

County of Lincoln

Oregon Department of Transportation

Public Transit Division

**SPECIAL TRANSPORTATION PROGRAM**

**FISCAL YEAR 2011 - 2012**

[July 1, 2011 though June 30, 2012]

~ **PROPOSAL** ~

**FOR**

**LINCOLN COUNTY SPECIAL TRANSPORTATION FUNDS**

<b><u>Agency Cover Sheet</u></b> .....	<b><u>P - 2</u></b>
<b><u>Agency General Information</u></b> .....	<b><u>P - 3</u></b>
<b><u>Description of Agency Transportation Program</u></b> .....	<b><u>P - 4-5</u></b>
<b><u>Inventory List of Agency Vehicles</u></b> .....	<b><u>P - 6</u></b>
<b><u>Agency Transportation Budget</u></b> .....	<b><u>P - 7</u></b>
<b><u>Agency Unit Cost Analysis</u></b> .....	<b><u>P - 8</u></b>
<b><u>Agency Projected Performance Statistics for Current Fiscal Year and Grant Application Fiscal Year</u></b> .....	<b><u>P - 9</u></b>

**Prepared for the Lincoln County Board of Commissioners**

**by the**

**Lincoln County Special Transportation Advisory Committee**

County of Lincoln

PROPOSAL FOR LINCOLN COUNTY SPECIAL TRANSPORTATION FUNDS

I. AGENCY COVER SHEET

FY 2011 - 2012:

AGENCY: \_\_\_\_\_

PROJECT YEAR: July 1, 2011 thru June 30, 2012

ADDRESS: \_\_\_\_\_

TYPE OF PROPOSAL:

\_\_\_\_\_

New: \_\_\_\_\_

\_\_\_\_\_

Continuation: \_\_\_\_\_

\_\_\_\_\_

Supplemental: \_\_\_\_\_

TYPE OF ORGANIZATION:

TELEPHONE: \_\_\_\_\_

Public: \_\_\_\_\_

Non-Profit: \_\_\_\_\_

For Profit: \_\_\_\_\_

NAME AND TITLE OF PREPARER:

Name: \_\_\_\_\_ Title \_\_\_\_\_

FUNDS REQUESTED:

Operating Funds \$ \_\_\_\_\_

Capital Funds \_\_\_\_\_

Total Requested \$ \_\_\_\_\_

BRIEF DESCRIPTION OF HOW FUNDS WILL BE USED:

Operating Funds: \_\_\_\_\_

Capital Funds: \_\_\_\_\_

**CERTIFICATION:** I do certify that the statements contained in this proposal are true to the best of my knowledge. I understand that, if this proposal is funded, I must submit quarterly reports on forms which will be provided, and maintain financial and operational records. I realize that my organization may be subject to audit by Lincoln County and could be required to repay any funds that are not used in accordance with this proposal and State of Oregon Administrative Rules.

SIGNATURE OF AUTHORIZED OFFICIAL:

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

DATE: \_\_\_\_\_

Agency Name: \_\_\_\_\_

**II. AGENCY GENERAL INFORMATION**

**1. Type of transportation your agency currently provides:**

Fixed Route \_\_\_\_\_ Door to Door \_\_\_\_\_ Curb to Curb \_\_\_\_\_ Taxi \_\_\_\_\_  
Other (please define): \_\_\_\_\_

**2. Type of trips your agency currently provides for the elderly and persons with disabilities:**

Medical \_\_\_\_\_ Educational \_\_\_\_\_ Recreational \_\_\_\_\_ Job Related \_\_\_\_\_  
Meal Sites \_\_\_\_\_ Shopping \_\_\_\_\_ Appointments \_\_\_\_\_  
Other (please define): \_\_\_\_\_

**3. Days and hours of each service:**

**4. What is the cost to passengers for using this service?**

Agency Name: \_\_\_\_\_

### III. DESCRIPTION OF AGENCY TRANSPORTATION PROGRAM

Please answer the following questions completely if applicable, and N/A if not applicable. Rather than use this page to answer them, additional pages should be attached behind this page. Each attached page should be labeled with your agency name at the top, numbered as requested on page RFP - 3 (II-C-4), and all 15 questions listed and answered in numerical order. For clarity and information finding ease, please do not answer some questions on this page and some questions on the attached pages. For availability of computer disk assistance, see pg. RFP - 2 (II-C-2).

1. Describe your organizations experience in providing transportation services; the type of services provided and how these services meet the transportation needs of senior and/or persons with disabilities.
2. How do you coordinate your services with other transportation providers?
3. How do you coordinate your services with other providers of services for seniors and/or persons with disability?
4. How do you determine the eligibility of your passengers?
5. Are your drivers paid or volunteers, or do you use both?
6. What type of screening, interviewing, and hiring practices do you use for your drivers?
7. What initial and ongoing training do you provide for your drivers?
8. What other safety measures do you use in transporting passengers?
9. How do you inform the public about your services?
10. How do you involve the public in planning your transportation services?
11. \* Who is your insurance carrier? What types of insurance do you carry? What does your insurance cover, and what are your general liability limits?

