



## PARTNER APPLICATION/QUESTIONNAIRE

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**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 accept walk-in clients? \_\_\_\_\_ *(Yes/No)*
5. Do you distribute bus ride tickets to your clients at this time? *(Yes/No)*

If so, how many in an average month? \_\_\_\_\_

6. 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	_____	_____

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

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