

Program Goals

To assist in the design and implementation of training and technical assistance projects and other support services tailored to meet the needs of public transportation operators in nonurbanized areas.

Applicant

Organization Name				
Federal Tax ID Number		Statewide Vendor Number		DUNS Number
Mailing Address			City	State Zip+4 (required)
Billing Address (if different from above)			City	State Zip+4 (required)
Grant Administrator		Grant Administrator Phone	Grant Administrator Email	
Billing Contact		Billing Contact Phone	Billing Contact Email	
Type of organization (check all that apply)				
Private non-profit		Private for-profit		Tribal
		Advocacy Group		Regulatory Group
		Public or quasi-governmental		
		Training/Education Provider		

Authority

This application must be certified by someone authorized or delegated to sign contracts on behalf of your organization, such as the board chairperson or chief executive officer. Applications submitted without the checkbox selected will be rejected by WSDOT and not be considered for grant funding. Do not hand write the check, name, title or date. Please type it.

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

Name

Title

Date

Project

The following pages provide an opportunity to list the proposed programs and cost, then to address specific questions about the programs and your agency. Group like-priced trainings together on one line. If you need additional space, contact the program administrator.

For conferences, summits or other events that have multiple types components, choose the Conference type and leave sub-type blank. Use the Peer type for committee meetings or events that include no training sessions. Refer to the Call for Projects document for further help determining type and sub-type.

Chose the type and sub-type from the drop-down fields. Quantity is per 2-year contract term. Cost estimate per unit must be explained on the next page. Quantity and cost per unit calculate the line total. Proposal total will auto-calculate.

Type of Deliverable	Sub-type	Quantity	Cost Per Unit	Line Total
Proposed Total				

Use the space below to further describe the deliverables listed above, including their value to non-urban public transportation providers.

How did you estimate unit costs for each line?

How did you allocate costs so that benefit to urban agencies is a negligible component of the unit cost?

If your program includes contracting with other businesses, describe your efforts to use contractors who qualify as a Disadvantaged Business Enterprise (DBE).

How will you measure success of the programs? If you are a 19-12 RTAP contractor, how are you measuring success this biennium?

How will you advertise or promote participation for the event(s) and/or resources you propose? (1300 character limit)

Describe your experience providing the services in this program. (1300 character limit)

Describe your experience with Federal funds. (1000 character limit)

Use the space below for any additional information you'd like to share (2000 character limit)