

# WRTA Pass Program Application Form

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## INTRODUCTION

The Western Reserve Transit Authority (WRTA) has been awarded by the Ohio Department of Transportation (ODOT) funds to be used to provide transit passes to Non-Profit and Governmental Agencies that provide services to assist their clients with infant mortality prevention, drug addiction treatment and/or job placement.

This application form will be used by WRTA to help distribute the passes to the agencies that provide those services and for their clients that use WRTA's fixed route service.

The application is due by March 20, 2020.

The overall available funds for this program is \$25,000.

There is no maximum or minimum request requirements by any one agency but WRTA will try and distribute the available funds/passes among all of the responding agencies so that as many agencies can benefit as possible.

All distributions will be in the form of passes. There will be no "cash" payments.

Agencies that are awarded passes are requested to provide success stories and other data to WRTA to assist with future request to ODOT for additional funds.

Please submit your application by email to:

[director@wrtaonline.com](mailto:director@wrtaonline.com)

Thank you for your support of WRTA.

Dean J Harris  
Executive Director

# Application Sheet

Today's date: \_\_\_\_\_

Please answer all questions on this page; do not refer to attachments.

1. Non-Profit/Agency information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

2. Principal purposes and services of your organization:

\_\_\_\_\_

\_\_\_\_\_

3. Geographic area served: \_\_\_\_\_

4. Number of clients/persons served annually: \_\_\_\_\_

5. Organization's current annual budget: \$ \_\_\_\_\_

6. Number of passes requested:

Day passes: \_\_\_\_\_ x \$ 3.00 = \$ \_\_\_\_\_

Monthly passes: \_\_\_\_\_ x \$42.00 = \$ \_\_\_\_\_

Total Request: \$ \_\_\_\_\_

7. Name of CEO\Executive Director: \_\_\_\_\_

8. Official Title: \_\_\_\_\_

9. Signature of CEO\Executive Director: \_\_\_\_\_

On your own letterhead please respond to the following questions;

a. Narrative:

i. Organizational Information (no more than a brief paragraph or two)

1. Brief summary of organization
2. Brief description of your programs

ii. Purpose of this grant (no more than a couple sentences)

1. Brief statement of issues to be addressed
2. Brief description of target population to benefit
3. Brief description of how you plan to evaluate the success of distribution of passes
4. Brief description of how evaluation results will be used for future potential funding requests
5. Brief narrative for the basis of the requested number of passes and how a less than requested number of passes would be used

iii. Other supporting materials

1. Annual Report (if available)
2. Other documents that may be available that show what programs the passes will support