

Community Solutions for Transportation (CST) 10 Application

1. Briefly describe what services you will provide and how your program will operate (use additional pages, as needed):

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

AGENCY	RESPONSIBILITIES

3. Describe how individuals will be identified to receive services:

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

5. If CST 10 funds are being used for projects open to the public (e.g., route extension), describe the methodology used to determine Temporary Assistance for Needy Families (TANF)-recipient ridership.

6. Will your CST program generate program income? _____ Yes _____ No

CONTACT INFORMATION

DSS Liaison (Program Contact)

Name: _____

E-mail: _____ Phone: () _____ - _____

Fiscal Contact (Claiming)

Name: _____

E-mail: _____ Phone: () _____ - _____

Reporting Contact

Name: _____

E-mail: _____ Phone: () _____ - _____