



PARTNER APPLICATION/QUESTIONNAIRE

Organization Name: _____

Address: _____

Partner Contact Name: _____

Telephones Number: _____

Email Address: _____

1. Is your agency a 501 (c)(3) as defined by the IRS? If so, please provide a copy of the tax exempt determination letter from the IRS. *(attachment required)*
2. Please provide a copy of your mission statement. *(attachment required)*
3. How many clients do you serve per month? _____ Per year? _____
4. Do you distribute bus ride tickets to your clients at this time? *(Yes/No)*

If so, how many in an average month? _____

5. Do you currently track the reason(s) your clients are provided bus tickets? _____ *(Yes/No)*

If so, please provide monthly estimates of the number of clients by category and how the tickets are currently used and/or will be used?

	<u>Clients</u>	<u>Tickets</u>
• Employment	_____	_____
• Health appointments	_____	_____
• Social Services	_____	_____
• Other _____	_____	_____

If you do not currently track ticket distribution, would you be able to provide this information on a monthly basis? _____ *(Yes/No)*

6. Are you a member of the Better Business Bureau? _____ *(Yes/No)*
7. Provide a brief description of the services your agency provides to its clients, including those for which you provide bus tickets to clients:

