

Access Transit: Fare Assistance Program Nonprofit Organization Application

TriMet's commitment to transit equity is rooted in ensuring low-income riders affected by fare increases are able to remain active in using TriMet services. As a public transit agency, TriMet serves a broad and diverse community. In recognition of the growing demand for social services in the region, TriMet has implemented a Fare Assistance Program for qualified 501(c)(3) nonprofit organizations and governmental entities serving low-income clients.

The Fare Assistance Program provides an incentive to eligible organizations to continue or to increase current funding levels for purchase of TriMet fares for low-income recipients. For purposes of the program, "low-income" means a person whose annual household income is at or below 150% of the U.S. Department of Health and Human Services's poverty guidelines.

ELIGIBILITY (NONPROFITS)

The program provides an administrative allotment to eligible 501(c)(3) nonprofit organizations that purchase TriMet fares that are disbursed to low-income recipients. To be eligible to participate in the program, organizations must meet the following minimum requirements:

- Organizations must serve low-income clients.
- Organizations must serve a majority of clients whose residence is in the TriMet service district.
- Organizations must use the fares to help low-income clients access services critical to employment, housing and personal stability.
- Organizations must be in good account standing with TriMet.
- Organizations must agree to only distribute fares to its clients.

To participate in the program and receive the administrative allotment, eligible organizations will be required to enter into a fare-purchase agreement with TriMet that includes administrative duties such as verification of fare-recipient low-income status, intake, processing and fulfillment of orders to qualifying recipients, record keeping and management of fare inventory, including reporting of fare disbursements as described in the agreement.

PROGRAM FUNDING PRIORITY

Applicants meeting the minimum eligibility qualifications for the program will be accepted for participation in the program subject to available resources for the program as determined by TriMet. The level of administrative allotment offered to organizations under the program will be established and adjusted as determined by TriMet. Duration of the program is at TriMet's discretion. It is highly recommended that participating organizations also guide their clients to apply for the TriMet Low Income Fare program which enables qualified riders to utilize the reduced Honored Citizen fare based on their qualifying income. More information about this program can be found at this link:

<https://trimet.org/lowincome/>

APPLICATION AND SELECTION PROCESS

Applications for the TriMet Fare Assistance Program will be accepted on a rolling basis. Applications will be reviewed to determine if the criteria listed are met.

Upon completion of review of an application, TriMet will issue a response to the applicant indicating the status of the submitted application. The response will serve as receipt and proof of the organization's eligibility for participation in the program. TriMet may require an applicant that has been determined to be eligible to reapply if the organization is not accepted by TriMet for participation in program within six months after submission of the organization's application.

APPLICATION SUBMITTAL

Email submissions are gladly accepted. Please email your application and all required materials to transitassistance@trimet.org. Or you can mail them to:

TriMet Access Transit Program

Attention: Wes Charley

1800 SW 1st Avenue

Portland, OR 97201

Access Transit Fare Assistance Program

APPLICATION INFORMATION

Please only submit one application per organization and list all applicable programs. *Only 501(c)(3) nonprofit organizations are eligible to apply for the TriMet Fare Assistance Program.*

Organization name: _____ Program name(s): _____
Street address: _____ City, state, zip: _____
Contact person: _____ Email: _____
Phone number: _____ Fax number: _____

PLEASE INCLUDE THE FOLLOWING:

1. Is the applicant organization a 501 (c)(3) entity as described by the Federal Internal Revenue Code? _____
Include a copy of your agency's IRS Form 990 with your completed application.
2. Briefly describe the mission of your organization (100 words or less):

3. Describe specific services to low-income recipients provided by your organization (300 words or less, attach separate sheet as needed):

4. List the cities and/or communities in the Tri-County Area served by your organization:

5. What was your organization's total budget in last year? \$ _____
6. What is your organization's total projected budget for this year? \$ _____
7. What was your organization's amount spent for purchase of TriMet fares for last year? \$ _____
8. What is your organization's anticipated budgeted amount for purchase of TriMet fares in the next 12 months? \$ _____

FARE USAGE INFORMATION

What percentage of your current service recipients are residents of:

Multnomah County: _____% Washington County: _____% Clackamas County: _____%

What percentage of fare recipients do you anticipate will be eligible to use Honored Citizen fares?: _____%

Please check the activities for which clients of your organization will utilize TriMet fares. Check all that apply:

- | | | |
|--|--|--|
| <input type="checkbox"/> Aging/Disability Services | <input type="checkbox"/> Emergency Food Program | <input type="checkbox"/> DV Prevention/Services |
| <input type="checkbox"/> Immigrant & Refugee Support | <input type="checkbox"/> Children/Youth & Family Childcare | <input type="checkbox"/> Employment/Job Training |
| <input type="checkbox"/> Healthcare Services | <input type="checkbox"/> Housing Services | <input type="checkbox"/> Homeless Youth Services |
| <input type="checkbox"/> Veteran Services | <input type="checkbox"/> Service Agency Travel | |
| <input type="checkbox"/> Other (specify) _____ | | |

I hereby certify that the information presented in this application is true and complete to the best of my knowledge and that any fare media purchased by my organization through the program will only be dispensed to my organization's low-income clientele in accordance with the requirements of the program, including the fare purchase agreement with TriMet. (Note: Please make sure all requested information has been provided.)

Signature of organization's authorized representative: _____

Name: _____ Title: _____ Date: _____