

PIERCE TRANSIT

CARE-A-VAN GRANT PROGRAM

Eligibility Rules/Requirements and Selection Criteria

BACKGROUND

Pierce Transit is pleased to offer creative and flexible approaches to providing transportation for individuals and community non-profit groups in Pierce County. The Care-a-Van Grant Program is available to qualifying not-for-profit organizations with 501(c)(3) designation to enhance transportation options. When a Pierce Transit van or SHUTTLE vehicle has been earmarked for retirement by the Agency, the vehicle is evaluated for donation. The recipient agrees to provide trips that would otherwise be unavailable or provided by Pierce Transit at a greater expense. Even over a short time, it is expected that these trips will more than “buy back” the value of the vehicle.

OVERVIEW OF PROCESS

Pierce Transit will only grant previously surplussed vehicles that have been deemed by Pierce Transit’s maintenance department to be in good working order at the time of donation. Whether or not to place a vehicle in the Care-a-Van program is exclusively at Pierce Transit’s discretion.

All not-for-profit organizations with 501(c)(3) designation which serve Pierce County are eligible to apply. Given the limited pool of available surplus vehicles, the application process is competitive and applications will be evaluated by a committee of Pierce Transit staff. The evaluation committee will make recommendations to the Board of Commissioners; the Board will award the vehicles.

Questions about eligibility and other questions about the program should be directed to Penny Grellier at (253) 589-6886.

ELIGIBILITY RULES AND REQUIREMENTS

- Van recipients must be a not-for-profit organizations with 501(c)(3) designation. Awarded applicants must provide IRS documentation or other appropriate documentation as proof of not-for-profit designation.
- Vehicles are to be used for transportation purposes for trips with either an origin or destination in Pierce County and trips must remain within a 150-mile radius of the Pierce Transit PTBA.
- These vehicles may not be used as a source of revenue generation (you can’t profit from charging fares) or as a cargo vehicle.



- Applications must clearly designate the primary applicant who will be named as “buyer” on vehicle title, if selected as a recipient.
- Trips to or from religious worship, devotion or instruction may not be counted in meeting the selection criteria. This restriction does not affect the use of the vehicle once an award has been made.
- Awarded grantees shall not use the vehicle for assisting a campaign for election or for the promotion of or opposition to any ballot proposition.
- Awarded 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 for information only.
- Awarded applicants must track ridership and provide a monthly report to Pierce Transit for one (1) year after the date the vehicle was granted.
- Awarded applicants shall use the supplied vehicle to provide transportation to their clients, members, guest or other users as described in the application.
- Applicants must certify they have the financial and management capacity to insure granted vehicles, if selected as a recipient.
- Applicants must certify they have the financial and management capacity to maintain vehicles in good working condition.
- Only one vehicle will be awarded per agency/organization per calendar year.

SELECTION PROCESS

Selection Committee

A committee of Pierce Transit staff will be convened to review and evaluate the applications that have been submitted. The committee will evaluate the applications by taking into consideration the criteria below, and may seek additional information or a meeting with the applicant. The committee will make recommendations to the Pierce Transit Board of Commissioners who will approve award of the vehicles.

Additional Considerations

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(s) will be considered in evaluating the application.



Selection Criteria and Weight

Applicants will be asked to provide responses to the following general criteria within the application:

1. Demonstrated Community Benefit - 30%

Explain clearly the scope and nature of your agency's transportation needs and data that supports or demonstrates that need. Please explain how granting your application would serve an unmet public transportation need in Pierce County, or expand the current scope of your program(s). Please identify what services you currently utilize; what other options are available to your organization; and how your program coordinates with other programs to get maximum use.

2. Total Number of Trips Provided - 30%

Please provide a clear and defined calculation of the estimated number of trips to be provided annually with your van award. The best prediction on where the trips would travel to/from. Whether you are providing transportation to ADA eligible customers, people with disabilities, low income groups and the percentage of those trips in relation to all trips provided. Trips to or from religious worship, devotion or instruction may not be counted in meeting the selection criteria. This restriction does not affect the use of the vehicle once an award has been made.

