

RESOLUTION NO. 4729

A RESOLUTION ACCEPTING THE 2002-2003 LINN COUNTY SPECIAL TRANSPORTATION FORMULA PROGRAM INTERGOVERNMENTAL AGREEMENT FOR THE ALBANY CALL-A-RIDE, ALBANY TRANSIT SYSTEM, AND LINN-BENTON LOOP TRANSIT SYSTEM FUNDING.

WHEREAS, the City of Albany has submitted 2002-2003 Special Transportation Formula (STF) funding support applications to Linn County for the Albany Call-A-Ride, Albany Transit System, and Linn-Benton Loop Transit System; and

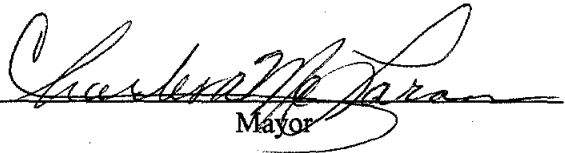
WHEREAS, the City of Albany is the service provider for the Albany Call-A-Ride, Albany Transit System, and Linn-Benton Loop Transit System.

NOW, THEREFORE, BE IT RESOLVED that the City of Albany accepts the Linn County STF intergovernmental agreement in the amount of \$23,000 for operating expenses for Albany Call-A-Ride, \$7,500 for Linn-Benton Loop, and \$400 for Albany Transit System for fiscal year 2002-2003; and

BE IT FURTHER RESOLVED that the City Council of the City of Albany, Oregon, accepts these funds and authorizes the City Manager to execute the agreements and conditions for their acceptance; and

BE IT FURTHER RESOLVED that this resolution shall take effect immediately upon passage by the Council and approval by the Mayor.

DATED THIS 10<sup>th</sup> DAY OF JULY 2002.

  
Mayor

ATTEST:

  
\_\_\_\_\_  
City Recorder

**INTERGOVERNMENTAL AGREEMENT**  
(Order #2002-193)

THIS AGREEMENT is made and entered into this \_\_\_\_\_, day of \_\_\_\_\_, 2002, by and between the following parties:

LINN COUNTY, a political subdivision of the State of Oregon, (County), of P.O. Box 100, Albany, Oregon, 97321, and  
LINN-BENTON LOOP TRANSIT SYSTEM, of P.O. Box 490, Albany, OR 97321, a political subdivision of the State of Oregon, (Contractor), whose Federal Employer Identification # is 93-6002114

<b>PROGRAM ABSTRACT:</b> Funding to preserve existing transportation services to seniors and persons with disabilities on the Linn-Benton Loop System.
<b>TOTAL CONTRACT SUM:</b> \$7,500

The County requires the services described herein and desires that Contractor provide them. Contractor shall perform all necessary work in order to accomplish the services specified in consideration of the mutual agreements hereinafter set forth. IT IS AGREED:

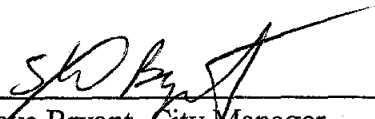
1. **Term of Contract:** This Agreement shall be effective and services required hereunder shall commence on July 1, 2002 and shall terminate on June 30, 2003, except as provided by the termination and non-funding provisions set out below.
2. **Consideration:** As consideration for the performance of all terms and conditions set forth in this Contract, County promises to pay \$1,875 per quarter upon receipt of a statement to be submitted by Contractor.
3. **Contractor Services:** Contractor agrees to perform the following services to the satisfaction of the County:
  - a. Provide transportation to elderly and disabled in the Linn County area as outlined in Exhibit A: STF Application
4. **Declaration of the nature of the contractual relationship:** Contractor agrees that Contractor is an independent Contractor and not an employee of or agent of the County. County shall not be responsible for any claims, demands or causes of action of any kind or character arising in favor of any person, on account of personal injuries, or death, or damage to property occurring, growing out of, incident to, or resulting directly or indirectly from the operations or activities of the Contractor.
5. **Workers Compensation Provisions:** Contractor shall obtain and at all time keep in effect Worker's Compensation insurance. Contractor represents to the County that it presently maintains coverage sufficient to meet the requirements of Oregon law by: City County Insurance Services, City of Albany Policy.
6. **Other insurance provisions:**
  - a. **Indemnification.** Each party to this Agreement shall defend, indemnify and hold harmless the other party and its officers, employees and agents from claims arising from:

- i. injury to any person or damage to property caused by the negligence or other wrongful acts or omissions of the other party, its officers, employees or agents; or
    - ii. failure or refusal of one party to perform or fulfill its responsibilities under this Agreement or any law, through no fault of the other party. The obligations or rights under this section may not be delegated or assigned without the express consent of the County.
  - b. **General Liability.**
    - i. Contractor shall obtain and at all times keep in effect, liability insurance covering activities and operations of the Contractor. Such liability insurance shall meet the requirements set forth in the Oregon Tort Claims Act as codified in ORS 30.260 to 30.300. Such requirements include the following limits:
      - (1) \$50,000 to any claimant for any number of claims for damage to or destruction of property, including consequential damages, arising out of a single accident or occurrence;
      - (2) \$100,000 to any claimant as general and special damages for all other claims arising out of a single accident or occurrence, unless those damages exceed \$100,000, in which case the claimant may recover additional special damages, but in no event shall the total award of special damages exceed \$100,000; and
      - (3) \$500,000 for any number of claims arising out of a single accident or occurrence.
    - ii. Contractor shall name County, and its officers, employees, and agents as additional insureds on any activities being performed under the contract. Such insurance shall be evidenced by a Certificate of Insurance issued by an insurance company licensed to do business in the State of Oregon, containing a thirty (30) day Notice of Cancellation endorsement and shall be forwarded to County prior to commencement of the services.
    - iii. Contractor has obtained insurance required by Subsection (6) (b)(i) by City of Albany Policy, written by City County Insurance Services.
  - c. **Professional Liability.** Contractor shall obtain and at all times keep in effect, any professional liability required by law, or, if not required by law, any professional liability insurance Contractor holds at the time of execution of this Agreement.
  - d. **Policy Changes.** In the event of unilateral cancellation or restriction by the insurance company of an insurance policy referred to in this paragraph, the Contractor shall immediately notify County orally and in writing within three (3) business days.
  - e. Contractor represents that it has obtained the insurance required by this Agreement.
7. **Other contractor duties:** Contractor further agrees to:
- a. Comply with all applicable Federal and State statutes, rules and regulations, specifically including the following provisions of the Oregon Revised Statutes ("Public Contracts and Purchasing") which are incorporated by this reference in this Contract: ORS 279.312 to 279.320; 279.334 to 279.338; and, if this contract is for a public works project and payment pursuant to this Contract exceeds \$25,000, the provisions of ORS 279.348 to 279.365; and 279.445(4) and (5);
  - b. Not delegate the responsibility for providing services hereunder to any other

- individual or agency, except as may be provided for above, in Section 3; and
- c. To provide County with periodic reports to County at the frequency and with the information prescribed to be reported by County.
8. **Termination; for cause, non-funding, convenience:**
- a. **For Convenience.** Either party may terminate this Contract without specifying any reason for termination by giving written notice of intent to terminate, in writing, mailed at least thirty (30) days before the intended termination date to the other party at the party's address given above. Such termination shall be without liability or penalty. No such termination shall prejudice any obligations or liabilities of either party already accrued prior to the effective date of termination.
  - b. **For Cause.** It is further agreed that this Contract may be terminated by the County for either of the following causes by the mailing of written notice to the Contractor at Contractor's address given above, specifying the cause:
    - i. unsatisfactory performance or nonperformance. The Linn County Board of Commissioners is the sole judge of Contractor's unsatisfactory performance or nonperformance; or
    - ii. loss of available funding.
9. **Waiver:** The failure of either party to enforce any provision of this agreement shall not constitute a waiver by that party of that or any other provision of this agreement, or the waiver by that party of the ability to enforce that or any other provision in the event of any subsequent breach.
10. **Assignment:** The Contractor shall not assign this Agreement in whole or in part for any purpose without the express written consent from the County.
11. **Severability:** If any provision of this agreement shall be held invalid or unenforceable by any court or tribunal of competent jurisdiction, such holding shall not invalidate or render unenforceable any other provision and obligations of the parties shall be construed and enforced as if the agreement did not contain the particular term or provision held to be invalid.
12. **Governing law:** This agreement shall be governed and construed in accordance with the laws of the State of Oregon. Any claim, action, suit, or proceeding that arises from or relates to this agreement shall be brought in and conducted solely and exclusively within the circuit court of Linn County for the State of Oregon. Provided, however, if a claim must be brought in a federal forum, then it shall be brought and conducted solely and exclusively with the United States District court for the State of Oregon.
13. **Notices:** Any notice or other communication required or permitted to be given under this agreement shall be in writing and shall be mailed by certified mail, return receipt requested, postage prepaid, addressed to the parties at the addresses first set forth above. Any notice or other communication shall be deemed to be given at the expiration of forty-eight (48) hours after the deposit in the United States mail. The addresses to which notices or other communications shall be mailed may be changed from time to time by giving written notice to the other party as provided in this section.
14. **Entire agreement:** The foregoing and all attached exhibits constitute the entire agreement between the parties. It may not be changed, except that amendments may be made provided the same are in writing and signed by the parties hereto. There are no understandings, agreements, or representations, oral or written, not specified herein regarding this agreement.

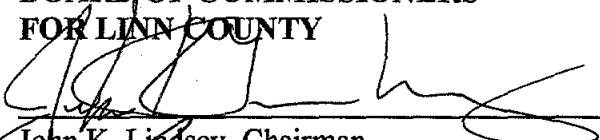
IN WITNESS WHEREOF, the parties hereto have caused this instrument to be executed in duplicate by the duly authorized persons whose signature appear below. Each party, by the signature below of its authorized representative, hereby acknowledges that it has read this agreement, understands it, and agrees to be bound by its terms and conditions. Each person signing this agreement represents and warrants to have the authority to execute this agreement.

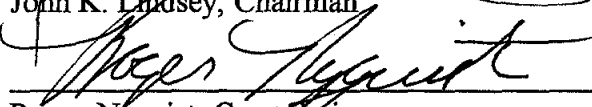
City of Albany

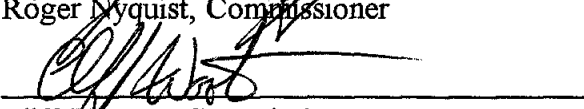
  
\_\_\_\_\_  
Steve Bryant, City Manager

7/17/02  
\_\_\_\_\_  
Dated

BOARD OF COMMISSIONERS  
FOR LINN COUNTY

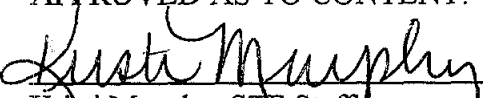
  
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John K. Lindsey, Chairman

  
\_\_\_\_\_  
Roger Nyquist, Commissioner

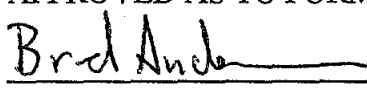
  
\_\_\_\_\_  
Cliff Wooten, Commissioner

6/26/02  
\_\_\_\_\_  
Dated

APPROVED AS TO CONTENT:

  
\_\_\_\_\_  
Kristi Murphy, STP Staff

APPROVED AS TO FORM:


  
\_\_\_\_\_  
Brad Anderson  
Linn County Legal Counsel

**LINN COUNTY  
APPLICATION FOR SPECIAL TRANSPORTATION FORMULA PROGRAM  
COVER PAGE**

<b>AGENCY:</b>	Linn-Benton Loop Transit System City of Albany, Operator	<b>PROJECT PERIOD:</b>	July 1, 2002 – June 30, 2003
<b>ADDRESS:</b>	PO Box 490 Albany, OR 97321	<b>TYPE OF PROPOSAL:</b>	
		New	<input type="checkbox"/>
		Continuation	<input checked="" type="checkbox"/>
<b>TELEPHONE:</b>	917-7606	<b>TYPE OF ORGANIZATION:</b>	
		Public	<input checked="" type="checkbox"/>
		Non-Profit	<input type="checkbox"/>
		Profit	<input type="checkbox"/>

**NAME AND TITLE OF PREPARER:** Edna Campau, Transit Coordinator

**TOTAL STFP OPERATING FUNDS REQUESTED** \$ 7,500

	<u>4-23-02</u>
<b>SIGNATURE OF AUTHORIZED OFFICIAL</b>	<b>DATE</b>

**NAME:** Glenda J. Radvansky, P.E.  
**TITLE:** Transportation Services Supervisor

### TECHNICAL APPLICATION

A. Type of Transportation Service Proposed:

- Fixed Route
- Door-to-Door
- Taxi
- Volunteer Driver
- Other

B. Description of Service. Attach either (check one)

- A description of service characteristics of transportation supported by STF
- OR
- Copies of printed schedules and maps showing the routes.

C. Population of area to be served: 180,000

Source of population estimate: PSU.

D. Provider's service supported by STF is (check as many as appropriate):

- Open to general public at all times  Open to elderly only
- Open to the general public on a space available basis  Open to elderly and disabled
- Limited to defined clientele ( example: foster home residents)
- Open to disabled only

E. Overview narrative of how funds will be spent. How does this improve special transportation for Linn County?

**The Linn-Benton Loop will use the funds to preserve existing service. The Loop is a connector between Albany and Corvallis and provides 11 runs per day. Senior and disabled persons comprise approximately 11 percent of the passengers.**

- F. Describe in detail the service and how it will meet the transportation needs of the elderly and/or disabled including vehicles used, days of operations, hours of operations, and estimated mileage for service period.

**The Loop is an intercity connector service between Albany and Corvallis. It operates Monday through Friday, excluding major holidays, from 6:30 a.m. until 6:35 p.m. As of April 2002, there are 11 daily runs with a daily mileage of approximately 298 miles. The estimated mileage for 2001-2002 is 80,000.**

**The Loop's primary vehicle is a 1995 Gillig Phantom bus, 40 feet long, seating 50 passengers with two wheelchair tie-down locations. The back-up vehicle is a 1983 Gillig bus. Both buses are wheelchair lift-equipped. Staff has applied for a vehicle replacement grant through Section 5309 that will allow the 1983 bus to be retired and the 1995 bus to move to the back-up position. The replacement bus is expected in May or June of 2003.**

**A January 2001 passenger survey identified 1 percent of the total Loop ridership as elderly and 10 percent of the ridership as individuals with disabilities. The Loop carries elderly and disabled individuals from Linn County to Corvallis to connect with the Corvallis Transit System which can take passengers virtually anywhere in Corvallis, including stops at Good Samaritan Hospital, the Corvallis Clinic, and the Open Door Center. The Loop also transports elderly and disabled individuals from Benton County to Albany to connect with the Albany Transit System so that riders are able to access the social service agencies, such as the Social Security Office, Disability Services, Department of Human Resources, Linn-Benton Housing Authority, etc., as well as Amtrak located in Albany.**

**The system operates under an intergovernmental agreement and is supported financially by the cities of Albany and Corvallis, Benton County (general fund and STFP funds), Linn-Benton Community College, and a Section 5311 grant, in addition to the bus fares collected. In 1997, Hewlett-Packard Company entered into an agreement with the Loop to provide annual funding in exchange for "no fare" rides for Hewlett-Packard employees and contractors. Beginning in July 2000, Linn-Benton Community College entered into a pass-program agreement with the Loop and with ATS.**

- G. Service Coordination:

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

**The Linn-Benton Loop coordinates service with the Albany and Corvallis Transit Systems, the Philomath Connection, and the Linn Shuttle. It provides a vital transportation link between Albany and Corvallis and eastern Linn County, as well as serving those Linn County residents along the Highway 34 corridor. Connections also are made many times a day with the Amtrak trains using Albany Transit System (ATS) as a link.**

**There is no other public transit system operating between the counties.**

**Each year the costs of operating the aging buses increase as do wages and personnel costs. To keep operational, the Loop needs the continued financial support from its contributors. A January 2001 passenger survey shows that the Loop provides an average of 25 rides daily (11% of the total ridership) to elderly passengers and those with disabilities.**



H. Persons to be Served:

Estimate the number of unduplicated persons to be served between July 1, 2000, and June 30, 2001. Person should be counted in only one category. If a rider is elderly, count only in elderly category even if the rider is also physically and/or mentally disabled. If the rider is not elderly, count the rider in one of the remaining categories.

	<u>Total Persons Unduplicated</u>
1. Elderly	*
2. Under 60, Disabled	
3. Other (Non-STFP Eligible)	

What is the basis for this estimate?

**\*Because the Loop ridership is relatively large, carrying a great number of general public riders, it is not feasible to attempt to determine the number of unduplicated riders.**

I. Service Data

Estimated number of service units (one-way rides) to be provided between July 1, 2001, and June 30, 2002.

	<u>Total Units</u>
1. Elderly	740
2. Under 60, Disabled	7,390
3. Other (Non-STFP Eligible)	65,770
<b>TOTAL</b>	<b>73,900</b>

What is the basis for this estimate?

**This information is based on daily records and ridership surveys.**

J. Fare Structure

Regular Fare	\$ 1.00	Disabled Person Fare	\$ .75
Senior Fare	\$ .75	Donation Requested	\$ fare only
Monthly Pass	\$ Not Available	Term Pass (student)	\$ 55.00
No Fare Charged— <u>under age 6</u>		Term Pass (all others)	\$ 70.00
		Coupon Books (20 rides)	\$ 17.00 (regular)
		Coupon Books (20 rides)	\$ 14.00 (senior/youth/disabled)

**K. Agency Fleet**

Provide the following information for all vehicle presently available to you for operating special transportation services.

Year	Make/Model	Capacity	Lift Equipped	Mileage	Condition
1983	Gillig Phantom	50	yes	751,990	Poor
1995	Gillig Phantom	50	yes	358,770	Fair

**L. Vehicle Maintenance**

How are the service and maintenance needs of your vehicles determined? Who makes the determination and who performs maintenance on your vehicles? For lift equipped vehicles, who does the maintenance and inspections?

**Vehicles receive routine maintenance based on a mileage and time-elapsd schedule. Maintenance and inspection of the vehicles as well as the lifts is performed by a contract garage, Tri-West Transportation.**

**M. Eligibility Determination:**

Describe the process for determining eligibility of riders. Under what conditions will persons who are not eligible for STFP funded services be permitted to ride?

**There is no eligibility determination. All persons are permitted to ride the Loop.**

- Same as STFP funded riders  Not permitted to ride
- On space available basis  Other (Explain below)

**BUDGET APPLICATION**

1. REVENUES

**Cash Resources:** Identify revenue sources for the **entire agency** (including transportation), then separate out the amount for the **transportation program** for the past year (07/01/00–06/30/01), current year (07/01/01–06/30/02), and next year (07/01/02–06/30/03), which this application covers.

<b>Fiscal Year 2001 (07/01/00-06/30/01)</b>	<b>Agency</b>	<b>Transportation Program</b>
<b>ACTUAL</b>		
STF Formula Program Funds (Linn County)	\$ 8,950	\$ 8,950
United Way	0	
Federal Funds (Section 5311)	61,726	
Other State Funds	0	
Local Government Funds	41,550	
Ridership Fees	17,908	
Advertising	84	
Interest	808	
Other: Beginning Balance	16,453	
Hewlett-Packard Co.	12,200	
LBCC Pass Program	11,200	
Miscellaneous	42	
Benton County STF	4,000	
<b>Total Cash Resources</b>	<b>\$174,921</b>	<b>\$ 8,950</b>

<b>Fiscal Year 2002 (07/01/01- 06/30/02)</b>	<b>Agency</b>	<b>Transportation Program</b>
<b>REVISED</b>		
STF Formula Program Funds (Linn County)	\$ 7,500	\$ 7,500
United Way	0	
Federal Funds (Section 5311)	51,600	
Other State Funds	0	
Local Government Funds	41,300	
Ridership Fees	22,300	
Advertising	600	
Interest	600	
Other: Beginning Balance	5,425	
Hewlett-Packard Co.	12,200	
LBCC Pass Program	13,000	
Benton County STF	4,000	
<b>Total Cash Resources</b>	<b>\$158,525</b>	<b>\$ 7,500</b>

<b>Fiscal Year 2002 (07/01/01- 06/30/02)</b>	<b>Agency</b>	<b>Transportation Program</b>
<b>BUDGETED</b>		
STF Formula Program Funds (Linn County)	\$ 7,500	\$ 7,500
United Way	0	
Federal Funds (Section 5311)	51,300	
Other State Funds	0	
Local Government Funds*	43,000	
Ridership Fees	22,300	
Advertising	700	
Interest	600	
Other: Beginning Balance	0	
Hewlett-Packard Co.	12,200	
LBCC Pass Program	25,000	
Benton County STF	<u>4,600</u>	
<b>Total Cash Resources</b>	<b>\$167,200</b>	<b>\$ 7,500</b>

In-Kind Resources: Identify the in-kind resources and indicate the value (for example: volunteer drivers, dispatchers at \$6.50/hour).

<b>Fiscal Year 2003 (07/01/02 – 06/30/03)</b>	<b>Number of Hours</b>	<b>\$ Amount</b>
N/A		
Total In-Kind Value		\$ 0

\*Local Government Funds include:

	<b>2002-2003 <u>Operational</u></b>
Benton County	<b>\$ 4,000</b>
City of Albany	<b>13,000</b>
City of Corvallis	<b>13,000</b>
LBCC	<b><u>13,000</u></b>
<b>Total Annual</b>	<b>\$43,000</b>

**B. EXPENDITURES**

**Line Item Expenses (Cash):** Prepare a detailed line item expense budget for transportation program for the past year (07/01/00–06/30/01), current year (07/01/01–06/30/02) and next year (07/01/02–06/30/03), which this application covers. Do NOT include in-kind expenses or capital purchases. The STFP column for FY 2003 is the portion this grant application would fund.

<u>Fiscal Year 2001 (07/01/00–06/30/01)</u>	<u>Total Transportation</u>	<u>STFP Costs</u>
<u>Administrative Costs</u>	<u>Costs</u>	
Administrative Salaries & Wages	\$ 19,959	
Administrative Fringe	10,826	
Administrative Line Items:		
Printing and Binding	\$ 5,442	
Advertising and Publications	995	
Materials and Supplies	574	
Safety Recognition	115	
Data Processing/Postage/Duplication/Fax	390	
Meetings and Conferences/Training/Dues	314	
Contractual Services	704	
General Administration/Accounting Services	6,900	
Space Rental	900	
Telephone	346	
Personal Auto Reimbursement	24	
Contingency	0	
TOTAL ADMINISTRATIVE COSTS	\$47,489	
<u>Direct Service Costs</u>	<u>Programs</u>	<u>STFP Only</u>
Direct Service Salaries & Wages	\$ 55,119	\$ 8,950
Direct Service Fringe	25,261	
(Attach staff roster with annual cost breakdown)		
Direct Services Line Items:		
Unemployment Claims	\$ 97	
Fuel and Oil	17,290	
Maintenance and Tires	13,353	
Communications Equipment	-309	
Insurance	1,118	
Building Maintenance	689	
Minor Equipment	0	
Equipment Replacement	8,800	
Uniforms	436	
TOTAL Direct Service Personnel and Line Items	\$121,854	\$ 8,950
GRAND TOTAL Admin. & Direct Service Expenditures	\$169,343	\$ 8,950

<b>Fiscal Year 2002 (07/01/01–06/30/02)</b>	<b>Total Transportation</b>	<b>STFP Costs</b>
<b><u>Administrative Costs</u></b>	<b><u>Costs</u></b>	
Administrative Salaries & Wages	\$ 22,440	
Administrative Fringe	12,510	
Administrative Line Items:		
Printing and Binding	\$ 2,400	
Advertising and Publications	900	
Materials and Supplies	500	
Safety Recognition	0	
Data Processing/Postage/Duplication/Fax	300	
Meetings and Conferences/Training/Dues	80	
Contractual Services	800	
General Administration/Accounting Services	4,400	
Space Rental	500	
Telephone	300	
Personal Auto Reimbursement	0	
Contingency	0	
<b>TOTAL ADMINISTRATIVE COSTS</b>	<b>\$ 45,130</b>	

**Direct Service Costs**

Direct Service Salaries & Wages	\$ 55,860	\$ 7,500
Direct Service Fringe (Attach staff roster with annual cost breakdown)	29,190	
Direct Services Line Items:		
Unemployment Claims	\$ 600	
Fuel and Oil	15,000	
Maintenance and Tires	21,000	
Communications Equipment	0	
Insurance	1,475	
Building Maintenance	400	
Minor Equipment	0	
Equipment Replacement	0	
Uniforms	0	
<b>TOTAL Direct Service Personnel and Line Items</b>	<b>\$123,525</b>	<b>\$ 7,500</b>
<b>GRAND TOTAL Admin. &amp; Direct Service Expenditures</b>	<b>\$168,655*</b>	<b>\$ 7,500</b>

*\*Note: The Loop experienced a large increase in maintenance and repair costs over the budgeted estimate of \$16,000. The revised budget estimate for 2001-02 as outlined above shows a shortfall of \$10,130. Staff will advise the Loop partners at a regular Loop Commission meeting on April 26, 2002, and request additional funding from the partners to make up the difference.*

<u>Fiscal Year 2003 (07/01/02-06/30/03)</u> <u>Administrative Costs</u>	<u>Total Transportation</u> <u>Costs</u>	<u>STFP Costs</u>
Administrative Salaries & Wages	\$ 16,716	
Administrative Fringe	7,536	
Administrative Line Items:		
Printing and Binding	\$ 2,000	
Advertising and Publications	500	
Materials and Supplies	350	
Safety Recognition	200	
Data Processing/Postage/Duplication/Fax	500	
Meetings and Conferences/Training/Dues	500	
Contractual Services	800	
General Administration/Accounting Services	7,300	
Space Rental	1,700	
Telephone	300	
Personal Auto Reimbursement	0	
Contingency	0	
2% Fee for possible STFP Administrative Costs	150	
<b>TOTAL ADMINISTRATIVE COSTS</b>	<b>\$ 38,552</b>	

<u>Direct Service Costs</u>	<u>Programs</u>	<u>STFP Only</u>
Direct Service Salaries & Wages	\$ 56,884	\$ 7,500
Direct Service Fringe	29,964	
(Attach staff roster with annual cost breakdown)		
Direct Services Line Items:		
Unemployment Claims	\$ 1,400	
Fuel and Oil	15,300	
Maintenance and Tires	14,300	
Communications Equipment	200	
Insurance	1,800	
Building Maintenance	400	
Minor Equipment	0	
Equipment Replacement	8,000	
Uniforms	400	
<b>TOTAL Direct Service Personnel and Line Items</b>	<b>\$128,648</b>	<b>\$ 7,500</b>
	*	**
<b>GRAND TOTAL Admin. &amp; Direct Service Expenditures</b>	<b>\$167,200</b>	<b>\$ 7,500</b>

**\*Total resources from Transportation Program FY 03 (page 6) must match Grant Total Transportation Program expenditures.**

**\*\*STFP Funds request from Cover page must match Grand Total STFP only.**

**Cost Analysis**

	<b><u>Transportation Program</u></b>
TOTAL # of Rides (from Page 4)	<u>73,900</u>
Cost per Unit of Service (Grand Total Transportation costs divided by number of service units.)	\$ <u>2.25</u>
Total Unduplicated persons served (from page 4)	<u>N/A</u>
Cost per Person	\$ <u>      </u>

**C. Budget Justification**

1. Provide a narrative description of total transportation revenues. Provide clarification and explanation of any major changes from FY 2002 budget to FY 2003 budget.

**Section 5311 (state operating grant) is reduced \$300 from \$51,600 to \$51,300. Major intergovernmental partners are increasing their participation by 3 percent which adds \$1,200 to the revenues. Benton County STF is increased from \$4,000 to \$4,600. Verbal agreement has been reached with OSU to make the LBCC pass program whole AT \$25,000. The OSU contribution is \$12,000.**

2. Provide a narrative description of the expenditures outlined in the line item budget. Provide clarification and explanation of any changes from FY 2002 budget to FY 2003 budget.

**In April 2002, the Linn-Benton Loop Commission authorized reduction in service by one run as a cost cutting measure. The final run of the day, which had extremely low ridership, was eliminated. Also, a senior driver has left due to chronic illness. The replacement driver is at a lower step on the pay scale. Offsetting this, however, is the increase in benefits cost.**

**Equipment replacement is funded this year in anticipation of the delivery of a replacement bus in May or June of 2003. There is no contingency fund.**



## MANAGEMENT APPLICATION

### 1. ORGANIZATIONAL:

1. Provide the following information about the organization:

Number of years in operation; years of experience providing transportation; and describe experience providing services to elderly and/or disabled persons.

**Established in 1980; 22 years of service including planning.**

**Drivers operating the Loop bus have experience ranging from 4 years to 20-plus years. All drivers receive regular passenger assistance training, as well as safe driving education.**

**Efforts are being made through the repair facility to train drivers more on the mechanics of their buses.**

2. Submit an organization chart(s) describing the decision making process (include advisory and governing bodies) and the flow of responsibility from administration through levels of management to the delivery of services.

**Attached.**

### B. LEGAL: (Submit only one copy of items A-D listed below attached to original application. Do not include with 11 extra copies.)

1. Non-profit and for-profit corporations must submit: (1) a copy of their corporate certificate of articles of incorporation, and (2) State of Oregon and IRS Tax number and status.

**Corporate Certificate attached. Federal Tax ID No. 93-6002114**

2. Submit evidence of workers compensation coverage and unemployment insurance for employees.

**Attached.**

3. Submit "Certificate of Insurance" which lists the certificate holder as Linn County, c/o Oregon Cascades West Council of Governments, PO Box 1836, Albany, OR 97321. A certificate must be submitted for both liability and comprehensive insurance coverage for vehicles owned by the applicants organization. Identify the amount of insurance.

