2027-2029 STIF Formula Funds
Supplemental Subrecipient Project Application

Part 1 - General Information

Agency name: _____

Agency name (DBA), if applicable: _____

Mailing address (street or P.O. Box, city, state, Zip)

Address: _____
City: _____
State: _____
ZIP: _____

Federal Tax ID#: _____

Agency website: _____

Contact name and title: _____

Email: _____ Telephone number: _____

Type of agency / business:

☐ Public transportation service provider (as defined in OAR 732-040-0005(31))
☐ Nonprofit
☐ Private for-profit
☐ Other public entity

Legal name of partner agency: _____
(For multi-agency applications; add pages if needed.)

Contact name and title: _____

Email: _____ Telephone number: _____

By my signature below, I certify that the attached proposal, budget, and information is complete and accurate to the best of my knowledge, and that I have been authorized to submit this proposal on behalf of the organization.

Signature: _____ Date: mm/dd/yyyy

Print Name and Title: _____

Part 2 - Project Type

Capital Projects

☐ Replacement Vehicles
(must replace existing vehicle that had been in service)

☐ New Vehicles
(expansion to add capacity to existing fleet or introduce new service)

☐ Vehicle Preventive Maintenance
(oil changes, tune-ups, tires, & routine service)

☐ Vehicle Component Rehabilitation
(replacement / rebuild of engine, transmission)

☐ Equipment

☐ Signs and Other Amenities

☐ Passenger Shelters

☐ Other (identify) _____

Operations Projects

☐ Operations:

- ☐ Maintain Service
- ☐ Expand Current Service
- ☐ New Service

Mobility Management Projects

☐ Mobility management:

- ☐ Maintain service
- ☐ Expand current service
- ☐ New service

Type of project

☐ Mobility manager

☐ One-stop referral center

☐ Trip / itinerary planning

☐ Travel / mobility training

☐ Internet-based information system

☐ Information materials / marketing

Planning Projects

☐ Coordinated system planning

Part 3 – Agency, Project, and Coordination Information

Describe the proposed project (maximum 1,000 characters).
For vehicle replacements, include the year, make, model, and current mileage.

What is the population to be served by the proposed project?

☐ General public
Service open to anyone in the community or defined service area including older adults and people with disabilities.

☐ Older adults and people with disabilities
Designated service only for seniors and people with disabilities.

☐ Agency clientele
Serves a specific clientele determined by program, housing, or activity, such as a senior center or work program.

Please specify type of clientele:
(maximum 250 characters)

Please note: Client-only transportation services are generally not eligible to receive STIF Formula funding if the proposed services are not open to the general public.

If this project serves agency clientele, how will you ensure that this project also serves the general public via a planned and coordinated community transportation program? (maximum 1,000 characters)

☐ Other: (specify, maximum 300 characters)

What geographic area within Lane County is covered by the proposed project?

☐ Lane County — County-wide project

☐ Metro Eugene Springfield

☐ Rural — Outside the metro area. Please specify:

Describe how this project is derived from and supports the Lane Coordinated Plan or other local transportation plans (a non-inclusive list of such plans is included below for your reference). Include page references to the plans you cite that are relevant to the proposed project. (maximum 1,700 characters)

Transportation plans and resources

The Lane Coordinated Plan may also be found on the LTD Website.
Lane Coordinated Plan

Additional LTD plans include:

- Community Investments Plan
- Long-Range Financial Plan
- Strategic Business Plan

Locally adopted transportation plans may include transportation system plans and transit development plans.

These include:

- Central Lane Metropolitan Planning Organization (MPO) 2049 Regional Transportation Plan (RTP) (2025)
- Central Lane MPO 2024-2027 Metropolitan Transportation Improvement Program (MTIP) (2023)
- 2036 Lane County TSP (2017)
- Lane County Rural Comprehensive Plan (Originally adopted 1984, updated 2024)
- Link Lane Transit Development Plan (2023)
- Springfield 2035 TSP (Originally adopted 2014, updated 2020)
- Eugene 2035 TSP (2017)
- Coburg TSP (2013)
- Cottage Grove TSP (2015)
- Junction City TSP (2016)
- Creswell TSP (Originally adopted 2019, amended 2025)
- Veneta TSP (2019)
- Florence Transportation System Plan (2023)
- Cottage Grove Area Transit Development Plan (2021)

List all agencies that will be involved in and are central to the project.

