**FY26-27 STIF / 5310**

**Tri-County Metropolitan Transportation District of Oregon**

**Grant Applicant Information Form**

**Instructions: Submit one copy of this form per applicant.**

|  |  |
| --- | --- |
| **Applicant Legal Name** |  |
| **Street Address** |  |
| **City, State, Zip Code** |  |
| **Web Site** |  |
| **Contact Name, Title** |  |
| **Contact Phone Number** |  |
| **Contact Email** |  |
| **Type of Organization** | Choose an item. |
| **Total # Governing Body Members** |  |
| **Link to Most Recent Adopted Budget. If budget is not available online, please attach.** |  |

 **Applicant Mission (350 characters or less):**

 **Brief Description of Organization (500) characters or less):**

**Population(s) served (500 characters or less, please describe how the population served includes older adults, individuals with disabilities, race & ethnicity, and income levels):**

**Geographic Service Area Description (350 characters or less):**

[ ]  **Inside the TriMet District** [ ]  **Outside the TriMet District** [ ]  **Both**<https://trimet.org/pdfs/taxinfo/trimetdistrictboundary.pdf>

**Organization Capacity**

**Instructions: Complete in relation to resources designated to transportation services for Older Adults and Individuals with Disabilities. Please complete all which apply.**

|  |  |
| --- | --- |
| **Total Program Budget Dedicated to Older Adults and Individuals with Disabilities (current budget year)** | **$** |
| **Total Staff** |  |
| **Total Volunteers** |  |
| **Total Contracted Drivers** |  |
| **Vehicle Hours** |  |
| **Vehicle Miles** |  |
| **Service Miles** |  |
| **Revenue Hours** |  |
| **Revenue Miles** |  |
| **Older Adult and People with Disability Boarding Trips** |  |

**Please describe any significant operations or financial impacts that occurred during the budget year (1000 characters or less):**

**Annual Transportation Program Budget Dedicated to Older Adults and Individuals with Disabilities.**

|  |  |
| --- | --- |
| **Operations** | **Budget** |
| Service and Operations | **$** |
| Preventative Maintenance | **$** |
| **Total Operations**  | **$** |
| **Capital (over $5,000)** |  |
| Technology | **$** |
| Equipment | **$** |
| Vehicle Purchases | **$** |
| **Total Capital** | **$** |
|  |  |
| **Total Annual Program Budget** | **$** |