



# Application for One-Day Ride Pass Grant Program

## Application Information

**Please submit one application per organization and list all applicable programs.**

*Only 501(c)(3) nonprofit organizations and public agencies are eligible for the Skagit Transit Ride Pass Program*

Organization name: .....

Assistance program name: .....

Street address: .....

City, State, Zip: .....

Contact person: .....Email: .....

Phone number: .....Fax number: .....

### PLEASE INCLUDE THE FOLLOWING:

1. Include a copy of your agency's IRS letter confirming 501(c)(3) eligibility as described by the Federal Internal Revenue Code. Note: If you have provided this in the past you will not need to send it again.

2. *Briefly* describe the mission of your organization's assistance program.

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3. Describe specific services to low-income/infirm recipients by your organization. (300 words or less)

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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? Yes ☐ No ☐

If yes, please provide the name of the Agency

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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.

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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

- |                                      |   |   |   |
|--------------------------------------|---|---|---|
| <input type="checkbox"/> Shelter     | <input type="checkbox"/> Food bank            | <input type="checkbox"/> Employment             | <input type="checkbox"/> Dental care            |
| <input type="checkbox"/> Day care    | <input type="checkbox"/> Public Assistance    | <input type="checkbox"/> Mental health services | <input type="checkbox"/> Job training search    |
| <input type="checkbox"/> Health care | <input type="checkbox"/> Transitional housing | <input type="checkbox"/> Utility assistance     | <input type="checkbox"/> Alcohol/drug treatment |

☐ Other (specify).....

## NUMBER OF PASSES REQUESTED

Passes are valid from January 1 – December 31 2022

**\*\*\*NEW for 2022 \*\*\***

There are 10,000 passes available for the 2022 program year. The first distribution will occur in December 2021 for use between January 1 and June 30, 2022. The second distribution will occur in May 2022.

Please indicate the total passes requested for 2022. ....

Amount of passes needed for distribution between January 1 - June 30 2022 .....

Please estimate the number of passes needed for the first half of the year.

*It is Skagit Transit's intention to work with all agencies in spring of 2022 to adjust any estimates indicated on this application in the interest of all programs. The second distribution will reflect these adjustments.*

*No adjustments to the total annual awards will be made without consultation with the awarded agency.*

*The past couple of years have been unusual; it is our hope that 2022 will be the year of transition to more normal operations.*

## CERTIFICATION

I hereby certify the following; the information presented in this application is true and complete to the best of my knowledge. The 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 19th, 2021. Applications received AFTER 5:00 November 19, 2021 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](mailto:msmith@skagittransit.org)**