



**APPLICATION FORM
TRANSIT FARE ASSISTANCE PROGRAM**

1. ORGANIZATION

Agency (legal name): _____

Address: _____

Postal Code: _____

Contact Person: _____ Position: _____

Phone #:

Email :

2. Please provide a brief description of your organization's mandate.

(For previous applicants, just indicate if there's been no change in this information.)

3. TOTAL TICKETS REQUESTED _____

4. Indicate your average number of Clients per month _____

5. Describe the service/activity(s) for which the Transit Fare Assistance is requested:

How will the tickets be distributed and monitored? (Note you are required to complete and submit Ticket Usage Records.)

6. Do you receive other forms of transportation assistance? If **YES** please indicate the amount and the source(s).

YES (explain: _____)

NO _____

Signature: _____ **Position:** _____

Date: _____