |
| Section V: Transit Innovations | |
| Section VI: Capital | |
| • Equipment Project Application | # |
| • Facilities Project Application | |
| • Vehicle Applications - Instructions | # |
| • Preventive Maintenance Application (Not available for Mass Transit) | # |
| • Preventive Maintenance – Major Component Rehabilitation Application (Not available for Mass Transit) | # |
| • Vehicle Purchase Questionnaire – all vehicle purchases | # |
| • Vehicle Purchases Application – Expansions & Replacement for All Programs Special Needs, Rural General Public, Intercity Bus, Mass Transit (eligible for replacement vehicles only) | # |
| • Vehicle Replacement Application | # |

DRAFT MATERIALS – NOT AN APPLICATION
Instructions for Completing Applications

The Public Transit Discretionary Grant Program application forms packet includes a sample transmittal letter, Applicant Information form and six sections with separate application forms.

The following are general instructions to applicants.

1. Applicants must contact their STF Agency to determine the specific date to submit local application. The STF Agency will need to have the applications in time to review and submit to PTD by the deadline.
2. Compliance to various laws, including those pertaining to the Americans with Disabilities Act, procurement, environmental protection, and labor is required of recipients of state and federal public transportation funds; please review the State Management Plan to familiarize yourself with some of these laws before applying.
3. For proposals related to transportation for people with low income, seniors and people with disabilities, applicants should contact the STF Agency to identify the priorities identified in the Coordinated Plan, and to find out what additional information or steps in the process, if any, the STF Agency may require for participation in the program.
4. Be sure to answer each question and provide enough information for the evaluation committees to understand your project and compare it to others. Include the following items in your application packet:
 - Transmittal Letter – all applicants
 - Applicant Information form – all applicants
 - Supplemental Information form – any new applicants
 - Application form(s) – from appropriate sections
 - Attachments – if needed, such as maps or diagrams. Do not include letters of support or testimony.
5. All applications must be typed, single-spaced and single-sided on forms supplied by the Public Transit Division or they may be computer reproduced in a similar format. An electronic version of the application (in Microsoft Word) is available from the Public Transit Division at <http://www.oregon.gov/ODOT/PT/>. Applicants filling out the packet electronically may insert space into forms to answer narrative questions. Use 8-1/2 x 11 inch white paper if additional space is needed; include appropriate headings and question numbers so that answers may be accurately associated with the question.
6. Each application should be stapled or clipped in the upper left corner. ***Please do not bind the application.*** Remove unused applications and the instruction pages from your application packet prior to mailing it to your STF Agency.
7. **Applicants must deliver their applications to the appropriate STF Agency by the time and date set by the STF Agency.**

APPLICANT INFORMATION

(This form is mandatory for all applicants)

General Information

| | |
|-----------------------|----------|
| Legal Name of Agency: | |
| Mailing Address: | |
| Main Office Address: | |
| City, State, Zip: | |
| Contact Person: | E-mail: |
| Phone No.: | Fax No.: |
| County: | |

Type of Applicant (check one):

| | | | | | |
|--------------------------|---|--------------------------|-------------------|--------------------------|---|
| <input type="checkbox"/> | Private non-profit agency | <input type="checkbox"/> | Tribal government | <input type="checkbox"/> | Private for-profit intercity bus operator |
| <input type="checkbox"/> | Transit or transportation district; County service district | | | <input type="checkbox"/> | General purpose government (city, county, other government) |

Consolidated Application Information:

Is this application submitted on behalf of other transportation providers?

Yes No

If yes, list all partner agencies by legal name and identify a contact for each. (Add additional pages as needed.)

| Agency: | Contact: | Phone No.: |
|----------------|-----------------|-------------------|
| | | |
| | | |
| | | |

Applicant Information continued.

Service Description

- Attach published schedule or rider's guide, if available, and
- Attach Service Description form.

Applicant Certification:

I certify, to the best of my knowledge, that the information in this application is true and accurate and this organization has the necessary fiscal and managerial capacity to implement and manage the project associated with this application.

Applicant Agency (legal name): _____

Address _____ Phone _____

City _____ State _____ Zip _____

Printed name of authorized signatory: _____

Title of authorized signatory: _____

Signature

Date: _____

Applicant Information continued

Service Description

Please describe the applicant’s transportation service. Skip the questions that do not apply to the service.

Example:

| Service Type | Days of Service | Hours of Service | Fare? Describe | Geographic Area of Service | Specific trip purposes or specific passengers? Describe: |
|--|--|-------------------------|---|---|---|
| <input checked="" type="checkbox"/> General Public Fixed Route Deviation | Monday through Friday, except holidays | 8 am through 5 PM | \$1.00 adults; \$.50 children, seniors, People with disabilities. \$2.00 for deviation. | Urban Area of La Fir, Oregon. | None |
| <input checked="" type="checkbox"/> Client-only, such as for services limited to medical trips, senior center members, clients of a group home | Monday through Saturday | 9 am to 4 PM | Donations | Area of Crater County, plus to XYZ City in Mountain County. | Medically-related trips for seniors, people with disabilities and children. |

| Service Type | Days of Service | Hours of Service | Fare? Describe | Geographic Area of Service | Specific trip purposes or specific passengers? Describe: |
|---|------------------------|-------------------------|-----------------------|-----------------------------------|---|
| <input type="checkbox"/> General Public Fixed Route | | | | | |
| <input type="checkbox"/> General Public Fixed Route Deviation | | | | | |

DRAFT MATERIALS – NOT AN APPLICATION

| | | | | | |
|---|--|--|--|--|--|
| <input type="checkbox"/> General Public Demand Response | | | | | |
| <input type="checkbox"/> Demand Response for seniors or people with disabilities (for general purpose) | | | | | |
| <input type="checkbox"/> ADA Complementary Paratransit | | | | | |
| <input type="checkbox"/> Employment-related transportation (such as reverse commute shuttles) | | | | | |
| <input type="checkbox"/> Rideshare or Vanpool | | | | | |
| <input type="checkbox"/> Client-only, such as for services limited to medical trips, senior center members, clients of a group home | | | | | |
| <input type="checkbox"/> Intercity Bus | | | | | |
| <input type="checkbox"/> Commuter Bus | | | | | |
| <input type="checkbox"/> Other-Identify: | | | | | |

DRAFT MATERIALS – NOT AN APPLICATION
Supplemental Applicant Information

Required for New Applicants

Applicant: _____ **Project Name:** _____

Complete this form if your agency/business has not received a formula or discretionary grant from the Oregon Department of Transportation Public Transit Division in the past four years.

Additional information about the agency/business may be required if the project is selected for funding. Use additional pages as necessary to respond to the questions.

