

CST 9 Application

1. Please estimate the number to be served for each group:

Family Assistance _____
 200% of Poverty _____

2. Identify your target goals for all services you will provide. Also identify any limitations on services (such as value or number of gas cards, months of insurance, etc.):

SERVICES	GOALS	LIMITATIONS - RESTRICTIONS
<u>Travel Reimbursement</u>		
Car Rental	_____	
Ferry Passes	_____	
Gas Cards	_____	
Mileage Reimbursement	_____	
Transit Passes	_____	
Transit Tokens	_____	
Taxis	_____	
<hr style="border: 2px solid #800000;"/>		
<u>Vehicle Related</u>		
Vehicle Loans	_____	
Vehicle Purchases	_____	
Vehicle Repair Assistance	_____	
Vehicle Insurance Payments	_____	
Registration and/or Licensing Fees	_____	
Tires	_____	
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<u>Instruction</u>		
Finance Counseling/Budgeting	_____	
Car Maintenance Instruction	_____	
Defensive Driving Instruction	_____	
Driver Education/Training	_____	
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<u>Route Modification</u>		
Additional Service Hours	_____	
Additional Service Miles	_____	
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<u>Other</u>		
Child Car Safety Seats	_____	
Car Pool Program	_____	
Van Shuttle Service	_____	
_____	_____	
_____	_____	

3. Name other area organizations you will collaborate with for the provision of services, and briefly describe their role and responsibilities:

AGENCY	RESPONSIBILITIES

4. Describe how individuals will be identified to receive services?

5. Identify who will provide program oversight, and briefly explain how the program will be monitored to ensure outcomes are achieved:

6. If CST 9 funds are being used for projects open to the public (i.e. route extension), describe the methodology used to determine TANF ridership.