**NOTE: New applicants may submit a signed statement that they agree to, and will have in place at the time of service commencement, the appropriate coverage.**

**A Certificate of Insurance will be forwarded when the policy for 2002-2003 is received.**

4. Submit a copy of the organization's most recent annual audit or financial review.

**Submitted with Albany Transit System application.**

Criteria: Salary Increase Figured at 3.00%  
 Health Ins Increase at 20.00%  
 EPB - Employer paid benefits percentage

FICA at current cost of 7.65%  
 All other insurances at current rates

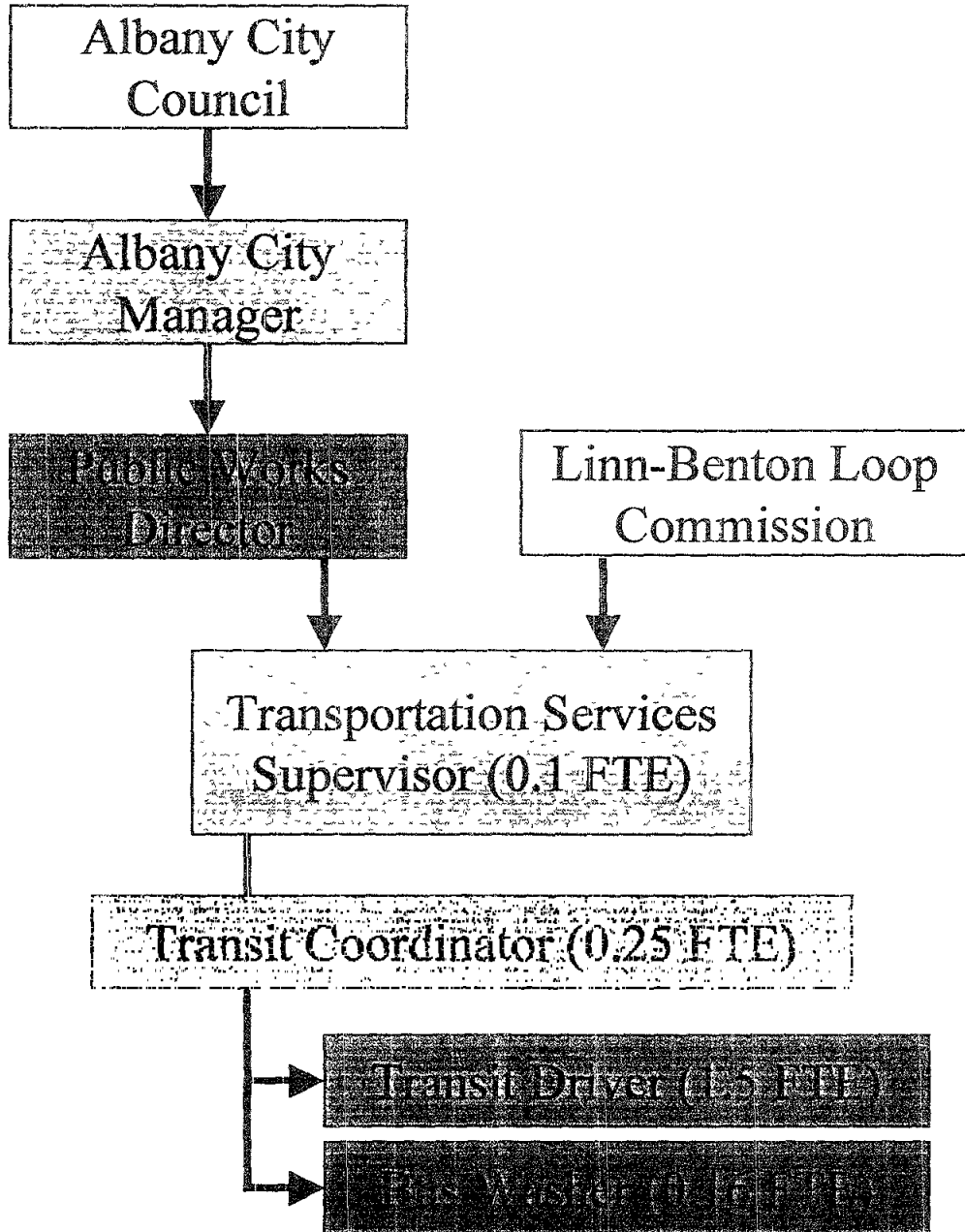
Employer PERS Rate = 11.720%

**Fund 36 Public Transit Fund**  
**Dept 290 Linn-Benton Loop**

Emp #	Name	Union	FTE	Salary	FICA	PERS	PERS-PU	Health	Life	Disab	City Paid DComp	WComp	Monthly Benefits	Annual Benefits	Annual Salary	EPB
05500	CAMPAU, EDNA L TRANSIT COORDINATOR	Y	0.25	825*	63	97	50	176	4	5	4	1	400	4,800	9,900	48.4%
94731	CHAPMAN, PAMELA R LABORER	Y	0.16	383*	30	45	23	54	2	2	2	16	174	2,088	4,596	45.4%
94732	CHAPMAN, PAMELA R. TRANSIT OPERATOR	Y	0.12	300*	23	35	18	40	2	2	0	12	132	1,584	3,600	44.0%
50200	NEVILLE, CORLISS TRANSIT OPERATOR	Y	1.00	2,496*	191	293	150	703	14	15	12	104	1,482	17,784	29,952	59.3%
99850	OPEN POSITION TRANSIT OPERATOR	Y	0.33	754*	58	88	45	232	5	5	0	31	464	5,568	9,048	61.5%
71560	RADVANSKY, GLENDA J TRANSP SUPERVISOR		0.10	568*	43	67	34	71	4	3	5	1	228	2,736	6,816	40.1%
<b>Department totals</b>			<b>1.96</b>	<b>5,326</b>	<b>408</b>	<b>625</b>	<b>320</b>	<b>1,276</b>	<b>31</b>	<b>32</b>	<b>23</b>	<b>165</b>	<b>2,880</b>	<b>34,560</b>	<b>63,912</b>	<b>54.1%</b>
<b>Total Annual Wages &amp; Benefits...</b>															<b>98,472</b>	

\* = Salary Adjustment. One or more of the following: Step inc, Admin leave buyout, and/or Additional City Pd Def.Comp.

# Linn-Benton Loop Organizational Chart



**AGENT**  
DIRECT

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE COVERAGE DOCUMENT. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE COVERAGE DOCUMENTS LISTED HEREIN.

**COMPANIES AFFORDING COVERAGE**

**NAMED PARTICIPANT**  
City of Albany  
P. O. Box 490  
Albany, OR 97321

- COMPANY A - City County Insurance Services (CCIS)
- COMPANY B - Hartford Steam Boiler
- COMPANY C - Fidelity and Deposit of Maryland
- COMPANY D - Commonwealth of America

**COVERAGES**

This is to certify that coverage documents listed herein have been issued to the Named Participant herein for the Coverage period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which the certificate may be issued or may pertain, the coverage afforded by the coverage documents listed herein is subject to all the terms, conditions and exclusions of such coverage documents.

CO LTR	Type of Coverage	Certificate #	Effective Date	Expiration Date	Limits	
					General Aggregate	Each Occurrence
A	<b>General Liability</b>	01LALB	7/1/2001	6/30/2002	General Aggregate	None
	<input checked="" type="checkbox"/> Commercial General Liability				Each Occurrence	\$2,000,000
	<input checked="" type="checkbox"/> Public Officials Liability					
	<input checked="" type="checkbox"/> Employment Practices					
	<input checked="" type="checkbox"/> Occurrence					
A	<b>Automobile Liability</b>	01LALB	7/1/2001	6/30/2002	General Aggregate	None
	<input checked="" type="checkbox"/> Scheduled Autos				Each Occurrence	\$2,000,000
	<input checked="" type="checkbox"/> Hired Autos					
	<input checked="" type="checkbox"/> Non-Owned Autos					
A	<b>Auto Physical Damage</b>	01APDALB	7/1/2001	6/30/2002		
	<input checked="" type="checkbox"/> Scheduled Autos					
	<input checked="" type="checkbox"/> Hired Autos					
	<input checked="" type="checkbox"/> Non-Owned Autos					
A	<input checked="" type="checkbox"/> <b>Property</b>	01PALB	7/1/2001	6/30/2002	Per Filed Values	
B	<input checked="" type="checkbox"/> <b>Boiler and Machinery</b>	01BALB	7/1/2001	6/30/2002	Per Filed Values	
C	<input type="checkbox"/> <b>Excess Crime</b>					
D	<input checked="" type="checkbox"/> <b>Excess Earthquake</b>	01QALB	7/1/2001	6/30/2002	Each Occurrence	\$25,000,000
A	<input checked="" type="checkbox"/> <b>Workers' Comp.</b>	01WALB	7/1/2001	6/30/2002	Coverage A and B	

**DESCRIPTION:**

**CERTIFICATE HOLDER**

**CANCELLATION:** Should any of the coverage documents herein be cancelled before the expiration date thereof, CCIS will endeavor to provide 30 days written notice to the certificate holder named herein, but failure to mail such notice shall impose no obligation or liability of any kind upon CCIS, its agents or representatives, or the issuer of this certificate.

By: *[Signature]* Date:

United States of America

STATE OF OREGON.

Office of the Secretary of State,

Salem, Mar 27<sup>th</sup> 1885

I, R. P. FARHART, do hereby certify that I am the Secretary of State of the State of Oregon, and Custodian of the Great Seal thereof: that the foregoing transcript of the

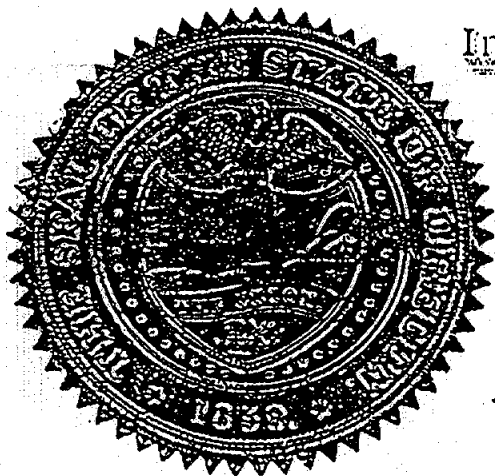
An Act

to incorporate the city of Albany and to repeal an Act approved Oct. 24, 1864, Oct. 26, 1870, Oct. 18, 1878 and Oct. 25, 1880

has been by me compared with the original copy of the said

Act

now on file in this office, and that it is a true and correct transcript thereof, and the whole of said original Act



In Testimony Whereof, I have hereunto set my Hand and affixed hereto the Great Seal of the State of Oregon. Done at the Capitol at Salem, Oregon, this 27<sup>th</sup> day of March A.D. 1885

R. P. Farhart

Secretary of State

## BUS STOPS

The LOOP stops at the designated stops at regularly scheduled times. The bus will stop at the following locations on an ON-CALL basis only.

- \* Taco Bell/Pacific Blvd. before downtown.
- \* J & J Electric on reverse loops after Albany City Hall.
- \* Children's Farm Home on Highway 20.
- \* 4th & Madison in downtown Corvallis.
- \* Peoria Road/Highway 34.
- \* Tangent at Fisher Implement.

## PARK & RIDE SITES

1. North Albany Park & Ride is located on Hickory Road behind the grocery store in North Albany.
2. South Albany Park & Ride is located at the 34th Ave. Fire Station. Note - bus picks up people at this location at 6:20 a.m. and disembarks at 8:00 p.m.
3. LBCC Park & Ride is located in the south parking lot in front of Takena Hall. The final daily run will return passengers to this site upon request.

**BICYCLE RACK SERVICE:** A bicycle rack is available for use on a first come - first served basis. The rack will secure two bicycles. The City of Albany assumes no liability for damage to bicycles.

## BUS FARE

Adult Fare	\$ 1.00
Adult Coupon Book (20 rides)	17.00
Senior/Disabled/Youth Fare	.75
Senior/Disabled/Youth Coupon Book (20)	14.00
Term Passes (3 mo) Students	55.00
All Others	70.00

Please have exact fare. Drivers do not carry change. Coupon Books and Term Passes are available at Albany City Hall and Corvallis City Hall.

## DAYS OF SERVICE

Monday through Friday:

No service on major holidays.

## INFORMATION

Schedule, Route Information and Lost & Found:

917-7667

Albany Call-A-Ride 917-7770

Amtrak 928-0885

Corvallis Transit System 766-6998

Greyhound 1-800-231-2222

Linn Shuttle 541/367-4775

Valley Retriever 541/265-2253

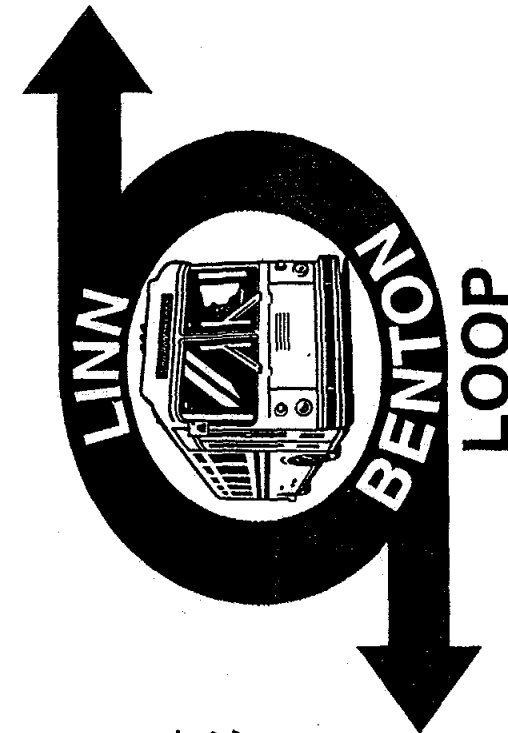
## WHEELCHAIR PASSENGERS

The Linn Benton Loop Bus is equipped with a wheelchair lift to accommodate your requirements.



Effective April 2002

# BUS SCHEDULE



*In Service Since 1980*

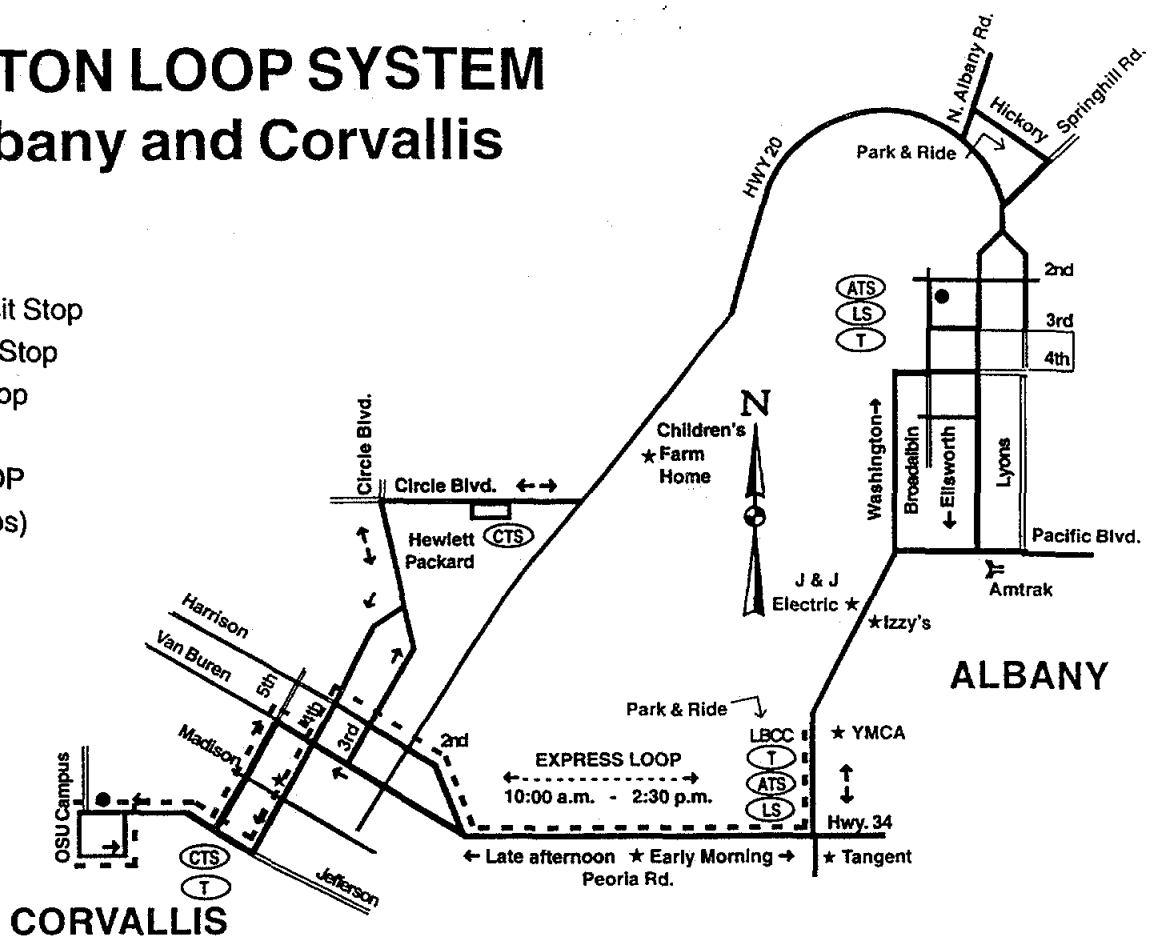
Service between Albany, Linn-  
Benton Community College,  
Corvallis, Oregon State University  
and Hewlett Packard.

