

Tillamook County Transportation District Transportation Advisory Committee Meeting

Participants are welcome to join this meeting virtually. To attend by phone, please dial: +1 (253) 215-8782 Meeting ID: 872 9971 9792 To attend virtually, please use this link: <u>https://us02web.zoom.us/j/87299719792</u>

Tuesday, October 18th, 2022 @ 1:00PM

- 1. Call to Order
- 2. Roll Call (Committee Reappointments/New Committee Member Introductions)
- 3. Appoint Committee Chair
- 4. Approval of Meeting Minutes from November 17, 2021 (Pgs. 1)
- 5. Discussion Regarding Grant Opportunities/LOI's (Pgs. 2-5)
- 6. Other Business
- 7. Future Meetings
- 8. Adjourn

Tillamook County Transportation District Transportation Advisory Committee Thursday, November 17, 2021 – 9AM Meeting Minutes



1. Call to Order: Committee Chair Chris Kell called the meeting to order at 9:02am.

2. Introductions:

Doug Pilant, TCTD General Manager Shannon Wakeman, TCTD Staff Cathy Bond, TCTD Staff Chris Kell, Committee Chair Ron Rush, Committee Member Nick Torres, Committee Member Jeff Hazen, Committee Member

- 3. Approval of Meeting Minutes from November 4, 2021 Motion by Ron Rush. *Motion seconded* by Jeff Hazen. Unanimously approved.
- 4. Discussion and Approval of Rural Veterans Healthcare Transportation Grant Application

NW Rides Brokerage Manager Cathy Bond walked the committee through the application. The total amount of the application was changed to \$62,000 and includes a request to cover administrative expenses.

Motion by Ron Rush to approve the application with the indicated change. *Motion seconded* by Jeff Hazen. Unanimously approved.

5. Review of Veterans Services Materials

6. Other Business

Committee Members shared their backgrounds and interest in serving on the TAC.

Jeff Hazen shared information about a new program between DOT and DOC to train prison inmates to driver positions, following CDL guidelines.

7. Adjourn

Chair Kell adjourned the meeting at 9:41am.

These minutes approved this 18th day of October 2022.

ATTEST:

Chris Kell, Committee Chair

Mike Reed, Interim General Manager

These minutes contain materials which paraphrase and/or summarize statements made during this meeting. Only text enclosed in quotation marks report a speaker's exact words.

APPLICANT NAME (PUBLIC Tillamook County Transportation District TRANSPORTATION SERVICE FROVIDER) APPLICANT EMAIL CONTACT. mreed@fillamookbus.com NAME OF PERSON AUTHORIZED TO Michael K Reed SIGN GRANT AGREEMENT EMAIL CONTACT OF PERSON mreed@fillamookbus.com AUTHORIZED TO SIGN AGREEMENT TRANSIT AGENCY TYPE (SELECT Transportation District ONE THAT BEST APPLIED TO YOUR CRGANIZATION): ODOT REGION Region 2A FLEASE IDENTIFY THE LOCAL PLAN. TCTD Intercity Transit Enhancement Plan - Project THAT SUPPORTS THE PROPOSED #20111, Pages PROJECT AND INCLUDE A CITATION (LE PAGE NUMBER(S)) TO THE APPROPRIATE REFERENCE. Route 60X & 70X - Coastal Connector Vehicle PROJECT NAME Replacement **PROJECT DESCRIPTION - FLEASE** Replacement of bus, as well as cover the costs of PROVIDE A BRIEF (1-2 PARAGRAPHS) operations, a full time bus operator and preventative DESCRIPTION OF THE PROPOSED maintenance. This vehicle will be used to support PROJECT. IDENTIFY CLEAR PROJECT existing intercity services between Lincoln, Polk, DELIVERABLES AND AVOID Yamhill and Marion Counties. GENERALIZATIONS. FOR OPERATIONS PROJECTS, FLEASE INDICATE WHETHER THE RESOURCES, EQUIPMENT, AND INFRASTRUCTURE (E.G. VEHICLES DRIVERS, ETC.) HAVE ALREADY BEEN PROCURED OR IF THEY WOULD NEED TO BE PROCURED PRIOR TO PROJECT IMPLEMENTATION. IF THIS IS AN OPERATION S PROJECT, Yes WOULD THE GRANT FUND ONGOING OPERATIONS (I.E. AN EXISTING SERVICE THAT WOULD NOT BE EXPANDED THROUGH THE GRANTI? WILL THE APPLICANT HIRE A SUB-No CONTRACTOR TO IMPLEMENT ALL OR PART OF THE PROJECT? ESTIMATED TOTAL PROJECT COST \$1,718,800.00 (PLEASE IDENTIFY THE ANTICIPATED TOTAL PROJECT COST AS ACCURATELY AS POSSIBLE).

