

ISIT Ride Pass Grant Program Application

Applicant Information

Organization Legal Name:				
Employer Identification Number (EIN):				
Address:				
Authorized Representative Name:				
Title:				
Email:		Phone:		
Primary Agency Program Contact:				
Department:				
Title:				
Email:	F	Phone:		
Alternate Agency Program Contact:				
Department:				
Title:				
Email:		Phone:		
Type of Organization: (Check all that apply)				
Hold current 501(c)(3) Tax Status			
Community Service	Community Service Organization			
Public Social Service	Public Social Service Agency			
Government Agency	Government Agency			
Other (specify):				
Population Served: (Check all that apply)				
Low-income households				
People with disabilit	People with disabilities			
Other (specify):	Other (specify):			



Ride Pass Program Request

	CY 2026, 14,000 one-day passes are available under this program that will be awarded to ral agencies throughout the county. How many passes are requested for this organization?
Ν	lumber of passes:
Appl	lication Questions
1)	Describe the mission of your organization and any specific services targeting low-income and/or people with disabilities.
2)	Identify the program(s) that will use Ride Pass Grant Program passes to support your clients' travel needs within Skagit County.
3)	This program will provide one-day passes based on agency need. Describe the current transportation needs of your clients, what transportation services your organization currently provides, and any funding that supports it.



4)	Identify how the awarded passes will be utilized to address existing gaps in available transportation needs for your clients within your own organization and Skagit County (e.g. unallowable activities in existing grant funding received).
5)	Each pass is worth \$3.00. Describe how your agency will safeguard against theft, loss or misuse of passes.
6)	Describe your methodology for distributing passes as well as ensuring all recipients meet Ride Pass Program eligibility requirements.



7)	If clients are eligible for multiple transportation within the community, describe your method o provide/refer to the client including any Ride Pa	f determining which source to	
Req	uired Attachment(s) A) Organization IRS letter confirming 501(c)(3) tax designation if claiming designation	
<u>c</u>	for eligibility. Certification		
s	By signing this application, I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
- S	Signature of Authorized Representative		
- Т	ïtle		
_	Date Signed		