# LINN-BENTON LOOP SYSTEM serving Albany and Corvallis

Legend:

- (CTS)** Corvallis Transit Stop
- (ATS)** Albany Transit Stop
- (LS)** Linn Shuttle Stop
- (T)** Bus Terminal
- ★** ON CALL STOP  
(see bus stops)
- Express Loop

Loop Information:  
**917-7667**



## ALBANY \ HIGHWAY 20 / CORVALLIS LOOP

Early Morning

ALBANY: 2ND & BROADALBIN	NORTH ALBANY PARK & RIDE	HEWLETT PACKARD	CORVALLIS 4TH & HARRISON	OSU - 15TH & JEFFERSON	CORVALLIS - 5TH & JEFFERSON	LBCC	AMTRAK
6:30	6:33	6:50	6:55	7:00	7:05	7:25	
7:40	7:43	8:00	8:05	8:10	8:15	8:35	
AR 8:50 / LV 9:05	9:08	9:25	9:30	9:35	9:40	10:00	

## ALBANY / HWY 34 / CORVALLIS EXPRESS LOOP

LBCC	OSU - 15TH & JEFFERSON	CORVALLIS - 5TH & JEFFERSON
10:00	10:20	10:25
AR 10:45 / LV 11:00	11:20	11:25
AR 11:45 / LV 12:00	12:20	12:25
AR 12:45 / LV 1:00	1:20	1:25
1:45	2:05	2:10
2:30		

The Albany Transit System (ATS) connects with the Loop at LBCC. ATS goes to AMTRAK hourly. Inform the driver if you need to transfer. See the ATS Schedule for connecting routes, or ask the driver.

## ALBANY / HWY 34 / CORVALLIS / HWY 20 - REVERSE LOOP

Late Afternoon

ALBANY - 2ND & BROADALBIN	AMTRAK	LBCC	CORVALLIS 4TH & HARRISON	OSU - 15TH & JEFFERSON	CORVALLIS - 5TH & JEFFERSON	HEWLETT PACKARD	NORTH ALBANY PARK & RIDE
2:45		3:05	3:20	3:25	3:30	3:40	3:55
4:05		4:15	4:30	4:35	4:40	4:50	5:05
AR 5:10 / LV 5:25	5:27	5:40	5:55	6:00	6:05	6:15	6:30
6:35	END OF SERVICE						

**INTERGOVERNMENTAL AGREEMENT**  
(Order #2002-192)

THIS AGREEMENT is made and entered into this \_\_\_\_\_, day of \_\_\_\_\_, 2002, by and between the following parties:

LINN COUNTY, a political subdivision of the State of Oregon, (County), of P.O. Box 100, Albany, Oregon, 97321, and  
ALBANY TRANSIT, of P.O. Box 490, Albany, OR 97321, a political subdivision of the State of Oregon, (Contractor), whose Federal Employer Identification # is 93-6002114

<b>PROGRAM ABSTRACT:</b> Funding to preserve existing transportation services to seniors and persons with disabilities on the Albany Transit System.
--

<b>TOTAL CONTRACT SUM:</b> \$400
----------------------------------

The County requires the services described herein and desires that Contractor provide them. Contractor shall perform all necessary work in order to accomplish the services specified in consideration of the mutual agreements hereinafter set forth. IT IS AGREED:

1. **Term of Contract:** This Agreement shall be effective and services required hereunder shall commence on July 1, 2002 and shall terminate on June 30, 2003, except as provided by the termination and non-funding provisions set out below.
2. **Consideration:** As consideration for the performance of all terms and conditions set forth in this Contract, County promises to pay \$100 per quarter upon receipt of a statement to be submitted by Contractor.
3. **Contractor Services:** Contractor agrees to perform the following services to the satisfaction of the County:
  - a. Provide transportation to elderly and disabled in the Linn County area as outlined in Exhibit A: STF Application
4. **Declaration of the nature of the contractual relationship:** Contractor agrees that Contractor is an independent Contractor and not an employee of or agent of the County. County shall not be responsible for any claims, demands or causes of action of any kind or character arising in favor of any person, on account of personal injuries, or death, or damage to property occurring, growing out of, incident to, or resulting directly or indirectly from the operations or activities of the Contractor.
5. **Workers Compensation Provisions:** Contractor shall obtain and at all time keep in effect Worker's Compensation insurance. Contractor represents to the County that it presently maintains coverage sufficient to meet the requirements of Oregon law by: City County Insurance Services, City of Albany Policy.
6. **Other insurance provisions:**
  - a. **Indemnification.** Each party to this Agreement shall defend, indemnify and hold harmless the other party and its officers, employees and agents from claims arising from:
    - i. injury to any person or damage to property caused by the negligence or other



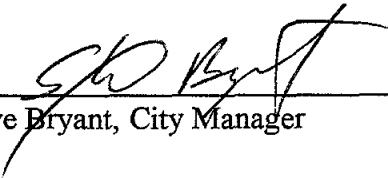
- wrongful acts or omissions of the other party, its officers, employees or agents; or
- ii. failure or refusal of one party to perform or fulfill its responsibilities under this Agreement or any law, through no fault of the other party. The obligations or rights under this section may not be delegated or assigned without the express consent of the County.
- b. **General Liability.**
- i. Contractor shall obtain and at all times keep in effect, liability insurance covering activities and operations of the Contractor. Such liability insurance shall meet the requirements set forth in the Oregon Tort Claims Act as codified in ORS 30.260 to 30.300. Such requirements include the following limits:
    - (1) \$50,000 to any claimant for any number of claims for damage to or destruction of property, including consequential damages, arising out of a single accident or occurrence;
    - (2) \$100,000 to any claimant as general and special damages for all other claims arising out of a single accident or occurrence, unless those damages exceed \$100,000, in which case the claimant may recover additional special damages, but in no event shall the total award of special damages exceed \$100,000; and
    - (3) \$500,000 for any number of claims arising out of a single accident or occurrence.
  - ii. Contractor shall name County, and its officers, employees, and agents as additional insureds on any activities being performed under the contract. Such insurance shall be evidenced by a Certificate of Insurance issued by an insurance company licensed to do business in the State of Oregon, containing a thirty (30) day Notice of Cancellation endorsement and shall be forwarded to County prior to commencement of the services.
  - iii. Contractor has obtained insurance required by Subsection (6) (b)(i) by City of Albany Policy, written by City County Insurance Services.
- c. **Professional Liability.** Contractor shall obtain and at all times keep in effect, any professional liability required by law, or, if not required by law, any professional liability insurance Contractor holds at the time of execution of this Agreement.
- d. **Policy Changes.** In the event of unilateral cancellation or restriction by the insurance company of an insurance policy referred to in this paragraph, the Contractor shall immediately notify County orally and in writing within three (3) business days.
- e. Contractor represents that it has obtained the insurance required by this Agreement.
7. **Other contractor duties:** Contractor further agrees to:
- a. Comply with all applicable Federal and State statutes, rules and regulations, specifically including the following provisions of the Oregon Revised Statutes ("Public Contracts and Purchasing") which are incorporated by this reference in this Contract: ORS 279.312 to 279.320; 279.334 to 279.338; and, if this contract is for a public works project and payment pursuant to this Contract exceeds \$25,000, the provisions of ORS 279.348 to 279.365; and 279.445(4) and (5);
  - b. Not delegate the responsibility for providing services hereunder to any other individual or agency, except as may be provided for above, in Section 3; and

- c. To provide County with periodic reports to County at the frequency and with the information prescribed to be reported by County.
8. **Termination; for cause, non-funding, convenience:**
- a. **For Convenience.** Either party may terminate this Contract without specifying any reason for termination by giving written notice of intent to terminate, in writing, mailed at least thirty (30) days before the intended termination date to the other party at the party's address given above. Such termination shall be without liability or penalty. No such termination shall prejudice any obligations or liabilities of either party already accrued prior to the effective date of termination.
- b. **For Cause.** It is further agreed that this Contract may be terminated by the County for either of the following causes by the mailing of written notice to the Contractor at Contractor's address given above, specifying the cause:
- i. unsatisfactory performance or nonperformance. The Linn County Board of Commissioners is the sole judge of Contractor's unsatisfactory performance or nonperformance; or
  - ii. loss of available funding.
9. **Waiver:** The failure of either party to enforce any provision of this agreement shall not constitute a waiver by that party of that or any other provision of this agreement, or the waiver by that party of the ability to enforce that or any other provision in the event of any subsequent breach.
10. **Assignment:** The Contractor shall not assign this Agreement in whole or in part for any purpose without the express written consent from the County.
11. **Severability:** If any provision of this agreement shall be held invalid or unenforceable by any court or tribunal of competent jurisdiction, such holding shall not invalidate or render unenforceable any other provision and obligations of the parties shall be construed and enforced as if the agreement did not contain the particular term or provision held to be invalid.
12. **Governing law:** This agreement shall be governed and construed in accordance with the laws of the State of Oregon. Any claim, action, suit, or proceeding that arises from or relates to this agreement shall be brought in and conducted solely and exclusively within the circuit court of Linn County for the State of Oregon. Provided, however, if a claim must be brought in a federal forum, then it shall be brought and conducted solely and exclusively with the United States District court for the State of Oregon.
13. **Notices:** Any notice or other communication required or permitted to be given under this agreement shall be in writing and shall be mailed by certified mail, return receipt requested, postage prepaid, addressed to the parties at the addresses first set forth above. Any notice or other communication shall be deemed to be given at the expiration of forty-eight (48) hours after the deposit in the United States mail. The addresses to which notices or other communications shall be mailed may be changed from time to time by giving written notice to the other party as provided in this section.
14. **Entire agreement:** The foregoing and all attached exhibits constitute the entire agreement between the parties. It may not be changed, except that amendments may be made provided the same are in writing and signed by the parties hereto. There are no understandings, agreements, or representations, oral or written, not specified herein regarding this agreement.

**IN WITNESS WHEREOF**, the parties hereto have caused this instrument to be executed in

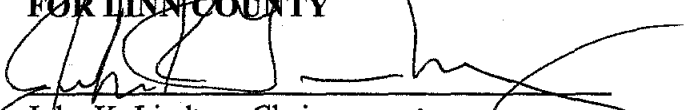
duplicate by the duly authorized persons whose signature appear below. Each party, by the signature below of its authorized representative, hereby acknowledges that it has read this agreement, understands it, and agrees to be bound by its terms and conditions. Each person signing this agreement represents and warrants to have the authority to execute this agreement.

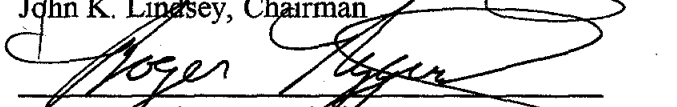
**City of Albany**

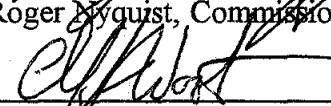
  
\_\_\_\_\_  
Steve Bryant, City Manager

7/16/02  
\_\_\_\_\_  
Dated

**BOARD OF COMMISSIONERS  
FOR LINN COUNTY**

  
\_\_\_\_\_  
John K. Lindsey, Chairman

  
\_\_\_\_\_  
Roger Nyquist, Commissioner


  
\_\_\_\_\_  
Cliff Wooten, Commissioner

6/26/02  
\_\_\_\_\_  
Dated

APPROVED AS TO CONTENT:

  
\_\_\_\_\_  
Kristi Murphy, STF Staff

APPROVED AS TO FORM:

  
\_\_\_\_\_  
Brad Anderson  
Linn County Legal Counsel

**LINN COUNTY  
APPLICATION FOR SPECIAL TRANSPORTATION FORMULA PROGRAM  
COVER PAGE**

AGENCY: Albany Transit System  
City of Albany, Operator  
ADDRESS: PO Box 490  
Albany, OR 97321

PROJECT PERIOD: July 1, 2002 – June 30, 2003

TYPE OF PROPOSAL:  
New   
Continuation

TELEPHONE: 917-7606

TYPE OF ORGANIZATION:  
Public   
Non-Profit   
Profit

NAME AND TITLE OF PREPARER: Edna Campau, Transit Coordinator

TOTAL STFP OPERATING FUNDS REQUESTED \$ 400

  
SIGNATURE OF AUTHORIZED OFFICIAL

6/5/02  
DATE

NAME: Glenda J. Radvansky, P.E.  
TITLE: Transportation Services Supervisor

### TECHNICAL APPLICATION

A. Type of Transportation Service Proposed:

Fixed Route             
Door-to-Door         
Taxi                     
Volunteer Driver     
Other                 

B. Description of Service. Attach either (check one)

A description of service characteristics of transportation supported by STF  
OR  
 Copies of printed schedules and maps showing the routes.

C. Population of area to be served: 41,175

Source of population estimate: PSU.

D. Provider's service supported by STF is (check as many as appropriate):

Open to general public at all times            Open to elderly only  
 Open to the general public on a space available basis    Open to elderly and disabled  
 Limited to defined clientele ( example: foster home residents)  
 Open to disabled only

E. Overview narrative of how funds will be spent. How does this improve special transportation for Linn County?

**Albany Transit System (ATS) will use the funds to preserve existing service. An estimated 27 percent of ATS riders are elderly or disabled.**

- F. Describe in detail the service and how it will meet the transportation needs of the elderly and/or disabled including vehicles used, days of operations, hours of operations, and estimated mileage for service period.

**ATS operates mid-size Gillig coaches on a fixed route service plan. All buses are wheelchair lift-equipped. The bus service runs Monday through Friday, excluding major holidays, between the hours of 6:45 a.m. and 6:00 p.m. The daily mileage is approximately 300 miles a day, or 78,000 miles per year.**

**Approximately 9 percent of ATS' ridership is elderly and 18 percent is disabled for a total of 27 percent elderly and disabled.**

**Routes are designed to access shopping, medical facilities, and human services offices, as well as general residential areas and schools.**

- G. Service Coordination:

Describe plans to coordinate with existing transportation services. Explain and identify why existing resources/services do not fulfill the need indicated in the application.

**ATS continues to coordinate with Albany Call-A-Ride, the Linn-Benton Loop, and the Linn Shuttle. ATS makes hourly stops at the Amtrak station and shares its downtown transit stop with Greyhound. Referrals are often made to Interfaith Volunteer Caregivers.**

H. Persons to be Served:

Estimate the number of unduplicated persons to be served between July 1, 2000, and June 30, 2001. Person should be counted in only one category. If a rider is elderly, count only in elderly category even if the rider is also physically and/or mentally disabled. If the rider is not elderly, count the rider in one of the remaining categories.

	<u>Total Persons Unduplicated</u>
1. Elderly	*
2. Under 60, Disabled	
3. Other (Non-STFP Eligible)	

What is the basis for this estimate?

**\*Because the ATS ridership is relatively large, carrying a great number of general public riders, it is not feasible to attempt to determine the number of unduplicated riders.**

I. Service Data

Estimated number of service units (one-way rides) to be provided between July 1, 2001, and June 30, 2002.

	<u>Total Units</u>
1. Elderly	6,030
2. Under 60, Disabled	12,060
3. Other (Non-STFP Eligible)	48,910
<b>TOTAL</b>	<b>67,000</b>

What is the basis for this estimate?

**This information is based on daily records and ridership surveys.**

J. Fare Structure

Regular Fare	\$ <u>.60</u>	Disabled Person Fare	\$ <u>.30</u>
Senior Fare	\$ <u>.30</u>	Donation Requested	\$ <u>fare only</u>
Monthly Pass	\$ <u>18.00 (regular)</u>	Coupon Books (20 rides)	\$ <u>11.00 (regular)</u>
Monthly Pass	\$ <u>9.00 (senior/youth/disabled)</u>	Coupon Books (20 rides)	\$ <u>5.50 (s/y/d)</u>
No Fare Charged – under age 6			

**K. Agency Fleet**

Provide the following information for all vehicle presently available to you for operating special transportation services.