APPLICANT NAME (PUBLIC Tillamook County Transportation District TRANSFORTATION SERVICE FROVIDER) APPLICANT EMAIL CONTACT. mreed@fillamockbus.com NAME OF PERSON AUTHORIZED TO Michael K Reed SIGN GRANT AGREEMENT EMAIL CONTACT OF PERSON mreed@till amookbus.com AUTHORIZED TO SIGN AGREEMENT TRANSIT AGENCY TYPE (SELECT Transportation District ONE THAT BEST APPLIED TO YOUR ORGANIZATION]: ODOT REGION Region 2A FLEASE IDENTIFY THE LOCAL FLAN TCTD Intercity Transit Enhancement Plan - Project THAT SUPPORTS THE PROPOSED #20111, Pages 5, 7 and 8 FROJECT AND INCLUDE A CITATION (I.E PAGE NUMBER(S)) TO THE APPROPRIATE REFERENCE: **PROJECT NAME** Route 5 - Coastliner Expansion Service **PROJECT DESCRIPTION - PLEASE** Expand the inter-city services from Tillamook PROVIDE A BRIEF (1-2 PARAGRAPHS) County to Portland from two to three trips daily. This DESCRIPTION OF THE PROPOSED service improve temporal connections, benefit the PROJECT, IDENTIFY CLEAR PROJECT community with access to education, medical and DELIVERABLES AND AVOID work. Increase connectivity to other services such GENERALIZATIONS, FOR as Greyhound and Amtrak and PDX Airport. This OPERATION'S PROJECTS, PLEASE INDICATE WHETHER THE will allow the purchase of a bus, as well as cover the RESOURCES, EQUIPMENT, AND costs of operations and preventative maintenance. INFRASTRUCTURE (E.G. VEHICLES, DRIVERS, ETC.) HAVE ALREADY BEEN PROCURED OR IF THEY WOULD NEED TO BE PROCURED PRIOR TO PROJECT INPLEMENTATION. IF THIS IS AN OPERATIONS PROJECT, No WOULD THE GRANT FUND ONGOING OPERATIONS (I.E. AN EXISTING SERVICE THAT WOULD NOT BE EXPANDED THROUGH THE GRANT)? WILL THE APPLICANT HIRE A SUB-No CONTRACTOR TO IMPLEMENT ALL OR PART OF THE PROJECT? ESTIMATED TOTAL PROJECT COST \$1,204,000.00 (PLEASE IDENTIFY THE ANTICIPATED TOTAL PROJECT COST AS ACCURATELY AS POSSIBLE):

