

**FY2018 COMMUNITY TRANSPORTATION PROGRAM GRANT APPLICATION
NORTH CAROLINA DEPARTMENT OF TRANSPORTATION
FEDERAL SECTION 5311 & STATE FUNDING
TRANSIT SYSTEM DESCRIPTION**

Check If New Sub-Recipient ☐

1. GENERAL INFORMATION

APPLICANT'S LEGAL NAME:

APPLICANT'S CONGRESSIONAL DISTRICT: *If incorrect, enter correct primary district:*
If Applicant's city is included in more than one district, enter primary district only

MAILING ADDRESS:
PO Box or Street Address

City, State Zip (9-digit zip)

PHYSICAL ADDRESS:
Street Address

City, State

TAXPAYER IDENTIFICATION NUMBER:

DOING BUSINESS AS (DBA) NAME:
Normally the transit system name, if different than applicant name

APPLICANT DUNS NUMBER:
*Unique 9-Digit number issued by Dun & Bradstreet. May be obtained free of charge at:
<http://fedgov.dnb.com/webform>*

DUNS NUMBER OF PARENT AGENCY:
Required only if different than Applicant

CONTACT PERSON:

PHONE NUMBER:
Area Code & Phone Number

FAX NUMBER:
Area Code & Phone Number

EMAIL ADDRESS:

SERVICE AREA'S CONGRESSIONAL DISTRICT: *If incorrect, enter correct primary district:*
If Service Area is included in more than one district, enter primary district only

SERVICE AREA:

**FEDERAL FINANCIAL ASSISTANCE
TRANSPARENCY ACT (FFATA):**

FFATA mandates the disclosure of the names and total compensation of the five most highly compensated officers of an entity if:

- The Applicant received 80% or more of its annual gross revenues in the preceding fiscal year from the federal government (all federal sources, not just FTA); **and**
- Those revenues were greater than \$25M; **and**
- The public does not have access to the information through Securities and Exchange Commission or Internal Revenue Service filings as specified in FFATA.

Applicant should select "Yes" if they are subject to the reporting requirements of FFATA and "No" if they are not subject to Executive Compensation Reporting. ☐ ☐

No

EXECUTIVE COMPENSATION REPORTING: If "Yes" is selected above, enter the Names and Compensation amounts for the top five officers of the Applicant.

1.	<input type="text" value="Enter full name"/>	\$ -
		Total compensation
2.	<input type="text" value="Enter full name"/>	\$ -
		Total compensation
3.	<input type="text" value="Enter full name"/>	\$ -
		Total compensation
4.	<input type="text" value="Enter full name"/>	\$ -
		Total compensation
5.	<input type="text" value="Enter full name"/>	\$ -
		Total compensation

2. TYPE OF APPLICANT

Public County Government

3. TYPE OF TRANSIT SYSTEM

Single-County

4. TYPE OF SERVICE – (check all that apply)☒ Demand Response☐ Fixed Route☒ Subscription☐ Other: (specify below)☐ Deviated Fixed Route**5. SERVICE OPTIONS – (check all that apply)**☒ General Public☒ Brokerage (Contractual service not a referral)☒ Human Service☐ Other: (describe below)**6. PURCHASE SERVICE - List agencies that purchase service from the transit system. Note: List agency ONCE**

Agency

1

Name: Wake County Human Services

☒ Check if agency purchased service last year

List Programs Served:

- 1) Foster Care
- 2) DD Services
- 3) Child Protective Services
- 4) Child Welfare
- 5) Adult Protective Services

Agency 2

Name: Wake County Human Services

☒ Check if agency purchased service last year

List Programs Served:

- 1) medicaid
- 2) Mental Health
- 3) Economic Self Sufficiency
- 4) TANF
- 5) Work First

Agency

3

Name: Wake County Human Services

☒ Check if agency purchased service last year

List Programs Served:

- 1) Teen Mothers
- 2) Clinics D/E
- 3) Child Health
- 4) Maternal Health
- 5) Womens Health

Agency 4

Name: Resources for Seniors

☒ Check if agency purchased service last year

List Programs Served:

- 1) Medical
- 2) Nutrition
- 3) Grocery Shopping
- 4) Total Life Centers
- 5) General Shopping

Agency

5

Name: The ARC of the Triangle

☒ Check if agency purchased service last year

List Programs Served:

- 1) Job Skills/Social Interaction Skillset Training
- 2) Job Training/Employment
- 3)
- 4)
- 5)

Agency 6

Name: Community Partnerships

☒ Check if agency purchased service last year

List Programs Served:

- 1) Brian Injury/Disabled/Life Skills/Employment
- 2)
- 3)
- 4)
- 5)

Agency

7

Name: Wake Enterprises

☒ Check if agency purchased service last year

List Programs Served:

- 1) Job Training
- 2)
- 3)
- 4)
- 5)

Agency 8

Name: HEC

☒ Check if agency purchased service last year

List Programs Served:

- 1) Developmental Disabilities
- 2)
- 3)
- 4)
- 5)

Agency

9 Fresenius

☒ Check if agency purchased service last year

List Programs Served:

- 1) Raleigh Dialysis Center
- 2) Zebulon Kidney Center
- 3) Wake Dialysis Center
- 4) Fuquay-Varina Dialysis Center
- 5) Cary Dialysis Center

Agency

10 Name: Fresenius (continued)

☒ Check if agency purchased service last year

List Programs Served:

- 1) Six Forks Dialysis Center
- 2) New Hope Dialysis Center
- 3) SouthWest Dialysis Center
- 4)
- 5)

☐ Check box at left if you serve more than 10 agencies and complete Continuation worksheet.

7. REVENUE VEHICLE INVENTORY BY CATEGORY

→ Important - (If a vehicle has been replaced and the transit system has received the title from PTD, the vehicle should not be included in this inventory. Identify vehicles awaiting disposition in 8B below.)

Center Aisle Van	20-Ft LTV (Cutaway) (no lift)
1 Conversion Van	20-Ft LTV (Cutaway) (w/lift)
39 Lift-Equipped Van	22-Ft LTV (Cutaway) (w/lift)
Minivan (no ramp)	2 25-Ft LTV (Cutaway) (w/lift)
Minivan (w/ramp)	28-Ft LTV (Cutaway) (w/lift)
Crossover (4/All-wheel drive)	Sedan
Transit Bus	Other: (describe below)

8. FLEET SIZE

A. ACTIVE FLEET

42	Total Revenue Vehicles in Fleet
	Backup Revenue Vehicles
41	Total Lift-Equipped Vehicles

B. INACTIVE FLEET

0	Enter number of vehicles awaiting disposition. This includes vehicles for which replacements have been received and titles have been received from PTD. It also includes fleet reductions for which titles have been received from PTD.
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9. DAYS AND HOURS OF SERVICE (Check all that apply and enter corresponding service hours):

DAYS	Beginning Time	SERVICE HOURS	Ending Time
<input type="checkbox"/> Seven (7) days per week			
<input checked="" type="checkbox"/> Monday - Friday	3:30 AM		9:00 PM
<input checked="" type="checkbox"/> Saturday	4:30 AM		6:00 PM
<input checked="" type="checkbox"/> Sunday	5:30 AM		6:00 PM
<input checked="" type="checkbox"/> Holiday	4:30 AM		6:00 PM

10. SYSTEM MANAGEMENT & OPERATION

A. Is the Management/Administration of the transit system currently subcontracted?	Yes
---	-----

If **yes**, answer the following:

Name of the Management provider:	Ride-Right
When will the new RFP process begin?	10/01/18
Are employees of the subcontractor represented by a labor organization (union)?	No

If **so**, provide the following:

Name of Union:	Example: Amalgamated Transit Union Local #1437
----------------	--

B. Is the Operation of the transit system currently subcontracted?	Yes
---	-----

If **yes**, answer the following:

Name of the service provider:	MV Transportation
When will the new RFP process begin?	11/01/16
Are employees of the subcontractor represented by a labor organization (union)?	

If **so**, provide the following:

Name of Union:	International Brotherhood of Teamsters Local 391
	Example: Amalgamated Transit Union Local #1437

C. Does another public transit system contract with your system for any part of its service?	No
---	----

If **yes**, answer the following:

Name of the public transit system:	
Type of service that you provide:	
Are employees of the other transit system or its subcontractor(s) represented by a labor union?	No

If **so**, provide the following:

Name of other system's subcontractor (if applicable):	
Name of Union:	Example: Amalgamated Transit Union Local #1437

11. PUBLIC INVOLVEMENT – Please complete the chart below to document outreach efforts.

Organizations / Events	Date / Time	Location	Number of Attendees	Primary Audience	Number Title VI Forms Completed
1) Transportation Board Public Meetings	3rd Tuesdays	Swinburne Building	15-20	General Public	0
2) GOLD Coalition Senior Meetings	Wednesdays	Resources for Seniors, Navaho Dr, Raleigh	20-25	Elderly	0

