

Memo

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| **TO:** | **Non-Profit Agencies and Government Agencies** |
| **FROM:** | **Carolyn Newsome, Vanpool Program Manager**  **Dave Kolar, Vanpool Coordinator Intercity Transit** |
| **SUBJECT:** | **Application for Surplus Van Grant Program** |
| **DATE:** | **10/9/2018** |

We are pleased to announce our Surplus Van Grant Program for 2018. This year, the program will grant up-to three 12-passenger vans and one 7-passenger van to help community agencies enhance transportation services to Thurston County residents. The vans, which were earmarked for retirement this year, will be awarded to eligible non-profit and government agencies serving the Thurston County Public Transportation Benefit Area (PTBA).

You are invited to attend an open house on **Monday, October 29, 2018 from 4 p.m. to 5 p.m.** or **Thursday, November 8, 2018 from 5:30 p.m. to 6:30 p.m.** in the Intercity Transit Board Room, 526 Pattison ST SE, Olympia. The voluntary pre-application open house will provide an opportunity to ask questions about the application process, selection criteria, and van maintenance, mileage, upkeep, and the history of the program. Several of the vans will be available for inspection. If you can’t make our open house just give us a call and schedule a time that works for you.

We’ve attached the application and other information that describes how to apply for this program. Only one vehicle will be awarded per organization, per year. Completed applications must be delivered by Wednesday, **November 16th, 2018 at 4 p.m.** The attached packet provides specific details on the application process and schedule.

If you have any questions about this program, please contact Vanpool staff Carolyn Newsome at 360-705-5829, [cnewsome@intercitytransit.com](mailto:cnewsome@intercitytransit.com) or Dave Kolar at

(360) 705-5859, [dkolar@intercitytransit.com](mailto:dkolar@intercitytransit.com).

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## Intercity Transit

# **Rules/Requirements and Selection Criteria for**

### Surplus Vans

### Background

The Intercity Transit Authority approved Board Resolution 07-03 on September 3, 2003, authorizing the surplus van grant program. This annual program provides up to seven passenger vans to eligible non-profit organizations and community agencies to enhance transportation service provided within Intercity Transit’s Public Transportation Benefit Area (PTBA). This packet contains the application, rules/requirements and selection criteria for the program.

### Vehicle Descriptions

Up to seven surplus vehicles will be granted as described below:

* **Three 12-passenger vans (no wheelchair lifts):** 2009 Chevrolet Express and 2013 Ford Econoline, with automatic transmission and air conditioning.
* **One 7-passenger van (no wheelchair lift):** 2013 Dodge Caravan with automatic transmission and air conditioning.

Vans will be available for inspection following pre-application open houses, to be held in the Intercity Transit Board Room, **Monday, October 29, 2018 from 4 p.m. to 5 p.m.** and **Thursday, November 8, 2018 from 5:30 p.m. to 6:30 p.m.** The address is 526 Pattison Street SE, Olympia, WA 98501. Call Intercity Transit at 360-786-8585 if you need transit or driving directions. No reservation is necessary. You may also schedule a different time to ask questions or see the vehicles.

### Eligibility

All non-profit organizations and community agencies with 501(c)(3) status and community agencies that serve residents of the Intercity Transit PTBA are eligible. The PTBA includes the cities of Olympia, Lacey, Tumwater and Yelm, and their urban growth areas. Organizations must be located in the PTBA. **Questions about eligibility, limits of the PTBA and other questions about the program should be directed to: Carolyn Newsome, Vanpool Program Manager, at 360-705-5829,** [**cnewsome@intercitytransit.com**](mailto:cnewsome@intercitytransit.com) **or Dave Kolar, Vanpool Coordinator, at 360-705-5859,** [**dkolar@intercitytransit.com**](mailto:dkolar@intercitytransit.com)**.**

