



# 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: .....  
*(The person who monitors the distribution passes)*

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

- 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 from January 1 – December 31 2023

Please indicate the **total** passes requested for 2023.....

**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: .....

Print Name

**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 01, 2022. Applications received AFTER 5:00 November 01, 2022 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 Cheryl Willis  
Email: [cwillis@skagitttransit.org](mailto:cwillis@skagitttransit.org)**