

4. List the cities and/or communities in the Skagit Transit service area served by your organization.

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5. Type of Agency

Community Service Organization

Public Social Services Agency

Other (specify).....

6. Is this application being submitted by a department of an Agency? If so, please provide the name of the Agency below.

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DESCRIPTION OF PROGRAM, FARE DISTRIBUTION AND USE

1. Describe how the passes will support your program, including the population it will serve and the benefit you hope to achieve. Give an estimate of the percentage of your program's users the passes are being requested for.

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2. Describe the eligibility process you use to determine the need of recipients. Include your method to determine other resources not available to recipients.

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3. Outline your process for determining who will receive ride passes and how they will be distributed.

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FARE USAGE INFORMATION

Please check the activities for which clients of your organization will utilize Skagit Transit

- Shelter Food bank Employment Dental care
- Day care Public Assistance Mental health services Job training search
- Health care Transitional housing Utility assistance Alcohol/drug treatment

Other (specify).....

Number of passes requested.

(Passes are valid for one year from date of issue to you by Skagit Transit).

CERTIFICATION

I hereby certify that the information presented in this application is true and complete to the best of my knowledge and that passes issued through the program will only be dispensed to my organization's low income/infirm clientele in accordance with the requirements stated in the Information and Instructions of the Ride Pass Program, and the pass agreement with Skagit Transit. (Note: please make sure all requested information has been provided).

.....Date:
Signature of applying organization's authorized representative

Name:Title:

ATTACHMENTS

Please attach a copy of U.S. Treasury 501(c)(3) certification letter for the agency that is acting as sponsor for this request.

Please Note: Passes are for local transit routes only. Passes will **NOT** be accepted on Connector Routes 80X or 90X.

Applications and attachments will be accepted until 5:00pm November 20, 2020. Applications received AFTER 5:00PM November 20, 2020 will not be considered.

You may mail, fax or email completed applications and attachments to:
Mail: Skagit Transit 600 County Shop Lane Burlington Washington 98233
Fax: 360-757-8019 Attention Marcy Smith
Email: msmith@skagittransit.org