Year	Make/Model	Capacity	Lift Equipped	Mileage	Condition
1991	Gillig Spirit	23	yes	261,206	Poor
1991	Gillig Spirit	23	yes	235,953	Poor
1997	Gillig Phantom	36	yes	171,269	Good

**L. Vehicle Maintenance**

How are the service and maintenance needs of your vehicles determined? Who makes the determination and who performs maintenance on your vehicles? For lift equipped vehicles, who does the maintenance and inspections?

**Vehicles receive routine maintenance based on a mileage and time-elapsd schedule. Maintenance and inspection of the vehicles as well as the lifts is performed by a contract garage, Tri-West Transportation.**

**M. Eligibility Determination:**

Describe the process for determining eligibility of riders. Under what conditions will persons who are not eligible for STFP funded services be permitted to ride?

**There is no eligibility determination. All persons are permitted to ride ATS.**

- |                            |                                     |                       |                          |
|----------------------------|-------------------------------------|-----------------------|--------------------------|
| Same as STFP funded riders | <input checked="" type="checkbox"/> | Not permitted to ride | <input type="checkbox"/> |
| On space available basis   | <input type="checkbox"/>            | Other (Explain below) | <input type="checkbox"/> |



**BUDGET APPLICATION****1. REVENUES**

**Cash Resources:** Identify revenue sources for the entire agency (including transportation), then separate out the amount for the transportation program for the past year (07/01/00–06/30/01), current year (07/01/01–06/30/02), and next year (07/01/02–06/30/03), which this application covers.

<b>Fiscal Year 2000 (07/01/00- 06/30/01)</b>	<b>Agency</b>	<b>Transportation Program</b>
<b>ACTUAL</b>		
STF Formula Program Funds (Linn County)	\$ 3,875	\$ 3,875
United Way	0	
Federal Funds (Section 5311)	58,360	
Other State Funds	0	
Local Government Funds	191,100	
Ridership Fees	27,216	
Advertising	2,339	
Interest	1,089	
LBCC Pass Program	3,800	
Beginning Balance	32,545	
<b>Total Cash Resources</b>	<b>\$320,324</b>	<b>\$ 3,875</b>
<b>Fiscal Year 2001 (07/01/01- 06/30/02)</b>	<b>Agency</b>	<b>Transportation Program</b>
<b>REVISED</b>		
STF Formula Program Funds (Linn County)	\$ 400	\$ 400
United Way	0	
Federal Funds (Section 5311)	58,300	
Other State Funds	0	
Local Government Funds	192,500	
Ridership Fees	23,000	
Advertising	2,000	
Interest	600	
LBCC Pass Program	2,000	
Beginning Balance	37,050	
<b>Total Cash Resources</b>	<b>\$315,850</b>	<b>\$ 400</b>
<b>Fiscal Year 2002 (07/01/02- 06/30/03)</b>	<b>Agency</b>	<b>Transportation Program</b>
STF Formula Program Funds (Linn County)	\$ 400	\$ 400
United Way	0	
Federal Funds (Section 5311)	61,300	
Other State Funds	0	
Local Government Funds	204,500	
Ridership Fees	24,000	
Advertising	3,000	
Interest	400	
LBCC Pass Program	2,000	
Beginning Balance	14,200	
<b>Total Cash Resources</b>	<b>\$309,800</b>	<b>\$ 400</b>

In-Kind Resources: Identify the in-kind resources and indicate the value (for example: volunteer drivers, dispatchers at \$6.50/hour).

Fiscal Year 2002 (07/01/01 – 06/30/02)	Number of Hours	\$ Amount
N/A		
Total In-Kind Value		\$ 0

**B. EXPENDITURES**

**Line Item Expenses (Cash):** Prepare a detailed line item expense budget for transportation program for the past year (07/01/00–06/30/01), current year (07/01/01—06/30/02), and next year (07/01/02 – 03/30/03), which this application covers. Do **NOT** include in-kind expenses or capital purchases. The **STFP** column for FY 2003 is the portion this grant application would fund.

<u>Fiscal Year 2001 (07/01/00–06/30/01)</u> <u>Administrative Costs</u>	ACTUAL	<u>Total Transportation</u> <u>Costs</u>	<u>STFP Costs</u>
Administrative Salaries & Wages		\$ 35,246	
Administrative Fringe		16,349	
Administrative Line Items:			
Unemployment Claims		\$ 566	
Printing and Binding		8,034	
Advertising and Publications		706	
Materials and Supplies		978	
Safety Recognition		115	
Data Processing/Postage/Duplication/Fax		294	
Meetings and Conferences/Training/Dues		830	
Contractual Services		706	
General Administration/Accounting Services		19,630	
Space Rental		3,500	
Telephone		446	
Personal Auto Reimbursement		0	
<b>TOTAL ADMINISTRATIVE COSTS</b>		<b>\$87,400</b>	
 <b><u>Direct Service Costs</u></b>			
Direct Service Salaries & Wages		\$ 90,985	\$ 3,875
Direct Service Fringe		38,147	
(Attach staff roster with annual cost breakdown)			
Direct Services Line Items:			
Fuel and Oil		16,693	
Maintenance and Tires		32,716	
Communications Equipment		0	
Insurance		2,231	
Building Maintenance		1,067	
Minor Equipment		0	
Equipment Replacement		14,800	
Uniforms		608	
<b>TOTAL Direct Service Personnel and Line Items</b>		<b>\$197,247</b>	<b>\$ 3,875</b>
<b>GRAND TOTAL Admin. &amp; Direct Service Expenditures</b>		<b>\$284,647</b>	<b>\$ 3,875</b>

<b>Fiscal Year 2002 (07/01/01--06/30/02)</b>	<b>Total Transportation</b>	
<b><u>Administrative Costs</u> REVISED ESTIMATE</b>	<b><u>Costs</u></b>	<b><u>STFP Costs</u></b>
Administrative Salaries & Wages	\$ 36,540	
Administrative Fringe	19,050	
Administrative Line Items:		
Printing and Binding	\$ 9,000	
Advertising and Publications	1,000	
Materials and Supplies	1,000	
Safety Recognition	0	
Data Processing/Postage/Duplication/Fax	200	
Meetings and Conferences/Training/Dues	700	
Contractual Services	900	
General Administration/Accounting Services	26,100	
Space Rental	3,600	
Telephone	600	
Personal Auto Reimbursement		
Contingency	0	
<b>TOTAL ADMINISTRATIVE COSTS</b>	<b>\$ 98,690</b>	
<b><u>Direct Service Costs</u></b>		
Direct Service Salaries & Wages	\$ 95,260	\$ 400
Direct Service Fringe (Attach staff roster with annual cost breakdown)	44,450	
Direct Services Line Items:		
Unemployment Claims	\$	
Fuel and Oil	12,000	
Maintenance and Tires	40,000	
Communications Equipment	0	
Insurance	3,000	
Building Maintenance	1,300	
Minor Equipment	0	
Equipment Replacement	10,000	
Uniforms	300	
<b>TOTAL Direct Service Personnel and Line Items</b>	<b>\$ 206,310</b>	<b>\$ 400</b>
<b>GRAND TOTAL Admin. &amp; Direct Service Expenditures</b>	<b>\$305,000</b>	<b>\$ 400</b>

<b>Fiscal Year 2003 (07/01/02-06/30/03)</b>	<b>Total Transportation Costs</b>	<b>STFP Costs</b>
<b><u>Administrative Costs</u></b>		
Administrative Salaries & Wages	\$ 39,180	
Administrative Fringe	20,100	
Administrative Line Items:		
Printing and Binding	\$ 7,500	
Advertising and Publications	1,000	
Materials and Supplies	1,500	
Safety Recognition	200	
Data Processing/Postage/Duplication/Fax	400	
Meetings and Conferences/Training/Dues	1,200	
Contractual Services	900	
General Administration/Accounting Services	25,200	
Space Rental	1,700	
Telephone	1,800	
Personal Auto Reimbursement	0	
Contingency	0	
2% Fee for possible Administrative Costs	100	
<b>TOTAL ADMINISTRATIVE COSTS</b>	<b>\$100,780</b>	

**Direct Service Costs**

Direct Service Salaries & Wages	\$ 96,820	\$ 400
Direct Service Fringe (Attach staff roster with annual cost breakdown)	46,900	
Direct Services Line Items:		
Unemployment Claims	\$ 1,400	
Fuel and Oil	15,000	
Maintenance and Tires	33,000	
Communications Equipment	0	
Insurance	3,600	
Building Maintenance	1,500	
Minor Equipment	0	
Equipment Replacement	10,100	
Uniforms	700	
<b>TOTAL Direct Service Personnel and Line Items</b>	<b>\$209,020</b>	<b>\$ 400</b>
<b>GRAND TOTAL Admin. &amp; Direct Service Expenditures</b>	<b>\$309,800</b>	<b>\$ 400</b>

\*Total resources from Transportation Program FY 02 (page 6) must match Grant Total Transportation Program expenditures.

\*\*STFP Funds request from Cover page must match Grand Total STFP only.

**Cost Analysis**

	<b><u>Transportation Program</u></b>
TOTAL # of Rides (from Page 4)	<u>67,000</u>
Cost per Unit of Service (Grand Total Transportation costs divided by number of service units.)	\$ <u>4.69</u>
Total Unduplicated persons served (from page 4)	<u>N/A</u>
Cost per Person	\$ <u>N/A</u>

**C. Budget Justification**

1. Provide a narrative description of total transportation revenues. Provide clarification and explanation of any major changes from FY 2002 budget to FY 2003 budget.

**No major changes.**

2. Provide a narrative description of the expenditures outlined in the line item budget. Provide clarification and explanation of any changes from FY 2002 budget to FY 2003 budget.

**Personnel costs, including benefits, are increased over FY 2001-2002. This increase is due primarily to the escalating costs of health insurance premiums.**

**Maintenance costs have escalated due to an engine rebuild (\$18,000) in one of the 1991 Gillig buses.**

## MANAGEMENT APPLICATION

### 1. ORGANIZATIONAL:

1. Provide the following information about the organization:

Number of years in operation; years of experience providing transportation; and describe experience providing services to elderly and/or disabled persons.

**Established in 1974; 28 years of service including planning.**

**Drivers operating the ATS buses have experience ranging from 6 months to 20-plus years. All drivers receive regular passenger assistance training, as well as safe driving education.**

**Efforts are being made through the repair facility to train drivers more on the mechanics of their buses.**

2. Submit an organization chart(s) describing the decision making process (include advisory and governing bodies) and the flow of responsibility from administration through levels of management to the delivery of services.

**Attached.**

### B. LEGAL: (Submit only one copy of items A-D listed below attached to original application. Do not include with 11 extra copies.)

1. Non-profit and for-profit corporations must submit: (1) a copy of their corporate certificate of articles of incorporation, and (2) State of Oregon and IRS Tax number and status.

**Corporate Certificate attached.  
Federal Tax ID No. 93-6002114**

2. Submit evidence of workers compensation coverage and unemployment insurance for employees.

**Attached.**

3. Submit "Certificate of Insurance" which lists the certificate holder as Linn County, c/o Oregon Cascades West Council of Governments, PO Box 1836, Albany, OR 97321. A certificate must be submitted for both liability and comprehensive insurance coverage for vehicles owned by the applicants organization. Identify the amount of insurance.

**NOTE: New applicants may submit a signed statement that they agree to, and will have in place at the time of service commencement, the appropriate coverage.**

**A current Certificate of Insurance will be forwarded when the policy for 2002-2003 is received.**

4. Submit a copy of the organization's most recent annual audit or financial review.  
**Submitted with Albany Transit System application.**

Personnel Cost Worksheet 04/02/02 09:38:09

All Employeess

Criteria: Salary Increase Figured at 3.00%  
 Health Ins Increase at 20.00%  
 EPB = Employer paid benefits percentage

FICA at current cost of 7.65%  
 All other insurances at current rates

Employer PERS Rate = 11.720%

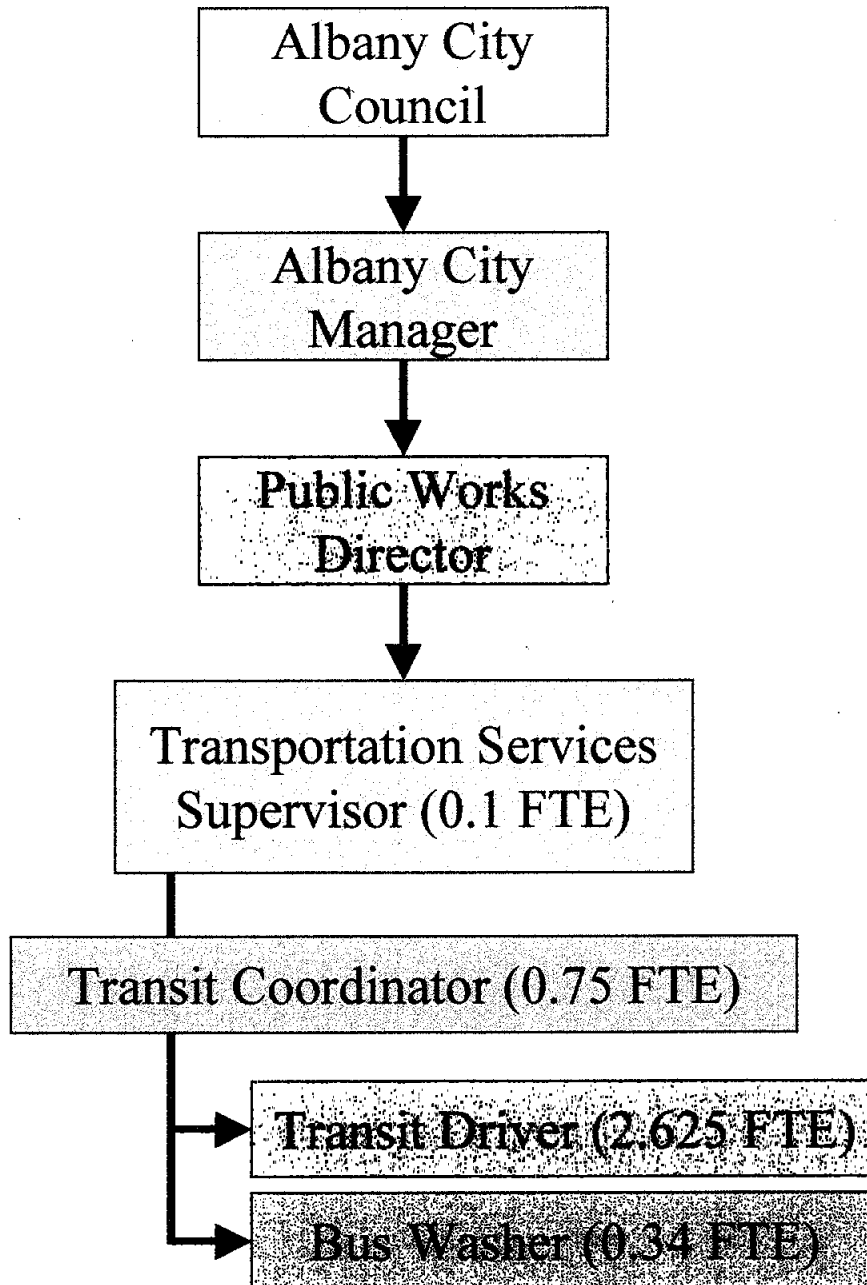
**Fund 36 Public Transit Fund  
 Dept 288 Albany Transit System**

Emp #	Name	Union	FTE	Salary	FICA	PERS	PERS-PU	Health	Life	Disab	City Paid DComp	WComp	Monthly Benefits	Annual Benefits	Annual Salary	EPB	
05500	CAMPAU, EDNA L TRANSIT COORDINATOR	Y	0.75	2,475*	189	290	149	528	11	16	12	4	1,199	14,388	29,700✓	48.4%	
94731	CHAPMAN, PAMELA R LABORER	Y	0.34	806*	62	94	48	114	5	5	4	33	365	4,380	9,672	45.2%	
94732	CHAPMAN, PAMELA R. TRANSIT OPERATOR	Y	0.38	948*	73	111	57	127	5	6	0	39	418	5,016	11,376	44.0%	
94361	MAXWELL, LAURA L TRANSIT OPERATOR	Y	1.00	2,676*	205	314	161	598	14	16	12	112	1,432	17,184	32,112	53.5%	
99850	OPEN POSITION TRANSIT OPERATOR	Y	0.25	572*	43	67	34	176	4	4	0	24	352	4,224	6,864	61.5%	
71560	RADVANSKY, GLENDA J TRANSP SUPERVISOR		0.10	568*	43	67	34	71	4	3	5	1	228	2,736	6,816✓	40.1%	
15780	SANVILLE, MARY V TRANSIT OPERATOR	Y	1.00	2,831*	217	332	170	703	14	18	13	118	1,585	19,020	33,972✓	55.9%	
<b>Department totals</b>			<b>3.82</b>	<b>10,876</b>	<b>832</b>	<b>1,275</b>	<b>653</b>	<b>2,317</b>	<b>57</b>	<b>68</b>	<b>46</b>	<b>331</b>	<b>5,579</b>	<b>66,948</b>	<b>130,512</b>	<b>51.3%</b>	
															<b>Total Annual Wages &amp; Benefits...</b>		<b>197,460</b>

\* = Salary Adjustment. One or more of the following: Step inc, Admin leave buyout, and/or Additional City Pd Def.Comp.



