



APPLICATION FOR BUS PASSES: *Instructions for application*

January 1, 2009—June 30, 2009

United Way of the Mid-Willamette Valley is pleased to open the application process for Cherriots Go Card bus passes for the January through June of 2009 period.

- **Applicants must be a 501(3)c organization to be eligible for passes.**
- **Applicants must provide services in the health and human services field.**
- **All three (3) pages of the application must be completed in full. Unanswered questions will result in a void application.**
- **Narrative questions must be typed. Handwritten answers will not be accepted. Each answer must have the original question as the header. Answers are limited to one page in length.**
- **Applications are due by 3:00 p.m. on Tuesday, January 20th, 2009. Late applications will not be accepted for any reason.**

****If awarded passes, your organization must agree to report pass distribution per the documentation that United Way requires. Reporting is due at the end of each quarter, via a spreadsheet sent electronically by e-mail.***



APPLICATION FOR BUS PASSES: *Organization Information*

January 1, 2009—June 30, 2009

Organization Name _____

Address _____

City _____ State _____ Zip Code _____ County _____

Mailing address, if different _____

Telephone _____ Fax _____

Email _____

Tax ID # _____

Organization Narrative:

Instructions: Use each question as the header to your answer, in numeric order. Answers have 1 page limit.

- A. *What is your organization's overall mission and core values?*
- B. *What funding sources make up the organization's operating budget?*

C.

Total Organization	2008/2009 Fiscal or 2008 Calendar Actual
Revenue	
Management & General Expenses	
Fundraising Expenses	
Program Expenses	
Total Expenses	
Net Excess/ Deficit	



APPLICATION FOR BUS PASSES: **Program Information**

January 1, 2009—June 30, 2009

Program Name _____

Organization Name _____

Program Location Street Address _____

City _____ State _____ Zip Code _____

Program Mailing Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____

Website _____

Program Director _____

Phone _____

Email _____

Contact who will report bus pass usage data _____

Phone _____

Email _____

Authorized individual(s) to pick up allotted passes in January 2009 (limit 2):

Application Prepared by:

Name _____ Position _____

Program Description

PROGRAM NAME: _____

Proposal Information:

Adult (18+ yrs) Bus Pass Request Amount: _____

Youth (under 18) Bus Pass Request Amount: _____

Service (s) Description

Program Status (Check only one)

Existing New in 2009

Bus Pass Status (Check only one)

New applicant
 Received passes from United Way in 2008
 Received passes from Cherriots in 2008

Check only one primary focus area for your program

Health
 Education
 Income/Basic Needs
 Other

If other, please explain _____

Check any secondary focus area(s) for your program

Health
 Education
 Income/Basic Needs
 Other

If other, please explain _____

Program Narrative:

Instructions: Use each question as the header to your answer, in numeric order. Answers have 1 page limit.

- A. What is the intent and focus of this program?
- B. Who will receive your program's services? (Please be as specific as possible)
- C. Describe how the requested bus passes will be used to support the program.
- D. Does the program have a budget for transportation? If yes, what transportation services does the budget cover?