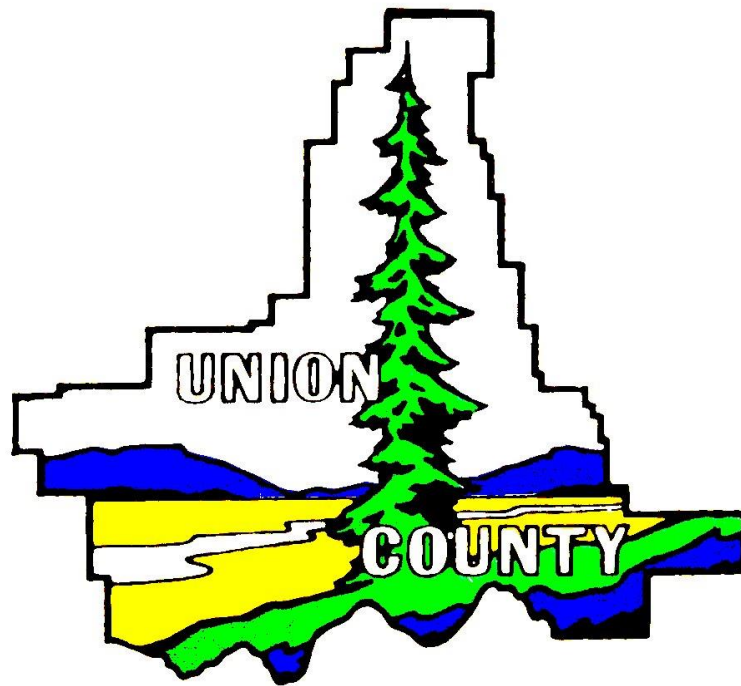


**Union County
Special Transportation Fund (STF)**

2017-19 APPLICATION PACKET



Application Deadline:
4:00 p.m., December 16, 2016

UNION COUNTY SPECIAL TRANSPORTATION FUND REQUEST FOR PROJECTS

The Union County Special Transportation Fund Advisory Committee requests proposals for the funding of services to meet the transportation needs of Elderly and People with Disabilities in Union County. Three categories of projects will be considered:

1. Maintenance of existing transportation programs.
2. Improvement/expansion of existing programs and services.
3. Creation of new programs and services.

Funds available for allocation in Union County during 2017-19 are estimated at \$134,000. Funding for approved projects will begin July 1, 2017, or shortly thereafter once final approval is received from the State Public Transit Division, and may cover projects for one month, to one-year in duration.

Greatest consideration will be given to applicants whose present budgets include other resources to cover overhead costs so that STF monies may be directly applied to transportation services.

Application deadline is 4:00 p.m. December 16, 2016.

Mail or deliver 10 copies to:

**Lorcinda Johnston
Union County
1106 K Avenue
La Grande, OR 97850**

Transportation Provider Information

NAME OF PROVIDING ORGANIZATION	CONTACT PERSON
ADDRESS	TELEPHONE
E-MAIL	FAX
DESCRIPTION OF SERVICE	
<p><u>Please attach either (Check one):</u></p> <p><input type="checkbox"/> A description of service characteristics of transportation service(s) supported by STF.</p> <p style="text-align: center;"><u>OR</u></p> <p><input type="checkbox"/> Copies of printed schedules and maps showing the routes or proposed routes.</p> <p><u>Provider's service supported by STF is (Check as many as appropriate):</u></p> <p><input type="checkbox"/> Open to the general public at all times</p> <p><input type="checkbox"/> Open to elderly only</p> <p><input type="checkbox"/> Open to the general public on a space available basis</p> <p><input type="checkbox"/> Limited to defined clientele (example: foster home residents).</p> <p><input type="checkbox"/> Open to elderly and disabled.</p> <p><input type="checkbox"/> Open to disabled only.</p>	

Service Data

Estimate of annual one-way trips to be given in 2017-2018:

Category of Trip	In County Total	Outside County Total
Estimated Annual one-way Trips (all trips)		
Estimated Annual Elderly one-way Trips		
Estimated Annual Disabled one-way Trips		
Estimated Number of Elderly Persons Served		
Estimated Number of Disabled Served		

