**FY24-25**

**Special Transportation Fund Formula and Section 5310**

**Supplemental Questions**

*Please attach these questions to the Subrecipient Application and return to Justin Trubiani at* *trubianj@trimet.org**.*

**Applicant:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project Title:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grant Request: $**

**Funding Source(s) – please check one or more funding sources you would like to be considered for this project:**

[ ] STF Formula [ ] STIF [ ] 5310

**Project Description**

1. **Provide a brief summary describing the project.** *(e.g., geographic area served by the project, service hours, who it serves, the level of service this project provides to customers, if it is the only option for seniors and/or people with disabilities in the service area, how customers request and receive rides (i.e., scheduling and dispatching), how the project is marketed, and if it improves physical access to transit.) (1000 characters or less)*
2. **Explain how your project is planned, designed, and carried out to meet the functional needs of seniors and people with disabilities.** *Describe how the service need is determined and why is this project the best method to address the service need? (500 characters or less)*
3. **What percent of the population using this project are seniors and/or people with disabilities?** *(250 characters or less)*
4. **Does this project increase access or opportunity to people of color, low-income individuals or an underserved population? Please describe.** *(500 characters or less)*
5. **How does your project address the principles, strategic initiatives, and/or service gaps listed in the Coordinated Transportation Plan?** *(500 Characters or less)*
6. **Describe how you collaborated or coordinated with other partner agencies or service providers to ensure that duplication of services is avoided?** *(500 Characters or less)*
7. **Describe how you measure cost-effectiveness and how this project improves the cost-effectiveness of services.** *(500 Characters or less)*
8. **Describe if and how volunteers are utilized to provide service. Indicate if you are providing a mileage reimbursement rate to volunteers using their own vehicles.** *(500 Characters or less)*

**Measurables**

1. **Fill out the table below with your ridership goals and/or other measurables goals you intend to meet with this project during this funding cycle.**

|  |  |  |
| --- | --- | --- |
| **Measurable**  | **Year 1:** | **Year 2:**  |
| One way Rides  |  |  |
| Senior/Person w/ Disability One way Rides  |  |  |
| Total paid driver hours |  |  |
| Total volunteer driver hours  |  |  |
| Cost per trip  |  |  |
| # of individuals served  |  |  |
| Service Miles |  |  |
| Service Hours |  |  |
| Other (describe):  |  |  |
| Other (describe): |   |  |
| Other (describe): |  |  |

**Please describe the time period and any other methods used to project these measurables** *(500 Characters or less)***:**

**Funding**

1. **In the following table, enter the amount of STF Formula, STIF or Section 5310 funds you are requesting and the total cost of the project for year one and year two.** *Do not duplicate costs in multiple categories.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Year 1**  | **Year 2**  | **Total**  |
| **STF/STIF/****5310 Request** | **Total Project****Cost** | **STF/STIF/****5310****Request** | **Total Project****Cost** | **STF/STIF/****5310 Request** | **Total Project****Cost** |
| Planning: |  |  |  |  |  |  |
| Operating:  |  |  |  |  |  |  |
| Capital: |  |  |  |  |  |  |
| Administrative:  |  |  |  |  |  |  |
| Other (describe):  |  |  |  |  |  |  |
| Other (describe): |  |  |  |  |  |  |
| Other (describe): |  |  |  |  |  |  |
| **Total:** |  |  |  |  |  |  |

1. **In the following table, enter the funding sources breakdown for the total cost of the project.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Source 1:** **STF/STIF/5310 Funds Requested** | **Year 1** | **Year 2** | **Total** |
| **Source 2:**  |  |  |  |
| **Source 3:** |  |  |  |
| **Source 4:** |  |  |  |
| **Source 5:** |  |  |  |
| **Source 6:** |  |  |  |
| **Source 7:** |  |  |  |
| **Source 8:** |  |  |  |
| **Source 9:** |  |  |  |
| **Source 10:** |  |  |  |
| **Total:** |  |  |  |

1. **Are you requesting funding for an existing or new project?**

Existing Project [ ]

New Project [ ]

1. **If you are requesting funding for an existing project, did this project receive STF Formula, STIF or Section 5310 Funding in the FY22-23 funding cycle?**

**Yes** [ ]

FY22-23 award amount:

Source of award:

**No (skip to question 15)** [ ]

1. **Project Monitoring FY22-23**

|  |  |  |
| --- | --- | --- |
| **Project Budget** | **Year 1 estimates** | **Year 1 actuals** |
| **Planning** |  |  |
| **Operating** |  |  |
| **Capital** |  |  |
| **Administrative** |  |  |
| **Other** |  |  |

|  |  |  |
| --- | --- | --- |
| **Project Measurables** | **Year 1 estimates** | **Year 1 actuals** |
| **Total One-way Trips** |  |  |
| **Senior/ Person with Disability One-way Trips** |  |  |
| **Paid Driver Hours** |  |  |
| **Volunteer Driver Hours** |  |  |
| **Cost per Trip** |  |  |
| **Miles per Trip** |  |  |
| **Vehicle Hours** |  |  |
| **Vehicle Miles** |  |  |
| **Other:**  |  |  |

**Please describe any operations disruptions or variations from your original project proposal that occurred in FY22 (500 characters or less):**

1. **Is this request a one-time need or continual request in future funding cycles?** *(250 characters or less)*
2. **Is this project part of a group of activities or projects that are dependent on each other (for example, another project must receive funding first)? Please describe.** *(500 characters or less)*
3. **Please provide any additional information for consideration below.** *(500 characters or less)*