



BENTON COUNTY SPECIAL TRANSPORTATION ADVISORY COMMITTEE 2017-2019 BIENNIUM *Special Transportation Fund Project Application*

This form must be fully completed to be considered for funding. Additional information may be attached.

Applicant General Information

Name of Organization _____

Mailing Address _____

City _____

State _____

Zip Code _____

Agency Website: _____

Preparer or Contact Person _____

Email Address _____

Work Telephone _____

Cell phone _____

<p>Type of Service Provided (Check all that apply)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Volunteer Driver <input type="checkbox"/> Voucher Subsidy <input type="checkbox"/> Fixed Route <input type="checkbox"/> Taxi or Shuttle <input type="checkbox"/> Mobility Assistance <input type="checkbox"/> Other (describe) _____ </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Demand Response <input type="checkbox"/> Curb to Curb <input type="checkbox"/> Door to Door <input type="checkbox"/> Door through Door Assist <input type="checkbox"/> Outreach & Education </td> </tr> </table>	<input type="checkbox"/> Volunteer Driver <input type="checkbox"/> Voucher Subsidy <input type="checkbox"/> Fixed Route <input type="checkbox"/> Taxi or Shuttle <input type="checkbox"/> Mobility Assistance <input type="checkbox"/> Other (describe) _____	<input type="checkbox"/> Demand Response <input type="checkbox"/> Curb to Curb <input type="checkbox"/> Door to Door <input type="checkbox"/> Door through Door Assist <input type="checkbox"/> Outreach & Education	<p>Type of Organization</p> <input type="checkbox"/> Public Agency <input type="checkbox"/> Non-Profit Agency <input type="checkbox"/> Faith-based Agency <input type="checkbox"/> Not-for-Profit Business
<input type="checkbox"/> Volunteer Driver <input type="checkbox"/> Voucher Subsidy <input type="checkbox"/> Fixed Route <input type="checkbox"/> Taxi or Shuttle <input type="checkbox"/> Mobility Assistance <input type="checkbox"/> Other (describe) _____	<input type="checkbox"/> Demand Response <input type="checkbox"/> Curb to Curb <input type="checkbox"/> Door to Door <input type="checkbox"/> Door through Door Assist <input type="checkbox"/> Outreach & Education		
<p>Total amount of Special Transportation Funds requested, and any comments:</p> <p style="text-align: right;">Total Request \$ _____</p>			

Signature of Authorized Agency Representative _____

Date _____

Print/Type Name & Title _____

Description of Organization

(Please attach or respond on additional pages as needed)

1. What is the mission or purpose of your organization? Generally, what services are provided, who is served, and how are services delivered?

2. Describe any specific limitations or restrictions on the services you currently provide.

3. What project or service is your organization requesting Special Transportation Funding for?

4. What percent or portion of this project or service will this Special Transportation funding request finance? (ex. 20%, 50%, 100%, or this particular portion of the total service provided)

5. What if any other financial support has been solicited for this service over the past 12 months and what were the results? (Show in the attached table, or attach other document if needed.)

Source	Amount Requested	Results

6. What is your organization's policy and general process for referring clients elsewhere for services that you are unable to provide?

7. Who in your organization is personally responsible for and will be assigned to collecting service data and preparing program reports for this project or service?

8. Please attach a current Organizational Chart for your agency.

Analysis of Applicant's Project or Services

Compute the costs below from information provided in this application and actual data from the current and prior year(s). It is understood in some cases information may be the result of estimates, and will be used only as general indicators of cost effectiveness.

NOTE: Fiscal year ("FY") is typically from July 1 through June 30. If you are reporting calendar year or other 12-month period, please indicate this.

	Actual FY 2015-16	Current FY 2016-17	Proposed FY 2017-18	Proposed FY 2018-19
A. Total no. of one-way rides provided				
B. Your agency cost per one-way ride *				
C. Cost for other unit of service to be provided **				
	Actual FY 13-14	Budgeted FY 14-15	Proposed FY 15-16	Estimated FY 16-17
D. Total No. of unduplicated clients served				
E. Your agency cost per client *				
	Actual FY 13-14	Budgeted FY 14-15	Budgeted. FY 15-16	Proposed FY 16-17
F. Annual vehicle miles driven for program				
G. Your agency cost per vehicle mile *				

* Divide your transportation program cost by the total number of units. So, if your program cost is \$100,000, dividing "A" total on-way rides by \$100,000 gives you "B" cost per one-way ride, and so forth for D and E, and F and G, using the same program cost each time.

** This is optional, if you are delivering another type of service that you wish to provide information about.

9. Describe any limitations or accounting procedures that might affect results above.

Example: "Transportation costs are estimates because accounting system does not separate these out from other operating costs."

Client Demographic Breakdown for Applicant's Proposed Services

List total one-way rides (or other services if not rides) provided/to be provided, within the categories for each row below. It is understood that in some cases the breakdown may be based on estimates.

	Actual FY 2015-16	Current FY 2016-17	Proposed FY 2017-18	Proposed FY 2018-19
Seniors, 60 years of age and older				
Persons with disabilities				
General Public (not a senior or person with disability)				
Total				

10. If any of the above data are estimates, what is the basis or formula for the estimate?

11. What additional information not covered in Questions 1 through 11 would you like to provide us, if any, to support your application?

Transportation Program Budget

Please show the current fiscal year budget (FY 2016-17) for the transportation program you are requesting funds for, and your proposed budget for the two-year Biennium (FY 2017-18 and FY 2018-19).

Under “Revenues”, show the amount of STF funds you are requesting in the yellow-highlighted row titled “Requested STF Grant”. If you are already receiving STF in the current budget year, list those under the current budget column.

In the “Personnel” section, list the fulltime and part-time personnel for your transportation program.

Revenue or Expense Category	Current Budget FY 2016-17	Proposed Budget FY 2017-18	Proposed Budget FY 2018-19
Government Grants or Funds			
Service Contracts & Rider Fares			
Donations/Foundation Grants			
All Other Program Income			
REQUESTED STF GRANT *			
Total Revenues			
Personnel Salaries and Benefits			
Vehicle Operating Costs			
Facilities, Utilities, Insurance, Supplies, Communications			
Contracted Services			
All Other Expenses			
Total Expenses:			
No. of Fulltime Personnel:			
No. of Part-time Personnel:			
Contractors or Other:			
Total Personnel:			

*** IMPORTANT - FOR EXISTING RECIPIENTS OF BENTON COUNTY STF FUNDS !**

The County is facing a significant reduction in STF funding for 2015-2017 Biennium. Please indicate your current level of funding here: \$ _____. Please indicate the amount of a 17% reduction in that level of funding here: \$ _____. Please indicate what changes you would make to implement this reduction in funding (attach additional sheet if needed.):