



Group Application for
Community Agency Bus Pass
Program

Group Application
Community Agency Bus Pass Program

Agency Name: _____ Phone: _____
Address: _____ City: _____ Zip: _____
Contact: _____ Phone: _____
Email: _____ EIN# _____

Agency Mission Statement:

Has the agency received bus passes previously? Yes No

If yes please provide the information below for each year: Year(s)

Number of Daily Passes Received

Number of Monthly Passes Received

Number of Individuals that received passes

Number of Passes Remaining

When are the passes needed?

What is your target population?

How will you determine need?

Does your agency provide job search assistance? If yes please explain. If the agency does not provide job search assistance, what resources and referral sources are utilized?

How many One Day passes are needed annually? _____ Monthly Passes? _____

How many **individuals** are projected to be served? _____

Please describe the process for tracking voucher recipient's information. If your agency is not able to provide specific name and contact information for individuals receiving bus passes please describe how that information will be reported? (e.g. Your agency assigns an identifier that is able to provide the information without violating any confidentiality)

(In order to participate in the program all agencies MUST provide the information on the tracking sheet in the Excel Format reported in month provided - e.g. Bus Passes distributed in May will be reported in the June worksheet, (Statistic Working Sheet which is required to be submitted by the first week of the following month issued – e.g. Bus Pass Working Sheet for passes distributed in May will be required to be reported by the first week of June). If using an identifier other than the name of the individual the specific must be made available per any request or program audit. PLEASE NOTE THAT THE EXCEL TRACKING SPREADSHEET IS REQUIRED TO BE UTILIZED FOR THIS PROGRAM. HANDWRITTEN WORKSHEETS WILL NO LONGER BE ACCEPTED. The worksheet includes monthly work sheets for your convenience.

PLEASE MAKE SURE THAT YOU HAVE RESPONDED TO ALL QUESTIONS

In order to be considered for passes all previous tracking sheets must have been received by Goodwill or be current and up to date.

Email completed application to: lfinklea@goodwillakron.org

Agency applying for passes must qualify as exempt under Section 501(c)(3) of the Internal Revenue Code and must adhere to Goodwill Industries of Akron Inc.'s policy, as follows: Bus passes are awarded solely for transportation needs that are determined by the applying agency for tickets on Akron Metro RTA line service buses, Portage Area Regional Transit Authority, Medina County Public Transit and Richland County Transit. The applying agency agrees that it will not provide bus passes for its own benefit, but for the benefit of the disadvantaged in the Summit, Portage, Medina and Richland counties consistent with The Goodwill Industries of Akron Inc.'s purpose of providing bus passes to the disadvantaged. Passes are not to be sold, exchanged or refunded for cash value. Passes that are sold will become inoperable in the fare boxes of Metro line bus services – without refund. Agencies will be responsible to record, and make available to The Goodwill Industries of Akron Inc., serial numbers of passes awarded, and have available upon request clients name and the bus pass number assigned to the individual and purposes of use. In Richland County referred individuals need to be sent directly to RCT. **Individuals are limited to one monthly pass or 20 daily passes in a 12 month period.**

Signature:

Print:

Title:

Date:
