

APPLICATION FOR STATE AID FOR PUBLIC TRANSIT

North Dakota Department of Transportation, Local Government
SFN 52190 (Rev. 08-2007)

Send Completed Application to:
STATE AID FOR PUBLIC TRANSIT
LOCAL GOVERNMENT DIVISION
ND DEPARTMENT OF TRANSPORTATION
608 E BOULEVARD AVE
BISMARCK ND 58505-0700

For questions and information
call (701) 328-2194

FUNDING YEAR July 1, 20 to June 30, 20

Applicant Organization			County
Address	City	State	Zip Code
Contact Person	Title		Phone

1. Type of Entity

--

2. Type of Transit Service Provided (Check all that apply)

--

3. Current Service Area

County (Counties) Served
City (Cities) Served

4. Routes, Schedule, Service Hours (Attach a separate sheet if necessary)

--

5. Volunteer Resources

Number of Volunteer Drivers Agency has Available
Number of Personal, Privately Owned Vehicles Used by Agency

6. List All Vehicles Available for Use in Transit Operation (Attach separate sheet, if necessary)

Type	Make/Model	Year	Current Mileage	Lift Equipped Yes/No	2-Way Radio Yes/No

7. Total Miles Traveled by All Agency Transit Vehicles in Past Year

--

8. Total Vehicle Hours in Past Year

--

9A. Annual Ridership for Past 3 Years (If you serve more than one county, you must attach a separate breakdown for each county served)

County	20	20	20	Total
General Public				
Elderly & Disabled				
Total				

9B. Urban Ridership Projects Only

	20	20	20	Total
Fixed Route General Public				
Fixed Route Elderly & Disabled				
Paratransit General Public				
Paratransit Elderly & Disabled				
Total				

10. Safety Record for Previous Year 20

Number of Fatalities	Number of Major Incidents	Number of Major Injuries
----------------------	---------------------------	--------------------------

11. What new or improved transportation service did you provide in the past year?

12. What new or improved transportation service do you propose to provide in the coming year?

13. Number of Transit Personnel

	Full Time	Part Time
Director		
Assistant Director		
Coordinator		
Bookkeeper		
Secretary		

	Full Time	Part Time
Dispatcher(s)		
Driver(s)		
Bus Maintenance		
Custodians		
Other (Specify)		

14. Your Present Transportation Funding Sources

5309	\$
5310	\$
5311	\$
State Aid for Public Transit	\$
County or City Mill Levy	\$

Fundraising	\$
Contract Income	\$
United Way	\$
Medicaid Rides	\$
Other (Specify)	\$

15. Is your transit service open to the general public?

16. Can your transit service be used for all kinds of trip needs and purposes?

X _____
Signature of Person Submitting Application

Title

Date