

SOUTH PLACER BUS PASS SUBSIDY PROGRAM APPLICATION



Section 1: General Information

Agency Name:		
Program Name:		
Program Site Address:		
City:	State:	Zip Code:
Main Agency Phone:	Fax:	
Main Contact Person:	Title:	
Direct Phone:	E-mail:	
Alternate Contact Person:	Title:	
Direct Phone:	E-mail:	
Mailing Address (if different than above):		
City:	State:	Zip Code:

Section 2: Proposed South Placer Bus Pass Subsidy Program Participation

1. Describe the transportation problem in Placer County you are proposing to solve with bus passes purchased through this program.
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2. Describe the eligibility criteria you will use to distribute passes to your clients. How you will determine the eligibility of clients?

3. How will you distribute bus passes purchased through this program to your Placer County clients?

4. How does your agency currently meet its clients' transportation needs?

5. Does your agency currently provide bus passes to your clients? If so, please describe existing programs including the clientele, trip purpose(s), and amount and source of funding. Additionally, please describe how the South Placer Bus Pass Subsidy Program will allow your organization to expand or provide additional needed transportation services.

6. What are the expected primary trip purposes of trips to be made by your clients using passes purchased through this program?

7. Which of the eligibility programs does your agency/organization or clientele participate in? (refer to Fact Sheet)

8. Describe how the match for proposed transportation pass program will be provided.



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Section 3: Number of Day Passes Requested

Please estimate monthly and an annual total number of transit day passes you are requesting through this program.

MONTH	Number of General Public Passes Requested	Number of Senior/Disabled Passes Requested
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		
TOTAL		

Section 4: Certification

I certify that I have read the South Placer Bus Pass Subsidy Program application rules and procedures. On behalf of my agency, I hereby acknowledge our agency's intent to comply with the requirements stated in this document.

Agency Name

Name of Authorized Representative

Title

Signature of Authorized Representative

Date

Telephone

E-mail

Return all items to:

Placer County Transportation Planning Agency
c/o the WPCTSA's Bus Pass Subsidy Program
2260 Douglas Blvd., Suite 130
Roseville, CA 95661

Phone / fax: (530) 823-4029

Web: www.pctpa.net

