

Section 5310 Application FY 2021-23



Enhanced Mobility of Seniors and Individuals with Disabilities

Applicant Information

I am the Lead (STF) Agency. *

Yes No

Lead (STF) Agency Name *

Coos County Area Transportation District

If you are applying for small urban funds, select that designation from the drop-down.

Lead Agency (STF) Mailing Address (Street or PO Box) *

2810 Ocean Blvd

Coos Bay

Oregon

97420

Application Contact Name *

David Hope

Application Contact Title *

General Manager

Application Contact Email Address *

dhope@coostransit.org

Application Contact Telephone No.

(541) 267-7111

Name of Person Signing Grant Agreement *

Dick Leshley

Title of Person Signing Grant Agreement *

Chair, Board of Directors

Email of Person Signing Grant Agreement *

Telephone No. of Person Signing Grant Agreement

Lead (STF) Agency Type *

Public

Service Area *

Non-urbanized or Rural area with population of less than 50,000

Lead (STF) Agency Federal EIN *

84-4195843

Lead (STF) Agency Urbanized Zone *

Oregon

Select the type(s) of service that will be supported by this award. Select all that apply. *

- | | |
|---|--|
| <input checked="" type="checkbox"/> Open to the general public at all times | <input type="checkbox"/> Open to the general public on a space-available basis |
| <input type="checkbox"/> Open only to seniors and individuals with disabilities | <input type="checkbox"/> Limited to defined clientele (e.g. residential home) |
| <input checked="" type="checkbox"/> Demand Response | <input checked="" type="checkbox"/> Deviated Route |

Are any FTA-funded buildings that your transit agency owns located in a flood zone? * [More information on floodplains](#)

- Yes
 No

Risk Assessment Information

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

- Yes
 No

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

What type of accounting system does your agency use? *

- Manual
 Automated
 Combined

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

- Yes
 No

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

- Yes
 No

Was your agency audited by the Federal government in the past two years? *

- Yes
 No

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

- Yes
 No

Fund Allocation

Allocation Amount

\$491,374.00

Transit Agency Projects

✖ Transit Agency Project 1

Project Name *

Transit Agency Legal Name *

Agency Mailing Address (Street or PO Box) *

Transit Agency DBA Name (Optional)

Federal EIN *

Urbanized Zone *

Agency Web Address

Project Details

Select the project types that you wish to include in your application. Select all that apply.

Project Selection *

- A. Purchased Service
- B. Mobility Management
- C. Vehicle Purchase
- D. Capitalized Vehicle Preventive Maintenance
- E. Equipment, Signs and Amenities, Shelters
- F. Facilities: Bus Barns and Other Buildings

A. Purchased Service Project

1. Project Title

Project Title *

2. Explain how your project is planned, designed, and carried out to meet the special needs of seniors and individuals with disabilities when general public transit is either insufficient, inappropriate, or not available:

Project Service Description *

This project is designed to support all of our lines of service which directly support and meet the needs of seniors and individuals with disabilities. Every vehicle in our fleet is equipped with at least one ADA station and we make the greatest effort to ensure we align our stops with locations that service our senior and disabled population (i.e. senior centers, medical facilities, shopping centers). This project will support deviated fixed route, demand response and our intercity lines of service; again, all of which we specifically plan and orient to serve these population groups.

3. Estimated number of unduplicated individuals (older adults and individuals with disabilities) this project proposes to support in the biennial grant period:

4. Estimated number of one-way rides this project proposes to provide in the biennial grant period:

5. Project cost and match information:

Total Project Cost *

Match Amount (Total Project Cost x 10.27%)

\$56,239.96

Grant Amount

\$491,374.04

6. Describe the source of your local match funds in the field below (examples: funds from your budget, STF funds). If the matching funds are not available now, describe when they will be (examples: next fiscal year, month/year). Please be specific.

Local Match Details *

7. On what page is project listed in the Adopted Coordinated Plan?

8. Date Coordinated Plan adopted:



For multiple pages use this box

9. Is this project part of a group of activities or projects that are dependant on each other (for example, a new transit service that requires capital and operating funds)?

