

### DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT

DEVELOPMENT SERVICES BUILDING

150 BEAVERCREEK ROAD OREGON CITY, OR 97045

November 09, 2022

Board of Commissioners Clackamas County

Members of the Board:

Approval to apply for a grant with Metro (FHWA) for implementing a Signal Safety Project at up to twenty (20) traffic signals in Clackamas County - \$897,300 in grants funds requested. Matching funds in the amount of \$102,700 (10.27%) will be provided from County Road Funds. Total value is \$1,000,000. General Funds are not involved.

Purpose/Outcome	This project will improve safety at up to 20 signalized locations using
	low cost, highly effective solutions with a focus on protecting
	vulnerable users and preventing severe crashes.
Dollar Amount	Metro (FHWA) amount: \$897,300. There is a 10.27% match
and Fiscal Impact	requirement of \$102,700 that will be supported by the County Road
	Fund. Total amount is \$1,000,000.
Funding Source	Metro – Regional Flexible Funds from FHWA and County Road Fund.
Duration	Four years.
Previous Board	None
Action/Review	
Strategic Plan	1. The project supports the department's efforts to support the public's
Alignment	increasing expectation that the transportation system will be safer and
	support a healthier community. Additionally, the project will
	intentionally engage underrepresented communities in these efforts.
	2. The funds will support the County Strategic Plan to ensure safe,
	healthy and secure communities.
Counsel Review	This item does not require Counsel Review. Finance has reviewed the
	lifecycle form.
Procurement	(Please check yes or no for procurement review. If the answer is "no,"
Review	please provide an explanation.)
	1. Was the item processed through Procurement? yes □ no ⊠
	2. Item is a grant.
Contact Person	Joseph Marek, Traffic Safety Supervisor x4705

### **BACKGROUND:**

The Department of Transportation and Development requests the authorization to apply for a Metro Transportation System Management and Operations (TSMO) Grant funded by Regional Flexible Funds from FHWA of \$897,300 and a County Road Fund match of \$102,700 to implement traffic signal safety improvements throughout the County.

The purpose of the project is to improve safety at up to twenty (20) signalized locations using low cost, highly effective solutions with a focus on protecting vulnerable users and preventing severe crashes. There are two operational elements that this project will address; vehicle and bicycle/pedestrian conflicts at key right turn locations, and difficult go/no-go decisions drivers sometimes face at the on-set of yellow.

For locations that have dedicated right turn lanes, the project will install dedicated right turn signal heads. With these signal heads, the signal will display a red arrow instead of a permissive green ball when a conflicting pedestrian "walk" and "flashing don't walk" is up. For locations without dedicated right turn lanes, light up part-time restriction signs will warn motorists when a bicycle or pedestrian is detected. To address go/no-go decisions, advance radar detection will be installed that can provide dynamic dilemma zone protection based on vehicle approach speeds and ETAs throughout their entire approach.

In order to complete the items described above, we will first confirm key locations with stakeholders throughout the County, through safety analysis, project construction feasibility, and prioritize locations in equity priority areas based on the Clackamas County Transportation Equity Index and the ITS Equity Index. After key locations have been determined, the County will solicit the design services of an engineering firm to complete plans, specs and estimate for construction. We will then put the project out for bid and will manage the construction contract from start to finish, using the design firm for construction contract administration and constructing engineering and inspection services.

#### **RECOMMENDATION:**

Staff respectfully recommends approval to apply for a grant with Metro (FHWA) for implementing a Signal Safety Project at various traffic signals in Clackamas County and authorizes Dan Johnson, DTD Director to sign on behalf of Clackamas County.

Respectfully submitted,

Dan Johnson

Dan Johnson- Director

## **Financial Assistance Application Lifecycle Form**

Use this form to track your potential award from conception to submission.

 $Sections\ of\ this\ form\ are\ designed\ to\ be\ completed\ in\ collaboration\ between\ department\ program\ and\ fiscal\ staff.$ 

If renewal, complete sections 1, 2 & 4 only. If direct appropriation, complete page 1 and Dept/Finance signatures only.

