

Yamhill County  
STIF Sub-Provider Application  
November 18, 2022

**YAMHILL COUNTY**  
**Application for State Transportation Improvement Funds (STIF)**  
**for Elderly and Disabled Services**  
**2023-2025**

**AGENCY:**  
**ADDRESS:**

**PROJECT PERIOD: 2023-2025**

**TYPE OF ORGANIZATION {check one):**

PUBLIC:

PROFIT:

NON-PROFIT:

**TYPE OF APPLICATION**

OPERATING

MAINTENANCE/ CAPITAL

PLANNING

OTHER

TELEPHONE:

EMAIL:

NAME & TITLE OF PREPARER:

TOTAL STIF FUNDS REQUESTED:

SIGNATURE OF AUTHORIZED

OFFICIAL: NAME:

DATE:

TITLE:

*Each Project needs the questions answered from this yellow bar to the next yellow bar for each project.*

**TECHNICAL APPLICATION**

**Type of Transportation Service:**

Fixed Route

Demand Response

Client

Volunteer Driver

Other

Explain:

**Description of Service (check one) Attach:**

A description of service characteristics of transportation services

Copies of printed schedules and maps showing routes

**Description of Services**

Is this project intended for services benefiting seniors and individuals with disabilities (formerly STF)?

Yes          No

**Population of area to be served:**

(check as many as is appropriate):

- Open to the general public at all times
- Open to the general public on a space available basis
- Open to elderly only
- Open to elderly & disabled

Limited to defined clientele (e.g. example: residential programs serving people with intellectual/developmental disabilities)

Open to disabled only

**Is the service proposed for STIF funding derived from the 2016 Yamhill County Coordinated Plan or the 2018 Yamhill County Transit Development Plan or Yamhill County STIF plan? Yes \_\_\_ No \_\_\_**

If yes, please list name of Plan and page numbers:

**PROJECT:**

**Agency Name:**

**Project Name:**

**Project Description:**

***If project is a vehicle purchase: Vehicles to be replaced:***

<b>Year</b>	<b>Make/Model:</b>	<b>VIN:</b>	<b>Total Seats/ ADAseats:</b>	<b>Miles:</b>	<b>Condition:</b>
<b>New Vehicle Info:</b>	<b>Make/Model:</b>	<b>Quantity:</b>	<b>Total Cost:</b>	<b>Length:</b>	
	<b>Fuel System:</b>	<b># of Seats</b>	<b># of seats with ADA deployed:</b>		

Project to improve, expand or maintain transportation service?

Expand or Improve

Maintain Services

If applying for more than one category of funding, please separate responses. Describe the service and how it will meet the needs of elderly and/or disabled residents.

Operations

Facility Purchase

Preventive Maintenance

Signs/Shelters Purchase

Capital Facilities

Program Reserve

Vehicle Purchase

Mobility Management

Equipment Purchase

Specify the mode this project will support.

Planning

Fixed Route

Project Administration

Demand Response

Communications

Client Based Services

**Project Cost:**

**Project Category:**

**Amount of Request**

*This yellow bar to top yellow bar- questions answered for each project if applying for multiple projects.*

**Describe any specific limitations or restrictions on the services you provide:**

**Service coordination**

**Describe plans to coordinate with other transportation services. Explain and identify why other Resources/services do not fulfill the need indicated in the application:**

**What are your organization's procedures for making client referrals for additional services for services you are unable to provide?**

**Why is the organization requesting funds from STIF?**

**Describe significant unanticipated income or expenditures during the 2023-25**

**Is the level of service proposed for 2023-2025 different than the 2021-2023 level of service using STF funding?**

**If so, please explain the reasons and describe the impact on the 2023-2025 budget:**

**Please explain any changes in ridership of 5% or more:**

Ridership data does not need to be completed for bus purchase or capital projects

Please explain any changes in ridership of 5% or more:

Service Data for this Provider	Estimated for 2023-2025	Estimated FY 2023-2024	Estimated FY 2024-2025
Annual one-way trips (all trips)			
Annual one-way trips provided to seniors & people with disabilities			
Annual number of miles driven			
Annual number of unduplicated clients			
Cost per ride			
STIF cost per STIF ride			

*If more than one project submitted- you may combine the budget information on this form- as long as the budget is clear for each project category. (For example: How much will be spent for operating project each fiscal year and how much will be spent on bus purchase for each fiscal year, etc. )*

**Budget**

**Transportation Budget Fiscal Years  
2023/2024 and 2024/2025**

Revenue	Fiscal Year 2023-2024	Fiscal Year 2024-2025
STIF Operating Request		
STIF Preventive Maintenance Request		
5310 Preventive Maintenance Request		
STIF Vehicle Purchase Request (new or replacement)		
<b>STIF Other Categories Request- add</b>		
<b>TOTAL:</b> Provide list of other funding sources that augment STIF funds.		
<i>Attach spreadsheet or additional requests if insufficient space on this form.</i>		
Expenditures	Fiscal Year 2023-2024	Fiscal Year 2024-2025
Personnel		
Professional Services		
Supplies		
Vehicle Operating Costs		
Vehicle Maintenance Costs		
Planning		
<b>TOTAL</b>		
Add other expenditures in your transportation program		
<i>Attach budget or spreadsheets or additional information if insufficient space on this form.</i>		