



# City of Grand Forks Staff Report

**APPROVED & ACCEPTED**  
by City Council

05/06/2019

*Maureen Storstad*  
Maureen Storstad  
City Auditor

Service/Safety Committee – April 22, 2019  
City Council – March 6, 2019

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**Agenda Item:** North Dakota Section 5310 Funding Application

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**Submitted by:** Dale Bergman, Public Transportation Division Director  
Ali Rood, Mobility Manager

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**Staff Recommended Action:** Approve Cities Area Transit (CAT) application for North Dakota Section 5310: Enhanced Mobility of Seniors and Individuals with Disabilities funding in the amount of \$196,157.

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**Committee Recommended Action:** Moved to City Council with recommendation to approve.

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**Council Action:**

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## **BACKGROUND:**

The North Dakota Department of Transportation (NDDOT) has released a notice of funding availability and request for applications for Section 5310: Enhanced Mobility of Seniors and Individuals with Disabilities program. Staff recommends approval of its Section 5310 funding request of \$196,157.

## **ANALYSIS & FINDINGS OF FACT:**

- The Section 5310 funding request includes the following projects in priority order:
  - 1. Mobility Manager Position**

The Mobility Manager serves as the regional transit coordinator and is responsible for planning, marketing, education and outreach for Cities Area Transit. The Mobility Manager provides bus training for senior citizens and persons with disabilities and is the agency contact for local human service providers. The total cost for the Mobility Manager position (wages and benefits) is \$91,197. CAT is requesting \$72,971 in Section 5310 funding; the 20% local match of \$18,226 will be paid out of the City's Public Transportation budget.
  - 2. Replacement of ADA Minivans**

2015 Dodge Grand Caravans #151, #152, #153 and #154 are nearing the end of their useful life of 4 years or 100,000 miles. The vehicles are scheduled to be replaced at a cost of \$38,500 each. CAT is requesting \$123,200 in Section 5310 funding for four

replacement vehicles; the 20% local match of \$30,800 will be paid out of the City's Public Transportation budget.

**SUPPORT MATERIALS:**

- Section 5310 Funding Application

**Section 5310 – Enhanced Mobility of Seniors & Individuals with Disabilities**

|                |                                               |                     |
|----------------|-----------------------------------------------|---------------------|
| Agency Name    | City of Grand Forks Cities Area Transit (CAT) |                     |
| Agency Contact | Dale Bergman                                  | Phone: 701-746-2590 |
| DUNS #         | 071347249                                     |                     |

Section 5310, Enhanced Mobility of Seniors and Individuals with Disabilities Program goal is to *improve mobility for the elderly and persons with disabilities throughout the country*. Under 49 U.S.C. 5310 funding provides financial assistance for capital purchases and operating assistance for transportation services planned, designed and carried out to meet the special transportation needs of the elderly and persons with disabilities in all small urban and rural areas. The program requires coordination of federally-assisted programs and community services in order to make the most efficient use of federal resources.

The entire Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities Program is further explained in FTA Circular 9070.1G, located on the FTA website at:  
[https://www.transit.dot.gov/sites/fta.dot.gov/files/docs/C9070\\_1G\\_FINAL\\_circular\\_4-20-15%281%29.pdf](https://www.transit.dot.gov/sites/fta.dot.gov/files/docs/C9070_1G_FINAL_circular_4-20-15%281%29.pdf)

**Please Note:**

- Capital project requests will require a minimum of **20% Local Match**.
- Mobility Manager salary is a capital project expense and requires a minimum of **20% Local Match**.
- Assets purchased with Federal Funds must be maintained and inventoried through the Transit Asset Management (TAM) Plan.
- Public transportation: the term ‘public transportation’ means regular, continuing shared-ride surface transportation services that are open to the general public or are open to a segment of the general public defined by age, disability, or low income; and does not include: intercity passenger rail transportation, intercity bus service; charter bus service; school bus service; sightseeing service; courtesy shuttle service for patrons of one or more specific establishments; or intra-terminal or intra-facility shuttle service.
- As with most Federal Assistance Programs, Section 5310 is designed as a reimbursement program. Your agency should be prepared to pay for your equipment upon delivery/acceptance and then request reimbursement from NDDOT.
- If you are awarded a Section 5310 project, your agency will be required to report a number of performance measures, at least annually, to NDDOT. Information required to report may include, but not limited to the following:
  - The number of 5310 one-way trips;
  - The number of 5310 vehicles you have in service; and
  - 5310 ridership demographics.