### Other Rules and Requirements

* Vans must be used for a transportation-related purpose for residents who live within Intercity Transit’s PTBA.
* Organizations must be in Intercity Transit’s PTBA.
* Only one van will be awarded per agency/organization per year.
* Application must clearly designate the primary applicant, who will be named as buyer on vehicle title, if selected as a recipient.
* Trips must originate in the PTBA and remain within a 150 mile radius of the Intercity Transit’s PTBA.
* Applicants must certify they have the financial and management capacity to insure granted vehicles, if selected as a recipient.
* Applicants must certify they have the financial and management capacity to maintain vehicles in good working condition.
* Applicants must provide a copy of their 501(c)(3) non-profit certification, if applicable.
* Successful applicants will be required to sign an agreement relating to the exchange of vehicles for passenger transportation-related services. A sample agreement is included in this packet.
* **Reporting Requirements:** Grantees must track ridership, hours and miles of service and provide quarterly reports to Intercity Transit for one calendar year.
* **Restrictions:** Trips to or from religious worship, devotion or instruction may not be counted in meeting the “trips provided” selection criteria. This restriction does not affect the use of the van after an award has been made.
* If a van is not used for transportation of riders as stated in application materials, grantees will return the van to Intercity Transit or be required to pay Intercity Transit the fair market value of vehicle.
* Grantees shall provide transportation only to their clients, members, guests or other similar users with vans supplied under this program. They shall not provide transportation to the general public.
* Grantees shall not use the vehicle for assisting a campaign for election or for the promotion of or opposition to any ballot proposition.

### Application Schedule

|  |  |
| --- | --- |
| October 29 & November 8, 2018 | Open Houses |
| November 16, 2018 | Deadline for submitting applications |
| December 5, 2018 | Announcement of van grant awards |

### Application Submittal

### A copy of the application is attached. The application is also available on Intercity Transit’s website: [intercitytransit.com](https://www.intercitytransit.com/) or via e-mail from [vans@intercitytransit.com](mailto:vans@intercitytransit.com). This application packet is available in other formats/languages by request.

**Applications must be received no later than 4:00 p.m. Friday, November 16, 2018. Applications** must contain the appropriate certification signatures and a copy of organizations 501(c)(3) non-profit certification, if applicable. Electronic signature is acceptable.

**Send applications to:**

**Surplus Van Grant Program**

**Intercity Transit**

**PO Box 659**

**Olympia, WA 98507-0659**

**E-mail:** [**vans@intercitytransit.com**](mailto:vans@intercitytransit.com)

# **Selection Criteria Summary**

The review process is competitive and will use the criteria identified below. In addition, geographic equity, diversity in population groups served,and previous grant award may be used as balancing factors in making final selections.

|  |  |
| --- | --- |
| CRITERIA: | WEIGHT: |
| 1. Demonstrated Community Benefit | 50% |
| 2. Total Number of Trips Provided | 30% |
| 3. Clarity and Quality of Application | 5% |
| 4. Coordination of Services | 5% |
| 5. Ability of Organization to Maintain Vehicle Service | 10% |

# **Selection Criteria:** Successful applications will address all five criteria

1. **Demonstrated Community Benefit**

Explain clearly the scope and nature of your agency’s transportation need and provide data to back up that need. Explain how you would serve an unmet public transportation need in Intercity Transit’s PTBA. Include what service you currently use, what other options are available to your agency or organization and how your program will support unmet transportation needs and coordinate with other programs to get maximum use.

1. **Total Number of Trips Provided**

Clearly define and document the number of trips to be provided annually. Give the best estimate you can based on to where the trips would go. Trips to or from religious worship, devotion or instruction may not be counted in meeting the selection criteria. This restriction does not affect the use of the van once an award has been made.

1. **Clarity and Quality of Application**

Applications will be rated on content, clarity, presentation and quality of the proposal – based on legibility, completeness, inclusion of data and clear description of transportation needs.

1. **Coordination of Service**

Describe how your current and proposed service coordinates with other transportation services in the area to ensure broad community benefit. Describe why existing Intercity Transit services cannot meet your needs.

1. **Ability to Maintain Service**

Describe how the proposed transportation program will be maintained and funded and how the agency or organization willmanage the program.

# ***SAMPLE AGREEMENT***

**AGREEMENT RELATING TO THE EXCHANGE**

**OF VEHICLE FOR TRANSIT RELATED SERVICES**

THIS AGREEMENT between the Thurston County Public Transportation Benefit Area, (hereinafter called “Intercity Transit”), and

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (hereinafter referred to as the “Vehicle Recipient”) as follows:

In consideration of the mutual promises of the parties, it is hereby agreed as follows:

1. Intercity Transit shall provide to the Vehicle Recipient the following described vehicle:

Make: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The Vehicle Recipient shall provide the following services in consideration for the aforementioned vehicle: enhanced transportation services for residents who live within Intercity Transit’s PTBA as described in Section 2, Description of Proposed Vehicles Use, in the application. Use of the vehicle for other purposes is prohibited. If the Vehicle Recipient does not use the vehicle for the above transportation service for a period of one (1) year, the Vehicle Recipient shall forfeit the vehicle within thirty days and the vehicle shall be returned to Intercity Transit. Intercity Transit may use any remedy provided by law for breach of this agreement.
2. Intercity Transit is giving the Vehicle Recipient the aforementioned vehicle AS IS, WHERE IS, and WITH ALL FAULTS and WITHOUT RECOURSE regarding the condition of the aforementioned vehicle. Intercity Transit makes NO EXPRESSED or IMPLIED WARRANTIES of MERCHANTABILITY; NO EXPRESS or IMPLIED WARRANTIES of FITNESS; and no EXPRESS or IMPLIED WARRANTIES or GUARANTEES of any kind regarding the aforementioned vehicle.
3. The parties to this Agreement agree that Intercity Transit shall have no liabilities of any sort arising from or related to the vehicle or vehicles covered by this Agreement. The Vehicle Recipient and any successor shall defend, indemnify and hold harmless Intercity Transit, its officers, agents and employees from any claims or suits at law or equity, costs and/or demands of any sort, including reasonable attorney’s fees, arising out of or related to this Agreement, the vehicle or vehicles covered by this Agreement, or any use by any person of such vehicles.
4. If the Vehicle Recipient sells, donates or transfers any vehicle or vehicles covered by this Agreement, the Vehicle Recipient shall require the transferee to execute a binding agreement to defend, indemnify and hold Intercity Transit and its officers, agents and employees harmless as set out in the above provision.
5. The Vehicle Recipient shall be responsible for all licensing, permits and insurance of the aforementioned vehicle. Proof of insurance shall be provided to Intercity Transit as a condition of delivery of the aforementioned vehicle. Vehicle Recipient shall promptly carry out all steps necessary to transfer vehicle title to it from Intercity Transit.
6. The Vehicle Recipient shall provide to Intercity Transit a report, quarterly for one year, containing vehicle odometer readings, number of passengers carried, and description of use of vehicle. Reporting schedule is below:

|  |  |
| --- | --- |
| Report due dates: | Period covered: |
| **April 30, 2019** | **January 1, 2019 – March 31, 2019** |
| **July 31, 2019** | **April 1, 2019 – June 29, 2019** |
| **October 31, 2019** | **July 1, 2019 – September 28, 2019** |
| **January 31, 2020** | **October 1, 2019 – December 31, 2019** |

Information shall be submitted to Intercity Transit, Attention: Surplus Van Grant Program, PO Box 659, Olympia, WA 98507-0659, or emailed to [vans](mailto:dkolar@intercitytransit.com)@intercitytransit.com or faxed to 360-357-6184.

1. The Vehicle Recipient will assure they provide transportation services only to their clients, members, guests or other similar users, not the general public, with vans supplied by this program. Grantee will not use the vehicle for assisting a campaign for election or for the promotion of or opposition to any ballot proposition.
2. If van is not used for transportation of riders as stated in application materials, grantees will return van to Intercity Transit or may be required to pay the fair market value of the vehicle.
3. The Vehicle Recipient will ensure that the trips originate within Intercity Transit’s PTBA and remain within a 150 mile radius of the PTBA.

DATED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THURSTON COUNTY

PUBLIC TRANSPORTATION BENEFIT AREA

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ATTEST:

Vehicle Recipient

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness

# Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# INTERCITY TRANSIT

## Application for Surplus Van

## Section 1: General Information

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| 1. | Name of Primary Applicant Agency/ Organization: |  |
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| 2. | Mailing Address: |  |
|  |  |  |
| 3. | Contact Person/Telephone: |  |
|  |  |  |
| 4. | Partner Agency/ Organization: |  |
|  |  |  |
| 5. | Partner Agency/ Organization: |  |
|  |  |  |

1. Type of Applicant(s) (check all that apply):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| \_\_\_ | Church | \_\_\_ | Public Agency | \_\_\_ | School/Daycare |
| \_\_\_ | Community Service Organization | \_\_\_ | Senior Center/ Convalescent Center | \_\_\_ | Other, please specify  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

### Section 2: Description of Proposed Vehicle Use

1. Describe the community transportation problem you’re proposing to solve with this vehicle and the benefit you want to achieve. Describe in your answer the population you will serve, the area of Thurston County you will serve, type of service you will provide, purpose of the transportation, extent of vehicle use and any other information you want us to know. (Attach an additional sheet, if needed.)

|  |
| --- |
| Description of community transportation need and benefit to be achieved: |

1. How many passenger trips do you expect to carry over the course of the next year? For the purposes of this application, a passenger trip is defined as a round trip for one person, i.e. to/from their destination. Please show how you arrived at your estimate and describe the basis of your projection. Trips to or from religious worship, devotion or instruction may not be counted in meeting the selection criteria. This restriction does not affect the use of the van once an award has been made.