3. Transportation Coordination - 20%

Please describe how your current and proposed service coordinates with public and private transportation services in the area to ensure broad community benefit. Please identify your organization's participation in any coordinated transportation group/committee in Pierce County.

4. Ability of Organization to Maintain Service - 10%

Please describe how the proposed transportation program will maintain, fund and insure the van. Describe how the organization will manage the program.

5. Clarity and Quality of Application - 10%

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.



**PIERCE TRANSIT
CARE-A-VAN GRANT PROGRAM
Application for Vehicle**

SECTION 1: GENERAL INFORMATION

Primary Applicant Agency/Organization: _____

Mailing Address: _____

Contact Person-Name/Phone: _____

E-Mail Address _____

Partner Agency/Organization: _____

Partner Agency/Organization: _____

Type of Applicant(s) (check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Dialysis | <input type="checkbox"/> Public Agency | <input type="checkbox"/> School / Daycare |
| <input type="checkbox"/> Social Service Organization | <input type="checkbox"/> Senior Center / Assisted Living Center | <input type="checkbox"/> Other, Please Specify: _____ |

Vehicle Type Preference:

- ☐ 7-15 Passenger Van (Retired Vanpool Van)
- ☐ 8-12 Passenger Accessible Van (Retired SHUTTLE Van)
- ☐ 6 Passenger Accessible Van

Because these vehicles are only donated after being declared surplus by the Agency, Pierce Transit may not have the type of vehicle you seek available at the time of your application.



SECTION 2: DESCRIPTION OF PROPOSED VEHICLE USE

1. Describe the community transportation problem you are proposing to solve with this vehicle and the benefit you want to achieve. Include in your answer the population you will serve, the area of Pierce County you will serve, type of service you will provide, purpose of the transportation, extent of vehicle use and any other information you want us to know. (Attach an additional sheet if needed)

2. How many passenger trips do you expect to provide over the course of the next year? For the purposes of this application, **a passenger trip is defined as a one-way trip for one person** i.e.: pickup from home/drop-off at work = one passenger trip. Please show how you arrived at your estimate and describe the basis of your projection. Trips to or from religious worship, devotion or instruction may not be counted in meeting the selection criteria, but this would not affect the use of the vehicle once an award has been made.



Of the passenger trips you expect to carry over the course of next year, specify how many trips are estimated to be ADA Paratransit eligible.

3. 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

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).

4. Describe the typical 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, veterans, and general public.

5. Describe your proposed geographic service area. Include in your answer the portions of Pierce County that you propose to serve.



6. Describe how your organization coordinates transportation efforts with other community programs.

7. Describe how your organization coordinates transportation needs with other transportation providers, including Pierce Transit.

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

9. To what extent does existing bus and SHUTTLE service meet your organization's transportation needs?

10. Describe what transportation gaps you propose to address that are not currently served by Pierce Transit?

Is this application in coordination with any other agencies?

☐ Yes

☐ No

If yes:

List the name of the primary applicant who will be named as "buyer" on vehicle title if selected as a vehicle recipient.



- Briefly explain how the use of the vehicle will serve the multiple organizations involved. All participating agencies/organizations are required to sign the certification and should also be identified on Page 1 of this application.

11. List any coordinated transportation groups/committees within Pierce County that you or anyone in your organization participates in.

12. If awarded, do you have the financial and management capacity to maintain and insure the vehicle? Explain if necessary:

13. Describe how the proposed transportation program will be maintained and funded and how the organization will manage the program to include drivers and the vehicle.



14. Please provide any additional information you would like for the Agency to consider in evaluating your 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, 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: _____



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Application Submission Check List

- ✓ INCLUDE THE COMPLETED APPLICATION
- ✓ IDENTIFY THE PRIMARY APPLICANT
- ✓ GET ALL REQUIRED SIGNATURES
- ✓ INCLUDE A COPY OF EACH AGENCY'S 501(c)3 CERTIFICATION

Return all items to:
Penny Grellier, Care-A-Van Program
Pierce Transit
3701 96th St SW
Lakewood, WA 98499