



TO: Interested Agencies and Organizations

FROM: Danette Brannin, General Manager

SUBJ: Application for Surplus Vehicles

DATE: July 03, 2017

At its regular meeting held on September 14, 2010, Mason Transit Authority (MTA) Board approved the surplus vehicle grant program. In accordance with Board Resolution 2010-11, one (1) 12-passenger vehicle will be made available to community agencies to enhance transportation service to Mason County residents. This vehicle, which was scheduled for auction this summer, instead will be awarded to eligible non-profit and government organizations serving Mason County.

Attached are the application, rules & requirements and other information that provides specific details on the application process and schedule. Please note: completed applications must be received no later than 4:00 p.m. **Friday, July 28, 2017.**

Interested applicants are invited to attend a Pre-Application Workshop being held **Tuesday, July 25, 2017 from 11 a.m. to 12 p.m.** in the Mason Transit Conference Room, 790 E. Johns Prairie Road, Shelton, WA. This voluntary workshop will provide applicants an opportunity to ask questions about the application process, selection criteria, vehicle maintenance, mileage and upkeep. The vehicles will be available for inspection after the workshop.

If you have any questions about this program, please call Kristi Evans, Operations Coordinator at 360-432-5725.



Mason Transit Rules/Requirements and Selection Criteria for Surplus Vehicles

Background

At its regular meeting held on September 14, 2010, Mason Transit Authority (MTA) Board approved the Surplus Vehicle Grant Program. In accordance with Board Resolution 2010-11, one (1) 12-passenger vehicles will be made available to eligible non-profit or government organizations, community agencies, and organizations with 501(c)(3) statuses to enhance transportation service provided within Mason County. This packet contains the application, rules/requirements and selection criteria developed by MTA to implement that program.

Vehicle Descriptions

One (1) surplus vehicle will be granted as described below:

- Description – One 2008 Ford Econoline Van, 12-passenger (no wheelchair lift), automatic transmission, approximately 100,000 miles.

The vehicle will be available for inspection after the Pre-Application Workshop, which will be held Tuesday, July 25, 2017 from 11 a.m. to 12 p.m. in the MTA Conference Room, 790 E. Johns Prairie Road, Shelton, WA. Call MTA at 360-426-9434 for transit system or driving directions. No reservation for the workshop is necessary.

Eligibility

All non-profit or government organizations, community agencies and organizations with 501(c)(3) status, which serve residents of Mason County, are eligible. Questions about eligibility or questions about the program should be directed to: Kristi Evans, Operations Coordinator at 360-432-5725.



Other Rules and Requirements

- Vehicles must be used for a transportation-related purpose for residents who live within Mason County.
- Only one (1) vehicle will be awarded per agency/organization per year.
- Application must clearly designate the primary applicant who will be named as “buyer” on vehicle title, if selected as a recipient.
- Trips must originate in Mason County, WA.
- Trips to or from religious worship, devotion or instruction may not be counted in meeting the selection criteria. This restriction does not affect the use of the vehicle once an award has been made.
- Applicant must certify they have the financial and management capacity to insure granted vehicle, if selected as a recipient.
- Applicants must certify they have the financial and management capacity to maintain vehicles in good working condition.
- Applicants must provide a copy of the 501(c)(3) non-profit certification, if applicable.
- Successful applicants will be required to sign an agreement relating to the exchange of vehicles for transportation-related services. A sample agreement is included in this packet.
- Applicants must track ridership, hours, miles of service and vehicle use description and provide a quarterly report to Mason Transit for one year.
- Applicants shall only provide transportation to their clients, members, guest or other similar users with vehicles supplied under this program. They shall not provide transportation to the general public.
- Applicants shall not use the vehicle for assisting a campaign for election or for the promotion of or opposition to any ballot proposition.



Selection Criteria Summary

The selection process is competitive and involves review and evaluation using the criteria identified below. In addition to these specific criteria, geographic equity, diversity in population groups served, and previous grant award will be used as balancing factors in making final selections.

CRITERIA:	WEIGHT:
1. Demonstrated Community Benefit	50%
2. Total Number of Trips Provided	20%
3. Coordination of Services	15%
4. Clarity and Quality of Application	10%
5. Ability of Organization to Maintain Service	5%

Selection Criteria

1. Demonstrated Community Benefit

Explain clearly the scope and nature of your agency's transportation need and what data you have to support or demonstrate that need. Explain how granting your application would serve an unmet public transportation need in Mason County. Include what service you currently utilize, what other options are available to your organization and how your program will meet that need and coordinate with other programs to achieve maximum use.

2. Total Number of Trips Provided

Clearly define and document the number of trips to be provided annually. Give the best estimate you can as to where the trips would go. Trips to or from religious worship, devotion or instruction may not be counted in meeting the selection criteria. This restriction does not affect the use of the vehicle once an award has been made.

3. Coordination of Service

Describe how your current and proposed service coordinates with other transportation services in the area to ensure broad community benefit. Describe why existing Mason Transit Authority services cannot meet the need.

4. Clarity and Quality of Application

Applications will be rated on content, clarity, presentation and quality of application proposal – based on legibility, completeness, provision of data and clear definition of transportation needs and planned vehicle use.

5. Ability of Organization to Maintain Service

Describe how the proposed transportation program will be maintained and funded and how the organization will manage the program.



Application Schedule

July 25, 2017	Pre-Application Workshop 11:00 am to 12:00 pm
July 28, 2017	Deadline for submitting applications by 4:00 pm
August 1-3, 2017	Review and scoring of applications
August 4, 2017	Announcement of vehicle awards

Application Submittal

A copy of the application is attached. The application is also available on Mason Transit's website: www.masontransit.org.

Applications must be received no later than Friday, July 28, 2017 by 4:00 pm. Faxed applications must be followed by a hard copy no later than 4:00 pm on Monday, July 31, 2017, containing the appropriate certification signatures.

Applications should be sent to:

Kristi Evans, Operations Coordinator
Mason Transit Authority
790 E. Johns Prairie Road
Shelton, WA 98584
Fax: 360-426-0899
Phone: 360-432-5725



MASON TRANSIT Application for Surplus Vehicles

Section 1: General Information

1. Name of Primary Applicant
Agency/ Organization: _____

2. Mailing Address: _____

3. Contact Person/Telephone: _____

4. E-Mail Address _____

5. Partner
Agency/Organization: _____

6. Partner
Agency/Organization: _____

7. Type of Applicant(s) (check all that apply):

<input type="checkbox"/> Church	<input type="checkbox"/> Public Agency	<input type="checkbox"/> School/Daycare
<input type="checkbox"/> Community Service Organization	<input type="checkbox"/> Senior Center/ Convalescent Center	<input type="checkbox"/> Other, please specify _____



Section 2: Description of Proposed Vehicle Use

1. Describe the community transportation problem you are proposing to solve with this vehicle and the benefit you want to achieve. Include in your answer the population you will serve, the area of Mason County you will serve, type of service you will provide, purpose of the transportation, extent of vehicle use and any other information you want us to know. (Attach an additional sheet, if needed.)

2. How many passenger trips do you expect to carry over the course of the next year? For the purposes of this application, a passenger trip is defined as a round trip for one person i.e. to/from their destination. Please show how you arrived at your estimate and describe the basis of your projection. Trips to or from religious worship, devotion or instruction may not be counted in meeting the selection criteria. This restriction does not affect the use of the vehicle once an award has been made.

The hypothetical example below illustrates the type of information we are looking for in this question. In this example, the vehicle would be utilized to support several programs within one organization.

Example

Our group expects to utilize the vehicle to provide 2,448 passenger trips over the next year based on the following:

- *4 people to food bank each Monday = 4 people x 52 Mondays = 208
Basis: average number of people carried last year in old vehicle*
- *5 people to place of employment each workday = 5 people x 250 work days = 1,250
Basis: current number of developmentally disabled clients lacking daily transportation to work*
- *20 seniors on field trip one Saturday per month = 20 people x 12 field trips = 240
Basis: planned new program if a vehicle is available
150 low-income children to a week-long summer camp in June = 150 people x 5 days = 750
Basis: attendance at last year's camp*



3. Please describe the profile of the passengers you anticipate serving with this vehicle. Profiles include, but are not limited to, persons with disabilities, senior citizens, persons with low income, at risk youth, and general public.

4. Please describe your service area. Include in your answer the percentage of Mason County residents that you propose to serve.

5. a) Please describe how your organization coordinates transportation efforts with other community programs.

- b) Please describe how your organization coordinates transportation needs with other transportation providers, including Mason Transit Authority.

6. What method of transportation does your program currently use to meet your organization's transportation needs?

7. a) To what extent does existing bus and Dial-A-Ride (DAR) service meet your organization's transportation needs?



b) If current MTA service does not work for your organization, why not?

8. a) Will the vehicle be used to expand service (such as, establishing a new service, increasing the frequency of an existing service, etc.), to replace an existing service or both?

Expand Service _____ Replace Existing _____ Both _____

b) If the vehicle will be used to expand service, estimate the number of new trips that will be provided and/or explain how the vehicle will be used to expand service. (Attach additional sheets if necessary.)

c) If the vehicle will replace existing service, please state the age and mileage of your current vehicle(s) and estimate the number of trips that will be provided with the vehicle.

9. Is this application in coordination with any other agencies? Yes ___ No ___

If yes:

a) List the name of the primary applicant who will be named as buyer on vehicle title if selected as a vehicle recipient, and
(All participating agencies/organizations are required to sign the certification and should also be identified on Page 1 of this application.)

b) Briefly explain how the use of the vehicle will be divided among the agencies/organizations involved.



10. Describe how the proposed transportation program will be maintained and funded and how the organization will manage the program and the vehicle.

Section 3: Certification

I certify that, to the best of my knowledge, the information in this application is true and accurate and that this agency/organization has the necessary financial and managerial capability to adequately operate, maintain and insure the vehicle for which this application is being made.

Signature of Lead Agency/Organization

Board Chair/Executive Officer: _____

Typed Name/Title: _____ Date: _____

Signature of Partner Agency/Organization

Board Chair/Executive Officer: _____

Typed Name/Title: _____ Date: _____

Signature of Partner Agency/Organization

Board Chair/Executive Officer: _____

Typed Name/Title: _____ Date: _____



Application Submission Check List

- ✓ **Include the Completed Application**
- ✓ **Identify the Primary Applicant**
- ✓ **Get All Required Signatures**
- ✓ **Include a Copy of Each Agency's 501(c)(3) Non-Profit Certification (if applicable)**
- ✓ **Deliver by 4:00 p.m., Friday, July 28, 2017**

Return all items to:

**Kristi Evans
Operations Coordinator
Mason Transit Authority
790 E. Johns Prairie Road
Shelton, WA 98584**