

# 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. Fare Assistance orders must be paid at time of pickup. Purchase Orders may not be used to pay for Fare Assistance Orders. Semester Passes are not eligible for discounts.*

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 Service
2. Include a copy of your Organization's Bylaws, Charter or Annual Report

## ORGANIZATION DESCRIPTION

1. Briefly Describe the mission and purpose of your organization:

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2. Describe specific services offered to low-income recipients or clients living below the poverty level provided by your organization:

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3. How many clients are service by your organization annually and what percentage of those served will benefit from VIA's Fare Assistance Program?

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## DESCRIPTION OF PROGRAM, FARE DISTRIBUTION AND USE

1. Describe how you will use transit fare to support your organization's mission and your clients, as well as the benefit you hope to achieve:

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

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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 the type of passes received. VIA may review the log quarterly to ensure that the passes purchased through the VIA Fare Assistance Program comply with the purpose and intent of the program.

Agency Representative administering program: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

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)

## 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](mailto:customerrelations@viainfo.net). A VIA representative will contact organization upon review of the application. For additional information, call 210-362-2310.**