

**Application Submission Check List
For Surplus Van Grant Program**



- ✓ **Include the Completed Application**
- ✓ **Identify the Primary Applicant(s)**
- ✓ **Get All Required Signatures/Dates**
- ✓ **Include a Copy of Each Agency's 501C3 Non-Profit Certification (if applicable)**
- ✓ **Deliver by 5:00 PM, Wednesday, February 22, 2012**

Return all items to:

**Spokane Transit Authority
Denise Marchioro, Paratransit Manager
1230 W Boone Avenue
Spokane, WA 99201-2686**

Spokane Transit

Rules/Requirements and Selection Criteria for Surplus Vans

Background

At the regular board meeting July 20, 2011, Spokane Transit's Authority approved the surplus van grant program. In accordance with Board Resolution 677-11, up to 10 (ten) 8 or 12-passenger vans will be made available to eligible non-profit organizations and community agencies to enhance transportation service provided within Spokane Transit's Public Transportation Benefit Area (PTBA). This packet contains the application, rules/requirements and selection criteria developed by Spokane Transit staff to implement that plan.

Vehicle Descriptions

Ten (10) surplus vehicles per year may be granted which will include surplus rideshare vans and/or surplus paratransit lift equipped vans:

- Two (2) - 15 passenger, 20' length Ford E350 (without wheelchair lift), gas engine, automatic transmission, approximately 60,000 – 80,000 miles

- Six (6) Goshens – 15 passenger, 22' length van (with wheelchair lift). Ford E450, gas engines, automatic transmissions, approximately 105,000 – 145,000 miles

Vehicles will be available for inspection after the Pre-Application Workshop, which will be held TBD, _____, _____ from 1:00 to 3:00 p.m. at Spokane Transit, 1230 W Boone Avenue, Spokane, WA 99201-2686. Call Spokane Transit at 509-325-6016 for transit or driving directions. No reservation for the workshop is necessary.

Eligibility

All non-profit organizations and agencies (with 501(c) 3 status) which serve residents of the Spokane Transit's Public Transportation Benefit Area (PTBA) are eligible. The PTBA serves the urban growth areas of Spokane City, Spokane Valley, Cheney, Medical Lake, Airway Heights, Millwood, and Liberty Lake. **Questions about eligibility, limits of the PTBA and other questions about the program should be directed to: Denise Marchioro, Paratransit Manager at (509) 325-6015 or email dmarchioro@spokanetransit.com or Dana Infalt, Paratransit Assistant at (509) 325-6016, or email dinfalt@spokanetransit.com.**

Other Rules and Requirements

- Vehicles must be used for a transportation-related purpose for residents who live within Spokane Transit's PTBA.
- Only one vehicle will be awarded per agency/organization per year.
- Application must clearly designate the primary applicant who will be named as buyer on vehicle title, if selected as a recipient.
- Trips must originate in the PBTB and must remain within a 150 mile radius of the Spokane Transit's PTBA.
- Applicant must certify they have the financial and management capacity to insure granted vehicle, if selected as a recipient.
- Applicants must certify they have the financial and management capacity to maintain vehicles in good working condition.
- Applicants must provide a copy of the 501(c) 3 non-profit certification, if applicable.
- Successful applicants will be required to sign an agreement relating to the exchange of vehicles for transportation-related services. A sample agreement is included in this packet.
- Applicants must track ridership, hours, and miles of service and provide a quarterly report to Spokane Transit.
- Applicants shall only provide transportation to their clients, members, guests, or other similar users with vans supplied under this program. They shall not provide transportation to the general public.
- Applicants shall not use the vehicle for assisting a campaign for election or for the promotion of or opposition to any ballot proposition.

Application Schedule

TBD, 2012 Pre-Application Workshop
February 22, 2012 Deadline for submitting applications
February 29, 2012 Review and scoring of applications by Selection Team
After March 1, 2012 Announcement of vehicle awards

Application Submittal

A paper copy of the application is attached. The application is also available on Spokane Transit's website: **www.spokanetransit.com** or via e-mail from Dana Infalt at dinfalt@spokanetransit.com. Copies on CD-ROM can be obtained by contacting Denise Marchioro at (509) 325-6015. This application packet is available in other formats/languages by request.

Paper applications must be received no later than 5:00 p.m. February 22, 2012. Electronic or hand-delivered applications must be received no later than 5:00 p.m. on February 22, 2012. Electronic applications must be followed by a hard copy **no later than 5:00 p.m. February 27, 2012** containing the appropriate certification signatures.

