ARKANSAS DEPARTMENT OF TRANSPORTATION

PUBLIC TRANSPORTATION PROGRAMS Attn: Charles A. Brewer, WSO-CSS, TSSP-Rail P.O. BOX 2261 LITTLE ROCK, AR 72203

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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: P. O. Box (if applicable) Address: 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.

- Most recent filed IRS Form 990 (<u>Applies to nonprofit corporations</u>)
- Copy of last annual audit (independent or governmental audit)

Please describe thos support.	se Federal and/o	or State health &	human program se	ervices this vehicle will
ndicate which of the	e following is an	policable.		
		on to our current fl	eet.	
Vehicle is nee	eded to replace a	(describe)		<u>.</u>
Vehicle is nee	eded as an initial	passenger service	vehicle.	
stimated usage.				
stimated miles this v		•		
stimated passenger	trips per month t	his vehicle will pro	vide	
rovide the number	and specific typ	e of clients your	organization serve	es.
	Low Income	Disabled	Other	Total
hildren (<age 16)<br="">dults</age>				
eniors (>age 60) seneral Public				
escribe the type an	d purpose of th	e passenger trips	s necessary to sup	port your client's needs
_				
VII 4				
Vhat is your transpo	ortation 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 general public information about your organization and service programs.
Signature of Chief Administrative Official

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 on the basis of 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.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 5/3/2018)