# Albany Transit System Organizational Chart



United States of America

STATE OF OREGON.

Office of the Secretary of State,

Salem, Mar 27 1885

I, R. P. EARHART, do hereby certify that I am the Secretary  
of State of the State of Oregon, and Custodian of the Great  
Seal thereof; that the foregoing transcript of the

An Act

To incorporate the city of Albany and to repeal an Act  
approved Oct. 24, 1864, Oct. 26, 1870, Oct. 18, 1878 and Oct. 25, 1880.

has been by me compared with the original copy of the said

Act

now on file in this office, and that it is a true and correct transcript  
thereof, and the whole of said original Act



In Testimony Whereof, I have hereunto set  
my Hand and affixed hereto the Great  
Seal of the State of Oregon. Done at  
the Capital at Salem, Oregon, this 27  
day of March, A.D. 1885

R. P. Earhart

Secretary of State

**CITY COUNTY INSURANCE SERVICES CERTIFICATE OF COVERAGE**

**AGENT**  
DIRECT

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE COVERAGE DOCUMENT. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE COVERAGE DOCUMENTS LISTED HEREIN

**COMPANIES AFFORDING COVERAGE**

**NAMED PARTICIPANT**  
City of Albany  
P. O. Box 490  
Albany, OR 97321

COMPANY A - City County Insurance Services (CCIS)  
COMPANY B - Hartford Steam Boiler  
COMPANY C - Fidelity and Deposit of Maryland  
COMPANY D - Commonwealth of America

**COVERAGES**

This is to certify that coverage documents listed herein have been issued to the Named Participant herein for the Coverage period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which the certificate may be issued or may pertain, the coverage afforded by the coverage documents listed herein is subject to all the terms, conditions and exclusions of such coverage documents.

CO LTR	Type of Coverage	Certificate #	Effective Date	Expiration Date	Limits	
A	<b>General Liability</b>	01LALB	7/1/2001	6/30/2002	General Aggregate	None
	<input checked="" type="checkbox"/> Commercial General Liability				Each Occurrence	\$2,000,000
	<input checked="" type="checkbox"/> Public Officials Liability					
	<input checked="" type="checkbox"/> Employment Practices					
	<input checked="" type="checkbox"/> Occurrence					
A	<b>Automobile Liability</b>	01LALB	7/1/2001	6/30/2002	General Aggregate	None
	<input checked="" type="checkbox"/> Scheduled Autos				Each Occurrence	\$2,000,000
	<input checked="" type="checkbox"/> Hired Autos					
	<input checked="" type="checkbox"/> Non-Owned Autos					
A	<b>Auto Physical Damage</b>	01APDALB	7/1/2001	6/30/2002		
	<input checked="" type="checkbox"/> Scheduled Autos					
	<input checked="" type="checkbox"/> Hired Autos					
	<input checked="" type="checkbox"/> Non-Owned Autos					
A	<input checked="" type="checkbox"/> <b>Property</b>	01PALB	7/1/2001	6/30/2002	Per Filed Values	
B	<input checked="" type="checkbox"/> <b>Boiler and Machinery</b>	01BALB	7/1/2001	6/30/2002	Per Filed Values	
C	<input type="checkbox"/> <b>Excess Crime</b>					
D	<input checked="" type="checkbox"/> <b>Excess Earthquake</b>	01QALB	7/1/2001	6/30/2002	Each Occurrence	\$25,000,000
A	<input checked="" type="checkbox"/> <b>Workers' Comp.</b>	01WALB	7/1/2001	6/30/2002	Coverage A and B	

**DESCRIPTION:**

**CERTIFICATE HOLDER**

**CANCELLATION:** Should any of the coverage documents herein be cancelled before the expiration date thereof, CCIS will endeavor to provide 30 days written notice to the certificate holder named herein, but failure to mail such notice shall impose no obligation or liability of any kind upon CCIS, its agents or representatives, or the issuer of this certificate

By *[Signature]* Date

**INTERGOVERNMENTAL AGREEMENT**  
(Order #2002-195)

THIS AGREEMENT is made and entered into this \_\_\_\_\_, day of \_\_\_\_\_, 2002, by and between the following parties:

LINN COUNTY, a political subdivision of the State of Oregon, (County), of P O Box 100, Albany, Oregon, 97321, and  
ALBANY PARATRANSIT/CALL-A-RIDE, of 489 Water Street NW, Albany, OR 97321, a political subdivision of the State of Oregon, (Contractor), whose Federal Employer Identification # is 93-6002114.

<b>PROGRAM ABSTRACT.</b> Funding for the City of Albany Paratransit/Call-a-Ride service.
--

<b>TOTAL CONTRACT SUM:</b>	\$23,000
----------------------------	----------

The County requires the services described herein and desires that Contractor provide them. Contractor shall perform all necessary work in order to accomplish the services specified in consideration of the mutual agreements hereinafter set forth. IT IS AGREED:

1. **Term of Contract:** This Agreement shall be effective and services required hereunder shall commence on July 1, 2002 and shall terminate on June 30, 2003, except as provided by the termination and non-funding provisions set out below.
2. **Consideration:** As consideration for the performance of all terms and conditions set forth in this Contract, County promises to pay \$5,750 per quarter upon receipt of a statement to be submitted by Contractor.
3. **Contractor Services:** Contractor agrees to perform the following services to the satisfaction of the County.
  - a. Provide transportation to elderly and disabled in the Linn County area as outlined in Exhibit A: STF Application
4. **Declaration of the nature of the contractual relationship:** Contractor agrees that Contractor is an independent Contractor and not an employee of or agent of the County. County shall not be responsible for any claims, demands or causes of action of any kind or character arising in favor of any person, on account of personal injuries, or death, or damage to property occurring, growing out of, incident to, or resulting directly or indirectly from the operations or activities of the Contractor.
5. **Workers Compensation Provisions:** Contractor shall obtain and at all time keep in effect Worker's Compensation insurance. Contractor represents to the County that it presently maintains coverage sufficient to meet the requirements of Oregon law by: City County Insurance Services, City of Albany Policy.
6. **Other insurance provisions:**
  - a. **Indemnification.** Each party to this Agreement shall defend, indemnify and hold harmless the other party and its officers, employees and agents from claims arising from:
    - i. injury to any person or damage to property caused by the negligence or other

- wrongful acts or omissions of the other party, its officers, employees or agents; or
- ii. failure or refusal of one party to perform or fulfill its responsibilities under this Agreement or any law, through no fault of the other party. The obligations or rights under this section may not be delegated or assigned without the express consent of the County.
- b. **General Liability.**
- i. Contractor shall obtain and at all times keep in effect, liability insurance covering activities and operations of the Contractor. Such liability insurance shall meet the requirements set forth in the Oregon Tort Claims Act as codified in ORS 30 260 to 30 300. Such requirements include the following limits.
    - (1) \$50,000 to any claimant for any number of claims for damage to or destruction of property, including consequential damages, arising out of a single accident or occurrence;
    - (2) \$100,000 to any claimant as general and special damages for all other claims arising out of a single accident or occurrence, unless those damages exceed \$100,000, in which case the claimant may recover additional special damages, but in no event shall the total award of special damages exceed \$100,000, and
    - (3) \$500,000 for any number of claims arising out of a single accident or occurrence
  - ii. Contractor shall name County, and its officers, employees, and agents as additional insureds on any activities being performed under the contract. Such insurance shall be evidenced by a Certificate of Insurance issued by an insurance company licensed to do business in the State of Oregon, containing a thirty (30) day Notice of Cancellation endorsement and shall be forwarded to County prior to commencement of the services
  - iii. Contractor has obtained insurance required by Subsection (6) (b)(i) by City of Albany Policy, written by City County Insurance Services.
- c. **Professional Liability.** Contractor shall obtain and at all times keep in effect, any professional liability required by law, or, if not required by law, any professional liability insurance Contractor holds at the time of execution of this Agreement.
- d. **Policy Changes.** In the event of unilateral cancellation or restriction by the insurance company of an insurance policy referred to in this paragraph, the Contractor shall immediately notify County orally and in writing within three (3) business days.
- e. Contractor represents that it has obtained the insurance required by this Agreement.
7. **Other contractor duties:** Contractor further agrees to.
- a. Comply with all applicable Federal and State statutes, rules and regulations, specifically including the following provisions of the Oregon Revised Statutes ("Public Contracts and Purchasing") which are incorporated by this reference in this Contract ORS 279.312 to 279.320; 279.334 to 279.338, and, if this contract is for a public works project and payment pursuant to this Contract exceeds \$25,000, the provisions of ORS 279.348 to 279.365, and 279.445(4) and (5),
  - b. Not delegate the responsibility for providing services hereunder to any other individual or agency, except as may be provided for above, in Section 3, and

- c. To provide County with periodic reports to County at the frequency and with the information prescribed to be reported by County.
8. **Termination; for cause, non-funding, convenience:**
- a. **For Convenience.** Either party may terminate this Contract without specifying any reason for termination by giving written notice of intent to terminate, in writing, mailed at least thirty (30) days before the intended termination date to the other party at the party's address given above. Such termination shall be without liability or penalty. No such termination shall prejudice any obligations or liabilities of either party already accrued prior to the effective date of termination.
  - b. **For Cause.** It is further agreed that this Contract may be terminated by the County for either of the following causes by the mailing of written notice to the Contractor at Contractor's address given above, specifying the cause:
    - i. unsatisfactory performance or nonperformance. The Linn County Board of Commissioners is the sole judge of Contractor's unsatisfactory performance or nonperformance; or
    - ii. loss of available funding.
9. **Waiver:** The failure of either party to enforce any provision of this agreement shall not constitute a waiver by that party of that or any other provision of this agreement, or the waiver by that party of the ability to enforce that or any other provision in the event of any subsequent breach.
10. **Assignment:** The Contractor shall not assign this Agreement in whole or in part for any purpose without the express written consent from the County.
11. **Severability:** If any provision of this agreement shall be held invalid or unenforceable by any court or tribunal of competent jurisdiction, such holding shall not invalidate or render unenforceable any other provision and obligations of the parties shall be construed and enforced as if the agreement did not contain the particular term or provision held to be invalid.
12. **Governing law:** This agreement shall be governed and construed in accordance with the laws of the State of Oregon. Any claim, action, suit, or proceeding that arises from or relates to this agreement shall be brought in and conducted solely and exclusively within the circuit court of Linn County for the State of Oregon. Provided, however, if a claim must be brought in a federal forum, then it shall be brought and conducted solely and exclusively with the United States District court for the State of Oregon.
13. **Notices:** Any notice or other communication required or permitted to be given under this agreement shall be in writing and shall be mailed by certified mail, return receipt requested, postage prepaid, addressed to the parties at the addresses first set forth above. Any notice or other communication shall be deemed to be given at the expiration of forty-eight (48) hours after the deposit in the United States mail. The addresses to which notices or other communications shall be mailed may be changed from time to time by giving written notice to the other party as provided in this section.
14. **Entire agreement:** The foregoing and all attached exhibits constitute the entire agreement between the parties. It may not be changed, except that amendments may be made provided the same are in writing and signed by the parties hereto. There are no understandings, agreements, or representations, oral or written, not specified herein regarding this agreement.

IN WITNESS WHEREOF, the parties hereto have caused this instrument to be executed in

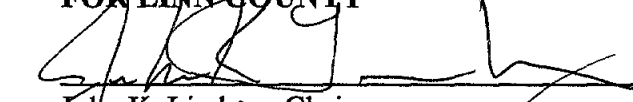
duplicate by the duly authorized persons whose signature appear below. Each party, by the signature below of its authorized representative, hereby acknowledges that it has read this agreement, understands it, and agrees to be bound by its terms and conditions. Each person signing this agreement represents and warrants to have the authority to execute this agreement

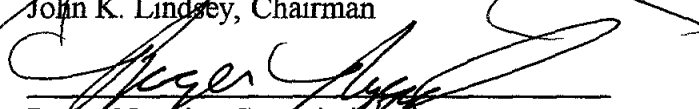
**City of Albany**

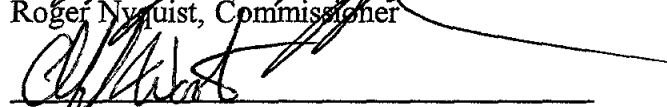
  
\_\_\_\_\_  
Steve Bryant, City Manager

7/16/02  
\_\_\_\_\_  
Dated

**BOARD OF COMMISSIONERS  
FOR LINN COUNTY**

  
\_\_\_\_\_  
John K. Lindsey, Chairman

  
\_\_\_\_\_  
Roger Nyquist, Commissioner


  
\_\_\_\_\_  
Cliff Wooten, Commissioner

6/26/02  
\_\_\_\_\_  
Dated

-----  
APPROVED AS TO CONTENT

  
\_\_\_\_\_  
Kristi Murphy, STF Staff

APPROVED AS TO FORM.

