



## PARTNER APPLICATION/QUESTIONNAIRE

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**Application Date:**

**Organization Name:**

**Employer Identification Number:**

**Organization Address:**

**Partner Contact Name:**

**Telephones Number:**

**Email Address:**

1. Please provide a tax-exempt determination letter from the IRS or any other official external documentation that confirms the 501(c)(3) status of the organization. *(attachment required)*
2. Please provide your mission statement.
  
3. Explain how your organization will benefit from a partnership with the Everybody Rides Metro program and provide a brief description of the services your agency offers to its clients:
  
  
  
  
  
4. How many clients do you serve per month?
  
6. Do you accept walk-in clients? *(Yes/No)*
  
7. Do you currently distribute bus tickets to your clients? *(Yes/No)*  
If so, how many in an average month?
  
8. Do you currently track the reason(s) your clients are provided bus tickets? *(Yes/No)*  
*(Employment, Healthcare, and /or Social Services related)*
  
9. If you do not currently track ticket distribution, would you be able to provide this information monthly?  
*(Yes/No)*

**Agency Use Only:**

Application Intake Review: \_\_\_\_\_

Signature: \_\_\_\_\_

Application Approval Date: \_\_\_\_\_

Signature: \_\_\_\_\_