Applications should be sent to:

Denise Marchioro, Paratransit Manager
Spokane Transit Authority
1230 West Boone Avenue
Spokane, WA 99201
E-mail: dmarchioro@spokanetransit.com

Selection Criteria Summary

The selection process is competitive and involves review and evaluation using the criteria identified below. In addition to these specific criteria, geographic equity, diversity in population groups served, and previous grant award will be used as balancing factors in making final selections.

CRITERIA:	WEIGHT:
1. Demonstrated Community Benefit	50%
2. Total Number of Trips Provided	20%
3. Clarity and Quality of Application	15%
4. Coordination of Services	10%
5. Ability of Organization to Maintain Service	5%

Selection Criteria

1. Demonstrated Community Benefit

Explain clearly the scope and nature of your agency's transportation need and what data you have to back up that need. Explain how granting your application would serve an unmet public transportation need in Spokane Transit's PTBA. Include what service you currently utilize, what other options are available to your organization and how your program will meet that need and coordinate with other programs to get maximum use.

2. Total Number of Trips Provided

Clearly define and document the number of trips to be provided annually. Give the best estimate you can as to the number of trips and destinations.

3. Clarity and Quality of Application

Applications will be rated on content, clarity, presentation and quality of application proposal – based on legibility, completeness, provision of data and clear definition of transportation needs and planned vehicle use.

4. Coordination of Service

Describe how your current and proposed service coordinates with other transportation services in the area to ensure broad community benefit. Describe why existing Spokane Transit services cannot meet the need.

5. Ability of Organization to Maintain Service

Describe how the proposed transportation program will be maintained and funded and how the organization will manage the program.

SAMPLE

AGREEMENT RELATING TO THE EXCHANGE OF VEHICLE FOR TRANSIT RELATED SERVICES

THIS AGREEMENT between the Spokane Transit Authority, (hereinafter called “Spokane Transit”), and _____, hereinafter referred to as the “Vehicle Recipient”) as follows:

In consideration of the mutual promises of the parties, it is hereby agreed as follows:

1. Spokane Transit shall provide to the Vehicle Recipient the following described vehicle:

Make: _____
Year: _____
Model: _____
VIN: _____

2. The Vehicle Recipient shall provide the following services in consideration for the aforementioned vehicle: To provide enhanced transportation services for residents who live within Spokane Transit’s PTBA as described in Sec.2, description of proposed vehicles use, in the application. Use of the vehicle for other purposes is prohibited. If the Vehicle Recipient does not use the vehicle for the above transportation service for a period of one (1) quarter, the Vehicle Recipient shall forfeit the vehicle within thirty days and the vehicle shall be returned to Spokane Transit. Spokane Transit may use any remedy provided by law for breach of this agreement.
3. Spokane Transit is giving the Vehicle Recipient the aforementioned vehicle AS IS, WHERE IS, and WITH ALL FAULTS and WITHOUT RECOURSE regarding the condition of the aforementioned vehicle. Spokane Transit makes NO EXPRESSED or IMPLIED WARRANTIES of MERCHANTABILITY; NO EXPRESS or IMPLIED WARRANTIES of FITNESS; and no EXPRESS or IMPLIED WARRANTIES or GUARANTEES of any kind regarding the aforementioned vehicle.
4. The parties to this Agreement agree that Spokane Transit shall have no liabilities of any sort arising from or related to the vehicle or vehicles covered by this Agreement. The Vehicle Recipient(s) and any successor shall defend, indemnify and hold harmless Spokane Transit, its officers, agents and employees from any claims or suits at law or equity, costs and/or demands of any sort, including reasonable attorneys’ fees, arising out of or related to this Agreement, the vehicle or vehicles covered by this Agreement, or any use by any person of such vehicles.