  
\_\_\_\_\_  
Brad Anderson  
Linn County Legal Counsel

**LINN COUNTY  
APPLICATION FOR SPECIAL TRANSPORTATION FORMULA PROGRAM  
COVER PAGE**

AGENCY: Albany Paratransit/Call-A-Ride PROJECT PERIOD: July 1, 2002-June 30, 2003

ADDRESS: 489 Water St NW  
Albany, OR 97321

TYPE OF PROPOSAL:  
New   
Continuation

TELEPHONE: 917-7760

TYPE OF ORGANIZATION:  
Public   
Non-Profit   
Profit

NAME AND TITLE OF PREPARER: Ted E. Frazier, Transportation/Facility Coordinator

TOTAL STFP OPERATING FUNDS REQUESTED \$ 23,000.00

Katherine P. Nooshazar 5/30/02  
SIGNATURE OF AUTHORIZED OFFICIAL DATE

NAME Katherine P Nooshazar  
TITLE Senior and Recreation Programs Supervisor



**TECHNICAL APPLICATION**

**A. Type of Transportation Service Proposed:**

- Fixed Route
- Door-to-Door
- Taxi
- Volunteer Driver
- Other

**B. Description of Services. Attach either (check one)**

- A description of services characteristics of transportation supported by STF.
- OR
- Copies of printed schedules and maps showing the routes

**C. Population of area to be served: 41,145**  
**Source of Population: City of Albany Demographic Data**

**D. Provider's service supported by STF is (Check as many as appropriate):**

- Open to the general public at all times
- Open to the general public on a space available basis
- Limited to defined clientele (example: foster home residents)
- Open to elderly only
- Open to elderly and disabled
- Open to disabled only

**E. Overview narrative of how funds will be spent. How does this improve special transportation for Linn County?**

In addition to providing general funding for the Paratransit service, this grant will provide funding for the following

General Paratransit Service. Transportation service as described in section F Total cost **\$2,500.00**

.375 FTE Paratransit Driver-15 hours per week: This would continue the utilization of fully trained drivers to assist special needs clients from 7:00am daily until 6.00pm daily We would continue to provide 5 additional rides per day (25 per week). Additionally we would have adequate coverage during peak hours of service to assist clients requiring specialized assistance due to disabilities, wheel chairs etc. Without this funding coverage is not available during these three hours per day or is provided by volunteers unable to meet these special needs. Total cost to continue this service: **\$10,800**

Driver Pay Equity Previously, Paratransit drivers employed by the City of Albany receive a starting salary of \$6.66 per hour (less than fast-food industry workers do.) These drivers are responsible for safely transporting special needs clients and assisting very frail elderly. Salary surveys of all comparable service providers with a similar population base have a starting salary of \$8.55 per hour. We have had problems filling these driver positions due to the inequitable rate of pay which does not provide a living wage. This inadequate salary combined with the high level of responsibility makes it difficult to hire qualified drivers. The continuation of these funds would enable us to attract and keep Paratransit Drivers able to meet the needs of the frail elderly and clients needing special assistance. Total Cost. **\$9,700**

**F. Describe the service and how it will meet the transportation needs of the elderly and/or disabled including vehicles used, days of operation, and hours of operation.**

The Albany Paratransit/Call-A-Ride System operates Monday through Friday, 7 a.m. to 6 p.m.

The System operates within three-quarters of a mile outside the Albany city limits. Albany Paratransit/Call-A-Ride provides transportation for all elderly and ADA-eligible passengers to essential services, jobs, doctors, therapy, social service agencies, grocery stores, etc. Individuals must be able to board the Paratransit/Call-A-Ride van or sedan with limited assistance from the driver. Clients may require mobility aids or personal attendants. Because of the social service offices located in Albany, there is a large population of frail and elderly individuals as well as individuals with disabilities who use the Paratransit/Call-A-Ride Service. Transportation is available through Paratransit/Call-A-Ride for some evening and weekend activities such as concerts in the park, public hearings, city council meetings, etc. The number of rides provided has increased significantly during the past year. Albany Paratransit/Call-A-Ride also provides transportation to the Senior Services elderly nutrition site presently located at the Albany Senior Center. This service is provided Monday through Friday, between the hours of 10.00 a.m. and 1 30 p.m.

The Albany Paratransit/Call-A-Ride System works with the Senior Services and Disability Services Divisions of the CWCOG to provide transportation for Medicaid, non-medical services and OMAP eligible riders.

The Albany Paratransit/Call-A-Ride service uses a corps of volunteers, along with limited staff to provide transportation services. Volunteers serve as drivers utilizing City of Albany sedans and vans in order to provide curb-to-curb service to clients. Volunteers staff 2 shifts per day. Additionally, volunteers work as dispatchers scheduling rides, determining special service needs, dispatching vehicles, and act as customer service representatives with riders. One staff person coordinates volunteers, schedules vehicle maintenance and repairs, administers budget, completes appropriate paper work, etc. Three part-time staff members provide early morning transportation and special needs transportation for particularly frail clients.

**G. Service Coordination**

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

In cooperation with the Albany Transit System, Paratransit/Call-A-Ride coordinates with Linn-Benton Loop, Corvallis Transit System, Benton County Dial-A-Ride, CWCOG Senior and Disability Services, and the Linn County Shuttle. Additionally, the Paratransit/Call-A-Ride System provides transportation for Medicaid, non-medical transport eligible clients and OMAP clients. The Paratransit/Call-A-Ride System also makes referrals to DHR's Volunteer Service and the Interfaith Caregiver's program as appropriate. The Paratransit/Call-A-Ride System is the designated provider under ADA guidelines for individuals unable to utilize conventional public transportation services.

We are asking for \$2,500 in STFP funds in order to provide Nutrition Site and Paratransit/Call-A-Ride transportation services. Nutrition program ridership as well as general transportation requests continue to increase significantly. STFP funds will make a notable difference in our ability to provide these services. Lack of funds for the Albany Paratransit/Call-A-Ride Service will significantly impact not only the Paratransit/Call-A-Ride service, but also the ATS system and the Linn County Shuttle. ATS cannot operate legally without a Paratransit service. Without the Paratransit/Call-A-Ride service, the Linn County Shuttle will provide East Linn County residents transportation to Albany in order to visit the Social Security office, Senior and Disabled Services, etc. Upon their arrival in Albany, individuals with disabilities will not be able to receive transport to the needed offices.

ATS is mandated by the Americans with Disabilities Act (ADA) to provide paratransit service to three-quarters of a mile beyond the existing fixed route. It is mandated to provide transportation to individuals who have disabilities that make them unable to use conventional modes of transportation such as buses, etc. Paratransit/Call-A-Ride provides this service in an efficient manner that maximizes client independence. We are asking for \$9,700 in funds to provide qualified drivers (paid at a fair wage) to serve the ADA and frail elderly population. Without this funding, our ability to provide these services would be greatly impaired. We would be unable to serve

the clients most in need of assistance.

Paratransit/Call-A-Ride now provides transportation to all eligible persons requesting service. To meet the ADA regulations, we have expanded services over the past five years, and has met the milestones as outlined in the City's paratransit plan. To do this, the paratransit system employs a coordinator and three part-time drivers to meet ridership demand for service.

**H. Persons To Be Served:**

Estimate the number of unduplicated persons to be served between July 1, 2002, and June 30, 2003. Persons should be counted in only one category. If a rider is elderly, count only in elderly category even if the rider is also disabled. If the rider is not elderly, count the rider in one of the remaining categories.

	Total Persons
Unduplicated	
1. Elderly	440
2. Under 60, disabled	110
3. Other (Non-STFP Eligible)	0
<b>TOTAL</b>	<b>550</b>

What is the basis for this estimate?

Based on current average ridership figures

**I. Service Data**

Estimated number of services units (one way rides) to be provided between July 1, 2002, and June 30, 2003.

	Total Units
1. Elderly	11,800
2. Under 60, Disabled	3,200
3. Other (Non-STFP Eligible)	0
<b>TOTAL</b>	<b><u>16,000</u></b>

What is the basis for this estimate?

Based on current average ridership figures.

**J. Fare Structure:**

Regular Fare \$  
Senior Fare \$  
Monthly Pass \$

Disabled Person Fare \$  
Donation Requested \$1.00 per ride  
No Fare Charged:

**K. Agency Fleet**

Provide the following information for all vehicles presently available to you for operating special transportation services.

YEAR	MAKE/MODEL	CAPACITY	LIFT EQUIPPED	MILEAGE	CONDITION
2002	Chevrolet/Venture	5 Pass.	Yes	13,234	Good
2001	Buick/LaSabre	4 Pass.	No	44,194	Good
1997	Ford Minibus	14 Pass	Yes	41,393	Good
1994	Plymouth/Voyager	6 Pass.	Yes	100,113	Fair
1990	Chevrolet/Caprice	4 Pass.	No	113,000	Fair

**L. Vehicle Maintenance**

**How are the service and maintenance needs of your vehicles determined?**

All Albany Call-A-Ride vehicles are on a regular maintenance schedule, as suggested by the manufacturer, with a local automotive repair shop. All scheduled maintenance includes oil change and lube, tire pressure, belts, and hoses. Fluids are checked and refilled as needed. The maintenance schedule also includes repairs and replacements on a scheduled basis, such as radiator service, timing belt replacement, transmission service. Special service or repairs are performed when the Call-A-Ride Coordinator determines they will contribute to the safety and reliability of the vehicle.

**Who makes the determination and who performs maintenance on your vehicles?**

The Call-A-Ride Coordinator makes the determination based on a service contract bid from local automotive repair shops.

**For lift equipped vehicles who does the maintenance and inspections?**

A local automotive repair shop certified in lift maintenance and repairs

**M. Eligibility Determination:**

**Describe the process for determining eligibility of riders.**

All persons who meet the eligibility requirements of the Americans with Disability Act (ADA) are permitted to ride. Additionally, all elderly individuals who have difficulty using conventional transportation services are eligible to ride. All clients referred by the Nutrition Site Manager are eligible to ride. All Senior and Disabled Medicaid clients needing non-medical transportation are eligible to ride. All individuals meeting OMAP guidelines are eligible to ride. A copy of the Albany Paratransit/Call-A-Ride System Rider's Manual and eligibility application is attached.

**Under what conditions will persons who are not eligible for STFP funded services be permitted to ride?**

- Same as STFP funded riders
- On space available basis
- Not permitted to ride
- Other  Except. (see below)

When an ADA-eligible rider requires a personal attendant, that personal attendant will be viewed as a mobility aid and permitted to ride free of charge.

## BUDGET APPLICATION

## A. REVENUES

**Cash Resources:** Identify revenue sources for the entire agency, (including transportation), then separate out the amount for the transportation program for the past year (7/1/00-6/30/01) current year (7/1/01-6/30/02) and next year (7/1/02-6/30/03), which this application covers.

<u>Fiscal Year 2001 (7/1/00 - 6/30/01)</u>	<u>Agency</u>	<u>Trans. Prog.</u>
Special Transportation Formula Program Funds	\$23,000	\$23,000
United Way	0	0
Federal Funds	0	0
Other State Funds	0	0
Local Government Funds	\$31,700	\$31,700
Ridership Fees	\$9,500	\$9,500
Other (list)		
Interest	\$400	\$400
Beginning Balance	\$1,000	\$1,000
<b>Total Cash Resources</b>	<b>\$65,600</b>	<b>\$65,600</b>
<u>Fiscal Year 2002 (7/1/01 - 6/30/02)</u>	<u>Agency</u>	<u>Trans. Prog.</u>
Special Transportation Formula Program Funds	\$23,000	\$23,000
Federal Funds	0	0
Other State Funds	0	0
United Way	0	0
Local Government Funds	\$33,000	\$33,000
Ridership Fees	\$9,500	\$9,500
Other (list)		
Interest	\$500	\$500
Beginning Balance	\$1,000	\$1,000
Gifts and Cash Donations	\$3,260	\$3,260
<b>Total Cash Resources</b>	<b>\$70,260</b>	<b>\$70,260</b>
<u>Fiscal Year 2003 (7/1/02 - 6/30/03)</u>	<u>Agency</u>	<u>Trans. Prog.</u>
Special Transportation Formula Program Funds	\$ 23,000	\$ 23,000
United Way	0	0
Federal Funds	0	0
Other State Funds	0	0
Local Government Funds	\$33,000	\$33,000
Ridership Fees	\$ 9,000	\$ 9,000
Other (list)		
Interest	\$ 500	\$500
Beginning Balance	\$ 1,000	\$1,000
Gifts and Cash Donations	\$ 8,000	\$8,000
<b>Total Cash Resources</b>	<b>\$74,500</b>	<b>\$74,500</b>

**In-Kind Resources:** Identify the in-kind resources for the transportation program and indicate the value (for example; volunteer drivers, dispatchers at \$6.50/hour).

<u>Fiscal Year 2003 (7/1/02-6/30/03)</u>	<u>Number of Hours</u>	<u>\$Amount</u>
Paratransit/Call-A-Ride Volunteer Driver/Dispatcher	5,550	36,075
Administrative Salaries		70,000
Workman's Comp		106,000
Basic Telephone, Data Processing, Space Rental, Materials & Supplies		20,000
Vehicle Insurance		5,000
<b>Total In-Kind Value</b>		<b>\$237,075</b>

**B. EXPENDITURES**

**Line Item Expenses (Cash):** Prepare a detailed line item expense budget for the Transportation Program for the past year (7/01/00 - 6/30/01), current year (7/01/01 - 6/30/02), and next year (7/1/02 - 6/30/03) which this application covers. Do **NOT** include in-kind expenses or capital purchases. **The STFP column for FY 2003 is the portion this grant application would fund.**

**Fiscal Year 2001 (7/1/00-6/30/01)**

Administrative Costs	Total Trans Costs	STFP Costs
Administrative Salaries & Wages	\$ 0	0
Administrative Fringe	\$ 0	0
Administrative Line Items:		
Printing/Binding	\$ 500	0
Postage/Shipping	\$ 100	0
Contractual Services	\$ 300	0
Flex Spending Admin Fees	\$ 100	0
Telephone	\$ 100	0
Training	\$ 300	0
Conferences	\$ 300	0
<b>STFP Administrative Costs</b>	\$ 460	0
<b>TOTAL ADMINISTRATIVE COSTS</b>	\$ 2,160	0

Direct Service Costs	Trans Program	STFP Only
Direct Service Salaries & Wages	\$29,440	\$13,000
Direct Service Fringe (Attach staff roster with annual cost breakdown)	\$15,800	4,000
Direct Services Line Items:		
Fuel & Oil	\$ 5,000	\$ 3,000
Vehicle Maintenance & Tires	\$ 7,500	\$ 3,000
Communications Equip Maintenance	\$ 200	0
Materials & Supplies	\$ 300	0
Equipment Replacement	\$ 5,200	0
<b>TOTAL Direct Service Costs</b>	\$63,440	\$23,000
<b>GRAND TOTAL ADMIN. &amp; DIRECT SERVICE EXPENDITURES</b>	\$65,600	\$23,000

**Fiscal Year 2002 (7/1/01-6/30/02)**

<b>Administrative Costs</b>	<b>Total Trans Costs</b>	<b>STFP Costs</b>
Administrative Salaries & Wages	\$ 0	0
Administrative Fringe	\$ 0	0
Administrative Line Items:		
Printing/Binding	\$ 500	0
Postage/Shipping	\$ 100	0
Contractual Services	\$ 300	0
Flex Spending Admin Fees	\$ 100	0
Telephone	\$ 100	0
Training	\$ 300	0
Conferences	\$ 300	0
<b>STFP Administrative Costs</b>	\$ 460	0
<b>TOTAL ADMINISTRATIVE COSTS</b>	\$2,160	0

<b>Direct Service Costs</b>	<b>Trans Program</b>	<b>STFP Only</b>
Direct Service Salaries & Wages	\$33,700	\$13,000
Direct Service Fringe (Attach staff roster with annual cost breakdown)	\$12,700	\$ 4,000
Direct Services Line Items:		
Fuel & Oil	\$ 5,500	\$ 3,000
Vehicle Maintenance & Tires	\$ 6,000	\$ 3,000
Communications Equip Maintenance	\$ 300	0
Materials & Supplies	\$ 300	0
Equipment Replacement	\$ 9,600	0
<b>TOTAL Direct Service Costs</b>	\$68,100	\$ 23,000
<b>GRAND TOTAL ADMIN. &amp; DIRECT SERVICE EXPENDITURES</b>	\$70,260	\$ 23,000



Fiscal Year 2003 (7/1/02-6/30/03)

<u>Administrative Costs</u>	<u>Total Trans Costs</u>	<u>STFP Costs</u>
Administrative Salaries & Wages	\$ 0	0
Administrative Fringe	\$ 0	0
<b>Administrative Line Items:</b>		
Printing/Binding	\$ 500	0
Postage/Shipping	\$ 100	0
Contractual Services	\$ 300	0
Flex Spending Admin Fees	\$ 100	0
Telephone	\$ 500	0
Training	\$ 300	0
Conferences	\$ 300	0
<b>STFP Administrative Costs</b>	<b>\$ 600</b>	<b>0</b>
<b>TOTAL ADMINISTRATIVE COSTS</b>	<b>\$2,700</b>	<b>0</b>

<u>Direct Service Costs</u>	<u>Trans Program</u>	<u>STFP Only</u>
Direct Service Salaries & Wages	\$37,400	\$15,500
Direct Service Fringe (Attach staff roster with annual cost breakdown)	\$15,600	\$ 5,000
<b>Direct Services Line Items:</b>		
Fuel & Oil	\$ 7,000	\$ 1,250
Vehicle Maintenance & Tires	\$ 7,500	\$ 1,250
Communications Equip Maintenance	\$ 300	0
Materials & Supplies	\$ 300	0
Equipment Replacement	\$ 3,700	0
<b>TOTAL Direct Service Costs</b>	<b>\$71,800</b>	<b>\$ 23,000</b>
<b>GRAND TOTAL ADMIN. &amp; DIRECT SERVICE EXPENDITURES</b>	<b>\$74,500</b>	<b>\$ 23,000</b>

\*Total resources from Transportation Program FY 03 (page 6) must match Grand Total Transportation Program expenditures.

