



Memo

TO: Non-Profit/Public Agencies Serving Low-Income Clients
FROM: Ann Freeman-Manzanares, General Manager
DATE: October 17, 2016
SUBJECT: 2017 Application for Discounted Bus Pass Program

The Intercity Transit Authority invites non-profit and government organizations to apply for the discounted bus pass program. This program allows qualifying agencies who serve low-income clients to purchase monthly 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 2017.

To be considered for the initial selection process, you must submit your application no later than 4 p.m., November 18, 2016. If you cannot submit your application by this deadline, you may submit your application at a later date. 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.

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 2017.

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

Monthly Pass Cost

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

*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.

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.

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 17, 2016: Applications released to agencies and grant availability advertised.
 November 18, 2016: Applications due by 4 p.m.
 December 7, 2016: Intercity Transit Authority determines grant awards.
 December 19, 2016: Intercity Transit mails passes to awarded agencies.
 January 1, 2017: Program begins.

How to Submit Your Application

You may submit your application materials in paper copy or electronically. We must receive your application no later than 4 p.m., **Friday, November 18, 2016.**

Send your application to:

Carol Hoosier, Accounting Specialist
 Intercity Transit
 526 Pattison SE
 PO Box 659
 Olympia, WA 98507-0659
 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
2017 Discounted Bus Pass Program Application

Section 1: General Information

1. Name of applicant
Agency/Organization _____

2. Address for mailing passes _____

3. Billing address _____

4. Contact person who will distribute the passes: _____
Phone _____ e-mail _____

5. 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.
6. How does your program currently meet your organization's and clients' transportation needs?
7. Have you provided transit passes to your agency's clients in the past? Please describe this program.
8. Provide examples of the primary purpose of the trips your clients make.
9. How will you provide the match for the proposed transportation pass program?
- 10.** Please provide a copy or summary of your agency's 2016 budget.



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".

Month	Pass Type		Total Passes
	Adult	Youth	
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			
TOTAL No. Passes			
Enter your cost for each pass type & the total here 	Adult passes x \$18	Youth passes x \$7.50	Total \$ for all pass types
	\$	\$	\$
Enter Transit total value here 	Adult passes x \$36	Youth passes x \$15	Total \$ for all pass types
	\$	\$	\$

Application Submission Check List

- Include the completed application
- Identify the primary applicant
- Answer all 10 questions in Section 2
- Get all required signatures
- Include a copy of your agency's 501(c)(3) Non-Profit Certification (if applicable)
- Include a summary of your 2016 budget
- Deliver by 4 p.m. Friday, November 18, 2016, to:

**Carol Hoosier
Intercity Transit
526 Pattison SE
PO Box 659
Olympia, WA 98507-0659**

e-mail: choosier@intercitytransit.com