Washington State Department of Transportation

Agricultural Worker Vanpool Pilot Program

2012-2013 Application Form

2011-2013 Application Form

SUMMARY SECTION

Complete one SUMMARY SECTION for each application type (operating, capital, project development) per agency/organization.

I. General Agency Information

Legal Name of Entity/Agency:			
Mailing Address:			
Main Office Address:			
Payment Mailing Address (if different from above):			
Federal ID Number:			
Contact Person:		Telephone Number	
E-Mail Address:		Fax Number	

II. Type of Applicant (check one box only):

	Public Transit Agency				
	Private Non-Profit Agency*		Local Government Agencies (City, County)		Private for Profit
	Special District (i.e. School, Port)		Tribal Government		State Agency

*Private non-profit applicants must attach a copy of your IRS Letter of Determination for 501(c) non-profit status.

III. Management and Experience

Your responses in this section are limited to the space provided.

1. Describe the type of experience your organization has with transportation service operations (e.g. vanpool, specific client transportation service delivery, etc.).

2. Who will be the project staff for this grant? Describe the specific experience these individuals have with grant project management, transportation service operations and federal regulations (i.e. Migrant and Seasonal Agricultural Worker Protection Act) governing agriculture workers and transportation of these workers?

3. How will your organization define success for the agricultural worker vanpool service? What are some of the outcomes you hope to achieve?

END OF SUMMARY SECTION

PROJECT SECTION

I. Project Title

II. Project Description

Responses in the Project Description section (Questions 1, 2 and 3) are limited to a total of 10 pages.

1. Provide a brief summary of your proposal. How will it meet WSDOT's goals for the pilot project?

2. Provide a detailed description of the project and how it would work. You may include diagrams or maps to help illustrate your project approach as well as identify geographic region(s) you plan to market and provide service to via the pilot project. Identify the type of vehicles to be used and the total number of vanpool vehicles estimated to be placed in service during the course of the project. Explain how your proposal meets each of the project requirements.

3. Provide a copy of your proposed monthly agricultural worker rider monthly fare schedule. Describe the assumptions, factors and philosophy used in its development.

You may use up to five additional pages for your response. You must limit the total project description to ten pages or less.

III. Financial Information

Amount of Grant Request

How much are you requesting from WSDOT to operate your agricultural worker vanpool pilot program?

$

Project Expenses

		Projected Expenses	
		Per Unit or Monthly	**12 Months (to)**
Direct Operating			
Labor & Benefits			
Insurance			
Maintenance			
Other:			
Other:			
Contracted Services			
Subtotal:			
Administrative			
Labor & Benefits			
Rent & Utilities			
Consultant Services			
Other:			
Subtotal:			
Capital			
Van Lease Costs			
Depreciation Costs			
Technology/Equipment Purchased			
Installation of Equipment			
Other:			
Subtotal:			
Total Expenses:			

Project Revenues

Source		Projected Revenues
		12 Month Period (to)
Organization/Entity funds (list):		
		*
State funds (list):		
In-kind (list):		
Fares and fees (list):		
Other (list):		
Subtotal Revenue:		
WSDOT Grant Request:		
**** Total Revenue:**		

** For Projected Revenue, do not include any state funds that are requested in this application.*
*** This amount must be equal to **Total Expenses** on the previous page.*

IV. Proposed Project Work Plan

1. List all major project tasks and activities in the far left column. Identify the expected project expenditures under the appropriate columns.

Tasks/Activities	(to) 2013 (6-months)	(to) 2013 (6-months)	(to) 2013 (12-months)
Totals:			

Supplemental Information

Please provide any additional information that could be useful to the evaluators. Try to keep your comments brief. Also, you may use this page to elaborate on information that you have provided in other sections of the application. Indicate the specific question number from this application when providing supplemental information. **Supplemental Information is limited one page per project in 12 point font. WSDOT reserves the right to omit information that exceeds one page.**

Attachments Checklist

(Applications without required attachments will be considered incomplete.)

	Letters committing project funds (**Required** on projects with financial partners).
	Letters of Support (**Optional**).

END OF PROJECT SECTION

Application Authority

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

Unsigned applications will not be accepted.

Applicant Agency _____

Project Title*_____

Name and Title of Signatory _____

_____ _____

Authorized Signature Date

Note: *Your application must be signed by someone authorized to sign contracts on behalf of your organization, such as the Board Chairperson or Chief Executive Officer or someone that has been delegated that authority.*