

Discretionary Vehicle Replacement Application

Section 5307 (for select agencies), Section 5339, and STP Programs

This application is only to be used for vehicle replacement projects under Section 5307, Section 5339, and STP. Section 5307 will only appear as an option for agencies that are eligible for that program. Application scoring will be based on the TAM Plan state of good repair calculation, as well as regional transit coordinator input. Vehicles that score the lowest (worst condition) will be awarded first.

If you are applying for an expansion vehicle under the Section 5339 Discretionary Program, please use [this link](#).

Please select all fund sources for which you are applying. Your application will only be considered under the programs you select.

A. Applicant Information

Transit Agency Legal Name - (Grant Recipient) *

Current Agreements with RPTD? *

If your agency name does not appear in the list, you can simply type your agency's name in the same box.

Application Contact Name *

Contact Title *

Contact Phone Number *

Contact Email *

Person to Sign Grant Agreement Name *

Signatory Title *

Signatory Phone Number *

Signatory Email *

Federal Tax ID (EIN) *

DUNS Number *

Please make sure to select ALL fund sources for which you want to be considered. Only those fund sources selected in this section will be used in the scoring for those programs.

For which fund sources are you applying?

Section 5339

Section 5339 Reporting Requirements Acknowledgement *

I understand that being awarded a Section 5339 grant will require developing a FTA-compliant drug and alcohol testing program if one is not already present and annual reporting to the National Transit Database (NTD).

STP**STP Vehicle Title Acknowledgement *** I understand that only vehicles with a title held by ODOT are eligible for replacement from this funding source.

B. Risk Assessment Questions

The following questions are required of all applicants. The 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.Keefe@odot.state.or.us for assistance with the risk assessment.

Did your agency have any turnover of management or financial staff in the last 2 years? *

Yes



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



What type of accounting system does your agency use? *

Manual



Does your agency have a system in place that will account for 100% of each employee's time? *

Yes



Did your staff members attend required trainings and meetings during prior grant cycles? *

Yes



Was your agency audited by the federal government in the past 2 years? *

No



Did your agency stay on budget in the past two years? *

Yes



C. Application Questions

1. Project Title *

Replace and right size buses

Be specific; include details such as replacing a specific number of buses, the category of buses and the service or route being used on.

2. Project Description *

Columbia county is looking to replace six vehicles that have reached their age and usefulness. Two vehicles will be increased to larger capacity to help with service for commuters, and the remaining vehicles will be used for Demand Response and small route purposes.

Provide a description of proposed project and indicate which goals from the Oregon Public Transportation Plan the project meets.

Link to [Oregon Public Transportation Plan](#)

3. Project Need *

These Vehicles provide critical services for our region. The current vehicles are either no longer usable or will become unusable within the next few years due to age, and the mechanical issue that accompany older vehicles. Without this grant Columbia County will see a loss of service due to an aging fleet and increasing repairs.

Describe the need for this project. How was this need determined or assessed? If this project did not receive funding, how would this impact your overall service?

4. What is the population area for this project? *

Less than 50,000 (Rural)

D. Project Detail Questions

✖ Task 1

Select the fund source(s) that are being applied for in this project task.

Section 5339

STP

Project Task Title *

Replace six vehicles

Project Task Description *

These Vehicles provide critical services for our region. The current vehicles are either no longer usable or will become unusable within the next few years due to age, and the mechanical issue that accompany older vehicles. Without this grant Columbia County will see a loss of service due to an aging fleet and increasing repairs.

Project Task Type *

Vehicle Replacement

What is the main type of service that will be supported by this replacement vehicle grant? *

Complementary Paratransit

Demand Response

- Deviated Fixed Route
- Fixed Route
- Fixed Route and Paratransit

What is the estimated total number of vehicles in your agency actively used public transportation service as of today? *

22

Coordinated Plan Information

Where is this project described in your Coordinated Plan, and when was your plan adopted?

Page Number(s) of Project in Coordinated Plan *

58

Coordinated Plan Adopted


9/6/2017 

Local Match Information

Enter the match description, source and amount for each type of match being applied to this project task.

PLEASE NOTE: The match amount entered here is only for proof of available match. The application match amount is automatically calculated in the Vehicles to be Purchased section based on the quantity and cost of vehicles.