1. _____
2. _____
3. _____
4. _____

Does the proposing agency provide transportation services to older adults and/or people with disabilities as a primary or secondary mission of the agency?

☐ Primary – Providing transportation is part of the agency's mission.

☐ Secondary – The agency provides other services, and transportation is one part of its services.

☐ Neither – The agency provides other services that supports transportation for older adults and/or people with disabilities.

Describe main mission of agency:
(maximum 500 characters)

Part 4 – Operations Projects – Additional Questions

If you propose to operate a transit service, will charge a fare for the service?

☐ Yes

☐ No

If yes, what are the fares?

Do you offer fares that reduce barriers for older adults and people with disabilities? Please explain. (maximum 500 characters)

Please list any additional considerations for reviewers. (maximum 500 characters)

Estimated service levels

Estimate the number of one-way rides or other units of service the proposed project will provide during the grant period.

Year 1: (July 1, 2027- June 30, 2028)	One-way rides: Other units of service:
Year 2: (July 1, 2028- June 30, 2029)	One-way rides: Other units of service:

Describe how you calculated these estimates: (maximum 500 characters)

If you used other units of service, identify those units:

Estimate the number of older adults and/or people with disabilities who will be supported by this project during the grant period.

Year 1: (July 1, 2027- June 30, 2028)	Older adults: People with disabilities:
Year 2: (July 1, 2028- June 30, 2029)	Older adults: People with disabilities:

Describe how you arrived at these estimates: (maximum 500 characters)

Part 5 – Project Budget

Project title: _____

Agency: _____

For the specific project being proposed, complete the following budget table showing all resources that will be used to support the project.

If the request is for a project that is currently being funded, please include the current year's budget as well as that for Grant Year 1 and Year 2.

In addition to the Project Cost Summary, applicants must submit:

- a reconciliation of current agency revenue and expenses
- an approved Agency budget.

Resources table	Specify revenue or resource	Current Year Budget (if applicable)	**Grant Year 1 Budget** 7/1/27-6/30/28	**Grant Year 2 Budget** 7/1/28-6/30/29	**TOTAL** Year 1 & Year 2
STIF Formula funds requested					
Other project revenue or resource					
Other project revenue or resource					
Your local agency contribution (if applicable)					
TOTAL PROJECT RESOURCES					

Part 6 – Other Factors

Please Note: maximum of 400 characters allowed for explanation.

Proposer has positive history of grant management, including accurate and timely reporting and availability of the required match.

☐ Yes ☐ No ☐ N/A

Please explain:

If the proposer is a non-profit agency, the proposer is current with agency incorporation, registration, and required annual report submissions to state and federal governments.

☐ Yes ☐ No ☐ N/A

Please explain:

Applicant is fiscally responsible and capable of managing grant funds.

☐ Yes ☐ No ☐ N/A

Please explain:

Agency has a budget that includes all sources and uses of funds; and the budget is adopted, managed, and revised as necessary by the governing board.

☐ Yes ☐ No ☐ N/A

Please explain:

Applicant has adequate staff and resources to manage the project.

☐ Yes ☐ No ☐ N/A

Please explain:

Applicant staff has basic knowledge of transportation and receives training as required for duties.

☐ Yes ☐ No ☐ N/A

Please explain:

Project design is for, or benefits, older adults and/or people with disabilities.

☐ Yes ☐ No ☐ N/A

Please explain:

Project design is appropriate to purpose and type of project.

☐ Yes ☐ No ☐ N/A

Please explain:

The project is derived from the adopted Coordinated Plan or another adopted local transportation plan.

☐ Yes ☐ No ☐ N/A

Please explain:

Service is accessible to people with disabilities in conformance with the ADA.

☐ Yes ☐ No ☐ N/A

Please explain:

Vehicles are appropriate for type of service.

☐ Yes ☐ No ☐ N/A

Please explain:

Service is efficient and effective for the type of service.

☐ Yes ☐ No ☐ N/A

Please explain:

Applicant has adequate revenue to maintain services.

☐ Yes ☐ No ☐ N/A

Please explain:

Part 7 – Required Attachments

☐ Current Federal Certifications and Assurances

☐ Current Reconciled Agency Revenue and Expense Budget

☐ Current Approved Agency Budget