Describe the applicant agency:

1. What is the primary mission of the agency and what services (other than transportation) are offered by the agency?

2. How does transportation serve the agency's mission?

3. How long has the agency been in business?

4. Who are the customers or clients for the agency's programs?

5. How is the agency financed? Provide a list of the local, state and federal agencies that provide financial support.

6. What is the annual operating budget for the agency? Attach a summary annual approved budget.

7. What is the agency's largest source of income?

8. How long has the agency been providing transportation services? And, how is the transportation program currently financed?

Section I: Operating Projects

INSTRUCTIONS

Projects proposed for funding in the Operating Project category will be designed and implemented to benefit people with disabilities, seniors or people with low incomes. Such services may be exclusive to one of more of these groups of individuals, or may be part of a larger general public system.

Projects proposed for funding will be in this category must be derived from the Coordinated Plan.

Eligible Applicants:

- Preservation:
 - Eligibility is limited to current recipients of ODOT discretionary operating grants and of small urban and rural Job Access and Reverse Commute grants.
 - The amount of funding for which a project is eligible for is based on the current award, plus a small amount of increase as needed to preserve service levels. Please see the definition of “preservation.”
- New or Expanded Service:
 - Eligible applicants are local governments, Indian tribes, and private non-profit agencies.
 - Private for-profit agencies are not directly eligible, however, could be a partner in a project. Third-party contracting requirements apply to projects where the applicant is not the direct provider of the service.

Project Categories:

- Direct service projects are services that are operated directly by the applicant (not contracted to third parties). These projects will have a 50/50% match rate. In some cases, depending on the source of funds chosen to finance the project, the project may have a more beneficial match rate of 56.08%. Please propose your project using the lower match rate. Generally, any source of local and program income including in-kind and excluding farebox revenue is eligible to be used as match. There are limitations as to the amounts of program and in-kind contributions that may be used; please review the State Management Plan.
- Purchased service projects are services contracted out to third parties. These projects will have an 89.73/10.27% match rate. Generally, any source of local and program income, excluding farebox revenue, and in-kind contributions may be used as match. There are limitations as to the amounts of program and in-kind contributions that may be used; please review the State Management Plan. Please be aware that PTD staff may request additional information from the applicant pertaining to services contracted to third parties, including procurement process, payment justification and contract management

DRAFT MATERIALS – NOT AN APPLICATION

- Medicaid Match projects are projects to finance the ~40% local share of the total cost of services provided under an agreement to Department of Human Services Seniors and People with Disabilities Division for non-medical transportation. The ~60% share paid by Medicaid to the provider is the “match” to this project.
- User-side subsidy programs are projects that provide partial financial support for eligible transit customers enabling access to public transit. Examples include: taxi-ticket programs where the project sponsor pays a portion of the trip in order to make the trip affordable, and a program that provides partial financial support for tickets and passes used for general public services. Generally, eligible users of user-side subsidy programs are seniors, people with disabilities and people with low-income.
- Voucher programs are a payment mechanism to provide people with disabilities access to alternative transportation services to supplement available public services. Eligible project expenses are the administration and expense of voucher programs. *Transit passes for use on general public fixed route systems or ADA complementary paratransit are not eligible.* Voucher programs will include the following kinds of projects:
 - Mileage reimbursement as part of a volunteer driver program
 - Taxi trips;
 - Trips by a human service agency.
- Transit Innovation: Any project can be defined by the applicant as an innovation. If you believe your project to be an innovation, please describe the innovation and the impact of the innovation when proposing your project.

If the project does not fit into any of the categories provided in this application packet, use the form in Section V. Eligibility and match rates will depend on the kind of project.

**Section I: Operating Projects
Application**

Applicant: _____ **Project Name:** _____

Directions: Describe only one project per application. Add pages as necessary to provide the required information. Note to New Applicants: Also complete “Supplemental Applicant Information Form.”

1. Select one:

- Service Preservation, select one:
 - Continue service, including Medicaid Match, user-side subsidy and voucher projects, currently operated under ODOT Agreement # _____
 - Continue current rural or small urban JARC project.
- New or Expanded Service, select one:
 - Complementary paratransit service.
 - Service benefiting people with disabilities and seniors provided by rural general public provider (not complementary paratransit).
 - Transportation limited to seniors or people with disabilities that is not part of a general public system.
 - Employment-related transportation for people with low income.
 - Medicaid match project.
 - Services specifically for people with disabilities beyond the requirements of Americans with Disabilities Act requirements.
 - User-side subsidy program to provide access to public transit service.
 - Voucher program for people with disabilities to provide alternatives to public transit systems.

2. Select one:

- Direct Service
- Purchased Service
- Medicaid Match

3. Is this project a “Transit Innovation”? Yes No

4. Summary of Grant Funds Requested:

Total Cost of Operating Project: \$ _____
Minus Local Match: \$ _____
Total Grant Request: \$ _____

Section I: Operating Project Application, Cont.

Applicant: _____ **Project Name:** _____

5. Project Description –

- a. Is the project derived from the Coordinated Plan? YES NO

If no, explain:

- b. Describe the service to be provided with the grant funds: service design, geographic area, days and hours of service, fares, type of vehicles used, frequency, passenger eligibility requirements and other pertinent descriptors:

Is this a new service? YES NO

If yes, why is this service needed?

- c. When the need for this project was identified, were other community resources identified and evaluated first, to determine if they could fill all or part of the need before the decision was made to apply for grant funds? YES NO

Describe your agency's effort to coordinate your service need with other community resources, including with other transportation providers:

- d. Will this project, once awarded funds, likely to require ongoing support from an outside funding source to maintain the service after the period of grant award is completed? YES NO

Describe:

Section I: Operating Project Application, Cont.

Applicant: _____ **Project Name:** _____

e. Are the services proposed to be supported by these grant funds ever used for charter services, exclusive pupil transportation, or sightseeing and recreational purposes? YES NO If YES, explain:

f. Does this agency provide Medicaid non-emergency transportation under contract to a broker or to DHS Medical Assistance Program? YES NO

If YES, what is the percentage of Medicaid rides per month?

g. Is this an Innovation Project? YES NO

If YES, please describe why the project is an innovation.

6. Expenses – Provide current and estimated operating expenses for your proposed project:

| Expense Summary of the Applicant's Operating Budget | Current | Estimated for this project 2007-2008 | Estimated for this project 2008-2009 |
|---|----------------|---|---|
| Administration Expense: | | | |
| Labor and Fringe Benefits | | | |
| Insurance | | | |
| Facility (rent, janitorial, etc.) | | | |
| Utilities | | | |
| Other (list): | | | |
| | | | |
| Operations Expense: | | | |
| Cost of Purchased Service Agreement | | | |
| Or, Cost of Direct Service: | | | |
| Labor and Fringe Benefits | | | |
| Insurance | | | |
| Fuel | | | |
| Vehicle Maintenance (Do not include expenses in this category if you are applying for a preventive maintenance grant.) | | | |
| Facility | | | |
| Utilities | | | |
| Training | | | |
| Other (list): | | | |
| | | | |
| Total | | | |

Section I: Operating Project Application, Cont.

