

Memo

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| **TO:** | **Non-Profit/Public Agencies Serving Low-Income Clients** |
| **FROM:** | **Ann Freeman-Manzanares, General Manager** |
| **DATE:** | **October 16, 2017** |
| **SUBJECT:** | **2018 Application for Discounted Bus Pass Grant Program** |

The Intercity Transit Authority invites non-profit and government organizations to apply for the Discounted Bus Pass Grant Program. This program allows qualifying agencies who serve low-income clients to purchase monthly adult and youth bus passes at half price. Non-profit and government organizations within our service area may apply. Up to $300,000 of monthly passes are available in 2018.

**To be considered for the initial selection process, you must submit your application no later than 4 p.m., November 17, 2017.** Ifyou cannot submit your application by this deadline, you may still submit your application at a later date but risk there may not be enough funds to cover your request. If funding remains after the first round of selections, we will award discounted passes on a first-come, first-serve basis.

Program information and the application for Discounted Bus Passes are attached.

The application instructions are also available on our Web site: [www.intercitytransit.com](http://www.intercitytransit.com).

If you have any questions about this program, please call **Carol Hoosier** at (360) **705-5812** or email her at **choosier@intercitytransit.com**.

## Intercity Transit

### Discounted Bus Pass Program

### Description

The Intercity Transit Authority’s Discounted Bus Pass Program offers monthly bus passes to qualifying organizations at a 50-percent discount. Non-profit organizations and public agencies within Intercity Transit’s service area are invited to apply.

Successful applicants must provide a 50-percent match for passes provided through this program. Up to $300,000 worth of monthly bus passes are available in 2018.

This packet contains the application and a description of the requirements and selection criteria for the program.

**Monthly Bus Passes Available and Cost**

|  |  |  |
| --- | --- | --- |
| **Monthly Pass Type** | **Full Cost** | **Discounted Cost** |
| Adult | $36 | $18 |
| Youth | $15 | $ 7.50 |
| Reduced Fare\* | $15 | $15 |
| Summer Youth Pass\*\* | $20 | $20 |

**\***Regional Reduced Fare Permit required. Eligibility is based on age, disability or possession of a Medicare card. Reduced Fare passes will not be further discounted under this program. Reduced Fare Permit Applications are processed by Intercity Transit’s Customer Service department.

\*\*Summer Youth Pass is good from the 1st day of June to the last day in August. It is already significantly discounted.

### Eligibility

If you are a public agency or non-profit organization with 501(c)(3) status and you serve low-income people within our service area, you may apply. Our service area includes the urban growth areas of Olympia, Lacey, Tumwater, and Yelm. Public agencies may be eligible for this program depending on the clients and programs served. For information, contact **Carol Hoosier,** **(360) 705-5812,** or email her at [choosier@intercitytransit.com.](mailto:choosier@intercitytransit.com.)

### Other Requirements and Information

* We will award passes to your agency for distribution to your clients.
* You determine which clients are eligible for the passes and how you will distribute them.
* If your organization is a non-profit, you must provide a copy of your 501(c) (3) non-profit certification.
* All applicants must provide data on primary trip purposes for clients who will receive monthly passes.
* We will distribute passes monthly. The grant award represents the maximum number of passes you may purchase at the reduced rate during the year. Additional passes may be available if adequate funds remain in the program.
* Each month we will deliver your requested number of passes and an invoice to your designated pass coordinator. Passes are not refundable so please thoughtfully consider the number of passes you request.

### Application Schedule

October 16, 2017: Applications released to agencies and grant availability advertised.

November 17, 2017: Applications due by 4 p.m.

December 6, 2017: Intercity Transit Authority determines grant awards.

December 18, 2017: Intercity Transit mails passes to awarded agencies.

January 1, 2018: Program begins.

### How to Submit Your Application

You may submit your application materials by paper copy or electronically. We must receive your application no later than 4 p.m., **Friday, November 17, 2017**.

