# DES MOINES AREA REGIONAL TRANSIT AUTHORITY

# APPLICATION FOR RETIRED VANS

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|  **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.* |

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|  **SECTION 3: APPLICATION NARRATIVE** |
| 1. **Please describe the overall purpose of your organization and the population you serve.**
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| 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.)* |
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| 1. **Describe the transportation problem you’re looking to solve and how a donated van will help your organization fulfill this need.**
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| 1. **Describe how your organization currently handles its transportation needs and whether you utilize DART bus or paratransit services. If not, why?**
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| 1. **Please describe the specific program(s) a donated van would be used for and the population that would benefit.**
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| 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.*
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| 1. **Have you previous received a van from DART or another agency to support this program and your needs?**
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| 1. **What is your plan to maintain and insure the vehicle if chosen?**
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|  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** |  |