Applicant: _____ **Project Name:** _____

| Budget summary | FY 07-08 | FY 08-09 | Total |
|------------------------------|----------|----------|-------|
| Total Project Cost | | | |
| Grant Share (_____ % match) | | | |
| Local Contribution | | | |

For Purchased Service Projects Only: How was the amount to pay the contractor established?

For Service Preservation requests only: If there is an increase in the budget of 20% or more from the base year of FY06-07, please explain the increase in project cost:

7. Local match – Indicate the source of the funds contributed for this request and indicate if there are any restrictions on the match funds.

| Type of Funding | Source | Amount | Restrictions? |
|-----------------|--------|--------|---------------|
| State: | | | |
| | | | |
| Local: | | | |
| | | | |
| Other: | | | |
| | | | |

8. Project Productivity:

| Measure | Current | Estimated (2007-2008) | Estimated (2008-2009) |
|--|---------|-----------------------|-----------------------|
| Total number of one-way passenger trips provided by this service. | | | |
| Total Number of one-way trips provided to senior and people with disabilities. | | | |
| Estimated number of service miles (all vehicles) to perform this service. | | | |
| Estimated cost per ride: Total trips ¹ | | | |
| Estimated cost per service mile. ² | | | |

¹ To calculate the estimated cost per ride, divide the Operating Budget by the Number of Rides (budget/rides)

² To calculate the estimated cost per mile, divide the Operating Budget by the Number of Service Miles (budget/miles)

DRAFT MATERIALS – NOT AN APPLICATION
Section II: Mobility Management and Planning

Instructions

Projects in this category are not operating or capital; this project category captures many projects that are required to support and improve transportation services.

Eligible Applicants

Eligibility is limited to rural, small urban, large urban public transit agencies including Indian tribes, cities, counties and transit districts and non-profit agencies. Intercity bus operators are also eligible.

Project Categories

- Mobility Management projects are non-operating projects that support coordination and improve access to transportation services for people with disabilities, people with low income and seniors. Mobility management projects will build coordination among existing providers to expand services.

Examples of projects include: promotion and marketing of services to improve access and use; travel training and travel planning services; supporting administration and expenses related to new or expanded voucher programs; operating transportation brokerages to coordinate services, providers and funding; operations of one-stop traveler information call center; and operational planning for IT applications (the capital expense itself is a separate capital project.)

Mobility Management project have an 89.73/10.27 match rate. Generally, any source of local and program income including in-kind is eligible to be used as match. There are limitations as to the amounts of program and in-kind contributions that may be used; please review the State Management Plan.

- Transportation planning, for example to develop new transit services, a transit facility or to plan a regional intercity program, is also eligible in this project category.

Planning projects have an 80/20% match rate. Generally, any source of local and program income including in-kind is eligible to be used as match. There are limitations as to the amounts of program and in-kind contributions that may be used; please review the State Management Plan.

- Transit Innovation: Any project can be defined by the applicant as an innovation. If you believe your project to be an innovation, please describe the innovation and the impact of the innovation when proposing your project.

If the project does not fit into any of the categories provided in this application packet, use the form in Section V. Eligibility and match rates will depend on the kind of project.

DRAFT MATERIALS – NOT AN APPLICATION
Section II: Mobility Management and Planning Projects

Application

Applicant: _____ **Project Name:** _____

Directions: Copy this application as necessary. *Do not combine project requests—describe only one project per application. Note to New Applicants:* Also complete “Supplemental Applicant Information.”

1. Identify the type of project:

- Mobility Management, select one:
 - Marketing and transit promotion.
 - Planning for service design changes, future service and regional or community transportation coordination.
 - Travel Training and related travel supports
 - STF Agency or lead agency coordination
 - Operational Planning for Intelligent Transportation Technologies
 - Call center or one-stop traveler information center to coordinate transportation information and travel arrangements
 - Other coordination project that is neither operations nor capital, Identify:

Transportation Planning

2. Is this project a “Transit Innovation”? Yes No

3. Summary of Grant Funds Requested:

Total Cost of Project: \$ _____
Minus Local Match: \$ _____
Total Grant Request: \$ _____

Section II – Mobility Management and Planning Application, cont.

Applicant: _____ **Project Name:** _____

4. Project Description (Attach pages as needed, answering the following questions.)

- a. Is this project derived from the Coordinated Plan?

- b. Describe the project:

- c. What is the need for this project? How did your agency identify the need?

- d. How will you know if the project is a success? Indicate how you plan to measure the benefits of this project.

- e. Describe your efforts to coordinate, or create partnerships, to support the proposed project.

- f. Will the applicant be able to complete the project by June 30, 2009?
 YES NO If NO, what is the barrier to completion?

- g. Is this an Innovation Project? YES NO
If YES, please describe why the project is an innovation.

Section II – Mobility Management and Planning Application, cont.

Applicant: _____

5. Timeline & Budget

- a. How will this project be managed? Consultant
 Agency staff

If using agency staff, do they have experience managing this type of project?
 Please explain.

- b. Proposed Project Work Plan — Estimated costs and completion by task and year. Add lines as needed; be specific about the tasks. See the example.

Example:

| Task #1 | Brief Description | Estimated Total Cost | Estimated Completion Date |
|----------------|---|-----------------------------|----------------------------------|
| <i>Ex</i> | <i>Project management; labor 520 hours @ \$25/hour</i> | <i>\$13,000</i> | <i>June 30, 2009</i> |
| <i>Ex</i> | <i>Household survey; consultant estimated cost \$8,000</i> | <i>\$8,000</i> | <i>Dec 31, 2007</i> |
| <i>Ex</i> | <i>Prepare final plan; consultant estimated cost \$9,000; publish and mail \$1,000.</i> | <i>\$10,000</i> | <i>May 31, 2009</i> |
| | <i>TOTAL</i> | <i>\$31,000</i> | |

| FY 07-08 Task | Brief Description | Estimated Total Cost | Estimated Completion Date |
|----------------------|--------------------------|-----------------------------|----------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | TOTAL COST | | |

Section II – Mobility Management and Planning Application, cont.

