# DES MOINES AREA REGIONAL TRANSIT AUTHORITY

# APPLICATION FOR RETIRED VANS

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **SECTION 1: APPLICANT INFORMATION** | | |
| **Organization:** |  | |
| **Mailing Address:** |  | |
| **Contact Person:** |  | |
| **Phone Number:** |  | |
| **Email Address:** |  | |
| **Agency/Organization Website:** |  | |
| **Type of Applicant**  (*Check all that apply)* |  | **Church / Religious Organization** |
|  | **Community Service Organization** |
|  | **Public Agency / Government Division** |
|  | **Senior Center / Convalescent Home** |
|  | **School / Daycare** |
|  | **Other (Please specify):** |
| **Section 2: Other required documentation:**  *Attach a copy of each agency’s 501(c)(3) certification, if applicable.* | | |

|  |
| --- |
| **SECTION 3: APPLICATION NARRATIVE** |
| 1. **Please describe the overall purpose of your organization and the population you serve.** |
|  |
| 1. **Describe the geographic area where your organization provides most of its programming or services and how it corresponds to DART’s service area.**   *(For a listing of DART member communities, visit ridedart.com.)* |
|  |

|  |  |
| --- | --- |
| 1. **Describe the transportation problem you’re looking to solve and how a donated van will help your organization fulfill this need.** | |
|  | |
| 1. **Describe how your organization currently handles its transportation needs and whether you utilize DART bus or paratransit services. If not, why?** | |
|  | |
| 1. **Please describe the specific program(s) a donated van would be used for and the population that would benefit.** | |
|  | |
| 1. **How many passenger trips per week, on average, will you take with a donated van from DART? If this vehicle will be used to expand existing service, please estimate the number of new trips that will be provided.**   *A passenger trip is defined as one roundtrip per person. Examples:*   * + *Six youth are transported to an event and back. (6 people x 1 day) = 6 passenger trips*   + *Ten seniors are transported to a meal site Mon-Friday. (10 people x 5 days) = 50 passenger trips.* | |
|  | |
| 1. **Have you previous received a van from DART or another agency to support this program and your needs?** | |
|  | |
| 1. **What is your plan to maintain and insure the vehicle if chosen?** | |
|  | |
| Section 4: Certification | |
| **I certify that, to the best of my knowledge, the information in this application is true and accurate and that this agency/organization has the necessary financial and managerial capability to adequately operate, maintain and insure the vehicle for which this application is being made.** | |
| **Signature of Board Chair / CEO** |  |
| **Printed Name / Title** |  |
| **Date** |  |