



COMMUNITY DEVELOPMENT DEPARTMENT

DATE: December 5, 2016
FROM: Carl D. Hokenstad, AICP, Director of Community Development
ITEM: FY2017 Section 5339 Grant Application

REQUEST

The Bismarck-Mandan Metropolitan Planning Organization requests approval to submit a FY2017 Section 5339 Grant application on behalf of Bis-Man Transit. The application requests grant funds in the total amount of \$840,000 for the purchase of two (2) new, Heavy Duty 35' ADA accessible fixed route buses. These will replace two (2) Gillig 35' Heavy Duty buses which are both beyond their useful life. The buses will become assets of the City of Bismarck. However, the matching amount for the grant will be provided solely by Bis-Man Transit and no money will pass through the City of Bismarck. The application is attached.

Please place this item on the December 13, 2016 City Commission meeting.

BACKGROUND INFORMATION

Section 5339, Bus and Bus Facilities Program, is a capital only grant. This capital program provides funding to replace, rehabilitate, and purchase buses and related equipment, and to construct bus-related facilities. Section 5339 funds cannot be used for operating assistance.

RECOMMENDED CITY COMMISSION ACTION

Staff requests approval to submit application on behalf of Bis-Man Transit.

STAFF CONTACT INFORMATION

Please contact Steve Saunders, Executive Director, Bismarck-Mandan Metropolitan Planning Organization at (701) 355-1848 or ssaunders@bismarcknd.gov with any questions regarding this request.

Section 5339 Bus & Bus Facilities Grant Program	
Agency Name	Bis-Man Transit
Contact Person	Roy Rickert
DUNS #	83-441-0987

GENERAL INFORMATION	
Provide a detailed description of the transportation services your agency currently provides and plans for increasing services, expanding service area and increasing ridership.	Bis-Man Transit currently provides fixed route service to the cities of Bismarck and Mandan, and complementary paratransit service, with demand response available for senior and disabled passengers. Our current focus is to transition more riders from the demand response service to fixed route as well as possibly run fixed route service to the University of Mary which is expected to increase ridership by over 30%
Provide a description of the current services being provided (Days and hours of service, fare structure, total vehicles your agency has in service, type of service being provided, counties and communities in your service area).	<p>Fixed Route service is provided from 6:10 a.m. - 6:55 p.m. Monday through Friday and 7:00 a.m.- 6:55 p.m. on Saturday. All 10 vehicles in the fleet are ADA accessible and service is provided to the cities of Bismarck and Mandan. Regular fares are: \$1.25 for a one way trip, \$5.00 1 day pass, \$30.00 for a 30 day pass. Reduced fare for those with disabilities, seniors, students K-12 and those on Medicare is \$.50 for a one way trip, \$2.50 1 day pass, \$20.00 for a 30 day pass. In 2015, 133,348 unlinked passenger trips were provided.</p> <p>Paratransit/Demand response service is provided with a fleet of 22 cutaway buses and two minivans, to individuals with disabilities and seniors over the age of 60. The service area covers two miles outside the city limits of Bismarck and Mandan, the city of Lincoln and the University of Mary. A one way fare is \$2.50. Services are currently provided 24 hours a day, 365 days per year. In 2015, 162,309 unlinked passenger trips were provided.</p> <p>Both services operate in Burleigh and Morton counties</p>
Provide a detailed explanation of how and why	These new buses will help us maintain the current level of

<p>this request is important to your agency and how it will improve or provide for future service to citizens in the communities/counties you provide service to. Explain where in your current coordination plan is this project specifically stated (list section and page number(s)).</p>	<p>our fleet. The vehicles being replaced have already exceeded their useful life criteria for both age and mileage, as such; the cost of maintaining the vehicles continues to increase.</p>
<p>What percentage of change in ridership has your agency experienced in the FY2016 reporting period? Provide a brief explanation of the reason for the change in ridership.</p>	<p><input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease For FY16, to date our fixed route service has had a decrease of .74% over FY15 and demand response service has decreased by 2.27%. These decreases are attributed to above average temperatures over the winter months and continued low fuel prices.</p>

VEHICLE PROJECT REQUESTS

There is space provided below to request replacement or expansion vehicles. Please include all vehicle requests in the boxes provided. If additional space is needed, please attach an additional sheet to this application and indicate this in the project description box.

<p>NOTE: The request for each vehicle MUST first be created as a project in the Black Cat System.</p>	
<p>Description of the vehicle(s) you are requesting. (Include: Year, Make, ADA qualified, seating capacity, & number of vehicles requesting)</p>	<p>Bis-Man Transit is requesting to funds to purchase two new, replacement heavy duty, 35', ADA accessible fixed route buses. The number of passengers, and the make & model will be dependent on the procurement process.</p>
<p>Describe in detail which programs and services the requested vehicle(s) will be utilized in and how it will enhance or maintain your service?</p>	<p>These vehicles will be used for providing fixed route service to the Bismarck/Mandan communities. The replacement of buses that are beyond their useful life will allow us to ensure that service will continue to run while reducing maintenance costs and potential service interruptions.</p>
<p>If requesting a replacement, which vehicle(s) in your fleet are you replacing? (Your description MUST include: VIN, Year, Make, Model, and Current Mileage)</p>	<p>2004 Gillig, 35'Heavy Duty, VIN# 15GGE291941090845 With 496,292 miles 2004 Gillig, 35'Heavy Duty, VIN# 15GGE291941090846 With 487,654 miles</p>
<p>If requesting an expansion vehicle(s), list the agency/community/county to be served (Include: hours and days of service and estimated ridership).</p>	<p>N/A</p>
<p>If requested vehicle is a non-ADA vehicle, can your agency certify to NDDOT that you can adequately meet these needs with your existing fleet? Applicant MUST attach a Certificate of Equivalent Services.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No Fixed route bus will be ADA accessible</p>
<p>Estimate the total cost of vehicle(s)</p>	<p>\$840,000</p>

