

VIA FARE ASSISTANCE PROGRAM

APPLICATION INFORMATION

Please submit the following application for the requesting organization.

Only 501(c)(3) non-profit, social service and governmental/public organizations in good standing located within the VIA service area serving clients who are low-income and/or living below the federal poverty level are eligible to apply for VIA's Fare Assistance Program.

Organization name: _____

Program name(s): _____

Street address: _____

City, State, Zip: _____

Application Contact/Representative: _____

Application Contact/Representative Title: _____

Mailing Address: _____

Phone: _____

Fiscal Agent/Organization Treasurer: _____

Email: _____

Phone: _____

REQUIRED ATTACHMENTS

1. Include a copy of your agency's IRS letter confirming 501(c)(3) eligibility as described by the Federal Internal Revenue Code.
2. Include a copy of your Organization's Bylaws, Charter or Annual Report.

2. Describe the eligibility process you will use to determine the transportation needs of recipients.

3. Your organization will be responsible for maintaining a log of clients receiving bus passes through VIA's Fare Assistance Program. VIA will provide a document to participating organizations to record clients receiving passes and type of passes received. VIA may review the log quarterly to ensure that the passes purchased through VIA Fare Assistance Program comply with the purpose and intent of the program.

Agency Representative administering program:

Email Address:

Phone Number:

4. What type of bus passes do you anticipate purchasing through VIA's Fare Assistance Program (please check all applicable boxes)?

Monthly Bus Pass (Half Fare)

Monthly Bus Pass (Full Fare)

Day Bus Pass (Half Fare)

Day Bus Pass (Full Fare)

7 – Day Pass (Half Fare)

7 – Day Pass (Full Fare)

VIAtrans tickets (clients using VIAtrans tickets must be eligible and registered VIAtrans customers to ride this service)



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 this program will only be used by my organization's low-income clients and /or clients living below the federal poverty level. Bus passes and VIAtrans tickets purchased through VIA's Fare Assistance Program will be used and distributed in accordance with the requirements of this program and will not be sold at a rate higher than what my organization paid for the bus passes and/or VIAtrans tickets. All requested information is attached.

Date: _____

Signature of applying organization's authorized representative

Name: _____ Title: _____

Date: _____

Signature of organization's authorized Chief Executive Officer/President (if different from applying representative)

Name: _____ Title: _____

Mail application to Customer Relations and Sales, VIA Metropolitan Transit, 800 W. Myrtle, San Antonio, Texas 78212 or email to customerrelations@viainfo.net. A VIA representative will contact organization upon review of the application. For additional information, call 210-362-2310.