\*\*STFP Funds requested from Cover page must match Grant Total STFP only.

C. Cost Analysis (FY 2003)

	<u>Trans Program</u>
<b>TOTAL # of Rides (from page 4)</b>	16,000
<b>Cost per Unit of Service (Grand Total Transportation costs divided by number of service units)</b>	\$4 65
<b>Total Unduplicated persons served (from page 4)</b>	550
<b>Cost per Person</b>	\$135 45

Budget Justification

**1. Revenue Narrative: Provide a narrative description of total transportation revenues. Provide clarification and explanation of any changes from FY2002 budget to FY2003 budget.**

The Albany Paratransit/Call-A-Ride Service has a budget separate from the Albany Transit System. Revenues are secured from grants, City of Albany funds (State shared revenues), and Paratransit/Call-A-Ride fares. Additionally, we continue to secure revenue from Medicaid non-medical transportation program funds.

**2. Expenditure Narrative: Provide a narrative description of the expenditures outlined in the line item budget. Provide clarification and explanation of any changes from FY2002 budget to FY2003 budget.**

Due to substantial increases in ridership we have increased both mileage and maintenance costs significantly. Wages have increased along with benefits due to COLA's for the Paratransit/Call-A-Ride program staff. There has been a substantial increase in the cost of providing a basic benefit package.

**MANAGEMENT APPLICATION**

**A. ORGANIZATIONAL:**

1. Provide the following information about the organization.
  - a. Number of years in operation - 22 \_
  - b. Years of experience providing transportation services - 22
  - c. Describe experience providing services to elderly and/or handicapped persons

The City of Albany uses excellent volunteer and trained staff to offer a quality paratransit program. They have many years of experience in the area of specialized service to senior and disabled individuals. All personnel have been trained and attended classes in passenger assistance techniques, first aid, CPR, Red Cross presentations, Senior Center Paratransit/Call-A-Ride meetings, wheelchair lift procedures, defensive driving and disabled programs in the City of Albany.

2. Submit an organization chart(s) describing the decision making process (include advisory and governing bodies) and the flow of responsibility from administration through levels of management to the delivery of services

**B. LEGAL:** (Submit only one copy of items A-D listed below attached to original proposal. Do not include with 10 extra copies.)

1. Non-profit and for-profit corporations must submit (1) a copy of their corporate certificate or articles of incorporation, and (2) State of Oregon and IRS Tax number and status.

**Federal Tax ID No. 93-6002114**

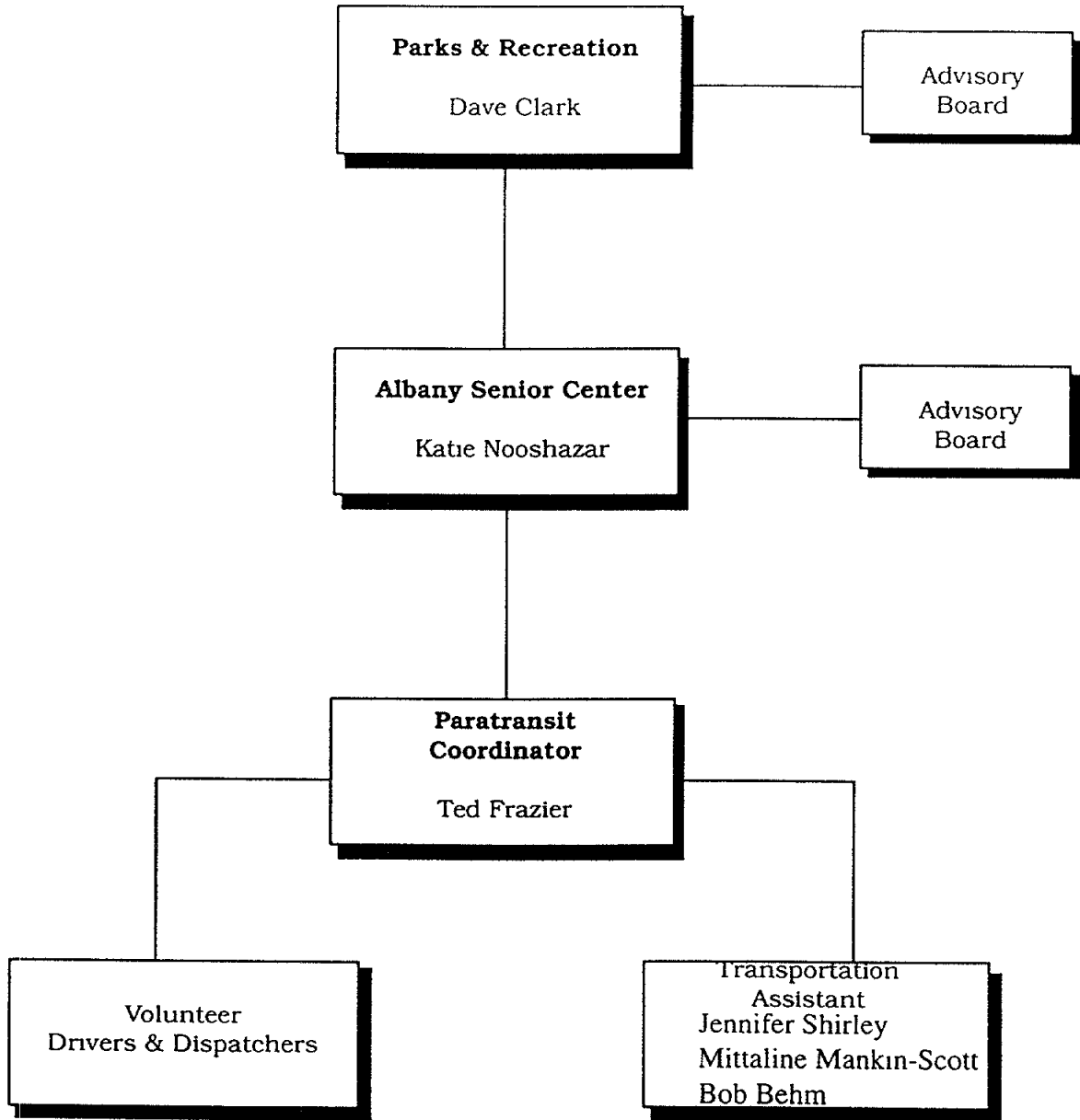
2. Submit evidence of workers compensation coverage and unemployment insurance for employees.
3. Submit "Certificate of Insurance" which lists the certificate holder as Linn County, c/o Oregon Cascades West Council of Governments, PO Box 1836, Albany, OR 97321. A certificate must be submitted for both liability and comprehensive insurance coverage for vehicles owned by the applicant's organization. Identify the amount of insurance

NOTE: New applicants may submit a signed statement that they agree to, and will have in place at the time of service commencement, the appropriate coverage.

4. Submit a copy of the organization's most recent annual audit or financial review

**Complete audit on file at Finance Department at City Hall II, Albany**

# Albany Parks & Recreation Organizational Chart



AGENT

DIRECT

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE COVERAGE DOCUMENT. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE COVERAGE DOCUMENTS LISTED HEREIN.

COMPANIES AFFORDING COVERAGE

NAMED PARTICIPANT

City of Albany  
P O Box 490  
Albany OR 97321

COMPANY A - City County Insurance Services (CCIS)

COMPANY B - Hartford Steam Boiler

COMPANY C - Fidelity and Deposit of Maryland

COMPANY D - Commonwealth of America

COVERAGES

This is to certify that coverage documents listed herein have been issued to the Named Participant herein for the Coverage period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which the certificate may be issued or may pertain, the coverage afforded by the coverage documents listed herein is subject to all the terms, conditions and exclusions of such coverage documents.

CO LTR	Type of Coverage	Certificate #	Effective Date	Expiration Date	Limits	
A	<b>General Liability</b>	01LALB	7/1/2001	6/30/2002	General Aggregate	None
	<input checked="" type="checkbox"/> Commercial General Liability				Each Occurrence	\$2,000,000
	<input checked="" type="checkbox"/> Public Officials Liability					
	<input checked="" type="checkbox"/> Employment Practices					
	<input checked="" type="checkbox"/> Occurrence					
A	<b>Automobile Liability</b>	01LALB	7/1/2001	6/30/2002	General Aggregate	None
	<input checked="" type="checkbox"/> Scheduled Autos				Each Occurrence	\$2,000,000
	<input checked="" type="checkbox"/> Hired Autos					
	<input checked="" type="checkbox"/> Non-Owned Autos					
A	<b>Auto Physical Damage</b>	01APDALB	7/1/2001	6/30/2002		
	<input checked="" type="checkbox"/> Scheduled Autos					
	<input checked="" type="checkbox"/> Hired Autos					
	<input checked="" type="checkbox"/> Non-Owned Autos					
A	<input checked="" type="checkbox"/> <b>Property</b>	01PALB	7/1/2001	6/30/2002	Per Filed Values	
B	<input checked="" type="checkbox"/> <b>Boiler and Machinery</b>	01BALB	7/1/2001	6/30/2002	Per Filed Values	
C	<input type="checkbox"/> <b>Excess Crime</b>					
D	<input checked="" type="checkbox"/> <b>Excess Earthquake</b>	01QALB	7/1/2001	6/30/2002	Each Occurrence	\$25,000,000
A	<input checked="" type="checkbox"/> <b>Workers' Comp.</b>	01WALB	7/1/2001	6/30/2002	Coverage A and B	

DESCRIPTION

CERTIFICATE HOLDER

CANCELLATION: Should any of the coverage documents herein be cancelled before the expiration date thereof, CCIS will endeavor to provide 30 days written notice to the certificate holder named herein, but failure to mail such notice shall impose no obligation or liability of any kind upon CCIS, its agents or representatives, or the issuer of this certificate.

By

Date

Personnel Cost Worksheet 03/06/02 15 49 57

All Employess

Criteria Salary Increase Figured at 3.00%  
 Health Ins Increase at 20.00%  
 EPB - Employer paid benefits percentage

FICA at current cost of 7.65%  
 All other insurances at current rates

Employer PFRS Rate = 11.720%

Fund 4 Parks & Recreation Fund  
 Dept 786 Paratransit System

Emp # Name	Union	FTE	Salary	FICA	PERS	PERS-PU	Health	Life	Disab	City Paid DComp	WComp	Monthly Benefits	Annual Benefits	Annual Salary	EPB
55380 BEHM, BOB NEAL TRANSPORTATION ASSIST	Y	0.38	694*	53	81	42	0	0	0	0	29	205	2,460	8,328	29.5%
01090 MANKIN-SCOTT, MITTALINE TRANSPORTATION ASST	Y	0.55	1,087*	83	127	65	329	8	4	0	45	661	7,932	13,044	60.8%
53470 SHIRLEY, JENNIFER L TRANSPORTATION ASSIST	Y	0.55	1,078*	83	126	65	0	8	4	3	45	334	4,008	12,936	30.9%
<b>Department totals</b>		<b>1.48</b>	<b>2,859</b>	<b>219</b>	<b>334</b>	<b>172</b>	<b>329</b>	<b>16</b>	<b>8</b>	<b>3</b>	<b>119</b>	<b>1,200</b>	<b>14,400</b>	<b>34,308</b>	<b>42.0%</b>
<b>Total Annual Wages &amp; Benefits</b>														<b>48,708</b>	

\* - Salary Adjustment One or more of the following: Step inc, Admin leave buyout, and/or Additional City Pd Def.Comp

Personnel Cost Worksheet 03/06/02 15 49 57

All Employess

Criteria Salary Increase Figured at 3.00%  
 Health Ins Increase at 20.00%  
 EPB = Employer paid benefits percentage

FICA at current cost of 7.65%  
 All other insurances at current rates

Employer PERS Rate = 11.720%

**Fund 5 Grants Fund**  
**Dept 185 Title XIX Transportation Grant**

Emp #	Name	Union	FTE	Salary	FICA	PERS	PERS-PU	Health	Life	Disab	City Paid DComp	WComp	Monthly Benefits	Annual Benefits	Annual Salary	EPB
99999	A-Open Position CLERK II	Y	0.50	866	67	101	52	481	7	6	0	1	715	8,580	10,392	82.5%
44990	BARNETT, RICHARD J PROGRAMS SPECIALIST	Y	0.25	713*	54	84	43	240	4	5	4	1	435	5,220	8,556	61.0%
19290	FRAZIER, TED E TRANSP/FACILITY COORD	Y	1.00	2,513	192	295	151	335	14	16	12	4	1,019	12,228	30,156	40.5%
43360	JORDAN, VIRGINIA RAE PROGRAMS SPECIALIST	Y	0.25	824	63	97	49	84	4	5	4	1	307	3,684	9,888	37.2%
<b>Department totals</b>			<b>2.00</b>	<b>4,916</b>	<b>376</b>	<b>577</b>	<b>295</b>	<b>1,140</b>	<b>29</b>	<b>32</b>	<b>20</b>	<b>7</b>	<b>2,476</b>	<b>29,712</b>	<b>58,992</b>	<b>50.4%</b>
														<b>Total Annual Wages &amp; Benefits</b>		<b>88,704</b>

\* = Salary Adjustment. One or more of the following: Step inc, Admin leave buyout, and/or Additional City Pd Def.Comp

United States of America

STATE OF OREGON.

Office of the Secretary of State,

Salem, Mar 27<sup>th</sup> 1885

I, R. P. EARHART, do hereby certify that I am the Secretary of State of the State of Oregon, and Custodian of the Great Seal thereof, that the foregoing transcript of the

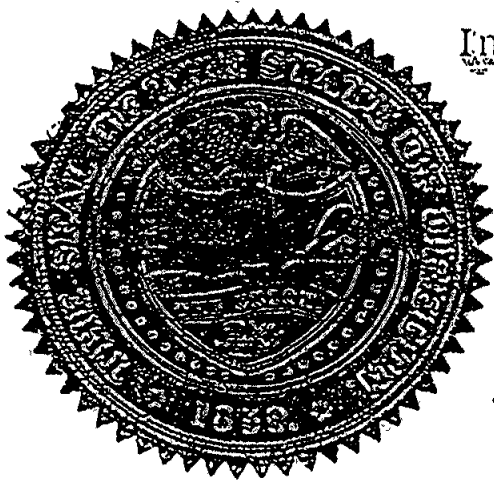
An Act

To incorporate the city of Albany and to repeal an Act approved Oct. 24, 1864, Oct. 26, 1870, Oct. 18, 1878 and Oct. 25, 1880

has been by me compared with the original copy of the said

Act

now on file in this office, and that it is a true and correct transcript thereof, and the whole of said original Act



In Testimony Whereof, I have hereunto set my Hand and affixed hereto the Great Seal of the State of Oregon Done at the Capitol at Salem, Oregon, this 27<sup>th</sup> day of March, A.D. 1885

R. P. Earhart

Secretary of State