Applicant: _____

| Budget summary | FY 07-08 | FY 08-09 | Total |
|------------------------------------|-----------------|-----------------|--------------|
| Total Project Cost | | | |
| Grant Share (_____ % match) | | | |
| Local Contribution | | | |

6. Local match – Indicate the source of the funds contributed for this request and indicate if there are any restrictions on the match funds.

| Type of Funding | Source | Amount | Restrictions? |
|------------------------|---------------|---------------|----------------------|
| State: | | | |
| | | | |
| Local: | | | |
| | | | |
| Other: | | | |
| | | | |

DRAFT MATERIALS – NOT AN APPLICATION
Section III: Vanpool Development Projects

ODOT is encouraging local agencies to form vanpools to fill service gaps that may exist in local and regional transportation systems. Often, commuter needs go unmet due to a lack of transit service between employment centers and outlying communities. Vanpooling can provide a flexible means of addressing this service gap.

Often, the passenger cost is a barrier to vanpool development. Using grant funding to initiate vanpools serves a twofold purpose; that of reducing passenger costs, as well as initiating a process whereby ongoing funds can be generated to sustain the cost reduction. A maximum of \$1 million has been targeted in the 2007-2009 grant program for this purpose.

ODOT has established the following criteria for Vanpool Development projects in the Discretionary Grant program:

1. ODOT grant funding must be used to develop a sustainable source of funding for a local vanpool program, such as FTA §5307.
2. Application must include:
 - a. An estimate of how many vans will be formed using this funding
 - b. Total amount of funding needed to form estimated number of vans
3. Up to 10 percent of allocated funding may be used for:
 - a. Marketing related to vanpool development, including magnetic signage, van wraps, printed materials, parking signs, purchase of incentives or similar items
 - b. Equipment to be directly used on vans, such as bicycle racks or tire chains
4. Funding is limited to \$125,000 per ODOT region in FY 2008. Vanpool funding will only be released to recipients as vanpools are actually formed. Remaining funding will be allocated in FY 2009 on a “first-come, first served” basis, up to the maximum amount of funding available.
5. No individual vanpool may receive funding for more than a 24-month period of time. Once a vanpool is financially sustainable, it is no longer eligible for ODOT funding even if it has not received 24 months’ worth of funds. Vanpools that do not receive all the required funding within the 2007-2009 biennium will be eligible for funding in the 2009-2011 grant program.
6. Existing vanpools may be eligible for funding if they have not previously received funds from ODOT.

Section III – Vanpool Development Projects continued

7. Eligible recipients:
 - a. Metropolitan Planning Organizations
 - b. Transit or Transportation Districts
 - c. Councils of Governments
 - d. Counties
 - e. Cities
 - f. Tribes

(Note: Grant recipients may contract with local sub-recipients for the actual work of developing vanpools.)

For more information, contact Dan Kaempff, Transportation Options Program Manager – (503) 986-4131; daniel.c.kaempff@odot.state.or.us

Section III: Vanpool Development Projects Application

Applicant: _____

Note to New Applicants: Also complete “Supplemental Applicant Information Form.”

Summary of Discretionary Funds Requested:

Estimated number of vanpools to be funded
(>20 miles one-way, >= 50% passenger capacity): _____

Estimated amount of discretionary funds to be requested: \$ _____

Estimated total cost of project: \$ _____

(Rideshare projects funded with STP dollars have no local match requirement.)

Project Description (Attach pages as needed, answering the following questions.)

1. Describe the project – be specific with objective detail.
2. What is the need for this project? How did your agency identify the need?
3. Is this project included in a written plan, such as a transportation service development plan, a transportation system plan or a human service plan? *(Be Specific – if yes, identify plan by name. Do not submit the plan unless requested.)*
 YES NO
4. How will you know if the project is a success? Indicate how you plan to measure the benefits of this project.
5. Describe how grant funding will be used to leverage an ongoing source of vanpool funds, the source of those funds and the likelihood of their continuance.
6. Describe your agency’s plan to continue the proposed project, or to proceed to the next phase, in the years after the 2007-2009 biennium. Include financial projections and sources of funding in your answer.

Section III – Vanpool Development Projects continued

Applicant: _____

Timeline & Budget

1. How will this project be managed? Consultant
 Agency staff

If using agency staff, do they have experience managing this type of project?
 Please explain.

2. Proposed Project Work Plan — List all major project tasks and activities in the left column. Estimate the expected project expenditures under the appropriate columns. Identify the deliverable products (i.e. “X” # of vans formed, amount of funding needed, marketing efforts).

| Project Task | Estimated Cost 07-08 | Estimated Cost 08-09 | Total |
|---------------------|-----------------------------|-----------------------------|--------------|
| Vanpool Development | | | |
| Marketing | | | |
| Equipment | | | |
| Total | | | |

Section IV – Intercity Operations

Instructions

Projects proposed for funding in the intercity services category will be designed and implemented to benefit the general public including people with disabilities and seniors. Intercity services focus on longer distance trips with limited stops, and with connections to other local and intercity bus, train, or air services. The primary purpose of intercity services may not be serving commuters.

Projects proposed for funding will be in this category must be derived from the locally developed Coordinated Plan.

If applying for intercity planning, capital, preventive maintenance, or mobility management projects skip this form and fill out the relevant form(s) in Sections II, Mobility Management and Planning, and VI, Capital.

Eligible Applicants:

- Preservation of existing service:
 - Eligibility is limited to current recipients of ODOT intercity discretionary operating grants.
 - The amount of funding for which a project is eligible for is based on the current award, plus a small amount of increase as needed to preserve service levels. Please see the definition of “preservation.”
- New or Expanded Service:
 - Eligible applicants are local governments, Indian tribes, private businesses, and private non-profit agencies.
 - Third-party contracting requirements apply to projects where the applicant is not the direct provider of the service.

Project Categories:

- Direct service projects are services that are operated directly by the applicant (not contracted to third parties). These projects will have a 50/50% match rate. In some cases, depending on the source of funds chosen to finance the project, the project may have a more beneficial match rate of 56.08%. Please propose your project using the lower match rate. Generally, any source of local and program income, excluding farebox revenue, and in-kind contributions may be used as match. There are limitations as to the amounts of program and in-kind contributions that may be used; please review the State Management Plan.

DRAFT MATERIALS – NOT AN APPLICATION

Section IV – Intercity Operations

Application

Applicant: _____ **Project Name:** _____

Note to New Applicants: Also complete “Supplemental Applicant Information Form.”

Note: If applying for intercity capital, preventive maintenance, or mobility management projects skip this form and fill out the relevant form(s).

1. Select one:

Service Preservation, continue service currently operated under ODOT Agreement # _____

New Service or Enhancement of existing service:

2. Select one:

Service to be provided by grant applicant

Service to be provided by subcontractor

Project Description (Attach pages as needed, answering the following questions.)