5. If the Vehicle Recipient sells, donates or transfers any vehicle or vehicles covered by this Agreement, the Vehicle Recipient shall require the transferee to execute a binding agreement to defend, indemnify and hold Spokane Transit and its officers, agents and employees harmless as set out in the above provision.
6. The Vehicle Recipient shall be responsible for all licensing, permits and insurance of the aforementioned vehicle. Proof of insurance shall be provided to Spokane Transit as a condition of delivery of the aforementioned vehicle. Vehicle Recipient shall promptly carry out all steps necessary to transfer vehicle title to it from Spokane Transit.
7. The Vehicle Recipient shall provide to Spokane Transit a report, quarterly for one year, containing vehicle odometer readings, number of passengers carried, and description of use of vehicle. Reports will be due April 30, 2012, July 31, 2012, and October 31, 2012, January 31, 2013. Information shall be submitted to Denise Marchioro, Paratransit Manager, Spokane Transit Authority, 1230 West Boone Avenue, Spokane, WA 99201, or emailed to dmarchioro@spokanetransit.com or faxed to 509-325-6030.
8. The Vehicle Recipient will assure they provide transportation services only to their clients, members, guests or other similar users, not the general public, with vans supplied by this program. Grantee will not use the vehicle for assisting a campaign for election or for the promotion of or opposition to any ballot proposition.
9. The Vehicle Recipient will ensure that the trips originate within Spokane Transit's PTBA and remain within a 150 mile radius of the PTBA.

DATED: _____

SPOKANE TRANSIT AUTHORITY

By: _____

Title: _____

Date: _____

ATTEST:
Vehicle Recipient

By: _____

Title: _____

Date: _____

ATTEST:

Witness _____

Title: _____

Date: _____

2. How many passenger trips do you expect to carry over the course of the next year? For the purposes of this application, a passenger trip is defined as a round trip for one person i.e. to/from their destination. Please show how you arrived at your estimate and describe the basis of your projection.

The hypothetical example below illustrates the type of information we are looking for in this question. In this example, the van would be utilized to support several programs within one organization.

Example

Our group expects to utilize the van to provide 2448 passenger trips over the next year based on the following:

- *4 people to food bank each Monday = 4 people x 52 Mondays = 208 - 416 round trips*
Basis: average number of people carried last year in old van
- *5 people to place of employment each workday = 5 people x 250 work days = 1250 – 2500 round trips*
Basis: current number of developmentally disabled clients lacking daily transportation to work
- *20 seniors on field trip one Saturday per month = 20 people x 12 field trips = 240 – 480 round trips*
Basis: planned new program if a vehicle is available
150 low-income children to a week-long summer camp in June = 150 people x 5 days = 750 – 1500 round trips.
Basis: attendance at last year's camp

3. Please describe the profile of the passengers you anticipate serving with this vehicle. Profiles include, but are not limited to, persons with disabilities, senior citizens, persons with low income, at risk youth, and general public.
4. Please describe your service area. Include in your answer the percentage of Spokane PTBA residents that you propose to serve.

5.
 - a) Please describe how your organization coordinates transportation efforts with other community programs?
 - b) Please describe how your organization coordinates transportation needs with other transportation providers, including Spokane Transit?

6. What method of transportation does your program currently use to meet your organization's transportation needs?

7.
 - a) To what extent does existing bus and Paratransit Van service currently meet your organization's transportation needs?
 - b) If current Spokane Transit service does not work for your organization, why not?

8.
 - a) Will the vehicle be used to expand service (such as, establishing a new service, increasing the frequency of an existing service, etc.), to replace an existing service or both?

 Expand Service _____ Replace Existing _____ Both _____
 - b) If the vehicle will be used to expand service, estimate the number of new trips that will be provided and/or explain how the vehicle will be used to expand service. (Attach additional sheets if necessary)
 - c) If the vehicle will replace existing service, please state the age and mileage of your current vehicle(s) and estimate the number of trips that will be provided with the vehicle.

9. Is this application in coordination with any other agencies? Yes ___ No ___
 If yes:
 - a) List the name of the primary applicant who will be named as buyer on vehicle title if selected as a vehicle recipient, and
 - b) Briefly explain how the use of the vehicle will be divided among the agencies/ organizations involved. (All participating agencies/organizations are required to sign the certification and should also be identified on Page 1 of this application).

10. Describe how the proposed transportation program will be maintained and funded and how the organization will manage the program and the vehicle.

Section 3: Certification

I certify that, to the best of my knowledge, the information in this application is true and accurate and that this agency/organization has the necessary financial and managerial capability to adequately operate, maintain and insure the vehicle for which this application is being made.

Signature of Lead Agency/Organization

Board Chair/Executive Officer: _____

Typed Name/Title: _____ Date: _____

Signature of Partner Agency/Organization

Board Chair/Executive Officer: _____

Typed Name/Title: _____ Date: _____

Signature of Partner Agency/Organization

Board Chair/Executive Officer: _____

Typed Name/Title: _____ Date: _____