- If requesting a replacement vehicle, the vehicle listed must have met FTA/NDDOT Useful Life. However, regardless of useful life having been met, federal interest remains until the value of the vehicle or equipment falls below \$5,000.
- If you receive \$750,000 from any federal source you are required to have a Single Audit per 2 CFR 200 Subpart F.
- Vehicles may be used to provide meal delivery service for homebound persons on a regular basis in conjunction with passenger transportation. Delivery service **must not** conflict with the provision of transit services or result in reduced service to transit passengers.
- All applications are due **May 15, 2019, 12:00pm CDT**. Late and/or incomplete applications may be subject to a penalty percentage reduction of requested amount.

## General Information

1. Provide a detailed description of the transportation services your agency currently provides and any plans for increasing services, expanding service area and increasing ridership. (days and hours of service, fare structure, total vehicles in service, type of service being provided, transportation provided to what counties and communities in your service area, etc.).

CAT provides fixed route and paratransit service within the city limits of Grand Forks, ND. CAT also has a contract to provide public transit service in the city of East Grand Forks, MN. CAT services operate from 6 am to 10 pm Monday through Friday and 8 am to 10 pm on Saturdays. The adult fare for fixed route is \$1.50, \$0.75 for students, and \$0.60 for seniors/persons with disabilities/Medicare card holders. The one-way fare for paratransit is \$3.00. CAT plans to begin operating additional services on the University of North Dakota campus this year. This, along with restructured routing, will serve to increase ridership over the next five years.

2. Explain where in your current 3-5 year plan this project(s) is specifically stated (list section and page number(s)).

This request is important to continue the Mobility Management Program and bring aging vehicles to a state of good repair. This is vital to meeting the demand for transportation in and around Grand Forks and East Grand Forks. The need for a Mobility Manager position was introduced in the 2009 Coordinated Plan and again in the 2012 and 2017 updates. The current plan calls for “targeted mobility management and niche marketing materials” on page 6-15. Replacement of “DAR Vehicles” is identified on page 10-1.

3. What percentage of change in ridership has your agency experienced in the FY2019 reporting period? Provide a brief explanation of the reason for the change in ridership.

Increase     Decrease

4. Do you share resources in any significant amount with other agencies? (e.g. maintenance, mechanics, marketing, dispatching or scheduling, training, vehicles, etc.) Briefly describe how you share resources and with whom, and any measurable savings to your program.

Yes     No

CAT does maintenance for other public transit agency vehicles and houses the statwide 1-800 number for Veteran transportation resources. Performing maintenance for other public transit agencies has helped cut down expenses as CAT charges only for parts and labor.

5. List all existing public transportation providers operating in your service area. *See definition of public transportation under the Notes on Page 1 of this application.*

6. Did your agency receive any responses? If Yes, please explain and include a completed Preliminary Assessment/Application for Capital Assistance, Section 5310 Grant SFY2020 for each response where applicable. All applications received will need to be ranked by your agency/board of directors/MPO.

- Yes  
 No

## Ridership and Fleet Information for Year 7/1/18-6/30/2019

\*Enter actual ridership numbers, miles and hours for FY2019 – Quarters 1 – 3 and estimate Qtr 4.

\*Enter current fleet information.

\*Update the current fleet and miles information in BlackCat.

Number of Annual Ridership (Trips) Provided

Number of Annual Revenue Hours

Number of Annual Revenue Miles

Number of Vehicles in Fleet

## Coordinated Public Transit Human Services Transportation Plan

**Applicants must be part of a locally derived Coordinated Public Transit Human Services Transportation Plan approved by North Dakota Department of Transportation (NDDOT) prior to submission of this application.**



7. Has your Coordinated Public Transit Human Services Transportation Plan been approved by the Transit Section and uploaded into the BlackCat System?

Yes       No

8. Is the requested project part of a Coordinated Public Transit Human Services Transportation Plan?

Yes       No

9. If you marked Yes above, indicate the page number where this project is listed.  
If you marked No above, explain why this project is not part of your current plan.

