**VAN AWARD PROGRAM APPLICATION**

**Applications must be received no later than** **5:00p.m. on Monday, November 4, 2024.**  
  
Applications should be submitted via email to [caravan@ridedart.com](mailto:caravan@ridedart.com) with the subject line “2024 Van Award Program.”

Applications can also be submitted via mail to:  
  
Des Moines Area Regional Transit Authority  
Attn: Caravan Department  
620 Cherry Street  
Des Moines, Iowa 50309

**SECTION 1: APPLICANT INFORMATION**

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| **Name of Your Organization:** *(Name of your group, organization, or business)* |  |
| **Mailing Address:** *(Where we can send mail to your organization?)* |  |
| **Contact Person:** *(Who can we talk to about this application?)* |  |
| **Phone Number:** *(What is the best number to reach the contact person?)* |  |
| **Email Address:** *(What is the best email to reach the contact person?)* |  |
| **Website:** (if you have one) |  |

**SECTION 2: ORGANIZATION TYPE  
(Check all that apply)**

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| --- | --- |
|  | **Church or Religious Organization** |
|  | **Community Service Organization** |
|  | **Government Entity/Public Agency** |
|  | **Senior Center or Nursing Home** |
|  | **School or Daycare** |
|  | **Other:** *(Please describe)* |

**SECTION 3: NARRATIVE QUESTIONS**

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| **Demonstrated Community Benefit** *This category assesses how the van will benefit the community your organization serves. Clearly explain who you help and how the van will positively impact those individuals, ensuring better transportation access and a tangible improvement in their quality of life.* | |
| **What does your organization do?** *(Explain what your group does, who you help, and how long you have been in service. Example: “Since 2020, We have helped 100 seniors each year get to medical appointments.”*  *This is also a great place to include information about your organizations mission, vision, goals, etc. as you find appropriate. Please include a written narrative, links to websites in this section will not be considered.* |  |
| **Where do the people you help live?** *(Which cities or areas do they come from? For example: "Most of the people we help live in Des Moines.")*  *DART member communities include Altoona, Ankeny, Bondurant, Clive, Des Moines, Grimes, Johnston, Pleasant Hill, Urbandale, West Des Moines, Windsor Heights and unincorporated Polk County.* |  |
| **How will the van increase your organization's capacity?** *(Explain how the van will allow you to serve more people or expand services.)* |  |
| **How does your organization ensure that all individuals you serve have equitable access to transportation services?** *(Explain how your organization ensures equitable access across the diverse populations you serve. If your organization does not currently provide transportation services, how will the addition of the van create equitable access to transportation for the individuals you serve?* |  |

**SECTION 3: NARRATIVE QUESTIONS, Cont.**

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| **Estimated Van Usage** *This category assesses how frequently and effectively the van will be used to meet transportation needs. Provide specific details about the trips you’ll make and how often the van will be on the road to demonstrate its potential impact on your services. Use organizational data as much as possible to support each of your answers.* | |
| **What is your organization’s experience in collaborating with other transportation providers?** *(Describe any previous or current partnerships with transportation providers like DART, Uber, or other organization/non-profits. Include if you have received a van from DART or another group before. When and how was that van used.*  *If your organization does not currently have any partnerships, please describe what barriers have prevented these types of relationships.)* |  |
| **How do you handle transportation now?** *(Describe current transportation methods you use, or promote, to support the services you provide, such as buses, paratransit, carpooling, staff using personal vehicles, etc.)* |  |
| **What transportation problem are you trying to solve?** *(Explain why you need the van. Example: “25% of the people in our group don’t have cars. 30% of the people in our group are children under the age of 10.”)* |  |
| **What will the donated van be used for?** *(Describe the types of trips you’ll make; include demographics served and destinations involved. Also include whether the van be in full-time, part-time, or seasonal use? Please specify and explain the expected usage pattern Example: “We will use the van all year to take seniors living in Des Moines to medical appointments in West Des Moines.”)* |  |
| **How many trips per week will you use the van for?** *(Estimate the number of trips including whether this usage be full-time, part-time, or seasonal. Example: “We will make 10 trips per week in July-September, helping 5 people each time; total 50 trips per week.”)* |  |

**SECTION 3: NARRATIVE QUESTIONS, Cont.**

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| **Ability to Maintain Service** *This category measures your ability to maintain and sustain the van and its services. Outline your maintenance plans and resources, showing how you will keep the van in good condition and continue providing transportation for the individuals you serve even if repairs or replacements are needed in the future.* | |
| **How will you pay for maintaining and insuring the van?** *(Explain how you will care for the van. Include information regarding how you will provide and pay for insurance and maintenance of the van. Information regarding detailed maintenance plans, relationships/partnerships you may have with mechanics for repairs and service.* |  |
| **Do you have a plan for replacing the van if it becomes inoperable?** *(Describe how you will ensure continuity of service for those you will be assisting.)* |  |

**SECTION 4: ABILITY TO PAY FEDERAL INTEREST  
As part of this program, recipients of vans are required to pay the federal interest associated with the vehicle. The amount will be calculated based on a formula provided by DART and must be paid before the van is transferred to the recipient.**

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| **Has your organization reviewed the federal interest requirement, and does it have the financial capacity to pay this amount if awarded a van?** *(Yes/No)* |  |
| **If your organization answered "Yes" to the above question, please briefly describe how you plan to secure or allocate funds to cover the federal interest amount due within 60 days of the notice of award.** *(Provide a short description, such as using general funds, grant funds, fundraising, etc.)* |  |

**SECTION 5: ATTACHMENTS / SUPPORTING DOCUMENTATION  
(Check all that apply for supporting documentation)**

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|  | **501(C)3 CERTIFICATION PROVIDED BY IRS (REQUIRED)** *This document* ***must*** *also confirm you are a Public Charity under* [*IRC Section 509(a)*](https://www.irs.gov/charities-non-profits/determine-your-foundation-classification) |
|  | **Letters of Recommendation (Optional but encouraged)** *Please provide no more than two (2) letters of recommendation from a community leader, partner organization, or someone your organization serves, describing how receiving a van would benefit your organization and the community you serve. Letters from government officials cannot be accepted.* |
|  | **Other:** *(Please describe)* |

**SECTION 6: CERTIFICATION**

I certify that, to the best of my knowledge, the information in this application is true, and our organization has the ability to manage, maintain, insure and pay the Federal Interest required for the van. I have read and understood the DART Van Award Program guidelines.

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| **Signature of Board Chair/CEO:** |  |
| **Printed Name / Title** |  |
| **Date:** |  |