



Grant Application for Bus Tickets/Passes for Nonprofit Organizations and Government Agencies

Section 1: Organization Information

1. **Organization Name:**

- Full Name of Organization _____

2. **Type of Organization (Check one):**

- Nonprofit
- Government Agency
- Other (please specify): _____

3. **Tax ID / Nonprofit Registration Number:**

- _____

4. **Primary Address:**

- Street Address _____
- City, State, ZIP Code _____

5. **Website (if applicable):**

- _____

6. **Contact Information:**

- Name of Primary Contact: _____
 - Email Address: _____
 - Phone Number: _____
-

Section 2: Program Details

7. **Describe the program or service for which you are requesting bus tickets.**

- Briefly describe how the bus tickets will be used and the population served (e.g., transportation for homeless individuals, transportation for job training, etc.)

8. **Expected Number of Individuals Served Monthly/Annually:**

- Monthly: _____
- Annually: _____

9. **Frequency of Transportation Needs (Check one):**

- Daily
- Weekly
- Monthly
- Other: _____

10. **How will the bus tickets directly benefit your clients or program participants?**

- Explain how bus tickets will help improve access to essential services, education, employment, or other benefits for your clients.

Section 3: Ticket Request Details

11. **Ticket Type Request (Select one or all):**

- Monthly Passes
- Annual Passes
- One-Time/Temporary Passes (Please specify how many): _____

12. **Total Number of Tickets Requested Per Month or Year:**

- _____ (Number of tickets)
- Per Month / Per Year (select one)

13. **Specific Routes or Areas of Service:**

- Please specify if your program requires bus tickets for specific routes, transit systems, or geographic areas.

14. **How do you plan to distribute or manage the tickets within your organization?**

- Describe your internal process for distributing tickets to clients and ensuring tickets are used appropriately.

Section 4: Eligibility and Certification

15. **Eligibility Requirements (Check to confirm):**

- Confirm that your organization is a registered nonprofit or government entity.
- Confirm that the requested tickets will only be used for services directly related to the mission of your organization and not for personal use.

16. **Funding and Other Support:**

- Do you receive funding from other sources for transportation support? (Yes / No)
- If yes, please specify the source(s) of funding:

17. Certification of Information (Check to certify, then sign below):

- I certify that the information provided in this application is accurate and complete to the best of my knowledge.
- I understand that the misuse of bus tickets may result in the revocation of ticket privileges for our organization.
- I agree to provide periodic reports or updates on how the tickets were used as required by the transit agency.

Signature of Authorized Representative:

Name	Date
<hr/>	
Title	

Section 5: Submission Instructions

Please submit the completed application via U.S. mail or email to:

Mailing Address: Ben Franklin Transit
ATTN: Customer Service
7109 W. Okanogan Place
Kennewick, WA 99336

Email Address: customerservice@bft.org

Phone Number for Inquiries: 509.735.5100

For Office Use Only

- **Date Received:**
 - _____
- **Reviewed By:**
 - _____
- **Approved:**
 - Yes
 - No
- **Ticket Issuance:**
 - Monthly Passes: _____
 - Annual Passes: _____
 - Other: _____
- **Comments:**