## Section 5310 Project Details

This section of the application is broken into two parts – **Project Description** and **Transportation Program Details**. The **Project Description** is designed to get specific information about the capital item(s) for which you are currently applying. The **Transportation Program Details** is designed to get more general information about your transportation program and how this project request will enhance your existing service. Both portions allow the Grant Review Committee to evaluate your agency proposals and should be used as a way for you to justify your request.

**Non Vehicle Project Request**

**There is space provided below to request a project. If applying for more than one project, please attach additional sheets and create a separate project for each request in the BlackCat System.**

10. Please describe in detail your proposed project. Be specific and include a description of what you would like to purchase and how it benefits your transportation program.

Mobility Manager (1<sup>st</sup> priority) – The Mobility Manager serves as the local and regional transit coordinator and is responsible for marketing, education and outreach for Cities Area Transit. The Mobility Manager provides bus training for senior citizens and persons with disability and is the agency contact for human service providers.

11. If this is a request for Mobility Manager funding, a current job description, including goals and achievements from the previous year, must be attached. Have you attached these documents to this application?

Yes       No

12. Are you the lead transit provider in your area? If not, what is the relationship of your program to other transportation providers?

Yes       No

13. What is the need for transit service in your area? Why does this need exist? How have you determined this need? How will the proposed project address this need for service? Is the need addressed in your Human Service Coordination Plan?

Grand Forks is a hub in the northeast region of North Dakota. The CAT system serves a wide variety of users – seniors, persons with disabilities, youth, New Americans, college students, adults, etc. There is a need to expand services to reach developing areas of the community. Grand Forks is growing to the south and to the west, where there is limited or no fixed route service available. The Mobility Manager helps users and agencies access transportation services through education, outreach and travel training. By promoting and educating the community on fixed route service, pressure is relieved on paratransit. This is especially important as public transit strives to meet the demand of the aging population.

14. Estimate the total cost of this project.

\$91,197

**Vehicle Project Request**

**There is space provided below to request a project. If applying for more than project, please attach additional sheets and create a separate project for each request in the BlackCat System.**

15. Provide a description of the vehicle you are requesting. (include: Year, Make, ADA qualified, and seating capacity)

2019 Dodge Grand Caravan (ADA Accessible)

16. Describe in detail which programs and services the requested vehicle will be utilized in and how it will enhance or maintain your service?

This vehicle will be used for paratransit service

17. If requesting a replacement, which vehicle in your fleet are you replacing?

a. Vehicle Information Number (VIN): 2C7WDGBG4FR652123

b. Vehicle Year: 2015

c. Make/Model: Dodge Grand Caravan

d. Current Mileage: 93,797

18. If requesting an expansion vehicle, list the agency/community/county to be served (include: hours and days of service and estimated ridership).

19. If operating a fixed route, what are the paratransit eligibility criteria for people to ride your service?

Fixed route service is open to the public. ADA paratransit "Dial-A-Ride" service is open to persons who are not able to access the fixed route due to a disability. Senior Rider service is open to persons age 62 or older.

20. What is the purpose of the three most commonly requested trips that your clients require? (e.g. medical, shopping, employment, education, etc.)

1. Medical

2. Work

3. Shopping

21. Are you the lead transit provider in your area? If not, what is the relationship of your program(s) to other transportation providers?

Yes  No

22. Please describe the need for transit service in your area? Why does this need exist? How have you determined this need? How will the proposed project address this need for service? Is this need addressed in your Human Service Coordination Plan?

Grand Forks is a hub in the northeast region of North Dakota. The CAT system serves a wide variety of users – seniors, persons with disabilities, youth, New Americans, college students, adults, etc. There is a need to expand services to reach developing areas of the community. Grand Forks is growing to the south and to the west, where there is limited or no fixed route service available. Bringing vehicles to a state of good repair is important for safe and efficient delivery of public transportation.

23. Do you market or promote your service? If yes, please provide a description of how you market the program and to whom in the box below.

Yes  No

CAT services are marketed through outreach efforts, the CAT website, print materials, social media, and radio ads.