If Disaster or Emergency Relief Funding, EOC will need to approve prior to being sent to the BCC

		**CONCEPTIO	ON**					
Section I: Funding Opportunity I	nformation - To Bo	e Completed by Requester		Award type:	Subrecip	ppropriation (no	o application) Direct Award	
				Award Renewal?	Yes	No		
Lead Fund # and Department:	Fund 215	- Traffic Safety 30030	2					
Name of Funding Opportunity:								
Funding Source: Federal – Direct	t	Federal – Pass through	State		Local			
Requestor Information: (Name of staff in	itiating form)							
Requestor Contact Information:								
Department Fiscal Representative:								
Program Name & Prior Project #: (please	specify)							
Brief Description of Project:								
Name of Funding Agency:  Notification of Funding Opportunity Web	) Address:							
Notification of Funding Opportunity Web	es No Date: ** NOW R			CAL REPRESENTATIV	E **			
OR  Application Packet Attached: You  Completed By:  Section II: Funding Opportunity	Date: ** NOW R  Information - To Be  Non-Competing Applica	e Completed by Department Fis	cal Rep	<i>CAL REPRESENTATIV</i> Award Notification Da				
Notification of Funding Opportunity Web OR Application Packet Attached: You Completed By: Section II: Funding Opportunity Competitive Application	Date: ** NOW R  Information - To Be  Non-Competing Applica	e Completed by Department Fis	cal Rep					
OR  Application Packet Attached: You  Completed By:  Section II: Funding Opportunity  Competitive Application  Assistance Listing Number (ALN), if applicable	Date: ** NOW R  Information - To Be  Non-Competing Applica	e Completed by Department Fis	cal Rep nding Agency nouncement/	Award Notification Da				
OR  Application Packet Attached: You  Completed By:  Section II: Funding Opportunity  Competitive Application  Assistance Listing Number (ALN), if applicable  Announcement Date:	Date: ** NOW R  Information - To Be  Non-Competing Applica	e Completed by Department Fis	cal Rep nding Agency nouncement/	Award Notification Da /Opportunity #: t Requested:				
OR  Application Packet Attached: You  Completed By:  Section II: Funding Opportunity  Competitive Application  Assistance Listing Number (ALN), if applicable Announcement Date:  Grant Category/Title	Date:  ** NOW R  Information - To Be  Non-Competing Applica	e Completed by Department Fisation Other  Fu  An  Fu  Ma	cal Rep  nding Agency nouncement/	Award Notification Da /Opportunity #: t Requested: ment:				
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OR  Application Packet Attached: You  Completed By:  Section III: Funding Opportunity  Competitive Application  Assistance Listing Number (ALN), if applicable Announcement Date:  Grant Category/Title  Allows Indirect/Rate:  Application Deadline:	Date:  ** NOW R  Information - To Be  Non-Competing Applica	e Completed by Department Fis	nding Agency nouncement/ nding Amount atch Requiren	Award Notification Da /Opportunity #: t Requested: nent: st:				
OR  Application Packet Attached: You  Completed By:  Section II: Funding Opportunity  Competitive Application  Assistance Listing Number (ALN), if applicable Announcement Date:  Grant Category/Title  Allows Indirect/Rate:  Application Deadline:  Award Start Date:	Date:  ** NOW R  Information - To Be  Non-Competing Applica	E Completed by Department Fis	nding Agency nouncement/ nding Amount atch Requiren tal Project Cos her Deadlines	Award Notification Da /Opportunity #: t Requested: nent: st:				

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How much General Fund will be used to cover costs in this program, including indirect expenses?

How much Fund Balance will be used to cover costs in this program, including indirect expenses?