Send your application to:

Carol Hoosier, Accounting Specialist

Intercity Transit

PO Box 659

Olympia, WA 98507-0659

Or E-mail: choosier@intercitytransit.com

# **Summary of Selection Criteria**

The selection process is competitive and involves review and evaluation using the criteria below.

|  |  |
| --- | --- |
| **Criteria** | **Weight (%)** |
| Demonstrated community benefit | 50 |
| Agency’s history of providing transportation support to clients | 20 |
| Organization and financial stability | 15 |
| Importance of transportation to organization’s provision of services | 15 |

# **INTERCITY TRANSIT**

## 2018 Discounted Bus Pass Program Application

## Section 1: General Information

1. Name of applicant

Agency/Organization

1. Contact person who will receive and distribute the passes each month:

Phone e-mail

1. Address for mailing passes to:
2. Type of Applicant

Public Agency

501(c)(3)

# **Section 2: Certification**

**I certify that, to the best of my knowledge, the information in this application is true and accurate and this agency/organization has the necessary financial and managerial capability to provide the required matching funds for this program.**

**Signature of Lead Agency/Organization**

Board Chair/Executive Officer

Name and Title

Date

### Section 3: Description of Proposed Use of Transit Passes

(Please use a separate piece of paper for this section)

1. Describe the transportation problem you propose to solve with monthly passes purchased through this program.
2. Describe the profile of the passengers you plan to serve through this program. Profiles may include, but are not limited to, people with disabilities, senior citizens, people with low income, at-risk youth, and general public.
3. Describe the eligibility criteria you will use to distribute passes to your clients. How you will determine the eligibility of clients?
4. How will you distribute monthly passes purchased through this program?
5. a) Describe how your organization coordinates transportation efforts with other community programs.

b) Describe how your organization coordinates transportation needs with other transportation providers, including Intercity Transit.

1. How does your program currently meet your organization’s and clients’ transportation needs?
2. Have you provided transit passes to your agency’s clients in the past? Please describe this program.
3. Provide examples of the primary purpose of the trips your clients make.
4. How will you provide the match for the proposed transportation pass program?

# **Section 4: Number of Passes You Request**

**NAME OF APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_**

Fill in the form below as follows:

1. Enter the number of each pass type you want for each month.
2. Enter the total number of passes combined for each month in the “Total” column.
3. Add each column and enter the totals on the line labeled, “Total No. Passes”.
4. Enter your cost for each pass type and the total for all types combined.
5. Enter Intercity Transit’s total value for each pass type and the total combined.

The maximum number of passes you receive will be equal to or less than the number you indicate in the line labeled, “Total Number of Passes”.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **TYPE OF PASSES AVAILABLE** | | |  |
| **Month** | **Adult** | **Youth** | **Summer Youth** | **Total Passes** |
| January |  |  |  |  |
| February |  |  |  |  |
| March |  |  |  |  |
| April |  |  |  |  |
| May |  |  |  |  |
| June |  |  |  |  |
| July |  |  |  |  |
| August |  |  |  |  |
| September |  |  |  |  |
| October |  |  |  |  |
| November |  |  |  |  |
| December |  |  |  |  |
| TOTAL Number of Passes: |  |  |  |  |
| Enter YOUR total cost for each pass type here | Adult passes x $18 | Youth passes x $7.50 | Summer Youth Passes x $20.00 | Total Cost for all pass types: |
| $ | $ | $ | $ |
| Enter Full Price of each pass type  here | Adult passes x $36 | Youth passes x $15 | Summer Youth Passes x $20.00 | Total Cost for all pass types: |
| $ | $ | $ | $ |

**Application Submission Check List**

Include the completed application

Identify the primary applicant

Answer all 9 questions in Section 2

Get all required signatures

Include a copy of your agency’s 501(c)(3)  
Non-Profit Certification (if applicable)

Deliver by 4 p.m. Friday, November 17, 2017, to:

**Carol Hoosier**

**Intercity Transit**

**526 Pattison SE**

**PO Box 659**

**Olympia, WA 98507-0659**

**e-mail: choosier@intercitytransit.com**