24. Provide an estimated timeline for the purchase of this vehicle. Provide a separate timeline if you are applying for different types of vehicles. **See sample timeline below, add or remove lines as needed.**

|                                                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| RFP/IFB Issue Date: State Bid                                                                                                                                                                                                                                   |
| Contract Award Date: State Bid                                                                                                                                                                                                                                  |
| Initial Vehicle Delivery Date: October 2019                                                                                                                                                                                                                     |
| Final Vehicle Deliver Date: October 2019                                                                                                                                                                                                                        |
| Contract Completion: November 2019                                                                                                                                                                                                                              |
| Final Payment Submitted to DOT: December 2019                                                                                                                                                                                                                   |
| <b>25. Estimate the total cost of vehicle.</b>                                                                                                                                                                                                                  |
| \$38,500                                                                                                                                                                                                                                                        |
| 15. Provide a description of the vehicle you are requesting. (include: Year, Make, ADA qualified, and seating capacity)                                                                                                                                         |
| 2019 Dodge Grand Caravan (ADA Accessible)                                                                                                                                                                                                                       |
| 16. Describe in detail which programs and services the requested vehicle will be utilized in and how it will enhance or maintain your service?                                                                                                                  |
| This vehicle will be used for paratransit service                                                                                                                                                                                                               |
| 17. If requesting a replacement, which vehicle in your fleet are you replacing?                                                                                                                                                                                 |
| a. Vehicle Information Number (VIN): 2C7WDGBG4FR652137                                                                                                                                                                                                          |
| b. Vehicle Year: 2015                                                                                                                                                                                                                                           |
| c. Make/Model: Dodge Grand Caravan                                                                                                                                                                                                                              |
| d. Current Mileage: 92,884                                                                                                                                                                                                                                      |
| 18. If requesting an expansion vehicle, list the agency/community/county to be served (include: hours and days of service and estimated ridership).                                                                                                             |
|                                                                                                                                                                                                                                                                 |
| 19. If operating a fixed route, what are the paratransit eligibility criteria for people to ride your service?                                                                                                                                                  |
| Fixed route service is open to the public. ADA paratransit "Dial-A-Ride" service is open to persons who are not able to access the fixed route due to a disability. Senior Rider service is open to persons age 62 or older.                                    |
| 20. What is the purpose of the three most commonly requested trips that your clients require? (e.g. medical, shopping, employment, education, etc.)                                                                                                             |
| 1. Medical                                                                                                                                                                                                                                                      |
| 2. Work                                                                                                                                                                                                                                                         |
| 3. Shopping                                                                                                                                                                                                                                                     |
| <b>21. Are you the lead transit provider in your area? If not, what is the relationship of your program(s) to other transportation providers?</b>                                                                                                               |
| <b>X Yes</b> <input type="checkbox"/> <b>No</b>                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                 |
| <b>22. Please describe the need for transit service in your area? Why does this need exist? How have you determined this need? How will the proposed project address this need for service? Is this need addressed in your Human Service Coordination Plan?</b> |
| Grand Forks is a hub in the northeast region of North Dakota. The CAT system serves a wide variety of users – seniors, persons with disabilities, youth, New Americans, college students, adults, etc. There is a need to                                       |



expand services to reach developing areas of the community. Grand Forks is growing to the south and to the west, where there is limited or no fixed route service available. Bringing vehicles to a state of good repair is important for safe and efficient delivery of public transportation.

23. Do you market or promote your service? If yes, please provide a description of how you market the program and to whom in the box below.

X Yes  No

CAT services are marketed through outreach efforts, the CAT website, print materials, social media, and radio ads.

24. Provide an estimated timeline for the purchase of this vehicle. Provide a separate timeline if you are applying for different types of vehicles. See sample timeline below, add or remove lines as needed.

RFP/IFB Issue Date: State Bid

Contract Award Date: State Bid

Initial Vehicle Delivery Date: October 2019

Final Vehicle Deliver Date: October 2019

Contract Completion: November 2019

Final Payment Submitted to DOT: December 2019

25. Estimate the total cost of vehicle.

\$38,500

15. Provide a description of the vehicle you are requesting. (include: Year, Make, ADA qualified, and seating capacity)

2019 Dodge Grand Caravan (ADA Accessible)

16. Describe in detail which programs and services the requested vehicle will be utilized in and how it will enhance or maintain your service?

This vehicle will be used for paratransit service

17. If requesting a replacement, which vehicle in your fleet are you replacing?

a. Vehicle Information Number (VIN): 2C7WDGBG5FR642863

b. Vehicle Year: 2015

c. Make/Model: Dodge Grand Caravan

d. Current Mileage: 91,832

18. If requesting an expansion vehicle, list the agency/community/county to be served (include: hours and days of service and estimated ridership).

