**ARKANSAS DEPARTMENT OF TRANSPORTATION**

**PUBLIC TRANSPORTATION PROGRAMS**

**Urban Applications – April Washington, Program Specialist**

**Rural Applications – Kellie Simpson, Program Specialist**

**PO BOX 2261**

**LITTLE ROCK, AR 72203-2261**

**Urban - Phone: (501) 569-2952 Email:** [**April.Washington@ardot.gov**](mailto:April.Washington@ardot.gov)

**Rural – Phone: (501) 569-2471 Email:** [**Kellie.Simpson@ardot.gov**](mailto:Kellie.Simpson@ardot.gov)

Arkansas Translease Program

The Arkansas Department of Transportation (Department) Translease program is designed to provide interest free leasing of paratransit vehicles to those agencies and organizations that provide essential transportation access to health and human service programs.

**Eligible entities are those that meet eligibility requirements for other Federal Transit Administration (FTA) programs.**

**Application for Vehicle Lease**

Name of Agency/Organization:

Chief Administrative Official:

Address: PO Box (if applicable)

Street:

City: ZIP:

Phone Number: FAX Number:

Email Address:

\*Contact Person:

Phone Number:

Email Address:

\*If other than Chief Administrative Official.

**Indicate your appropriate legal status.**

**\_\_\_\_ Nonprofit** Corporation

\_\_\_\_ Public entity - county or municipality

\_\_\_\_ Public entity - State of Arkansas

\_\_\_\_ Other

**Include copies of the following required documents.**

1. Most recent filed IRS Form 990 (*Applies to nonprofit corporations*)
2. Copy of last annual audit (independent or governmental audit)

**(Ark. Code §4-28-403(b) [8] A charitable organization with gross annual revenue over $500,000 must file an audited financial statement prepared by an independent CPA. See Ark. Code Section 4:28:404 [9] for exemptions.**

**Please describe those Federal and/or State health & human program services this vehicle will support.**

**Indicate which of the following is applicable.**

\_\_\_\_ Vehicle is needed as an addition to our current fleet.

\_\_\_\_ Vehicle is needed to replace a (describe) .

\_\_\_\_ Vehicle is needed as an initial passenger service vehicle.

**Estimated usage.**

Estimated miles this vehicle will be driven per month .

Estimated passenger trips per month this vehicle will provide .

**Provide the number and specific type of clients your organization serves.**

Low Income Disabled Other Total

Children (<age 16) \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Adults \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Seniors (>age 60) \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

General Public \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

**Describe the type and purpose of the passenger trips necessary to support your client’s needs.**

**What is your transportation service area?**

**List the source(s) of program funds or revenue you will use for lease payments and operational expenses.**

**Indicate if you are going to pay payments or pay for the vehicle completely upon arrival.**

\_\_\_\_ Making payments

\_\_\_\_ Will pay for vehicle completely upon arrival

**Indicate the type of vehicle you desire and if it needs to be equipped with a lift and wheelchair tie downs, if available. Please contact our office for available vehicles, options, time schedules and exact lease cost.**

**First time applicants to the Arkansas Department of Transportation for Federal Transit Administration assistance grants may enclose brochures and other such public information about your organization and service programs.**

Signature of Chief Administrative Official

Date

**NOTICE OF NONDISCRIMINATION**

The Arkansas Department of Transportation (Department) complies with all civil rights provisions of federal statutes and related authorities that prohibit discrimination in programs and activities receiving federal financial assistance. Therefore, the Department does not discriminate based on race, sex, color, age, national origin, religion (not applicable as a protected group under the Federal Motor Carrier Safety Administration Title VI Program), disability, Limited English Proficient (LEP), or low-income status in the admission, access to and treatment in the Department’s programs and activities, as well as the Department’s hiring or employment practices. Complaints of alleged discrimination and inquiries regarding the Department’s nondiscrimination policies may be directed to Joanna P. McFadden, Section Head - EEO/DBE (ADA/504/Title VI Coordinator), P. O. Box 2261, Little Rock, AR 72203, (501) 569-2298, (Voice/TTY 711), or the following email address: [joanna.mcfadden@ardot](mailto:joanna.mcfadden@ardot).gov

Free language assistance for Limited English Proficient individuals is available upon request.

This notice is available from the ADA/504/Title VI Coordinator in large print, on audiotape and in Braille.

*(Revised 8/5/2021)*