

**SKAGIT
TRANSIT**

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:		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 Organization
- ☐ Public Social Service Agency
- ☐ Government Agency
- ☐ Other (specify): _____

Population Served: (Check all that apply)

- ☐ Low-income households
- ☐ People with disabilities
- ☐ Other (specify): _____

- 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 services through your programs or others within the community, describe your method of determining which source to provide/refer to the client including any Ride Pass Program passes if awarded.

Required Attachment(s)

- ☐ A) Organization IRS letter confirming 501(c)(3) tax designation *if* claiming designation for eligibility.

Certification

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)

Signature of Authorized Representative

Title

Date Signed