19. If operating a fixed route, what are the paratransit eligibility criteria for people to ride your service?

Fixed route service is open to the public. ADA paratransit "Dial-A-Ride" service is open to persons who are not able to access the fixed route due to a disability. Senior Rider service is open to persons age 62 or older.

20. What is the purpose of the three most commonly requested trips that your clients require? (e.g. medical, shopping, employment, education, etc.)

1. Medical

2. Work

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3. Shopping                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 21. Are you the lead transit provider in your area? If not, what is the relationship of your program(s) to other transportation providers?                                                                                                                                                                                                                                                                                                                                                                                |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 22. Please describe the need for transit service in your area? Why does this need exist? How have you determined this need? How will the proposed project address this need for service? Is this need addressed in your Human Service Coordination Plan?                                                                                                                                                                                                                                                                  |
| Grand Forks is a hub in the northeast region of North Dakota. The CAT system serves a wide variety of users – seniors, persons with disabilities, youth, New Americans, college students, adults, etc. There is a need to expand services to reach developing areas of the community. Grand Forks is growing to the south and to the west, where there is limited or no fixed route service available. Bringing vehicles to a state of good repair is important for safe and efficient delivery of public transportation. |
| 23. Do you market or promote your service? If yes, please provide a description of how you market the program and to whom in the box below.                                                                                                                                                                                                                                                                                                                                                                               |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>CAT services are marketed through outreach efforts, the CAT website, print materials, social media, and radio ads.                                                                                                                                                                                                                                                                                                                                 |
| 24. Provide an estimated timeline for the purchase of this vehicle. Provide a separate timeline if you are applying for different types of vehicles. <b><u>See sample timeline below, add or remove lines as needed.</u></b>                                                                                                                                                                                                                                                                                              |
| RFP/IFB Issue Date: State Bid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Contract Award Date: State Bid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| Contract Completion: November 2019                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Final Payment Submitted to DOT: December 2019                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 25. Estimate the total cost of vehicle.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| \$38,500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 15. Provide a description of the vehicle you are requesting. (include: Year, Make, ADA qualified, and seating capacity)                                                                                                                                                                                                                                                                                                                                                                                                   |
| 2019 Dodge Grand Caravan (ADA Accessible)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 16. Describe in detail which programs and services the requested vehicle will be utilized in and how it will enhance or maintain your service?                                                                                                                                                                                                                                                                                                                                                                            |
| This vehicle will be used for paratransit service                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 17. If requesting a replacement, which vehicle in your fleet are you replacing?                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| a. Vehicle Information Number (VIN): 2C7WDGBG5FR642846                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| b. Vehicle Year: 2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| c. Make/Model: Dodge Grand Caravan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| d. Current Mileage: 81,641                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 18. If requesting an expansion vehicle, list the agency/community/county to be served (include: hours and                                                                                                                                                                                                                                                                                                                                                                                                                 |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| days of service and estimated ridership).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |
| 19. If operating a fixed route, what are the paratransit eligibility criteria for people to ride your service?                                                                                                                                                                                                                                                                                                                                                                                                            |          |
| Fixed route service is open to the public. ADA paratransit "Dial-A-Ride" service is open to persons who are not able to access the fixed route due to a disability. Senior Rider service is open to persons age 62 or older.                                                                                                                                                                                                                                                                                              |          |
| 20. What is the purpose of the three most commonly requested trips that your clients require? (e.g. medical, shopping, employment, education, etc.)                                                                                                                                                                                                                                                                                                                                                                       |          |
| 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Medical  |
| 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Work     |
| 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Shopping |
| 21. Are you the lead transit provider in your area? If not, what is the relationship of your program(s) to other transportation providers?                                                                                                                                                                                                                                                                                                                                                                                |          |
| X Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |
| 22. Please describe the need for transit service in your area? Why does this need exist? How have you determined this need? How will the proposed project address this need for service? Is this need addressed in your Human Service Coordination Plan?                                                                                                                                                                                                                                                                  |          |
| Grand Forks is a hub in the northeast region of North Dakota. The CAT system serves a wide variety of users – seniors, persons with disabilities, youth, New Americans, college students, adults, etc. There is a need to expand services to reach developing areas of the community. Grand Forks is growing to the south and to the west, where there is limited or no fixed route service available. Bringing vehicles to a state of good repair is important for safe and efficient delivery of public transportation. |          |
| 23. Do you market or promote your service? If yes, please provide a description of how you market the program and to whom in the box below.                                                                                                                                                                                                                                                                                                                                                                               |          |
| X Yes <input type="checkbox"/> No<br>CAT services are marketed through outreach efforts, the CAT website, print materials, social media, and radio ads.                                                                                                                                                                                                                                                                                                                                                                   |          |
| 24. Provide an estimated timeline for the purchase of this vehicle. Provide a separate timeline if you are applying for different types of vehicles. <u><b>See sample timeline below, add or remove lines as needed.</b></u>                                                                                                                                                                                                                                                                                              |          |
| RFP/IFB Issue Date: State Bid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |
| Contract Award Date: State Bid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |
| Initial Vehicle Delivery Date: October 2019                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |
| Final Vehicle Deliver Date: October 2019                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          |
| Contract Completion: November 2019                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |
| Final Payment Submitted to DOT: December 2019                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |
| 25. Estimate the total cost of vehicle.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |
| \$38,500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          |