Yes No

10. Does your transit agency have an existing contract for transit?

Yes No

If yes, name the contractor. If no, describe how the transit agency will procure the service and name contractor *

[+ Add Transit Agency Project](#)

Application Totals

Total Section 5310 Project Cost
\$547,614.00

Total Section 5310 Match Amount
\$56,239.96

Total Section 5310 Grant Amount
\$491,374.04

Fund Allocation

Allocation Amount
\$491,374.00

Submitting Your Application

- Click the "Save" button to save your work. A link to the application will appear that you can copy for future reference. Or, you can enter your email address to have the link emailed to you.
- Attach any supporting documents using the "Upload" button or by dragging documents from your computer to the "drag files here" area.
- Electronically sign your application by using the pen icon. Type your name in the "Printed Name" section.
- Submit your application by using the "Submit Application" button.
- IF YOU DO NOT RECEIVE AN EMAIL RESPONSE, PLEASE CONTACT US IMMEDIATELY AT 503-986-3300 OR ODOTPTDREPORTING@ODOT.STATE.OR.US.

Supporting Documents (Optional)

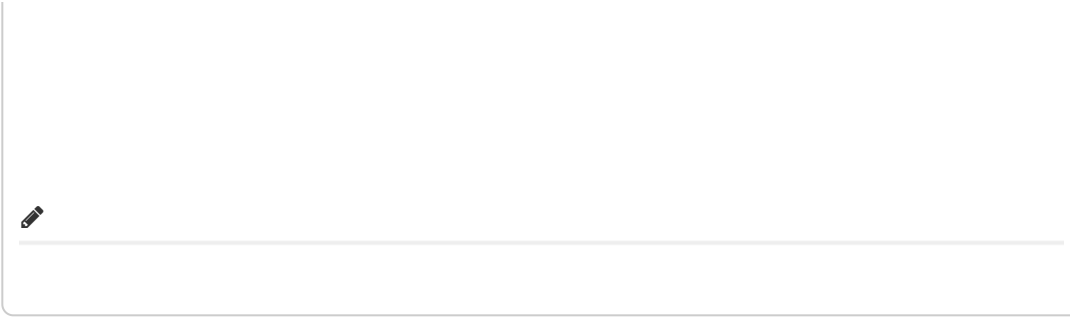
or drag files here.

The person signing this form must have the legal authority to submit the 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 their knowledge.

Signature *

Printed Name *



Submission Date

1/29/2021

Submit Application

Save



Special Transportation Fund Grant Funding Application FY 2021-23

A. Applicant Information

I am the Special Transportation Fund (STF) Agency *

Yes No

STF Agency Name *

Coos County Area Transportation District

STF Agency Mailing Address *

2810 Ocean Blvd

Coos Bay

Oregon

97420

Application Contact Name *

David Hope

Application Contact Title *

General Manager

Application Contact Email Address *

dhope@coostransit.org

Application Contact Telephone No.

(541) 267-7111

Name of Person Signing Grant Agreement *

Dick Leshley

Title of Person Signing Grant Agreement *

Chair, Board of Directors

Email Address of Person signing Grant Agreement

Telephone No. of Person signing Grant Agreement

Agency Type *

Public Agency

Urbanized Zone *

Oregon

Service Area *

Non-urbanized or Rural (area with population of less than 50,000)

Does your STF Agency delegate the administration of the STF program to a separate agency? *

Yes No

B. STF Advisory Committee

Do all of the committee members reside within the boundaries of your STF Agency service area? *

Yes No

Enter each member's organization in the table below (click to add additional lines).

Pick the category of membership that best describes each member, pursuant to OAR 732-005-0031.

Minimum requirements: Counties and districts - five members. Tribes - three members.

Member Name *	Organization *	Member Category *
 Mike Claasen	n/a	Disabled individual living in area w/o public transp. se
 Michael Marchant	Department of Human Services	Representative of elderly individuals
 Selena Kelly-Irvin	Coquille Tribe	Tribal representative
 Elizabeth Stephens	Area Agency on Aging	Representative of elderly individuals
 Diane Johnson	Star of Hope	Representative of disabled individuals
 Genavieve Sharkey	Southwestern Oregon Commun	
 Shelley Mason	Southwestern Oregon Commun	Representative of disabled individuals
 Gabriella Colton	Youth Era	Representative of disabled individuals

[+ Add Member](#)

C. Summary of Distribution Plan


Total STF Fund Allocation	Funds Disbursed Per Year	Funds Disbursed Per Quarter
\$296,662.00	\$148,331.00	\$37,082.75

In-District and Out-of-District Questions

STF Allocation Expenditure Plan


Administrative Allotment (required by OAR 732-005-0021(5)(b) for receiving, disbursing and accounting for funds)	Year 1 \$2,000.00	Year 2 \$2,000.00
Contribution to Reserve Account (amount contributed to the reserve account – see Section E)	Year 1 * <input type="text"/>	Year 2 * <input type="text"/>
Additional Funds for Allocation (optional)	Year 1 * <input type="text"/>	Year 2 * <input type="text"/>
Contingency (not to exceed 15% of total program budget)	Year 1 * <input type="text"/>	Year 2 * <input type="text"/>

Planning Projects

List the Agency Receiving Funds	Year 1 In-District	Year 1 Out-of-District	Year 2 In-District	Year 2 Out-of-District
				
	\$0.00	\$0.00	\$0.00	\$0.00


[+ Add Item](#)

Operating Projects

List the Agency Receiving Funds	Year 1 In-District	Year 1 Out-of-District	Year 2 In-District	Year 2 Out-of-District
 Coos County Area Transportation Di:	\$148,331.00		\$148,331.00	

[+ Add Item](#)



Capital Projects

List the Agency Receiving Funds	Year 1 In-District	Year 1 Out-of-District	Year 2 In-District	Year 2 Out-of-District
				

[+ Add Item](#)

Enter out-of-district and in-district population in the table below. Agencies with populations both inside and outside their district boundaries must input these populations to guide how much money is allocated to in-district and out-of-district areas. Districts are required to allocate a proportionate share of funds to the out-of-district area.

Population

Data Factor *	Population Based on Decennial Census *	Percentage *
 Population In-District	63,290	100.00%
		
	63,290	100.00%

[+ Add Item](#)

What is the basis to determine in-district and out-of-district populations? *

The Transportation District and the county boundaries are the same; therefore, 100% of the population is in-district.

D. STF Formula Remaining From Previous Years

Do NOT include reserve funds in this section - see Section E.

Will the STF Agency have carryover STF funds from prior years, including funds from the previous biennium that will be applied to the present biennium? *

Yes

No

E. Reserve Fund Summary

STF Agencies may establish a reserve fund to save STF funds for a future purpose.

Does the STF Agency have a separate reserve funds account for the STF program?

Yes No

F. Transit Agency and Project Descriptions

Project 1

Recipient Agency Name *

Coos County Area Transportation District

Address *

2850 Ocean Blvd

Coos Bay

Oregon 

97420

Recipient Agency Contact Name *

David Hope

Recipient Agency Contact Title *

General Manager

Recipient Agency Contact Email Address *

dhope@coostransit.org

Recipient Agency Contact Telephone No. *

(541) 267-7111

Project Title *

Operating Support

Project Description *

Funds will be used to support the day-to-day operations of our existing transportation program supporting all of our lines of service. Funds will also be used as match for other grants as needed and applicable during the biennium.

Total STF funds awarded to project *

\$296,662.00

Project Type *

Operating

+ Add Project

Project Totals

\$296,662.00

Fund Allocation

Total STF Fund Allocation

\$296,662.00

Funds Disbursed Per Year

\$148,331.00

Funds Disbursed Per Quarter

\$37,082.75

G. Submitting Your Application

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Supporting Documents (Optional)

Upload

or drag files here.

The person signing this form must have the legal authority to submit the 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 their knowledge.

Signature *

[Signature field]

Printed Name *

[Printed Name field]

PROPOSED

2022-2023 Distribution of Special Transportation Funds and 5310 Small Urban Funds

This distribution supports the day-to-day operations of our existing lines of service which were identified as core and secondary essential.

	<u>STF</u>	<u>5310</u>
	2.3% Reduction	1.5% Reduction
	Applied	Applied
<i>Travel Trainer</i>	28,838.67	
 Project 1: Fixed Deviated Route		
1(a) <i>Pirate</i>	33,072.09	49,264.08
1(b) <i>Bulldog</i>	32,438.00	49,058.20
1(c) <i>Charleston</i>	44,309.76	66,024.31
Subtotal	109,819.85	164,346.59
 Project 2: Demand Response		
2(a) <i>Bay Area</i>	56,164.90	85,978.19
2(b) <i>Bandon</i>	18,281.98	27,783.33
2(c) <i>Coquille/Myrtle Point</i>	6,788.33	10,428.11
Subtotal	81,235.21	124,189.62
 Project 3: Intercity		
3(a) <i>Powers Shopper</i>	11,091.12	16,486.38
3(b) <i>Coquille/Myrtle Point</i>	37,199.02	55,294.77
3(c) <i>Florence</i>		99,035.48
3(d) <i>Roseburg</i>	21,541.31	32,021.16
Subtotal	69,831.44	202,837.79
 Project 4: Rolling Stock		
4(a) <i>Van Replacement Match</i>	6,936.83	
*Total	296,662.00	491,374.00

Recommended distribution of funds are based on current ODOT STF and 5310 funding projections.

*Reductions in funding were proportionately applied and consistent with the Advisory Committee's recommendation to fund core and secondary essential services.