3) CAMPO	Monthly	Raleigh, NC	30+	General Public	0
4) Center for Volunteer Caregiving	2/25/15	Cary, NC	10	General Public	0
5) Human Service Board	6/23/16	Raleigh, NC	15+	General Public	0
6) Wake County Medical Society	7/17/15	Raleigh, NC	10+	General Public	0
7) Fuquay Varina Chamber - Senior Council	7/29/15	Fuquay Varina, NC	10+	Elderly	0
8) Board of Commissioners Worksession	11/9/15	Raleigh, NC	25+	General Public	0
9)					
10)					
11)					
12)					
13)					
14)					
15)					

A. Is a governing board approved, formalized, public involvement plan in use?

No

If **yes** (complete questions below)

Is that plan evaluated and updated at least annually?

Does that plan have defined objectives?

Are those objectives being met?

If **no** – Describe below how the effectiveness of the public involvement efforts are evaluated and/or improved.

Our TAB has developed goals and action steps with implementation ongoing throughout the year. Public outreach and public involvement activities are incorporated as integral components of the TABs goals and action steps. Continued review of the goals and action steps will occur on an ongoing basis by the TAB. Additionally, efforts to broaden public engagement include participation in Community Health Needs Assessment Action Planning, as well as the Human Services regional center joint CAC meeting.

B. Describe Public Outreach Methods:

Select the ONE word that most accurately completes the sentence



Information dissemination is Usually written.

Public meeting times are Usually between 8 AM and 5 PM.

Information is Always available in an audible format.

Information is Always available in a language other than English.

Reasonable access is Always available for those with a disability.

12. ADMINISTRATIVE CHANGES - Describe administrative changes to be incorporated during FY2018 in the space below. A new job description must be attached for (1) any new administrative positions or (2) any increase in the percentage of a position dedicated to transportation.

If **NONE** check here: ☒

Check here if job description(s) attached: ☐

13. SERVICE CHANGES - Describe any service changes and/or provide justification/need for expansion vehicle(s) in the space below.

If **NONE** check here: ☒

FY2018 - Complete Project Funding Request Form for FY 2018

(Note: Include in your description the rationale for the anticipated change in service. For example, the anticipated change is due to customer feedback, marketing or other efforts. This narrative should match what is included your project funding request form)

How will the public be notified of the service changes described above?

How much lead-time is given before service changes take effect?

FY2018 COMMUNITY TRANSPORTATION PROGR.
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FEDERAL SECTION 5311 & STATE
TRANSIT SYSTEM DESCRIPTION CO

APPLICANT'S LEGAL NAME: Wake County

6A. PURCHASE SERVICE - List agencies that purchase service from the
(Continued)

<p>Agency 11 Name: _____ <input type="checkbox"/> Check if agency purchased service last year List Programs Served: 1) _____ 2) _____ 3) _____ 4) _____ 5) _____</p>	<p>Agency 12 Name: _____ <input type="checkbox"/> 1) _____ 2) _____ 3) _____ 4) _____ 5) _____</p>
<p>Agency 13 Name: _____ <input type="checkbox"/> Check if agency purchased service last year List Programs Served: 1) _____ 2) _____ 3) _____ 4) _____ 5) _____</p>	<p>Agency 14 Name: _____ <input type="checkbox"/> 1) _____ 2) _____ 3) _____ 4) _____ 5) _____</p>
<p>Agency 15 Name: _____ <input type="checkbox"/> Check if agency purchased service last year List Programs Served: 1) _____ 2) _____ 3) _____ 4) _____ 5) _____</p>	<p>Agency 16 Name: _____ <input type="checkbox"/> 1) _____ 2) _____ 3) _____ 4) _____ 5) _____</p>
<p>Agency 17 Name: _____ <input type="checkbox"/> Check if agency purchased service last year List Programs Served: 1) _____ 2) _____ 3) _____ 4) _____ 5) _____</p>	<p>Agency 18 Name: _____ <input type="checkbox"/> 1) _____ 2) _____ 3) _____ 4) _____ 5) _____</p>
<p>Agency 19 Name: _____ <input type="checkbox"/> Check if agency purchased service last year List Programs Served: 1) _____ 2) _____ 3) _____ 4) _____ 5) _____</p>	<p>Agency 20 Name: _____ <input type="checkbox"/> 1) _____ 2) _____ 3) _____ 4) _____ 5) _____</p>

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APPLICANT'S LEGAL NAME: Wake County