# In the next section, limit answers to space available.

### Section III: Funding Opportunity Information - To Be Completed at Pre-Application Meeting by Dept Program and Fiscal Staff

Mission/Purpose:  1. How does the grant/funding opportunity support the Department and/or Division's Mission/Purpose/Goals?
2. Who, if any, are the community partners who might be better suited to perform this work?
3. What are the objectives of this funding opportunity? How will we meet these objectives?
4. Does the grant/financial assistance fund an existing program? If yes, which program? If no, what is the purpose of the program?
Organizational Capacity:  1. Does the organization have adequate and qualified staff? If no, can staff be hired within the grant/financial assistance funding opportunity timeframe?
2. Are there partnership efforts required? If yes, who are we partnering with and what are their roles and responsibilities?
3. If this is a pilot project, what is the plan for sun setting the project and/or staff if it does not continue (e.g. making staff positions temporary or limited duration, etc.)?
4. If funded, would this grant/financial assistance create a new program, does the department intend for the program to continue after initial funding is exhausted? If yes, how will the department ensure funding (e.g. request new funding during the budget process, supplanted by a different program, etc.)?

2 Revised 10/04/2022

Collaboration		
1. List County departments that will collaborate on this award,	, if any.	
Reporting Requirements		
1. What are the program reporting requirements for this grant	t/funding opportunity?	
2. How will performance be evaluated? Are we using existing	data sources? If yes, what are they and where are they ha	pused? If not, is it feasible to develop a data source within the
grant timeframe?	,	
3. What are the fiscal reporting requirements for this funding?	,	
Fiscal		
Are there other revenue sources required, available, or will	l be used to fund the program? Have they already been se	cured? Please list <u>all</u> funding sources and amounts.
2. For applications with a match requirement, how much is rec	quired (in dollars) and what type of funding will be used to	n meet it (CGF, In-kind, local grant, etc.)?
2 December 2 and Affirm a sind an airthur and a sind an at 2 ft.	in the contract of the contract of the characters of the character	
3. Does this grant/financial assistance cover indirect costs? If y	es, is there a rate cap? IJ no, can additional Junas be obtai	mea to support matrect expenses and what are those sources?
This grant accepts overhead and has general funds will be used.	no rate cap. Road Funs will be cove	ring costs, no
Other information accessors to understand this arms of the		
Other information necessary to understand this award, if any.		
Program Approval:		
		Toronh Monal
		Toseph Marek
Name (Typed/Printed)	Date	Signature

\*\* NOW READY FOR PROGRAM MANAGER SUBMISSION TO DIVISION DIRECTOR\*\*

\*\*ATTACH ANY CERTIFICATIONS REQUIRED BY THE FUNDING AGENCY. COUNTY FINANCE OR ADMIN WILL SIGN\*\*

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Revised 10/04/2022

### Section IV: Approvals

Department: keep original with your grant file.

DIVISION DIRECTOR (or designee, if applicable)		
		me h
Name (Typed/Printed)	Date	Signature
DEPARTMENT DIRECTOR (or designee, if applicable		Dade
Name (Typed/Printed)	Date	Signature
FINANCE ADMINISTRATION		
Elizabeth Comfort	11.2.2022	Elizabeth Comfort
Name (Typed/Printed)	Date	Signature
EOC COMMAND APPROVAL (WHEN NEEDED FOR DI.	SASTER OR EMERGENCY RELIEF APPLICATIONS	<u>only)</u>
Name (Typed/Printed)	Date	Signature
For applications less than \$150,000:	Approved:	Denied:
CONTI ADMINISTRATOR	дриочев.	belled.
Name (Typed/Printed)	Date	Signature
		c <u>ht@clackamas.us</u> for Gary Schmidt's approval. to the Board at <u>ClerktotheBoard@clackamas.us</u> to be
BCC Agenda item #:	Date:	
OR		
Policy Session Date:		
	County Administration Attes	tation

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Revised 10/04/2022

# **COVER SHEET**

☐ New Agreement/Contra	ct
☐ Amendment/Change/Ex	ktension to
□ Other	
Originating County Department: _	
Other party to contract/agreement	·· ··
Description:	
After recording please return to:	X County Admin
	☐ Procurement
If applicable, complete the following:	
Board Agenda Date/Item Number	•