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

ADA Low Floor Mini Van NDDOT Term Contract No. 382	\$37,995
14 Passenger or 12 + 2 Passenger Cutaway NDDOT Term Contract No. 384	\$58,759 - \$59,100
15 Passenger (including driver) Cutaway NDDOT Term Contract No. 300	\$69,995 - \$74,184
MV-1- Multi Purpose Built Mobility Vehicle NDDOT Term Contract No. 184	\$42,000

FACILITY REHABILITATION & CONSTRUCTION PROJECT

NOTE: This request MUST first be created as a project in the Black Cat System.

FACILITY REHABILITATION PROJECT	
Do you currently have a transit facility? If no, skip to the Construction Project section below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, briefly describe the facility and the need for rehabilitation, improvements or remodeling? Include information on the current building, the number of vehicles your facility holds and any changes in your program that justify the request.	
Give a detailed description of the proposed project. Include necessary repair work, cost estimates, temporary or permanent repair, and other details that you deem relevant to assist NDDOT in making a project determination.	
Are you proposing to use the value of land as match, in whole or part, for your project? If yes, please indicate whether this is an appraised value or estimate. Only the portion of land required for the project can be considered in this valuation.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Appraised Value <input type="checkbox"/> Estimate Value
If land does not cover your entire match, does your agency have adequate cash on hand to be utilized as match for this project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your agency held public meetings about this project? If yes, when and did the community support this project? Include documentation of all public meetings (agendas, advertisements, meeting minutes, comments, and list of attendees)	<input type="checkbox"/> Yes <input type="checkbox"/> No

If this request is for a facility expansion, explain in detail the need for the expansion, scope of the project, and cost estimates.	
Does your agency have a written Facility Maintenance Plan? Explain the procedures to ensure facility & equipment is inspected and maintained per manufacturer's warranty instructions on a regular scheduled basis as described in your Facility Maintenance Plan.	
Estimate total project cost?	

CONSTRUCTION PROJECT

Are you proposing to buy or build a new facility? Build Buy

Buying a Facility	Complete this portion if you propose to purchase an existing facility.
If buying a facility, what is the asking price?	
Have you completed an Independent Cost Estimate to show that the price is fair and reasonable? Provide this documentation.	
Justify why it is more cost effective to purchase this facility versus building a new one.	
Describe the facility you are considering for purchase in detail. Provide specifications, environmental assessments, drawings/plans, etc.	
Are there any known environmental issues with the facility you are proposing to purchase? (e.g. underground fuel storage) If yes, please describe.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will this facility require any renovation for use in your transit program? If yes, please describe these renovations in detail and specify whether or not these costs are figured into the above asking price.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your agency held any public meetings about this project? If yes, when and did the community support this project? Include documentation of all public meetings (agendas, advertisements, meeting minutes, comments, and list of attendees)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any additional details or factors that	

you feel NDDOT should consider when evaluating this project?	
Estimate project cost including purchase and renovations?	

Building a Facility	Complete this portion if you propose to build a new facility.
Describe in detail the need for a facility in your transit program.	
Describe your proposed project in detail. Include a description of all the amenities you feel the project will need to meet your needs – e.g. number of vehicles it will hold, wash bays, etc. Keep in mind, this facility should be designed to meet your current needs with a reasonable projection of your future needs.	
Do you have preliminary design plans for this project? If you do, please include a copy with this application.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Your agency will be required to interview and hire a consultant to design the plans and specifications and manage the bidding and construction of this building. Have you incorporated these costs into your request?	
Have you completed an equity analysis for the proposed building location? Please attach.	
Are you proposing to use the value of land as match, in whole or part, for your project? If yes, please indicate whether this is an appraised value or estimate. Only the portion of land required for the project can be considered in this valuation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If land does not cover your entire match, does your agency have adequate cash on hand to be utilized as match for this project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any known environmental issues with the land on which you propose to build? (e.g. underground fuel storage) If yes, please describe.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your agency held any public meetings about this project? If yes, when and did the community support this project? Include documentation of all public meetings (agendas, advertisements, meeting minutes, comments, and list of attendees).	

Have you looked at options to scale the building back in case the construction costs come in over budget?	
Estimate total project cost?	

EQUIPMENT & MISCELLANEOUS CAPITAL PROJECTS

Fill in the requested information below regarding your Equipment and Miscellaneous Capital Project(s). These projects must directly relate to your transportation program. Any equipment purchased with these funds must be required for and used for public transportation.

NOTE: This request MUST first be created as a project in the Black Cat Grants System.

Describe your proposed project(s) in detail (Detail MUST include: type, quantity, estimated cost, purpose of equipment being requested).	
How does this project enhance your transportation program?	
What is the estimated cost for the proposed project?	

FY 2017 PROJECT FUNDING REQUEST

In the table below, list and specify in detail the sources and dollar amounts of Local Match funding (state aid, mill levy, donations, contract income, etc.) that are available to be used towards each project (Vehicle, Facility Rehabilitation & Construction, and/or Equipment/Miscellaneous Capital). ***Documentation of sources of Local Match MUST be attached or it will not be considered.**

Ranking	Project	Estimated Cost of Project	Local Match Needed	Sources of Local Match*
1	Heavy Duty Bus Replacement	\$840,000	\$168,000	Local mil and state grant funds held in capital reserve.
2				
3				
4				
5				
6				

