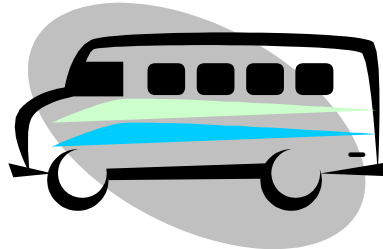


# **SPECIAL USE VANPOOL Application Packet**



**Enclosed you will find the following items:**

- ▣ Application Checklist**
- ▣ Rules/Requirements and Selection Criteria**
- ▣ Special Use Vanpool Application**
- ▣ Copy of Special Use Vanpool Agreement for Transit-Related Services**

## **SPECIAL USE VANPOOL APPLICATION SUBMISSION CHECKLIST**

- Include the Completed Application
- Include Financial Viability Documentation
- Identify the Primary Applicant
- Get all Required Signatures
- Proof of General liability coverage including per occurrence and aggregate amounts

**Return all items to:**

**Denise Marchioro, Paratransit Manager  
Spokane Transit  
1230 W. Boone Ave.  
Spokane, WA 99201-2686**

# Spokane Transit

## Rules/Requirements and Selection Criteria for the Special Use Vanpool Program

### Background

Special use vanpools allow for customized, yet economical, solutions to the transportation needs of our community.

Elements of STA's special use vanpool program include:

- All operating costs (excluding labor) associated with the special use vanpools are paid for by and reimbursed to STA through state grant monies.
- Special use vanpools are assigned to service providers within the community who provide a qualified driver of at least 21 years of age to provide transportation services. A commercial driver's license is not required.
- Each eligible rider is required to purchase a pass or reduced fare monthly pass to help offset the program costs.

Currently, Spokane Transit's Development Plan authorizes a total of eleven special use vanpools.

### Vehicle Descriptions

Up to a total of five (5) vehicles will be available for the special use vanpool program as described below:

- **Four 15-passenger 22' length van (with wheelchair lift).** Ford E450, gas engines, automatic transmissions, approximately 180,000-230,000 miles.
- **One 15 passenger 20' length Ford E350 (without wheelchair lift),** gas engines, automatic transmissions, approximately 60,000 – 80,000 miles.

### Eligibility

All organizations and agencies, who primarily serve residents who travel to/from and within the Spokane Public Transportation Benefit Area (PTBA), are eligible. The PTBA serves all incorporated cities and towns in Spokane County. (See attached PTBA Map.) **Questions about eligibility, limits of the PTBA and other questions about the program should be directed to: Denise Marchioro at (509) 325-6015 or Dana Infalt (509) 325-6016.**

## Other Rules and Requirements

- Vehicles must be used for a transportation-related purpose for elderly/disabled citizens who live and/or travel to/from and within Spokane Transit's Public Transportation Benefit Area (PTBA).
- The application must include clear designation of the primary applicant.
- Applicant must certify they have the capacity to obtain qualified drivers of at least 21 years of age and will work with Spokane Transit to complete required training.
- Drivers must pass a criminal background check.
- Applicants must certify they will complete all required paperwork to record passenger counts, miles, hours and fuel usage.
- Successful applicants will be required to sign an agreement relating to the exchange of vehicles for transit-related services for a period of at least a year. A sample agreement is included in this packet.
- STA through WSTIP will provide automobile liability insurance for the benefit of the service provider.
- The service provider is responsible for general liability and all other insurances.
- Successful applicants will meet or exceed STA's financial viability standards.

## Special Use Vanpool Application Schedule

<u>02/22/2012</u>	Initial deadline for submitting applications ( <i>applications will be accepted after deadline if vans not awarded</i> ) *
<u>02/29/2012</u>	Review and scoring of applications by Spokane Transit Award of Special Use Vans
<u>TBD</u>	* <i>Interview with applicant may be scheduled.</i>

## Application Submittal

A copy of the application is attached. The application is also available on Spokane Transit's website: [www.spokanetransit.com](http://www.spokanetransit.com) under special use van program or via e-mail from Denise Marchioro at the e-mail address below or Dana Infalt at [dinfalt@spokanetransit.com](mailto:dinfalt@spokanetransit.com).

**Paper applications must be postmarked no later than February 22, 2012. Electronic or hand-delivered applications must be received no later than February 22, 2012.** Electronic applications must be followed by a hard copy containing the appropriate certification signatures and be received by February 27, 2012. Applications should be sent to:

**Denise Marchioro, Paratransit Manager**  
**Spokane Transit**  
**1230 W. Boone Ave.**  
**Spokane, WA 99201-2686**  
**E-mail: [dmarchioro@spokanetransit.com](mailto:dmarchioro@spokanetransit.com)**

## Special Use Vanpool Selection Criteria Summary

The selection process is competitive and involves a review and evaluation process using the criteria identified below. In addition to these specific criteria, geographic equity, diversity in population groups served, and whether an agency has received a special use vanpool vehicle previously and is using it effectively will be used as balancing factors in making final selections.

<b>CRITERIA:</b>	<b>WEIGHT:</b>
1. Demonstrated Community Benefit	30%
2. Total Number of Annual Trips to Be Provided (extra weight given to transportation for Paratransit eligible riders)	30%
3. Documented financial viability	20%
4. Clarity and Quality of Application	10%
5. Coordination of Services	10 %
	100%

### 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. 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. Please specify whether riders are Paratransit ADA eligible Riders or regular fixed route users.

#### 3. Documented Financial Viability

Please provide the following:

- Most recent audited financial statements (or substitution with prior approval by STA); and
- Bank statements or other showing current cash position; and
- Insurance documents demonstrating fulfillment of insurance requirements.

#### 4. Clarity and Quality

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.

#### 5. Service Coordination

Describe how your current and proposed service coordinates with other transportation services in the area to ensure broad community benefit.

# SPOKANE TRANSIT

## Special Use Vanpool Application

### Section 1: General Information

1. Name of Primary Applicant \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

Type of Entity  Non Profit  Business or Corp.  Public Agency  
 Individual  Other (explain)\_\_\_\_\_

Population Served/Services Provided: \_\_\_\_\_

2. In Business Since: \_\_\_\_\_

3. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

4. Email Address: \_\_\_\_\_

5. Contact Person/Telephone: \_\_\_\_\_

6. Partner

Agency/Organization: \_\_\_\_\_

Partner Contact Person \_\_\_\_\_

Type of Entity  Non Profit  Business or Corp.  Public Agency  
 Individual  Other (explain)\_\_\_\_\_

7. Partner

Agency/Organization: \_\_\_\_\_

Partner Contact Person \_\_\_\_\_

Type of Entity  Non Profit  Business or Corp.  Public Agency  
 Individual  Other (explain)\_\_\_\_\_

8. Type of trips to be provided (*check all that apply*):

_____ Church	_____ Public Agency	_____ Work
_____ Community Service	_____ Senior Center/	_____ Other, please specify
_____ Organization	_____ Convalescent Center	_____
_____ Medical	_____ Nutrition Center	_____
_____ Fitness	_____ Recreation	_____

7. Type of Vehicle Requested (*write quantity in vehicle type requested*):

QTY

\_\_\_\_\_ 15-Passenger Van (with wheelchair lift)

\_\_\_\_\_ 8-Passenger Van (no wheelchair lift)

\_\_\_\_\_ Either of the above

(if Either, please explain)

8. Requested number of special use vanpool vans: \_\_\_\_\_

9. Is any special equipment needed for this agreement?  YES  NO

If YES, what is the needed

equipment? \_\_\_\_\_

\_\_\_\_\_

## Section 2: Description of Proposed Vehicle Use

1. Describe the community transportation need you are proposing to solve with this vehicle and the benefit you expect to achieve. Include in your answer the population you will serve, the area of Spokane County you will serve, type of service you will provide, hours of service to be delivered, (i.e. 4:00 p.m. to 9:00 p.m.), purpose of the transportation, extent of vehicle use and any other information you want us to know.
2. How many passenger trips do you expect to carry over the course of the next year? Are the riders currently ADA Paratransit Eligible? Do the riders use the regular fixed route bus system? For the purposes of this application, a passenger trip is defined as a one-way trip for one person, i.e., include trips both 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 4,396 passenger one-way trips over the next year based on the following:

- Four people to church each Sunday = 4 people x 52 Sundays = 208 - 416 round trips  
Basis: average number of people carried last year in old van
- Five people to place of employment each workday = 5 people x 250 work days = 1,250 – 2500 round trips  
Basis: current number of developmentally disabled clients lacking daily transportation to work
- Twenty 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

3. Please estimate the total number of individual passengers you plan to serve in one year's time period and specify how many passengers will use the wheelchair lift.
4. Please describe the profile of the passengers you anticipate serving with this vehicle. Profiles include, but are not limited to: disabled, senior citizens, low income, and general public.
5. Please describe your service area. Include in your answer the percentage of Spokane County residents, residents outside of the PTBA, and residents outside of the Paratransit service area boundary.
6. (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.

7. What method of transportation does your program currently use to meet your organization's transportation needs?
8. (a) To what extent does the existing bus system, Paratransit, and Rideshare service meet your organization's transportation needs?  
 (b) If current Spokane Transit service does not work for your organization or clients, why not?
9. (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 Spokane Transit Service
- Replace Existing Organization's Service
- All of the above

(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.

(c) If the vehicle will replace existing service, please state the age and mileage of your current vehicle(s) and estimate the number of miles that will be provided per year with the special use vanpool vehicle.

10. Is this application in coordination with any other agencies? Yes  No

If yes:

- (a) List the name of the primary applicant who will sign the special use vanpool agreement and selected as the special use vanpool recipient; and
- (b) Briefly explain how the use of the vehicle will be coordinated among the agencies/organizations involved; and
- (c) Describe who will be driving the vehicle.

11. Please explain how you intend to obtain qualified drivers. Will the drivers be volunteer or paid drivers?
12. Please explain how the trips will be scheduled and dispatched to ensure scheduling effectiveness.
13. Please include any additional information about your organization and proposed transportation plan that should be included in the review of this application.

### 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 and maintain, the vehicle(s) 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 (if applicable)

Board Chair/Executive

Officer: \_\_\_\_\_

Typed

Name/Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Partner Agency/Organization (if applicable)

Board Chair/Executive

Officer: \_\_\_\_\_

Typed

Name/Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Partner Agency/Organization (if applicable)

Board Chair/Executive

Officer: \_\_\_\_\_

Typed

Name/Title: \_\_\_\_\_

Date: \_\_\_\_\_