



## 2024 SECTION 5310 (FTA) GRANT APPLICATION

SECTION 5310 (FTA) GRANT PROGRAM FOR PROJECTS LOCATED WITHIN THE SALEM-KEIZER URBAN GROWTH BOUNDARY :

*"ENHANCED MOBILITY OF SENIORS AND INDIVIDUALS WITH DISABILITIES"*

APRIL 2024

## INTRODUCTION

- Read the *2024 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 the Adobe PDF form. Paper applications will NOT be accepted.
- Unless documents are signed with an official electronic signature service, 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)
- ✓ Maintenance Plan (if submitting an application for preventive maintenance)

### A. ORGANIZATION INFORMATION

**Name of Organization:**

**Contact Person:**

**Address:**

**Telephone:**

**Email:**

**Type of organization (check one)**

Private non-profit	<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 3 days (i.e., closed the week between Christmas Day and New Year's Day)	

**Total transportation program costs by year**

FY23 (historical data, if applicable)	FY24 (actual)	FY25 (projected)
\$	\$	\$

**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**

\$	
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**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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**Scalable Section 5310(FTA) Grant Request**

*You are strongly encouraged to request the full amount of funding that is needed for each project, including funding for new projects; however, funding is limited. Describe the scalability of your 5310(FTA) funding request, how you scaled down your request and what aspects of the program would not be funded under this funding scenario below. Then enter your scaled down request amounts.*

**Scalability Description:**

<b>FY24</b>
Scaled request: \$

**Identify the project’s additional sources of funding in the table below**

<b>Estimated Additional Project Resources</b>	
<b>Source of Funds</b>	<b>Dollar Amount</b>
2024 Section 5310(FTA) Grant Request ( <i>Important!</i> )	\$
Local Resources	\$
Federal Resources	\$
Other (provide description):	\$
Project Grand Total	\$

**Coordinated Plan**

Is project derived from the Cherriots *Coordinated Public Transit – Human Services Transportation Plan* dated March 2024?      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 you will serve? What geographic area you will 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?** (500 word limit)

**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*

**d.) Project quality**

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



**e.) Expected outcomes**

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*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*

**Provide the timeline of the project in the following table**

	<b>Step Description</b>	<b>Completion Date</b>
<b>1</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		

**2. Is your application for a replacement vehicle?**

Yes (continue to #3)    No (continue to Section C)

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

<b>Vehicle Category*</b> Choose an item.	<b>Qty (#)</b>	<b>Cost Each (\$)</b>	<b>Total (\$)</b>	<b>No. Seats w/ADA Deployed</b>	<b>No. of ADA Stations</b>	<b>Total Capacity</b>	<b>Fuel Type*</b> Choose an item.	<b>Estimated Order Date</b>	<b>Estimated Delivery Date*</b>
<b>Totals:</b>		<b>Grand Total:</b>							

**\*Vehicle Category Descriptions:**

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

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

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

### 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.

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Signature of Authorized Organization Officer

Title

Date

**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 Non-profits**

Legal Name of Non-profit Applicant:

State of Oregon Articles of Incorporation Number:

Date of Incorporation:

**Certifying Representative**

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