

# MTS/FACT VEHICLE DONATION APPLICATION

## APPLICANT AGENCY INFORMATION

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_ Website: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person and Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please provide a brief description of your organization and transportation services.

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Describe what types of clients you serve and your service area.

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How many vehicles do you own? \_\_\_\_\_

How many drivers do you employ or use on a volunteer basis? \_\_\_\_\_

Do you have maintenance facilities for your vehicles? \_\_\_\_\_

Briefly explain your vehicle maintenance program

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## PROPOSED TRANSPORTATION WITH DONATED VEHICLE

How do you plan to use the donated vehicle?

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If awarded a vehicle how many one way trips per month would be provided to persons with disabilities in the MTS service area? \_\_\_\_\_

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## CERTIFICATION

I certify that, to the best of my knowledge, the information in this application is true and accurate and that (Agency Name) has the necessary financial and managerial capability to adequately operate, maintain and insure the vehicle for which this application is being made.

### Signature of recipient Agency:

\_\_\_\_\_  
Executive Director/CEO (or person authorized to enter into this agreement):      Date: \_\_\_\_\_

Print Name/Title: \_\_\_\_\_

Tax Payer ID No: \_\_\_\_\_

**Please return to:**  
[operez@factsd.org](mailto:operez@factsd.org)