everybody rides metro

PARTNER APPLICATION/QUESTIONNAIRE

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: _____