**FY24-25 STF / STIF / 5310**

**Tri-County Metropolitan Transportation District of Oregon**

**Grant Applicant Information Form**

|  |  |
| --- | --- |
| **Applicant Legal Name** |  |
| **Street Address** |  |
| **City, State, Zip Code** |  |
| **Web Site** |  |
| **Contact Name, Title** |  |
| **Contact Phone Number** |  |
| **Contact Email** |  |
| **Type of Organization** | Choose an item. |
| **Total # Governing Body Members** |  |
| **Link to Most Recent Adopted Budget. If budget is not available online, please attach.** |  |
| **Budget Year** | [insert date range] |

**Instructions: Submit one copy of this form per applicant (including Ride Connection partners and providers)**

**Applicant Mission (350 characters or less):**

**Brief Description of Organization (500) characters or less):**

**Population(s) served (500 characters or less, include age groups, race & ethnicity and income levels):**

**Geographic Service Area Description (350 characters or less):**

**Inside the TriMet District  Outside the TriMet District  Both**

<https://trimet.org/pdfs/taxinfo/trimetdistrictboundary.pdf>

**Organization Capacity (complete all that apply)**

|  |  |
| --- | --- |
| **Total Organization / Agency Budget (current budget year)** | **$** |
| **Total Staff** |  |
| **Total Volunteers** |  |
| **Total Contracted Drivers** |  |
| **Vehicle Hours** |  |
| **Vehicle Miles** |  |
| **Service Miles** |  |
| **Revenue Hours** |  |
| **Revenue Miles** |  |
| **Total Boarding Trips** |  |
| **Senior and People with Disability Boarding Trips** |  |
| **Fare Revenue** |  |
| **Donations** |  |
| **Payroll Tax Revenue** |  |
| **Fixed Route and Deviated Fixed Route Boardings** |  |
| **Demand Response Boardings** |  |
| **System Operating Budget** | **$** |
| **System Operating Cost per Trip** | **$** |
| **System Vehicle Miles** |  |
| **System Operating Cost per Mile** | **$** |
| **Demand Response Operating Budget** | **$** |
| **Demand Response Cost per Trip** | **$** |
| **Demand Response Vehicle Miles** |  |
| **Demand Response Cost per Mile** | **$** |

**Please describe any significant operations or financial impacts that occurred during the budget year (1000 characters or less):**

**Annual Organization / Agency Budget**

|  |  |
| --- | --- |
| **Operations** |  |
| Payroll / Benefits (Includes Operators) |  |
| Contracted Services |  |
| Materials and Supplies |  |
| Fuel, Maintenance and Preventative Maintenance |  |
| Other (Please Describe) |  |
| Other (Please Describe) |  |
|  |  |
| **Total Operations** |  |
| **Capital (over $5,000)** |  |
| Software and Hardware |  |
| Equipment |  |
| Vehicle Purchases |  |
| Other (Please Describe) |  |
| Other (Please Describe) |  |
|  |  |
| **Total Capital** |  |
| **Administrative** |  |
| Payroll/Benefits (non-operating/ indirect staff costs) |  |
| Insurance, services, supplies, rent etc. |  |
| Other (Please Describe) |  |
| Other (Please Describe) |  |
|  |  |
| **Total Administrative** |  |
|  |  |
| **Total Annual Budget** |  |