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APPLICANT NAME (PUBLIC TRANSPORTATION SERVICE PROVIDER)	Tillamock County Transportation District
APPLICANT EMAIL CONTACT	mreed@fillamookbus.com
NAME OF PERSON AUTHORIZED TO SIGN GRANT AGREEMENT	Michael K Reed
EMAIL CONTACT OF PERSON AUTHORIZED TO SIGN AGREEMENT	mreed@tillamockbus.com
TRANSIT AGENCY TYPE (SELECT ONE THAT BEST APPLIED TO YOUR ORGANIZATION):	Transportation District
ODOT REGION	Region 2A
FLEASE IDENTIFY THE LOCAL FLAN THAT SUPPORTS THE PROPOSED FROJECT AND INCLUDE A CITATION (I.E PAGE NUMBER(S)) TO THE APPROPRIATE REFERENCE	NW Connector Bus Stop Improvements pages 2-3, 18-19, 30-31, 36-37
FROJECT NAME	NW Connector Transit Access Project
FROJECT DESCRIPTION - PLEASE PROVIDE A BRIEF (1-2 PARAGRAPHS) DESCRIPTION OF THE PROPOSED PROJECT. IDENTIFY CLEAR PROJECT DELIVERABLES AND AVOID GENERALIZATIONS. FOR OPERATIONS PROJECTS, PLEASE INDICATE WHETHER THE RESOURCES, EQUIPMENT, AND INFRASTRUCTURE (E.G. VEHICLES, DRIVERS, ETC.) HAVE ALREADY BEEN PROCURED OR IF THEY WOULD NEED TO BE PROCURED PRIOR TO PROJECT IMPLEMENTATION.	This project will continue the Phase 2 portion of the NW Connector Bus Stop Improvements that began in the 2021-2023 biennium. We anticipate that the engineering and design will be completed in the current biennium and that the new grant will cover the added costs in materials and labor anticipated to be significantly higher than previously forecasted. This project will provide the funding necessary to purchase, construct and install, approximately three bus passenger shelters, three bus route signs including signposts, and three amenities to support the transportation needs of the general public and seniors and individuals with disabilities. The stops in this project are located in Clatsop, Lincoln and Tillamook counties. It will also provide the funding needed to contract with a project manager to
	manage the construction of the three stops.
IF THIS IS AN OPERATIONS PROJECT, WOULD THE GRANT FUND ONGOING OPERATIONS (I.E. AN EXISTING SERVICE THAT WOULD NOT BE EXPANDED THROUGH THE GRANT)?	No
WILL THE APPLICANT HIRE A SUB- CONTRACTOR TO IMPLEMENT ALL OR PART OF THE PROJECT?	Yes
ESTIMATED TOTAL PROJECT COST (PLEASE IDENTIFY THE ANTICIPATED TOTAL PROJECT COST AS ACCURATELY AS POSSIBLE):	\$650,000.00

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NAME OF PERSON AUTHORIZED TO SIGN GRANT AGREEMENT	Michael K Reed
EMAIL CONTACT OF PERSON AUTHORIZED TO SIGN AGREEMENT	mreed@tiilamcokbus.com
TRANSIT AGENCY TYPE (SELECT ONE THAT BEST APPLIED TO YOUR ORGANIZATION):	Transportation District
CDOT REGION	Region 2A
PLEASE IDENTIFY THE LOCAL PLAN THAT SUPPORTS THE PROPOSED PROJECT AND INCLUDE A CITATION (LE PAGE NUMBER(S)) TO THE APPROPRIATE REFERENCE:	TCTD Long Range Transit Development Plan (dated 8.18.16) & TCTD Coordinated Human Services Public Transportation Plan (dated 10.21.16)
PROJECT NAME	TCTD Software Upgrade
PROJECT DESCRIPTION - PLEASE PROVIDE A BRIEF (1-2 PARAGRAPHS) DESCRIPTION OF THE PROPOSED PROJECT. IDENTIFY CLEAR PROJECT DELIVERABLES AND AVOID GENERALIZATIONS. FOR OPERATIONS PROJECTS, PLEASE INDICATE WHETHER THE	Purchase software database for capturing all ridership and operations statistics for the purposes of audit, reporting and financial reimbursement. Current software is very unstable. The cost would include planning, RFQ, implementation, support and training.
RESOURCES, EQUIPMENT, AND INFRASTRUCTURE (E.G. VEHICLES, DRIVERS, ETC.) HAVE ALREADY BEEN PROCURED OR IF THEY WOULD NEED TO BE PROCURED PRIOR TO PROJECT IMPLEMENTATION.	Purchase replacement financial software. Would anticipate a cloud-based software solution. The cost would include planning, RFQ, implementation, support and training.
IF THIS IS AN OPERATIONS PROJECT, WOULD THE GRANT FUND ONGOING OPERATIONS (I.E. AN EXISTING SERVICE THAT WOULD NOT BE EXPANDED THROUGH THE GRANT)?	NA
WILL THE APPLICANT HIRE A SUB- CONTRACTOR TO IMPLEMENT ALL OR PART OF THE PROJECT?	Yes
ESTIMATED TOTAL PROJECT COST (PLEASE IDENTIFY THE ANTICIPATED TOTAL PROJECT COST AS ACCURATELY AS POSSIBLE):	\$250,000.00