Agency 21

Name: _____

☐ Check if agency purchased service last year

List Programs Served:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Agency 22

Name: _____

☐

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Agency 23

Name: _____

☐ Check if agency purchased service last year

List Programs Served:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Agency 24

Name: _____

☐

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Agency 25

Name: _____

☐ Check if agency purchased service last year

List Programs Served:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Agency 26

Name: _____

☐

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Agency 27

Name: _____

☐ Check if agency purchased service last year

List Programs Served:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Agency 28

Name: _____

☐

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Agency 29

Name: _____

☐ Check if agency purchased service last year

List Programs Served:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Agency 30

Name: _____

☐

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

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APPLICANT'S LEGAL NAME: Wake County

Agency 31

Name: _____

☐ Check if agency purchased service last year

List Programs Served:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Agency 32

Name: _____

☐

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Agency 33

Name: _____

☐ Check if agency purchased service last year

List Programs Served:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Agency 34

Name: _____

☐

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Agency 35

Name: _____

☐ Check if agency purchased service last year

List Programs Served:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Agency 36

Name: _____

☐

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Agency 37

Name: _____

☐ Check if agency purchased service last year

List Programs Served:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Agency 38

Name: _____

☐

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Agency 39

Name: _____

☐ Check if agency purchased service last year

List Programs Served:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Agency 40

Name: _____

☐

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

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APPLICANT'S LEGAL NAME: Wake County

Agency 41

Name: _____

☐

Check if agency purchased service last year

List Programs Served:

1) _____

2) _____

3) _____

4) _____

5) _____

Agency 42

Name: _____

☐

1) _____

2) _____

3) _____

4) _____

5) _____

Agency 43

Name: _____

☐

Check if agency purchased service last year

List Programs Served:

1) _____

2) _____

3) _____

4) _____

5) _____

Agency 44

Name: _____

☐

1) _____

2) _____

3) _____

4) _____

5) _____

Agency 45

Name: _____

☐

Check if agency purchased service last year

List Programs Served:

1) _____

2) _____

3) _____

4) _____

5) _____

Agency 46

Name: _____

☐

1) _____

2) _____

3) _____

4) _____

5) _____

Agency 47

Name: _____

☐

Check if agency purchased service last year

List Programs Served:

1) _____

2) _____

3) _____

4) _____

5) _____

Agency 48

Name: _____

☐

1) _____

2) _____

3) _____

4) _____

5) _____

Agency 49

Name: _____

☐

Check if agency purchased service last year

List Programs Served:

1) _____

2) _____

3) _____

4) _____

5) _____

Agency 50

Name: _____

☐

1) _____

2) _____

3) _____

4) _____

5) _____

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APPLICANT'S LEGAL NAME: Wake County

Agency 51

Name: _____

☐ Check if agency purchased service last year

List Programs Served:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Agency 52

Name: _____

☐

- 1)
- 2)
- 3)
- 4)
- 5)

Agency 53

Name: _____

☐ Check if agency purchased service last year

List Programs Served:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Agency 54

Name: _____

☐

- 1)
- 2)
- 3)
- 4)
- 5)

Agency 55

Name: _____

☐ Check if agency purchased service last year

List Programs Served:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Agency 56

Name: _____

☐

- 1)
- 2)
- 3)
- 4)
- 5)

Agency 57

Name: _____

☐ Check if agency purchased service last year

List Programs Served:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Agency 58

Name: _____

☐

- 1)
- 2)
- 3)
- 4)
- 5)

Agency 59

Name: _____

☐ Check if agency purchased service last year

List Programs Served:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Agency 60

Name: _____

☐

- 1)
- 2)
- 3)
- 4)
- 5)

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APPLICANT'S LEGAL NAME: Wake County

Agency 61

Name: _____

☐

Check if agency purchased service last year

List Programs Served:

1) _____

2) _____

3) _____

4) _____

5) _____

Agency 62

Name: _____

☐

1) _____

2) _____

3) _____

4) _____

5) _____

Agency 63

Name: _____

☐

Check if agency purchased service last year

List Programs Served:

1) _____

2) _____

3) _____

4) _____

5) _____

Agency 64

Name: _____

☐

1) _____

2) _____

3) _____

4) _____

5) _____

Agency 65

Name: _____

☐

Check if agency purchased service last year

List Programs Served:

1) _____

2) _____

3) _____

4) _____

5) _____

Agency 66

Name: _____

☐

1) _____

2) _____

3) _____

4) _____

5) _____

Agency 67

Name: _____

☐

Check if agency purchased service last year

List Programs Served:

1) _____

2) _____

3) _____

4) _____

5) _____

Agency 68

Name: _____

☐

1) _____

2) _____

3) _____

4) _____

5) _____

Agency 69

Name: _____

☐

Check if agency purchased service last year

List Programs Served:

1) _____

2) _____

3) _____

4) _____

5) _____

Agency 70

Name: _____

☐

1) _____

2) _____

3) _____

4) _____

5) _____

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APPLICANT'S LEGAL NAME: Wake County

Agency 71

Name: _____

☐

Check if agency purchased service last year

List Programs Served:

1) _____

2) _____

3) _____

4) _____

5) _____

Agency 72

Name: _____

☐

1) _____

2) _____

3) _____

4) _____

5) _____

Agency 73

Name: _____

☐

Check if agency purchased service last year

List Programs Served:

1) _____

2) _____

3) _____

4) _____

5) _____

Agency 74

Name: _____

☐

1) _____

2) _____

3) _____

4) _____

5) _____

Agency 75

Name: _____

☐

Check if agency purchased service last year

List Programs Served:

1) _____

2) _____

3) _____

4) _____

5) _____

Agency 76

Name: _____

☐

1) _____

2) _____

3) _____

4) _____

5) _____

Agency 77

Name: _____

☐

Check if agency purchased service last year

List Programs Served:

1) _____

2) _____

3) _____

4) _____

5) _____

Agency 78

Name: _____

☐

1) _____

2) _____

3) _____

4) _____

5) _____

Agency 79

Name: _____

☐

Check if agency purchased service last year

List Programs Served:

1) _____

2) _____

3) _____

4) _____

5) _____

Agency 80

Name: _____

☐

1) _____

2) _____

3) _____

4) _____

5) _____

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APPLICANT'S LEGAL NAME: Wake County

Agency 81

Name: _____

☐

Check if agency purchased service last year

List Programs Served:

1) _____

2) _____

3) _____

4) _____

5) _____

Agency 82

Name: _____

☐

1) _____

2) _____

3) _____

4) _____

5) _____

Agency 83

Name: _____

☐

Check if agency purchased service last year

List Programs Served:

1) _____

2) _____

3) _____

4) _____

5) _____

Agency 84

Name: _____

☐

1) _____

2) _____

3) _____

4) _____

5) _____

Agency 85

Name: _____

☐

Check if agency purchased service last year

List Programs Served:

1) _____

2) _____

3) _____

4) _____

5) _____

Agency 86

Name: _____

☐

1) _____

2) _____

3) _____

4) _____

5) _____

Agency 87

Name: _____

☐

Check if agency purchased service last year

List Programs Served:

1) _____

2) _____

3) _____

4) _____

5) _____

Agency 88

Name: _____

☐

1) _____

2) _____

3) _____

4) _____

5) _____

Agency 89

Name: _____

☐

Check if agency purchased service last year

List Programs Served:

1) _____

2) _____

3) _____

4) _____

5) _____

Agency 90

Name: _____

☐

1) _____

2) _____

3) _____

4) _____

5) _____

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APPLICANT'S LEGAL NAME: Wake County

Agency 91

Name: _____

☐ Check if agency purchased service last year

List Programs Served:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Agency 92

Name: _____

☐

- 1)
- 2)
- 3)
- 4)
- 5)

Agency 93

Name: _____

☐ Check if agency purchased service last year

List Programs Served:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Agency 94

Name: _____

☐

- 1)
- 2)
- 3)
- 4)
- 5)

Agency 95

Name: _____

☐ Check if agency purchased service last year

List Programs Served:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Agency 96

Name: _____

☐

- 1)
- 2)
- 3)
- 4)
- 5)

Agency 97

Name: _____

☐ Check if agency purchased service last year

List Programs Served:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Agency 98

Name: _____

☐

- 1)
- 2)
- 3)
- 4)
- 5)

Agency 99

Name: _____

☐ Check if agency purchased service last year

List Programs Served:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Agency 100

Name: _____

☐

- 1)
- 2)
- 3)
- 4)
- 5)

AM GRANT APPLICATION
TRANSPORTATION
FUNDING
CONTINUATION

/

transit system. Note: List agency ONCE

Check if agency purchased service last year
List Programs Served:

Check if agency purchased service last year
List Programs Served:

Check if agency purchased service last year
List Programs Served:

Check if agency purchased service last year
List Programs Served:

Check if agency purchased service last year
List Programs Served:

AM GRANT APPLICATION
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