**FY26-27**

**Statewide Transportation Improvement Funds and Section 5310 Supplemental Questions**

*Please answer and attach these questions to the Subrecipient Application and return to Justin Trubiani at* [*trubianj@trimet.org*](mailto:potterco@trimet.org)*.*

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

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

**Grant Request: $**

**Funding Source(s) – please select all funding sources you would like to be considered for this project.**

STIF Population/Human Services State 5310

*\*Please note, projects utilizing 5310 funds for programs serving older adults, there is an age requirement of 65 years or older. 5310 funds require 10.27% match to be received.*

**Please complete the table below with the total funding request split by fiscal year. Please enter estimated costs into their associated category.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **FY2026**  **Funding Request** | **FY2027**  **Funding**  **Request** | **Total Project**  **Cost** |
| Planning: |  |  |  |
| Operating: |  |  |  |
| Capital: |  |  |  |
| Administrative: |  |  |  |
| Preventive Maintenance |  |  |  |
| Other |  |  |  |
| **Total:** |  |  |  |

**Project Description:   
  
Are you requesting funding for a Capital or Operations Project?**

Capital Project /Purchase Operating Project/Preventative Maintenance

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

Existing Operating Project Existing Capital Replacement Project/Purchase

New/Expansion Operating Project

New Capital Expansion Project/Purchase

**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 older adults 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 words or less)*

**Criteria Scoring Questions:**

**CTP Criteria 1: How cost-effective is the application?**

1. **For all applications:** Does this project significantly leverage other funds? Please describe additional sources of funding. *(500 words or less)*
2. **For all applications:** Please list all planned or requested funding sources for this project in the table below. Add additional rows if needed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **FY2026**  **Funding Amount** | **FY2027**  **Funding**  **Amount** | **Total Project**  **Cost** |
| STIF Request |  |  |  |
| 5310 Request |  |  |  |
| Other Funding Source |  |  |  |
| Other Funding Source |  |  |  |
| Other Funding Source |  |  |  |
| Other |  |  |  |
| **Total:** |  |  |  |

1. **For applications that provide transportation services:** What is the project’s estimated cost per passenger, cost per revenue mile and cost per revenue hour? Please complete the table below with the project estimates. Please provide an explanation of how these metrics were determined. *(500 words or less)*

|  |  |  |
| --- | --- | --- |
| **Measurable** | **FY26:** | **FY27:** |
| Cost per Passenger |  |  |
| Cost per Revenue Mile\* |  |  |
| Cost per Revenue Hour\*\* |  |  |

\*Revenue Mile: Every mile the project travels while in service.   
\*\*Revenue Hour: Every hour the project operates while in service.

1. **For applications that provide preventative maintenance:** If this project is for preventative maintenance please provide a description of planned maintenance activities. Please provide examples of how the planned maintenance will provide cost savings including extending the life of vehicles. *(500 words or less)*
2. **For applications for existing projects:** Is the project on track to spend its FY24/25 biennium award? If spending from the FY24/25 biennium is low please provide an explanation for why there is underspend. *(500 words or less)*
3. **For applications for existing projects:** Please complete the table below with the project’s FY24/25 award, estimates, and actual spending. (Please note FY25 is not yet complete)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project Budget Costs** | **FY24/25 Total ATFAC Award** | **FY24 Spending Estimates** | **FY24 Spending Actuals** | **FY25 Estimates** |
| Planning |  |  |  |  |
| Operating |  |  |  |  |
| Capital |  |  |  |  |
| Administrative |  |  |  |  |
| Preventative Maintenance |  |  |  |  |
| Other |  |  |  |  |

1. **For applications that are for capital projects/purchases:** How would this project or purchase improve the productivity, efficiency or effectiveness of services? Please provide examples of these improvements. *(500 words or less)*

**CTP Criteria 2: Does the project provide accessibility that is otherwise not available for older adults and people with disabilities?**

1. **For all applications:** Please describe how this project provides or supports rides to older adults and people with disabilities that are otherwise not available. *(500 words or less)*

|  |  |  |
| --- | --- | --- |
| **Measurable** | **FY26:** | **FY27:** |
| One Way Rides |  |  |
| Older Adult /Person w/ Disability One Way Rides |  |  |
| Percentage of One Way Rides to Older Adult/Person w/Disability |  |  |