Estimate of annual one-way trips to be given in 2018-2019:

Category of Trip	In County Total	Outside County Total
Estimated Annual one-way Trips (all trips)		
Estimated Annual Elderly one-way Trips		
Estimated Annual Disabled one-way Trips		
Estimated Number of Elderly Persons Served		
Estimated Number of Disabled Served		

**2017-2018
Funding Allocation Request**

Operating Allocation	Narrative description of how funds will be spent. How does this improve special transportation for your area?
REQUEST \$ _____ <input type="checkbox"/> Maintain Service <input type="checkbox"/> Expand Existing Service <input type="checkbox"/> Create New Service <input type="checkbox"/> Other: _____	_____ _____ _____ _____ _____ _____ _____ _____ _____

Capital Allocation	Describe type of equipment to be purchased for use for special transportation.
REQUEST \$ _____ <input type="checkbox"/> Replacement <input type="checkbox"/> Expansion <input type="checkbox"/> Not ADA Accessible <input type="checkbox"/> ADA Accessible	_____ _____ _____ _____ _____ _____ _____ _____ _____

Planning Allocation	How will this planning project maintain, expand, or create new transportation for seniors and persons with disabilities?
REQUEST \$ _____	_____ _____ _____ _____
Start Date	_____
Completion Date	_____
Expected product:	

**2018-2019
Funding Allocation Request**

Operating Allocation	Narrative description of how funds will be spent. How does this improve special transportation for your area?
REQUEST \$ _____ <input type="checkbox"/> Maintain Service <input type="checkbox"/> Expand Existing Service <input type="checkbox"/> Create New Service <input type="checkbox"/> Other: _____	_____ _____ _____ _____ _____ _____ _____ _____ _____

Capital Allocation	Describe type of equipment to be purchased for use for special transportation.
REQUEST \$ _____ <input type="checkbox"/> Replacement <input type="checkbox"/> Expansion <input type="checkbox"/> Not ADA Accessible <input type="checkbox"/> ADA Accessible	_____ _____ _____ _____ _____ _____ _____ _____ _____

Planning Allocation	How will this planning project maintain, expand, or create new transportation for seniors and persons with disabilities?
REQUEST \$ _____ _____ _____ _____	_____ _____ _____ _____ _____
Start Date	_____
Completion Date	_____
Expected product:	_____

PROJECT NARRATIVE OUTLINE

Please prepare a narrative describing your program based on the following guidelines.

1. **Statement of Program or Project.** Explain your program briefly. What is the intent of your service and how does it fit within the guidelines for STF funding?
2. **Target Population:** What group of individuals will be served by this project or program? Will the service be county-wide or community based? How will the project be advertised or made known to prospective users?
3. **Project Activities & Timeline:** If a grant is awarded, when will services be offered? What facilities, equipment or personnel, if any, will have to be acquired before the project begins?
4. **Organization & Administration.** Give titles and names of the agency's chief operating and fiscal officers. Names and titles of project directors. Provide information regarding the amount of time the agency officials will spend on this project.
5. **Evaluation.** Explain how you propose to determine whether or not the project has had any effect on the problem condition or situation.
6. Include a statement of affirmative action and non-discrimination for employees and clients.
7. Include a statement that any vehicles purchased with STF funds will be maintained and operated in accordance with maintenance and inspection schedules provided by the manufacturer.
8. Include a statement that the agency shall have in amounts and form satisfactory to the State of Oregon, such insurance or self insurance as will be adequate to protect vehicle drivers and assistants, vehicle occupants, project facilities, and project equipment throughout the period of use.
9. Provide assurance that the agency will comply with all requirements of USDOT Federal Transit Administration regulations, 49 CFR PART 37 TRANSPORTATION SERVICES FOR INDIVIDUALS WITH DISABILITIES (Americans with Disabilities Act) section 37.3, as applicable to the specific project and provider.

PROJECT BUDGET

Include a budget for your total transportation services, identifying expenses and revenue sources. Provide information on cost per ride and explain special needs or requirements that impact that cost. Demonstrate success or attempts to access other funding sources.