



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

Section 1: Organization Information

1. **Full Name of Organization:** _____
2. **Type of Organization (Check one):**
 - Nonprofit
 - Government Agency
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 passes/tickets.**
Briefly describe how the bus passes/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 (Check one):**
 - Monthly: _____
 - Annually: _____
9. **Frequency of Transportation Needs (Check one):**
 - Daily
 - Weekly
 - Monthly
 - Other: _____

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

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

Section 3: Pass and Ticket Request Details

11. Number of Passes Requested:

- _____ Monthly Adult Passes (valued at \$25 each)
- _____ Monthly Dial-A-Ride Passes (valued at \$25 each)
- _____ Monthly Freedom Passes (valued at \$50 each)

12. Number of Tickets Requested:

- _____ 10-Ride Adult Tickets (valued at \$12)
- _____ 10-Ride Dial-A-Ride Tickets (valued at \$12)
- _____ 10-Ride Freedom Tickets (valued at \$25)

13. Specific Routes or Areas of Service:

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

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

Describe your internal process for distributing passes/tickets to clients and ensuring they are used appropriately.

Section 4: Eligibility and Certification

Eligibility Requirements (Check to confirm):

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

15. 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:

16. 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 passes/tickets may result in the revocation of these privileges for our organization.
- I agree to provide periodic reports or updates on how the passes/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
 - **Pass/Ticket Issuance:**
 - _____ Monthly Adult Passes
 - _____ Monthly Dial-A-Ride Passes
 - _____ Monthly Freedom Passes
 - _____ 10-Ride Adult Tickets
 - _____ 10-Ride Dial-A-Ride Tickets
 - _____ 10-Ride Freedom Tickets
 - **Comments/Notes:** _____
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