



Access Transit: Fare Relief Program Application

Our 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, we serve a broad and diverse community. In recognition of the growing demand for transit services, we have implemented the Access Transit: Fare Relief Program for qualified 501(c)(3) nonprofit and Community Based Organizations serving low-income clients.

The Access Transit: Fare Relief Program provides TriMet fares to eligible organizations to assist in increasing the number of individuals who receive fare to access services critical to employment, housing and personal stability. 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 poverty guidelines.

ELIGIBILITY (NONPROFITS)

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

- Organization has 501(c)(3) nonprofit status or is partnering with a fiscal agent that has 501(c)(3) nonprofit status.
- Organization must serve individuals whose household income is at or below 150% of the Federal Poverty Level and have a
 demonstrated need.
- Organizations must use the fares to help low-income individuals access services critical to employment, housing and personal stability.
- Organizations must be in good account standing with TriMet.
- Organizations must agree to distribute fares only to individuals who meet the eligibility criteria.
- Organizations must agree not to supplant existing resources dedicated to fare purchase and be able to demonstrate that funds budgeted for the purchase of fare are not being re-allocated.
- Organizations must agree to follow fare distribution tracking processes and cooperate with Fare Relief audit processes as defined by TriMet

CRITERIA

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

Access Transit: Fare Relief Program applications will be reviewed using the following criteria:

- The Organization or Program requesting a Fare Relief Grant meets all of the Eligibility Requirements outlined above.
- Organization has a recipient eligibility and documentation process in place to ensure recipients meet the criteria established in the program and organization agrees to review the eligibility of continuing recipients annually.
- Organization demonstrates funds received through the program will not supplant existing resources used for the purchase of fares, but rather will be used to increase the assistance provided.
- Organization demonstrates the ability to track fare usage, customer attributes and eligibility compliance with monthly and periodic reports to Ride Connection.
- Organization is providing fare to fill an unmet need and/or provides fare to address disparities in geographic distribution or distribution among under-served communities.

• Adult fares distributed by organization are intended only for use on TriMet Fixed Route service. Only LIFT fares may be provided for use on TriMet LIFT Paratransit service.

AWARD AMOUNT

Grant awards will vary, but generally will not exceed \$25,000. Awards will be determined by criteria established in the application. Paper tickets and passes are no longer available for this program. All awards will be distributed as electronic Hop products. Available fare options will be 2 1/2 hour Hop tickets, Day Pass Hop tickets and re-loadable Hop cards. Organizations will also be required to utilize an institutional account for all Fare Relief orders.

APPLICATION AND SELECTION PROCESS

Applications for the Access Transit: Fare Relief Program will be accepted **until 5 p.m. on May 10, 2019**. Applications will be reviewed to determine if the criteria listed are met.

Upon completion of review of an application, TriMet and Ride Connection will issue a letter to the applicant indicating the status of the request. For more information, please contact **Ride Connection** at 503-528-1748 or email *ccooper@rideconnection.org*.

APPLICATION SUBMITTAL

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

Ride Connection

Attention: Access Transit: Fare Relief Program 9955 NE Glisan Portland, OR 97220

Application continues on next page





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APPLICATION INFORMATION

Please submit one application per organization and list all applicable programs.

Only 501(c)(3) nonprofit organizations or programs who are fiscally sponsored by a 501(c)(3) nonprofit organization are eligible to apply for the TriMet Access Transit: Fare Relief Program grant.

Organization name:	
Program name(s):	
Street address:	City, State, Zip:
Grant Application Contact:	Program Contact:
Email:	Email:
Phone:	_
Fax:	
Fiscal Agent Contact:	Fiscal Agent Address
Email:	Street:
Phone:	City:
Fax:	Ctato.
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REQUIRED ATTACHMENTS

- Include a copy of your agency's IRS letter confirming 501(c)(3) eligibility as described by the Federal Internal Revenue Code. If you have a fiscal sponsor, please provide a copy of their IRS letter confirming 501(c)(3) eligibility.
- 2. Include a copy of your Organization's annual budget for FY 2019–2020.
- 3. Include the required Budget Worksheet as a Microsoft Excel attachment.
- Include a completed and signed TriMet Fare Assistance-Fare Relief Contract.

ORGANIZATION DESCRIPTION

1. Briefly describe the mission of your organization. (100 words or less.)





2.	Describe specific services to low-income recipients provided by your organization. (300 words or less.)
3.	List the cities and/or communities in the Tri-County Area served by your organization.
4.	What was your organization's budgeted amount for purchase of TriMet fares for 2018–2019? If you were a 2018–2019 Fare Relief grant recipient, please exclude the amount of your Fare Relief grant. \$
5.	Not including this grant request, what is your organization's budgeted amount for purchase of TriMet fares for 2019–2020? \$
DE	SCRIPTION OF PROGRAM, FARE DISTRIBUTION AND USE
1.	Describe how you will use transit fare to support your organization's mission, including the populations it will serve and the benefit you hope to achieve. (300 words or less.)





2.	Describe the eligibility process you use to determine the need of recipients. Include your method to determine other resources not available to recipients and how you will document, track and review customer eligibility. (600 words or less.)
3.	Outline your process for determining who will receive transit fares each month, how fare will be distributed and how you will track fare distribution. If you will be providing longer term fare assistance for individuals, describe how you will determine the length of time an individual will receive fare and the amount of fare an individual will need. (500 words or less.)
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4.	Please list any current sources of funding for purchasing transit fare in FY 2018–2019 and the amounts.		
5.	Please describe how you will use the Fareneed for additional fare.	e Relief grant to expand access to fare and hov	v you determined your organization has a
FΔ	RE USAGE INFORMATION		
	nat percentage of your current service r	ecipients are residents of:	
Μι	altnomah County:%	Washington County:%	Clackamas County:%
•	What percentage of fare recipients do	you anticipate will be eligible to use Honor	red Citizen fares?
Ple	ase check the activities for which client	s of your organization will utilize TriMet far	res. Check all that apply.
	Aging/Disability Services	☐ Emergency Food Program	☐ DV Prevention/Services
	Immigrant & Refugee Support	☐ Children/Youth & Family Childcare	☐ Employment/Job Training
	Healthcare Services	☐ Housing Services	☐ Homeless Youth Services
	Veteran Services	☐ Service Agency Travel	
	Other (specify)		





CERTIFICATION

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.)

		Date:
	Signature of applying organization's authorized representative	
Name:	Title:	
		Date:
	Signature of fiscal sponsor agency's/organization's authorized representative (if applicable)	
Name:	Title:	