- a. Describe the project in brief – be specific with objective detail. If the project involves enhancing an existing service, be sure to describe the existing service as well as the enhancements.
- b. Is this project innovative?
If so, describe any innovative aspects of your project (partnerships, funding, use of technology, service, other).
- c. What is the need for this project? How did your agency identify the need?
- d. Which cities does the new or enhanced service connect, and what is the population of each city.
- e. Describe new or enhanced connections to other transportation services. Describe quality of connections, are layovers short, are stops shared? Be sure to note any connections to other intercity service, or to other services that connect additional cities.

Section IV – Intercity Operations, Continued

Applicant: _____ **Project Name:** _____

f. Is this project included in and/or consistent with a written plan, such as a transportation service development plan, a transportation system plan or a human service plan? *(Be Specific – if yes, identify the plan by name, and quote the relevant section(s). Do not submit the plan unless requested.)*

YES NO

g. How will you know if the project is a success? Indicate how you plan to measure the benefits of this project.

h. Describe your efforts to coordinate, or create partnerships, to support the proposed project.

i. Describe how your project will benefit Seniors and People with Disabilities.

j. Will this project result in fewer automobile trips? If so, how many Vehicle Miles Traveled (VMT) will be saved over each year of the project, and how were the VMT savings calculated?

k. Describe your agency's plan to continue the proposed project, or to proceed to the next phase, in the years after the 2007-2009 biennium. Include financial projections and sources of funding in your answer.

l. Will the applicant be able to complete the project within the funding period?

YES NO If NO, what is the barrier to completion?

Expected project start date: _____

k. Are the services proposed to be supported by these grant funds ever used for charter services, exclusive pupil transportation, or sightseeing and recreational purposes? YES NO

If YES, explain:

DRAFT MATERIALS – NOT AN APPLICATION

Section IV – Intercity Operations continued

Applicant: _____ **Project Name:** _____

Expenses – Provide current and estimated operating expenses for your proposed project:

State Fiscal Years (7/1 through 6/30):

| Expense Summary of the Applicant's Operating Budget | Current | Estimated for this project 2007-2008 | Estimated for this project 2008-2009 |
|--|---------|--------------------------------------|--------------------------------------|
| Administration <i>(combined total)</i> | | | |
| Labor and Fringe Benefits | | | |
| Insurance | | | |
| Facility | | | |
| Utilities | | | |
| Other <i>(list):</i> | | | |
| | | | |
| | | | |
| | | | |
| Operations | | | |
| Labor and Fringe Benefits | | | |
| Insurance | | | |
| Fuel | | | |
| Vehicle Maintenance <i>(Do not include expenses in this category if you are applying for a preventive maintenance grant.)</i> | | | |
| Facility | | | |
| Utilities | | | |
| Training | | | |
| Other <i>(list):</i> | | | |
| | | | |
| | | | |
| | | | |
| Total | | | |

| | FY 07-08 | FY 08-09 | Total |
|--|----------|----------|-------|
| Total Project Cost | | | |
| Grant Share <i>(use the match rate defined for the type of project)</i> | | | |
| Local Contribution | | | |

Section IV – Intercity Operations continued

Applicant: _____ **Project Name:** _____

Local contribution – Indicate the source of the matching funds for this request and indicate if there are any restrictions on the match funds.

| Type of Funding | Source | Amount | Restrictions? |
|-----------------|--------|--------|---------------|
| State: | | | |
| | | | |
| Local: | | | |
| | | | |
| Other: | | | |
| | | | |
| | | | |

Project Productivity – Estimate the number of rides, the cost per ride and cost per mile for the project period:

| Measure | Current | Estimated (2007-2008) | Estimated (2008-2009) |
|---|---------|-----------------------|-----------------------|
| Total number of one-way passenger trips provided by this service. | | | |
| Total number of trips provided to the elderly and people with disabilities. (This number is a subset of the total number of trips.) | | | |
| Estimated number of service miles (all vehicles) to perform this service. | | | |
| Estimated cost per ride: Total trips ³ | | | |
| Estimated cost per service mile. ⁴ | | | |

³ To calculate the estimated cost per ride, divide the Operating Budget by the Number of Rides (budget/rides)

⁴ To calculate the estimated cost per mile, divide the Operating Budget by the Number of Service Miles (budget/miles)

**Section V: Transit Innovations
Guidance and Application**

The Oregon Transportation Commission has directed ODOT Public Transit Division to include innovative projects in the 2007-2009 discretionary grant solicitation. Any project being applied for in this discretionary grant solicitation may be considered an innovation. It is the responsibility of the applicant to identify a project as innovative and to explain why it should be considered in this light.

If an applicant is applying for an innovation project that does not fit into one of the existing grant application forms, use this application to describe your project.

1. Describe the innovative project in brief. Be specific with details about how this project furthers transportation goals—either in the applicant’s local area or statewide.
2. Describe the need for the project.
3. What are the characteristics of the project that make it innovative?
4. How will you know if the project is successful? How do you plan to measure the benefits of this project?
5. Describe your efforts to coordinate or create partnerships to support the proposed project.
6. If this is an ongoing effort, describe your agency’s plan to continue the proposed project or proceed to the next phase beyond the 2007-2009 biennium. Include funding sources other than ODOT PTD grants.
7. Will the applicant be able to complete the project (funded by this grant solicitation) within the funding period?
8. If this project will benefit the special needs populations (people with disabilities, seniors, people with low incomes), is the project derived from a coordinated plan? YES NO

If no, describe how the project will be incorporated and adopted into a coordinated plan.

Section IV: Transit Innovations continued

9. Estimated costs and completion by task.

| Task | Brief Description | Estimated Total Cost | Estimated Completion Date |
|-------------|--------------------------|-----------------------------|----------------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

| Budget summary | FY 07-08 | FY 08-09 | Total |
|---|-----------------|-----------------|--------------|
| Total Project Cost | | | |
| Grant Share (use the match rate defined for the type of project) | | | |
| Local Contribution (and source of funds)* | | | |

* Contact PTD for match rate as it is based on project type.

Section VI: Capital Enhancement

Equipment Application

Project Information – Equipment to Purchase. This project category includes equipment that will be used primarily for public transportation services. Examples: Communications equipment, computer hardware and software, mobile data terminals and fare boxes.

Applicant: _____ Inventory Date: _____

| Description of Equipment to be Purchased | No. of Units to Purchase | Purchase via RFP, RFQ, piggyback, State Price Agreement | Order Date | Deliver Date | Cost per Unit | Total Cost |
|--|--------------------------|---|------------|--------------|---------------|------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Total Project Costs: \$ _____

Minus Local Match: \$ _____ (10.27%)

Total Grant Request: \$ _____

Source of Local Match: _____

1. Describe how equipment will be used in providing transportation services.
2. Percentage of time equipment will be used in transportation program. If less than 100%, describe how it will be utilized in off times (what entity, for what use, etc.)