The hypothetical example below illustrates the type of information we are looking for in this question. In this example, the van would be utilized to support several programs within one organization.

**Samples**

*Our group expects to utilize the van to provide 1938 passenger trips over the next year based on the following:*

* *4 people to food bank each Monday = 4 people x 52 Mondays = 208*

*Basis: average number of people carried last year in old van*

* *5 people to place of employment each workday = 5 people x 250 work days = 1250*

*Basis: current number of developmentally disabled clients lacking daily transportation to work*

* *20 seniors on field trip one Saturday per month = 20 people x 12 field trips = 240*

*Basis: planned new program if a vehicle is available*

* *48 low-income children to a week-long summer camp in June = 48 people x 5 days = 240*

*Basis: attendance at last year’s camp*

|  |
| --- |
| Description of annual passenger trips: |

1. Describe the profile of the passengers you anticipate serving with this vehicle. Profiles include, but are not limited to, persons with disabilities, senior citizens, persons with low income, at risk youth, and the general public.

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| Profile of passengers served: |

1. Describe your service area. Include in your answer the percentage of Thurston County residents that you propose to serve.

|  |
| --- |
| Description of agency or organization’s service area: |

1. a) Describe how your agency or organization coordinates transportation efforts with other community programs?

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| --- |
| Coordinating transportation with other community programs: |

b) Describe how your agency or organization provides transportation needs with other transportation providers, including Intercity Transit?

|  |
| --- |
| Coordinating transportation with other transportation providers: |

1. What method of transportation does your program currently use to meet your agency or organization’s transportation needs?

|  |
| --- |
| How current transportation needs are met: |

1. a) To what extent do existing bus and Dial-a-Life (DAL) services meet your agency or organization’s transportation needs?

|  |
| --- |
| How bus and DAL services meet organization’s needs: |

b) If current Intercity Transit service does not work for your agency or organization, why not?

|  |
| --- |
| Why current IT service does not meet agency or organization’s needs: |

8. a) Will the vehicle be used to expand service (such as, establishing a new service, increasing the frequency of an existing service, etc.), to replace an existing service or both?

Expand Service  Replace Existing  Both 

b) If the vehicle will be used to expand service, estimate the number of new trips that will be provided and/or explain how the vehicle will be used to expand service. (Attach additional sheets if necessary).

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| --- |
| Explanation of how service will expand, if applicable: |

c) If the vehicle will replace existing service, please state the age and mileage of your current vehicle(s) and estimate the number of trips that will be provided with the vehicle.

|  |
| --- |
| Current service that will be replaced, if applicable: |

9. Is this application in coordination with any other agencies? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_

a) If yes, list the name of the primary applicant who will be named as buyer on vehicle title if selected as a vehicle recipient

|  |
| --- |
| Name of primary applicant (named as buyer on vehicle title): |

b) Briefly explain how the use of the vehicle will be divided among the agencies/ organizations involved. (All participating agencies or organizations are required to sign the certification and should also be identified on Page 1 of this application).

|  |
| --- |
| Description of agency or organization’s Service Area: |

10. Describe how the proposed transportation program will be maintained and funded and how the organization will manage the program and the vehicle.

|  |
| --- |
| Plan for maintaining and funding the program and vehicle, including insurance: |

# **Section 3: Certification**

**I certify that, to the best of my knowledge, the information in this application is true and accurate and that this agency/organization has the necessary financial and managerial capability to adequately operate, maintain and insure the vehicle for which this application is being made.**

Signature of Lead Agency/Organization

Board Chair/Executive Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Typed: Name/Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Partner Agency/Organization

Board Chair/Executive Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Typed: Name/Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Partner Agency/Organization

Board Chair/Executive Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Application Submission Check List**

**j0104746[1]**

* **Include the completed application**
* **Identify the primary applicant**
* **Get all required signatures**
* **Include a copy of each Agency’s 501(c)(3)  
  Non-Profit Certification (if applicable)**
  + **Deliver by 4:00 p.m. Friday, November 16, 2018**

**Return all items to:**

**Surplus Van Grant Program**

**Intercity Transit**

**PO Box 659**

**Olympia, WA 98507-0659**

**vans@intercitytransit.com**