Describe the source of your local match funds and the availability of the local match at the time of this submission. *

	Source *	Amount *
 We will be using excess STIF money as well as Local County Contribution for Mat	STIF	\$120,000.0
		\$120,000.00

[+ Add Item](#)

Vehicle Replacement Project Task

Vehicles to be Replaced

	Year *	Make *	Model *	Vehicle ALI *	VIN *	# of seats *	# of ADA stations *	Current Mileage *	Date Recorded *
	2011	Turtle	Odyssey X	11.1X.03 Bus 30	1FVACWDT6BI	31	4	264,4	1/16/2020
	2010	Chevr	4500 Expr	11.1X.04 Bus <	1GB9G5A62A1	16	4	258,5	1/16/2020
	2007	Chevr	uplander	11.1X.15 Vans	1GBDV131X7C	3	1	247,4	1/16/2020
	2007	Ford	E-350	11.1X.04 Bus <	1FDWE35L96C	9	1	374,5	1/16/2020
	2007	Ford	E-350	11.1X.04 Bus <	1FDWE35L06C	9	1	402,2	1/16/2020
	2015	Ford	E-350	11.1X.04 Bus <	1FDEE3FL3FD	7	1	171,4	1/16/2020

+ Add Vehicle

Condition of Vehicles

VIN *	Condition *	Explain vehicle maintenance history, right-sizing justification, etc. *
✘ 1FVACWDT6BI	Adequate	Vehicle was maintained above Manufactures Specs. Vehicle is being inc
✘ 1GB9G5A62A1	Marginal	Vehicle was maintained above Manufactures Specs. Vehicle is being inc
✘ 1GBDV131X7C	Poor	Vehicle was maintained above Manufactures Specs. Vehicle is being incr
✘ 1FDWE35L96C	Poor	Vehicle was maintained above Manufactures Specs
✘ 1FDWE35L06C	Marginal	Vehicle was maintained above Manufactures Specs
✘ 1FDEE3FL3FD	Poor	Vehicle was maintained at Manufactured Specs

+ Add Vehicle

Will you use the Oregon state price agreement contract? *

- Yes
- No

Vehicles to be Purchased

Vehicle ALI *	Quantity †	Cost Each *	Total	# of seats/ # ADA	# of seats with ADA	Fuel Type	Est. Order Date *	Est. Delivery Date *
✘ 11.12.01 Bus STD 4	2	\$250,000.00	\$500,000.00	40/2	34	Diesel (D)	9/1/20	1/1/20
✘ 11.12.15 Vans	4	\$75,000.00	\$300,000.00	10/3	5	Gas (G)	6/1/20	9/1/20
Total: 6			Total:					
			\$800,000.00					

+ Add Vehicles

Project Task Total

Section 5339 Project, Match, and Grant Totals

Task Total Project Cost

Task Total Match Amount

Task Total Grant Amount

\$800,000.00

\$120,000.00

\$680,000.00

STP Project, Match, and Grant Totals

Task Total Project Cost

\$800,000.00

Task Total Match Amount

\$82,160.00

Task Total Grant Amount

\$717,840.00

+ Add Task

E. Application Totals

Section 5339 Project, Match, and Grant Totals

Total Project Cost

\$800,000.00

Total Match Amount

\$120,000.00

Total Grant Amount

\$680,000.00

STP Project, Match, and Grant Totals

Total Project Cost

\$800,000.00

Total Match Amount

\$82,160.00

Total Grant Amount

\$717,840.00

Based on the application totals, will you have enough match funds to cover the highest match rate awarded?

Yes No

The highest match rate is 15% with 5339 as a fund source.

Submitting Your Application

After attaching any supporting documents and signing the application, submit your application to RPTD by clicking the "Apply" button.

Additional supporting documents (Optional)

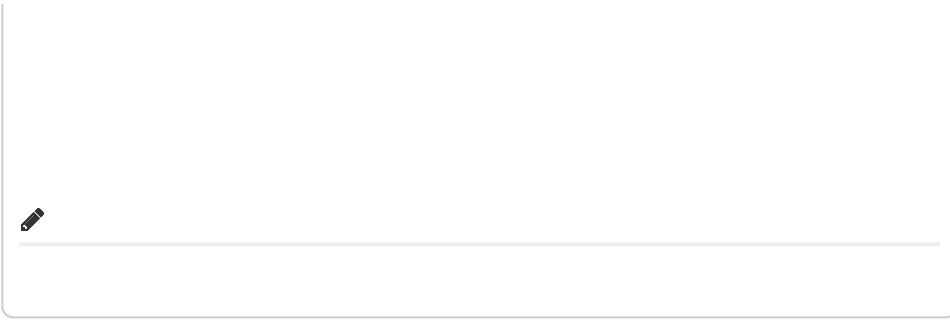
or drag files here.

The person signing this form must have the legal authority to submit this application on behalf of the applicant.

By electronically signing and submitting this form, the agency representative certifies that the information on the application is true and accurate to the best of his or her knowledge.

Signature *

Print Name *



Saving Your Application

Click the "Save" button to save your progress. A window will appear prompting you to enter an email address. Cognito Forms will send an email with a link to your form with all the information entered up until that save point.

Apply

Save