

**2018 Section 5310(FTA)
Grant Application
for Projects Located Within the
Salem-Keizer Urban Growth Boundary**



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INTRODUCTION

- Read the *2018 Section 5310(FTA) Grant Application Instructions* prior to completing this application.
- Each project submitted for funding consideration must have its own application.
- Selection criteria are detailed in the *Application Instructions*.
- This form must be filled out using Microsoft Word or Adobe Acrobat and submitted as a .DOCX or .PDF document. Paper applications will NOT be accepted.
- Signature pages should be scanned and attached as separate pages to each application.

Submittal Checklist

Make sure

- Application is complete, signed, and dated

Submit

- Proof of agency status (template included in application packet)
- Ethnic and Racial Impact Statement
- Maintenance Plan (if submitting an application for preventive maintenance)

A. ORGANIZATION INFORMATION

Name of Organization: _____

Contact Person: _____

Address: _____

Telephone: _____

Email: _____

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Type of Organization (check one)

Private nonprofit	<input type="checkbox"/>
State, county, tribal, or local government agency	<input type="checkbox"/>

Area of service (check one)

Inside the Salem-Keizer Urban Growth Boundary (UGB)	<input type="checkbox"/>
Outside the Salem-Keizer UGB	<input type="checkbox"/>
Both inside and outside the Salem-Keizer UGB	<input type="checkbox"/>

Organization Days and Hours of Operation

Day	Hours
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Please list any planned periods of service closure greater than three days (i.e., closed the week between Christmas Day and New Year's Day)	

Total transportation program costs by year

FFY17 (historical data, if applicable)	FFY18 (projected, if applicable)	FFY19
\$	\$	\$

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B. PROJECT INFORMATION

Project Title (*will be used for reviewer reference and in public comment process. Example: Mobility Management for XYZ volunteer driver program*)

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Project service area to be served (*indicate the geographic features that define your service area such as streets, rivers, or jurisdictional boundaries*)

North boundary	
West boundary	
South boundary	
East boundary	
Other general geographic area (i.e., within the Salem-Keizer UGB)	

Optional: please provide a map of your service area as a separate single page 8.5"x11" attachment.

Total Section 5310(FTA) funds requested

\$

Start date

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Funding request type (check one)

Continuation of existing service at same level of service	<input type="checkbox"/>
Expansion of existing service	<input type="checkbox"/>
New service	<input type="checkbox"/>
Capital request	<input type="checkbox"/>
Other	<input type="checkbox"/>

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Coordinated Plan

Is project derived from the Cherriots *Coordinated Public Transit – Human Services Transportation Plan* dated August 2016? Yes No If yes, what page?

If no, explain why the project is not part of the Coordinated Plan.

For example: Is the project part of another plan (please name)? Is the plan still being finalized?

1. Project Description

a.) Describe services or capital investment to be provided by Section 5310(FTA) funding. Include a description of the following:

- Who will you serve?
- What geographic area will you serve?
- What level of service will be provided to customers?
- Operational activities; how will customers request and receive rides, including scheduling and dispatching?
- Describe if volunteers will be utilized to provide service and how this will occur, (will the volunteer program be supported with 5310(FTA) or other funds? Will you provide mileage reimbursement to volunteers using their own vehicles?).
- How will the service be marketed?

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b.) Will you coordinate between providers to avoid duplication? *Describe what level of coordination between partners is done and how duplication is avoided, limit 200 words*

c.) Is your project cost-effective? *Describe average cost per ride, cost per mile and cost per hour, limit 200 words*

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d.) Project Quality

*Describe the **need** for this project. How was this need determined or assessed? Max 2,500 characters/approx. limit 400 words*

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e.) Expected Outcomes

Describe the expected outcomes of this project on seniors and people with disabilities. Why is this project the best method to address the previously described need? Max 2,500 characters/approx. limit 400 words

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2. Provide the timeline of the project in the following table:

	Step Description	Completion Date
1		
2		
3		
4		
5		
6		

3. Is your application for a replacement vehicle?

Yes (continue to #4) No (continue to Section C)

4. Enter the following information about each vehicle to be replaced if the total cost of the vehicle is being requested:

Vehicle Category¹	Qty (#)	Cost Each (\$)	Total (\$)	No. Seats w/ADA Deployed	No. of ADA Stations
Choose an item.					
	Total Capacity	Fuel Type²	Estimated Order Date	Estimated Delivery Date³	
		Choose an item.			