1. **For applications that provide transportation services:** Please complete the table below with the ridership goals the project intends to meet during the FY26/27 biennium*.*
2. **For all applications:** Does this project aim to address a service gap per the Coordinated Transportation Plan Service Guidelines and Standards? (The Service Guidelines and Standards can be found in Section 3-1 of Coordinated Transportation Plan located at the following link: [Coordinated Transportation Plan](https://trimet.org/meetings/atfac/pdfs/ctp.pdf).) Please describe the types of service, hours and days per week that this project will provide access to transit for older adults and people with disabilities. *(500 words or less)*

|  |  |  |
| --- | --- | --- |
| **Measurable** | **FY24:** | **FY25:** |
| One way Rides |  |  |
| Older adults/Person w/ Disability One way Rides |  |  |
| Percentage of One Way Rides to Older Adult/Person w/Disability |  |  |

1. **For applications for existing projects:** In the previous biennium, what percentage of rides were provided to older adults and people with disabilities that were otherwise not available? Please support your answer by providing previous biennium ridership measurables in the table below. *(500 words or less. Please note FY25 is not yet complete.)*

1. **For applications that provide transportation services:** What is the project’s projected turndown rate? If there are projected turndowns please explain how turndowns are determined and how rides are prioritized. *(500 words or less)*

1. **For applications that are for capital projects/purchases:** How does this capital project or purchase work to significantly reduce or minimize turndowns? *(500 words or less)*

**CTP Criteria 3: Does the project increase accessibility of existing services?**

1. **For applications that provide transportation services:** Is thisproject open to all older adults and people with disabilities? If not please explain why. *(500 words or less)*

1. **For applications that are for capital projects/purchases:** Will this capital project or purchase be used to support service that is open to all older adults and people with disabilities? *(500 words or less)*

**CTP Criteria 4: Does the application include a new or innovative approach to coordinate and collaborate?**

1. **For all applications:** Please describe how the project will implement or support an innovative approach to significantly enhance service, increase accessibility, or improve cost-effectiveness. Please provide specific examples of this approach. *(500 words or less)*

1. **For all applications:** Does this project utilize or support partnerships or collaboration between more than one agency or service provider serving older adults and people with disabilities? Please provide specific examples of these partnerships. *(500 words or less)*

**CTP Criteria 5**: **Would the project improve customer service?**

1. **For all applications:** Please describe and provide examples of how this project significantly improves ease of scheduling, on-time performance, or communication between rider and driver. *(500 words or less)*
2. **For all applications:** Please describe and provide examples of how this project will significantly improve the customer on-board experience. *(500 words or less)*
3. **For all applications:** Does this project have a customer feedback or input component? Please provide examples of how customers provide feedback and the how your organization receives and provides responses. *(500 words or less)*

**CTP Criteria 6: Does the project improve equity?**

1. **For all applications:** Please describe how the project provides or supports equitable transit access and service to older adults and people with disabilities who are people of color and/or low income. *(500 words or less)*
2. **For all applications:** Please describe how the project provides or supports transit in a culturally responsive way. If this project is culturally specific please describe how the project will provide transit in both culturally specific and responsive ways. Please provide examples of how this project addresses cultural barriers to service, including how language barriers are successfully addressed and mitigated. *(500 words or less)*

**CTP Criteria 7: Is the project sustainable?**

1. **For all applications:** Please describe and demonstrate your organization’s ability to provide adequate capacity to operate and complete the project. *(500 words or less)*
2. **For all applications:** Please describe if this project will be implemented or purchased and received in the FY26/27 biennium. If the project is not due to be implemented or purchased and received in the FY26/27 biennium please describe why and provide an estimated timeline of when the project will be implemented or purchased and received. *(500 words or less)*
3. **For applications that provide transportation services:** If this project is providing transportation services, please describe what vehicles and other capital your organization has to adequately operate services in the FY26/27 biennium. If the organization does not possess the necessary vehicles and capital to operate, are these items being requested as a part of this application? *(500 words or less)*
4. **For applications that are for capital projects/purchases:** If this project is for a capital project or purchase, please describe if your organization has the operational funds and support to implement and use the capital project or purchase in the FY26/27 biennium. If the organization does not possess the necessary operational funds, are they requested as part of this application? *(500 words or less)*