Section VI: Capital Enhancement

Facilities, Shelters & Signs Application

Project Information – Facilities, Shelters and/or Signs to Purchase

Applicant: _____ Inventory Date: _____

Facilities projects are eligible for structures or maintenance when used primarily for transportation services. All facility projects must be ADA compliant.

1. Provide a detailed description of the facility, shelters, and/or signs to be purchased or built. Intercity applications may include multi-modal facilities. All other projects are limited to bus or passenger shelters and other passenger amenities and signs.

| Description of Facility, Shelters or Signs | No. of Units to Purchase | Purchase via RFP, RFQ, piggyback | Order Date | Deliver Date | Cost per Unit | Total Cost | On list for Environmental Exemption? * (yes/no) |
|--|--------------------------|----------------------------------|------------|--------------|---------------|------------|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

(Copy and continue on additional sheets if needed.)

Total Project Costs: \$ _____

Minus Local Match: \$ _____ (10.27%)

Total Grant Request: \$ _____

Source of Local Match: _____

*** Projects Listed in Environmental Exemption:**

- Landscaping
- Installation of fencing, signs, pavement markings, toll facilities, control centers, vehicle test centers, **small passenger shelters**, traffic signals, railroad warning devices, and signal controls **with no substantial land acquisition or traffic disruption.**
- Installation of noise barriers
- Alterations for ADA accessibility
- Routine maintenance

**Section VI: Capital Enhancements – Facility, Shelter, or Signs Purchase
continued**

Attach a completed Documented Categorical Exclusion Worksheet. Additional documentation will be required prior to a grant agreement being written for those projects approved for funding. You may receive assistance or access materials for environmental requirements by contacting Joni Bramlett, Capital Program Manager, at joni.d.bramlett@state.or.us or by phone at 503-986-3416.

2. Do you have a facility maintenance plan? Yes No

If yes, please attach. If no, please describe how you schedule facility maintenance.

3. If requesting alterations for ADA accessibility, please describe the project.

Section VI: Capital Preservation

Facility Maintenance Application

Project Information – Facilities, Shelters and/or Signs to Maintain or Rehabilitate

Applicant: _____ Inventory Date: _____

| Description of Facility, Shelters and/or Signs (Model, type, size) | Describe maintenance and/or rehab work to be done on each shelter | Current Condition * (select a letter) | Shelter Service Type |
|--|---|---------------------------------------|----------------------|
| | | | |
| | | | |
| | | | |
| | | | |

(Copy and continue on additional sheets if needed)

Total Project Costs: \$ _____

Minus Local Match: \$ _____ (10.27%)

Total Grant Request: \$ _____

Source of Local Match: _____

*** Facility Maintenance Condition Definitions:**

New (N) = Less than 5 years old; in new condition.

Excellent (E) = New in age and no visible or evident mechanical or cosmetic flaws.

Good (G) = Only minor maintenance required for few cosmetic flaws.

Good/Rehabilitated (G-R) = Moderate use for the age; has had one of more components rebuilt or replaced and has only minor cosmetic flaws.

Fair (F) = Graffiti present, needs painting, panels scratched. Repairs are beginning to exceed normal scheduled maintenance.

Poor (P) = Non-maintenance repair happening frequently and becoming more costly. Major repairs such as replacement of panels, structural supports, etc. needed to keep the shelter in service.

Out of Service (O) = The shelter is unusable; has been pulled from location due to unsafe condition or is not ADA accessible.

DRAFT MATERIALS – NOT AN APPLICATION
Section VI: Capital Vehicles – Application Instructions

Vehicle Preventive Maintenance

Up to two years of funding for preventive maintenance (PM) per vehicle is eligible for those vehicles providing service for seniors, people with disabilities, rural general public and intercity services. Please be conservative when estimating projected costs for preventive maintenance. Use your maintenance schedule for the specific vehicle and historical mileage data to determine the estimated PM costs. Vehicles with low mileage will cost less to maintain than a vehicle that is used extensively or has higher mileage. Unless the grant request is supported by historical PM data, PM requests may not exceed \$3000 per vehicle for the two year period. Reimbursement is based on actual costs, so invoices or other documentation will be required for reimbursement of expenses.

Preventive maintenance includes the following: oil changes; tune-ups and other preventive maintenance; tires and tire maintenance; scheduled or routine maintenance; and associated parts, supplies and labor. This category of project does not include the costs associated with major repairs or major component replacement. Preventive maintenance grants do not cover accident repairs—use an operating support grant for any costs associated with accidents that your insurance does not cover. Equipment under warranty is also not covered in a preventive maintenance grant.

Vehicle Component Rehabilitation

Component rehabilitation is an eligible project if the vehicle has high mileage, is in cosmetically good shape and is mechanically sound. If rehabilitation of one or more of the major components will provide another 50% or more useful-life miles, vehicle component rehabilitation is a more efficient use of funds than vehicle replacement. Do not wait until a major component has failed before applying for grant funds—major component rehabilitation is more effective as a planned activity rather than an emergency.

Vehicle Purchases

Vehicle purchase projects should be estimated to include any equipment to place on the vehicle to get it into service. Examples of allowable expenses include radio equipment, snow tires, chains, first aid kits, fire extinguishers, fare boxes, graphic logos and yield to bus signs. If you have any questions about whether or not an equipment expense is allowable, please contact Joni Bramlett, the Capital Program Manager, at 503-986-3416 or e-mail at joni.d.bramlett@odot.state.or.us.

Expansion Vehicles

Applications are limited to purchase of vehicles that will add service routes, hours, etc. for public transportation in rural areas, special transportation, or connecting links for rural intercity services. If your application is for replacement of a vehicle that is currently used mainly for back-up or as a spare, it is considered an expansion of service. Vehicles for client transportation will be considered if the service is part of a Coordinated Plan or no other transportation is available to the clients served.

Section VI – Capital Vehicles Instructions continued

Preservation Vehicles - Eligible Projects

Applications are limited to replacement of vehicles that are currently used for public, special transportation, or connecting links for rural intercity services. Following are the types of eligible projects.

Vehicle Replacement

Vehicles are eligible for replacement if they will reach, or exceed, the defined useful life standard within the funding period: July 1, 2007 to June 30, 2009. Leased vehicles may be eligible for replacement; contact Public Transit Division for more information. For description of vehicles and useful life standards as well as other helpful information, see: http://www.oregon.gov/ODOT/PT/PROGRAMS/capital_program.shtml.

Vehicle replacement usually means a like-for-like replacement. However, replacing a vehicle with another that is bigger or smaller is acceptable if the service being provided is sustained and meets other fleet needs.

If the vehicle has not met the useful life standards and has experienced age or environment-related deterioration and, in spite of documented regularly scheduled maintenance, it is no longer fit for service, the vehicle may be eligible for replacement. Examples of these conditions include but are not limited to:



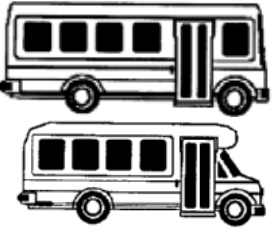


- Extensive body or frame rust or corrosion.
- Water damage due to leakage that has weakened floor structures, wall or ceiling panels.
- Other non-mechanical or electrical conditions that would cost more than 33% of the fair market value of the vehicle to repair.
- The vehicle has developed mechanical, electrical, or non-rust or non-corrosion related body and frame problems, which cost more than 60% of the fair market value of the vehicle to repair.
- Extensive non-warranty repairs have been made that are not related to a lack of preventive maintenance.

Provide documentation with application materials that include an evaluation of the costs incurred and preventive maintenance practices to date.

Applicants are required to describe how the vehicle being replaced will be disposed of or used in another setting. Usually vehicles are sold and the proceeds are invested into the new equipment. The agency may retain a vehicle for back-up, pending the ability to financially support the operation of an extra vehicle.

Once a vehicle has competed for replacement, it may not be considered a replacement again. For instance, if a vehicle was approved for replacement in the 05-07 biennium and was put into back-up or spare service, replacing that vehicle would be considered an expansion and the project would compete in that pool of projects rather than as a replacement.

DRAFT MATERIALS – NOT AN APPLICATION
Vehicle Description and Useful Life Standards

| | |
|---|--|
|  | <p>CATEGORY A: Large, Heavy-Duty Transit Bus</p> <p>Built on heavy duty chassis, lift equipped. This category includes articulated buses. Length: 35' to 40' Passengers: 35 – 40+ Useful Life: 12 Years or 500,000 miles Price Range: \$200,000 - \$300,000+</p> |
|  | <p>CATEGORY B: Medium-Size, Heavy-Duty Transit Bus</p> <p>Built on heavy-duty chassis, lift-equipped. Length: ~ 30' – 35' Passengers: 25 - 35 Useful Life: 10 Years or 350,000 miles Price Range: \$150,000 - \$280,000 (~ \$10,000 more for diesel)</p> |
|  | <p>CATEGORY C: Medium-Size Medium-Duty Transit Bus</p> <p>Built on medium duty chassis, lift equipped. Length: ~ 25-30' Passengers: 16 - 30 Useful Life: 7 Years or 200,000 miles Price Range: \$70,000 - \$175,000 (~ \$7,000 to \$10,000 more for diesel)</p> |
|  | <p>CATEGORY D: Medium-Size, Light-Duty Cut-Away Bus (aka Body-on-Chassis)</p> <p>Built on a medium-duty chassis, lift equipped. Length: 20' to 25' Passengers: 12 – 16 Useful Life: 5 Years or 150,000 miles Price Range: \$42,000 - \$65,000 (\$5,000 to \$10,000 more for diesel)</p> |
|  | <p>CATEGORY E: Small, Light-duty Bus, Van, Mini-Van, Station Wagon, and Sedan</p> <ol style="list-style-type: none"> 1. Small, light-duty bus (9-12 passenger with 1-2 wheelchair stations) 2. Lift- or ramp-equipped, lowered floor/raised roof, ADA accessible vans 3. Modified minivan 4. Standard van 5. Standard minivan 6. Standard station wagon 7. Standard sedan <p>Passengers: 3 - 14 Useful Life: 4 Years or 100,000 miles Price Range: \$18,000 - \$55,000</p> |

DRAFT MATERIALS – NOT AN APPLICATION
Section V: Capital Vehicles – Fleet Preservation
Vehicle Preventive Maintenance Application

Project Information – Vehicles to Maintain

Applicant: _____ Inventory Date: _____

Service Type (copy form for each project):

- Intercity Bus E&D nonrural
 Rural fixed route Rural general public/E&D

| Veh. No. | Make/Model | Year | VIN Number | Total Seats | Current Mileage (Odo-meter) | Lift Equip? (yes/no) | No. of Tie-downs | Condition * (select a letter) |
|----------|------------|------|------------|-------------|-----------------------------|----------------------|------------------|-------------------------------|
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |

(Copy and continue on additional sheets if needed.)

Total Project Costs: \$ _____

Minus Local Match: \$ _____ (10.27%)

Total Grant Request: \$ _____

Source of Local Match: _____

*** Vehicle Condition Definitions:**

New (N) = Less than 2,500 miles delivered over road from factory or less than 250 miles delivered by truck/rail; in new condition.

Excellent (E) = Low mileage in relation to age and no visible or evident mechanical or cosmetic flaws.

Good (G) = Average mileage in relation to the age and only minor mechanical or cosmetic flaws.

Good/Rehabilitated (G-R) = High mileage in relation to age; has had one or more components rebuilt or replaced and has only minor mechanical or cosmetic flaws.

Fair (F) = High mileage and/or noticeable mechanical or cosmetic flaws. Repairs are beginning to exceed normal maintenance schedules.

Poor (P) = High mileage and major mechanical or cosmetic flaws. Non-maintenance repair happening frequently and becoming more costly. Major repairs such as engine or transmission overhaul needed to keep the vehicle in service.

Out of Service (O) = The vehicle is unreliable or is completely inoperable; has been pulled from service due to mechanical or body/chassis flaws that create unsafe operating conditions, or is not ADA compliant.

Section V: Capital Vehicles – Fleet Preservation

Vehicle Preventive Maintenance – Rehab Components Application

Project Information – Vehicles to Rehabilitate

Applicant: _____ Inventory Date: _____

Service Type (copy form for each project):

- Intercity Bus E&D urban
 Rural fixed route Rural general public and E&D

| Veh. No. | Make/Model | Year | VIN Number | Total Seats | Current Mileage (Odo-meter) | Lift, Ramp, Low-floor | No. of Tie-downs | Condition * (select a letter) | Vehicle Service Type ** |
|----------|------------|------|------------|-------------|-----------------------------|-----------------------|------------------|-------------------------------|-------------------------|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| 7 | | | | | | | | | |
| 8 | | | | | | | | | |
| 9 | | | | | | | | | |
| 10 | | | | | | | | | |

(Copy and continue on additional sheets if needed.)

Total Project Costs: \$ _____
 Minus Local Match: \$ _____ (10.27%)
 Total Grant Request: \$ _____

Source of Local Match: _____

*** Vehicle Condition Definitions:**

New (N) = Less than 2,500 miles delivered over road from factory or less than 250 miles delivered by truck/rail; in new condition.

Excellent (E) = Low mileage in relation to age and no visible or evident mechanical or cosmetic flaws.

Good (G) = Average mileage in relation to the age and only minor mechanical or cosmetic flaws.