Vehicle Category¹	Qty (#)	Cost Each (\$)	Total (\$)	No. Seats w/ADA Deployed	No. of ADA Stations
Choose an item.					
	Total Capacity	Fuel Type²	Estimated Order Date	Estimated Delivery Date³	
		Choose an item.			

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Vehicle Category¹	Qty (#)	Cost Each (\$)	Total (\$)	No. Seats w/ADA Deployed	No. of ADA Stations
Choose an item.					
	Total Capacity	Fuel Type²	Estimated Order Date	Estimated Delivery Date³	
		Choose an item.			

Vehicle Category¹	Qty (#)	Cost Each (\$)	Total (\$)	No. Seats w/ADA Deployed	No. of ADA Stations
Choose an item.					
	Total Capacity	Fuel Type²	Estimated Order Date	Estimated Delivery Date³	
		Choose an item.			

Vehicle Category¹	Qty (#)	Cost Each (\$)	Total (\$)	No. Seats w/ADA Deployed	No. of ADA Stations
Choose an item.					
	Total Capacity	Fuel Type²	Estimated Order Date	Estimated Delivery Date³	
		Choose an item.			

Totals:		Grand Total:	
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¹ Vehicle Category Descriptions:

<http://www.oregon.gov/ODOT/RPTD/RPTD%20Document%20Library/Vehicle-Useful-Life-Benchmarks.pdf>

² Fuel Type Options: (G) Gas, (D) Diesel, (B) Biodiesel, (HG) Hybrid-gas, (HD) Hybrid-diesel, (CNG) Compressed Natural Gas, (OF) Other alternative Fuel.

³ **Estimated Delivery Date:** Minimum 160 days if ADA accessible.

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C. ORGANIZATIONAL CERTIFICATION

By submitting this document via email to Cherriots, I certify that the submitted materials and data included are complete, true and correct. Also, I certify that my organization is:

- Eligible to enter into agreements with Cherriots;
- Has the legal, managerial and operational capacity to do the work to be paid for by the Section 5310;
- Not debarred or suspended from federal grants;
- In compliance with federal, state and local laws and regulations including, and not limited to, those pertaining to passenger transportation, civil rights, labor, insurance, safety and health, as applicable;
- Complies with the laws or rules of the Section 5310 Program;
- Properly uses and accounts for the Section 5310 Program's goals; and
- Will operate the project or service in a safe, prudent and timely manner.

Signature of Authorized Organization Officer

Title

Date

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Private Nonprofit Agency – Corporation Status Inquiry and Certification

If your agency or organization is claiming eligibility as a Section 5310(FTA) Program applicant based on its status as a private nonprofit organization, you must obtain verification of its incorporation number and current legal standing from the Oregon Secretary of State Information Retrieval/ Certification & Records Unit (IRC Unit). The “Status Inquiry” document must be attached as an appendix to the application. To assist your agency or organization in obtaining this information, use one of these two methods:

To obtain Corporate Records Information over the internet, go to:

<http://sos.oregon.gov/business/Pages/find.aspx> Enter the name of your agency or organization. If its status is active, print the page and submit it as proof.

Private Nonprofits

Legal Name of Nonprofit Applicant:

State of Oregon Articles of Incorporation Number:

Date of Incorporation:

Certifying Representative

Name (print):	
Title (print):	
Signature:	Date: