

**CITY OF WINSTON-SALEM  
BUS PASS MATCH DISTRIBUTION PROGRAM FOR  
ELIGIBLE NON-PROFIT ORGANIZATIONS**

*On June 19, 2017, the Winston-Salem City Council, approved the 2017-2018 City Budget, which included the creation of a **Bus Pass Match Distribution Program**. City Council has approved the continuation of the program into **FY 2020**. This program would provide eligible non-profit organizations, upon application approval, with a match for every 10-ride fixed route, 30-ride TransAid pass, or 1-ride fixed route and 1-ride TransAid passes as eligible for matching.*

Please complete this application and submit for approval to the Winston-Salem Department of Transportation (WSDOT). If additional pages are needed, please attach to the submission as well. Once approved, confirmation will be submitted to the Winston-Salem Transit Authority (WSTA) for future bus fare purchases by the approved non-profit organization.

All Applications are approved on a rolling basis and distributions are *first come, first serve* until 'match' passes are depleted.

**CONTACT INFORMATION**

<b>Organization Legal Name:</b>	
<b>Contact Person:</b>	
<b>Title of Contact Person:</b>	
<b>Address:</b>	
<b>City, State, Zip Code:</b>	
<b>Telephone:</b>	
<b>Fax:</b>	
<b>E-Mail:</b>	
<b>Organization Website:</b>	

**ORGANIZATION INFORMATION**

*\*Please Attach Proof of 501(c) 3 Status*

<b>Year of 501(c)(3) Status Obtained:</b>	
<b>Federal Tax ID Number:</b>	
<b>Business License Number:</b>	

**OPERATION INFORMATION**

**Please provide the mission of your organization.**

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**Please describe how the applicant serves the low-income population within the City of Winston-Salem. Please provide in detail programs that serve these populations.**

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**Approximately how many persons were served in the aforementioned programs during the previous fiscal year (July 2018 to June 2019)?**

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**If you were participant of the bus pass match program from the previous fiscal year, please outline how many people were served?**

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**Please describe the criteria for determining low-income status for the distribution of free bus passes. Please attach any forms or applications to be used in your selection process. In addition, please list any supplemental information that will be requested from potential applicants.**

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**Please provide the number of bus passes the applicant is requesting.**

<b>1-Ride Fixed Route</b>	
<b>1-Ride TransAid</b>	
<b>10-Ride Fixed Route</b>	
<b>30-Ride TransAid</b>	

I, certify that the information disclosed in this application is, in fact, accurate and complete to the best of the applicant's abilities. In addition, the applicant guarantees the free distribution of any bus fares that are matched by the City of Winston-Salem to low income populations and not to be distributed for financial gain.

Information found incomplete or in contrast to the goals of the program may be cause for disqualification to participation in the program.

**Organization Name** \_\_\_\_\_  
**Executive Director (Printed Name)** \_\_\_\_\_  
**Executive Director (Signature)** \_\_\_\_\_