Following are suggested price requests for vehicles based on current state bid quotes. Keep in mind if you intend to order vehicles with additional options, prices will vary accordingly.

|                                                                             |                                |
|-----------------------------------------------------------------------------|--------------------------------|
| ADA Low Floor Mini Van<br>NDDOT Term Contract No. 382                       | \$37,995                       |
| 14 Passenger or 12 + 2 Passenger Cutaway/Bus<br>NDDOT Term Contract No. 384 | \$58,759 - \$59,100            |
| 15 Passenger (including driver) Cutaway/Bus<br>NDDOT Term Contract No. 300  | \$69,995 - \$74,184            |
| Rear Lift ADA Transit Vehicle<br>NDDOT Term Contract No. 301                | Base price - \$43,834 – 57,956 |

**FTA Useful Life Standards**

|                                                 |                           |
|-------------------------------------------------|---------------------------|
| Mini-Vans/Modified Vans – 3-14 passenger        | 4 years or 100,000 miles  |
| Med-Size Light Duty Cutaway – 8-16 passenger    | 5 years or 150,000 miles  |
| Med-Size Med Duty Cutaway/Bus – 16-30 passenger | 7 years or 200,000 miles  |
| Med-Size Heavy Duty Bus – 24-25 passenger       | 10 years or 350,000 miles |
| Large Heavy Duty Bus – 35-40+ passenger         | 12 years or 500,000 miles |

**FY 2020 Project Funding Request**

In the table below, list requested projects by priority, and specify in detail the sources and dollar amounts of Local Match funding (state aid, mill levy, donations, contract income, etc.) that are available to be used towards each project (Vehicle, Mobility Management/Coordination, and other transit service related programs).

**\*Documentation of sources of Local Match (including state aid) MUST be attached or it will not be considered.**

| Ranking | Project             | Estimated Cost of Project | Local Match Needed | Sources of Local Match*        |
|---------|---------------------|---------------------------|--------------------|--------------------------------|
| 1       | Mobility Manager    | \$91,197                  | \$18,226           | Mill Levy                      |
| 2       | Replacement Vehicle | \$38,500                  | \$7,700            | Mill Levy and sale of vehicles |
| 3       | Replacement Vehicle | \$38,500                  | \$7,700            | Mill Levy and sale of vehicles |
| 4       | Replacement Vehicle | \$38,500                  | \$7,700            | Mill Levy and sale of vehicles |
| 5       | Replacement Vehicle | \$38,500                  | \$7,700            | Mill Levy and sale of vehicles |
| 6       |                     |                           |                    |                                |

The NDDOT transit staff is available to provide guidance and answer any questions on the application process.

Local Government Division Transit Section

608 East Boulevard Avenue

Bismarck, ND 58505-0700

Phone: (701) 328-2542, 328-2835, 328-2194, or 328-3720,

E-mail: [bhanson@nd.gov](mailto:bhanson@nd.gov), [dkarel@nd.gov](mailto:dkarel@nd.gov), [jsmall@nd.gov](mailto:jsmall@nd.gov) or [conelson@nd.gov](mailto:conelson@nd.gov)