Good/Rehabilitated (G-R) = High mileage in relation to age; has had one or more components rebuilt or replaced and has only minor mechanical or cosmetic flaws.

Fair (F) = High mileage and/or noticeable mechanical or cosmetic flaws. Repairs are beginning to exceed normal maintenance schedules.

Poor (P) = High mileage and major mechanical or cosmetic flaws. Non-maintenance repair happening frequently and becoming more costly. Major repairs such as engine or transmission overhaul needed to keep the vehicle in service.

Out of Service (O) = The vehicle is unreliable or is completely inoperable; has been pulled from service due to mechanical or body/chassis flaws that create unsafe operating conditions, or is not ADA compliant.

Section VI: Capital Vehicles – Fleet Preservation
Vehicle Preventive Maintenance Questions

Applicant: _____

1. What type of vehicle(s) are being maintained? (Example: three modified vans and five small buses.)
2. How are the vehicles being used? (For example, general public, seniors, people with disabilities, people with low incomes transportation, client transportation, etc.) Describe any changes in service.
3. Are the vehicles ever used for Medicaid non-emergency medical transportation, charter services, exclusive pupil transportation, or sightseeing and recreational purposes?

Yes No If yes, please explain:

4. Do you have a preventive maintenance plan? Yes No

If yes, please attach. If no, please describe how you approach preventive maintenance.

5. How does the applicant coordinate with other transportation programs and providers to maximize the use of the vehicle(s) capacity and to reduce duplication of services?
6. If requesting a major component rehab, describe the component requested and why it is needed.

Section VI: Capital Vehicles – Expansions & Replacements
Vehicle Purchase Questions

Applicant: _____

Replacements Expansion **Copy form for each request**

Please answer the following questions regarding vehicles being purchased:

1. How will the vehicles be used? (Please provide a service description.) If requesting vehicles for more than one service, describe separately—for example: five vehicle replacements for demand responsive service throughout the county and two vehicles to expand service in fixed route rural general public.
2. Explain need for the vehicles (Examples: preserve existing fleet for demand responsive service by purchasing replacements; add capacity due to increased ridership for expansion; replace spares to add capacity or to retain reliable service—spare replacements are generally considered expansion vehicles).
3. For expansion vehicles, how will service be affected if this application is not approved?
4. For expansion vehicles, how will service be affected if this application is reduced to fewer vehicles?

**Section VI: Capital Vehicles – Expansions & Replacements
Vehicle Purchase Application**

Applicant: _____

Replacements * Expansion Copy form for each type

* Replacements must also complete pages 45-46.

Service Type (copy form for each project):

- Urban fixed route (Mass Transit) Intercity Bus E&D non-rural
 Rural fixed route Rural general public and E&D

Project Information – Vehicle(s) to Purchase

| Veh. No. | Equipment Description | No. of Vehicles to Buy | Unit Cost | Total Cost | Vehicle Type ** | Fuel Type *** | No. of Securement Stations | Lift, Ramp, Low-floor | Replacement (R) or Expansion (E) |
|----------------|-----------------------|------------------------|-----------|------------|-----------------|---------------|----------------------------|-----------------------|----------------------------------|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| TOTALS: | | | | | | | | | |

(Copy and continue on additional sheets if needed.)

| | |
|--|--|
| Subtotal | |
| Contingency (up to 10%) | |
| Total Estimated Cost | |
| Subtract Local Match (Total cost X 10.27%) | |
| SOURCE: _____ | |
| Grant Request (Subtract match) | |

****Vehicle Type Codes:**
See Vehicle Description and Useful Life Standards. Standard vehicles (not ADA accessible) require certification of equivalent service.

***** Fuel Type Codes:**
 A = Alternative fuels - other G = Gasoline
 B = Biodiesel H = Hybrid (gas/elec.)
 CNG = Compressed natural gas D = Diesel

Section VI: Capital Vehicles – Replacement Application

Applicant: _____ Inventory Date: _____

Service Type (copy form for each project):

- Urban fixed route (Mass Transit) Intercity Bus E&D non-rural
 Rural fixed route Rural general public and E&D

List of vehicles to be replaced:

| Veh. No. | Make/ Model & Year | VIN Number | Total Seats | Current Mileage (Odometer) | Lift, Ramp, Low-floor | No. of Securement Stations | Condition * (select a letter) | Vehicle: In Service (IS) or Spare/ Back-up (B)? |
|----------|--------------------|------------|-------------|----------------------------|-----------------------|----------------------------|-------------------------------|---|
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |

(Copy and continue on additional sheets if needed.)

*** Vehicle Condition Definitions:**

New (N) = Less than 2,500 miles delivered over road from factory or less than 250 miles delivered by truck/rail; in new condition.

Excellent (E) = Low mileage in relation to age and no visible or evident mechanical or cosmetic flaws.

Good (G) = Average mileage in relation to the age and only minor mechanical or cosmetic flaws.

Good/Rehabilitated (G-R) = High mileage in relation to age; one or more components rebuilt and has only minor mechanical or cosmetic flaws.

Fair (F) = High mileage and/or noticeable mechanical or cosmetic flaws. Repairs are beginning to exceed normal maintenance schedules.

Poor (P) = High mileage and major mechanical or cosmetic flaws. Non-maintenance repair happening frequently and becoming more costly. Major repairs such as engine or transmission overhaul needed to keep the vehicle in service.

Out of Service (O) = The vehicle is unreliable or is completely inoperable; has been pulled from service due to mechanical or body/chassis flaws that create unsafe operating conditions.

Section VI Capital Vehicles – Replacement continued

Replacement Vehicles Questions

Complete the list of vehicles that you are requesting to be replaced. **Be sure to use vehicle numbers: this will make it easier to answer the following questions.**

If you are requesting replacement vehicles for a spare/back-up vehicle that has already been funded in a prior grant cycle, the vehicle purchase project must be an expansion and the application competed as such.

1. What do you plan to do with the vehicle(s) being replaced? If this application is for more than one vehicle (referring to the vehicle list on the Vehicle Purchase application) list the vehicles by number next to the line that describes the planned disposition for each vehicle.

Keep for back-up use. List vehicle number(s): _____

Sell to another agency for public or client transportation. List vehicle number(s): _____

Sell by auction. List vehicle number(s): _____

2. Is the vehicle proposed for purchase basically the same type/size as the vehicle being replaced? Yes No
If No, please explain:

3. Will the replacement vehicle(s) support essentially the same service as being provided today? Yes No
If No, please explain:

4. Are the vehicles ever used for Medicaid non-emergency medical transportation, charter services, exclusive pupil transportation, or sightseeing and recreational purposes? Yes No If Yes, explain.

5. Expected order date: _____ Expected delivery date: _____