

Program Goals

To assist in the design and implementation of training and technical assistance projects and other support services tailored to meet the needs of public transportation operators in nonurbanized areas.

Applicant

Organization Name			
Federal Tax ID Number		Statewide Vendor Number	DUNS Number
Mailing Address		City	State
			Zip+4 (required)
Billing Address (if different from above)		City	State
			Zip+4 (required)
Grant Administrator	Grant Administrator Phone	Grant Administrator Email	
Billing Contact	Billing Contact Phone	Billing Contact Email	
Type of organization (check all that apply)			
Private non-profit	Private for-profit	Public or quasi-governmental	Tribal
Advocacy Group	Training/Education Provider	Regulatory Group	

Authority

This application must be certified by someone authorized or delegated to sign contracts on behalf of your organization, such as the board chairperson or chief executive officer. Applications submitted without the checkbox selected will be rejected by WSDOT and not be considered for grant funding. Do not hand write the check, name, title or date. Please type it.

I certify, to the best of my knowledge, that the information in this application packet is true and accurate and that this organization has the necessary fiscal, data collection and managerial capabilities to implement and manage the project associated with this application.

Name

Title

Date

Project

The following pages provide an opportunity to list the proposed programs and cost, then to address specific questions about the programs and your agency. Identify in the table below the type and sub type of labor, hourly rate, and proposed hours estimate.

Chose the type and sub-type from the drop-down fields. Quantity is per 1-year contract term. Cost estimate per unit must be explained on the next page. Quantity and cost per unit calculate the line total. Proposal total will auto-calculate.

Type of Deliverable	Sub-type	Quantity	Cost Per Unit	Line Total
Proposed Total				

Use the space below to further describe the deliverables listed above, including their value to non-urban public transportation providers.

How did you estimate unit costs for each line?

If your program includes contracting with other businesses, describe your efforts to use contractors who qualify as a Disadvantaged Business Enterprise (DBE).

Describe your experience providing the services in this program. (1300 character limit)

Describe your experience with Federal funds. (1000 character limit)

Use the space below for any additional information you'd like to share (2000 character limit)