\* **Note:** Proof of vehicle and employee insurance is required of all funded applicants. New applicants will also need to provide a copy of your agency's Corporate Certificate or Articles of Incorporation and your Oregon and IRS Tax Identification Numbers.

**Agency Name:** \_\_\_\_\_

- 12. If your drivers use their own vehicles, how do you ensure that they carry liability insurance and maintain their vehicles adequately?**
- 13. Do other organizations use your vehicles? If so, explain who, under what circumstances, and what charges are made.**
- 14. Are any changes to your transportation program proposed for the period July 1, 2011 through June 30, 2012? If so, please describe.**
- 15. If your proposal could not be funded, what modifications would you make to your transportation program?**
- 16. What modifications to your transportation program would you make if your proposal were funded at:**
  - 75%?**
  - 50%?**
  - 25%?**

Agency Name \_\_\_\_\_

**IV. INVENTORY LIST OF AGENCY VEHICLES**

1. If your agency uses agency-owned, leased, or borrowed vehicles, please fill out the following inventory list:

	Vehicle Year / Make	Vehicle Capacity	Present Odometer	Present Condition	Capacity # Wheelchair	Ownership
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

2. For each category of vehicles, i.e. agency-owned, leased, or borrowed vehicles, please state how you keep them adequately maintained.

3. If ST Funds are to be used to purchase a replacement vehicle or vehicles, identify which vehicles from the above inventory list are to be replaced.

Agency Name: Lincoln County Transit

**V. AGENCY TRANSPORTATION BUDGET**

**Current Fiscal Year:** FY 2010 - 2011 [July 1, 2010 through June 30, 2011].

**Grant Application Fiscal Year:** FY 2011-2012 [July 1, 2011 through June 30, 2012].

	<u>CURRENT FISCAL YEAR</u>	<u>APPLICATION FISCAL YEAR</u>	
		<u>*With ST Funds</u>	<u>Without ST Funds</u>
<b>INCOME:</b>			
ST Funds			
City/Other State/Federal Funds			
Passenger Fares			
Local Contributions			
Other Income:			
<b>TOTAL INCOME</b>			
<b>EXPENSES:</b>			
Administrative			
Operations			
Capital or Durable Equipment			
Other Expenses:			
<b>TOTAL EXPENSES</b>			

**\*How will STF funds be spent during this application year? (If necessary, use an additional page [P – 7a] to describe your proposed program(s) completely.)**

Agency Name \_\_\_\_\_

**VII.AGENCY UNIT COST ANALYSIS**

**Note:** To arrive at unit costs, use figures from “V. Agency Transportation Budget” [P – 5] and “VI. Agency Projected Performance Statistics...” [P – 6], entering them in the table as follows:

$$\frac{\text{Total Expenses}}{\text{Total Persons Served}} = \text{Unit Cost Per Person}$$

$$\frac{\text{Total Expenses}}{\text{Total Trips Made}} = \text{Unit Cost Per Trip Made}$$

$$\frac{\text{Total Expenses}}{\text{Total Miles Driven}} = \text{Unit Cost Per Mile Driven}$$

	CURRENT FISCAL YEAR	APPLICATION FISCAL YEAR	
		<u>With ST Funds</u>	<u>Without ST Funds</u>
Total Expenses			
Total Persons Served			
<b>UNIT COST PER PERSON SERVED</b>			
Total Expenses			
Total Trips Made			
<b>UNIT COST PER TRIP MADE</b>			
Total Expenses			
Total Miles Driven			
<b>UNIT COST PER MILE DRIVEN</b>			

**Additional Comments:**

Agency Name \_\_\_\_\_

**VI. AGENCY PROJECTED PERFORMANCE STATISTICS**

**FOR**

**CURRENT FISCAL YEAR AND GRANT APPLICATION FISCAL YEAR**

**Current Fiscal Year:** FY 2010-2011 [July 1, 2010 through June 30, 2011].

**Grant Application Fiscal Year:** FY 2011-2012 [July 1, 2011 through June 30, 2012].

**Note:** All projected performance statistics should be calculated using all sources of anticipated income, except in the "Without ST Funds" column when the Special Transportation Funds being requested in this proposal should be excluded.

	<b><u>CURRENT FISCAL YEAR</u></b>	<b><u>APPLICATION FISCAL YEAR</u></b>	
		<b><u>With ST Funds</u></b>	<b><u>Without ST Funds</u></b>
<b>PERSONS SERVED:</b>			
<b>60 or Over</b>			
<b>Disabled, Under 60</b>			
<b>Other</b>			
<b>Total Persons Served</b>			
<b>TRIPS MADE (See: pg RFP-4):</b>			
<b>60 or Over</b>			
<b>Disabled, Under 60</b>			
<b>Other</b>			
<b>Total Trips Made</b>			
<b>MILES DRIVEN:</b>			
<b>60 or Over</b>			
<b>Disabled, Under 60</b>			
<b>Other</b>			
<b>Total Miles Driven</b>			