Application for Vehicle Grant Program

Non-profit organizations or local governments that serve people with special transportation needs in Snohomish County are eligible to apply for the program. The vehicles may only be used to transport customers with special needs, which include people who are low-income, youth or people with disabilities, including senior citizens and youth.

Please provide complete answers to each of the following questions based on your likely long-term plans for transporting low-income and/or disabled customers. You need not restrict your answers to this sheet. Please return this information to the Facilities and Fleets Department for Snohomish County at 3000 Rockefeller Avenue, M/S 404, Everett, WA 98201 as soon as possible.

ORGAI	NIZATION: North Counties' Family Services
ADDRI	ESS: 1075 Fir Street / PO Box 1103 / Darrington, WA 98241
STAFF	CONTACT: Wyonne Perrault
PHONE	E: 425-320-6996 FAX; N/A / Email: wyonnef@gmail.com
1.	Briefly summarize your organization's mission. North Counties' Family Services is dedicated to serving parents/caregivers, children, individuals, and communities so they achieve their highest potential. We accomplish this through support in education, outreach, and
	healthy-option activities that build upon individual, family, and community strengths.
2.	Will the trips with the vehicle be used to exclusively transport customers who are low-income or people with disabilities (as opposed to equipment or for staff events)? Yes No
	Note: personal care attendants to assist customers are allowed.
3.	Describe who or what you will be transporting and how you will use the vehicle? Darrington is an isolated, rural community with limited transportation options. Community Transit plans to offer
	ZIP services, however, it will only provide transportation within approximately 5 sq miles. This vehicle will transport
	youyh, seniors, and folks who experience disabilities to activities, shopping, and medical appointments outside of Darrington.
4.	Services that only benefit members of the organization may not be eligible. Please explain how the service will be available to or benefit persons without regard to affiliation with any particular organization. Flyers will be posted throughout the community re availability (we have no newspaper). Information will be distributed
	through 'Munchkin Mail' (elementary students' take-home), and transportation availability will be posted through social
	media (Darrington FB Reader Board) and mailed to local churches, as well as shared at public meetings.
5.	Estimate the number of monthly one-way trips (count round trips as two) that your organization will provide using the vehicle. Approximately 24+ trips monthly. Eight trips outside of the community (50 miles each way/weekly).
	And, apprioximately 16 local trips monthly afterschool programs & before and after community-wide events.
6.	Please state the estimated mileage you expect to use the vehicle within a 12-month period. 7,000 - 10,000 Miles (Some of the youth and programming for individuals who experience disabilities mandate traveling to the Washington State's eastside. Olympia, Centralia as well as local and county-wide appts and events.
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Vehicle Grant Application Form Updated: January 2022



	Provide copy of IRS certification.
3.	Provide proof of insurability by your organization, such as the name of your organization's automobile insurance agent and insurance carrier. Proof of insurance under the name of the organization will be required prior to picking up the vehicle. Philadelphia Insurance / Agent ouf of Stanwood, WA / 360-727-6620
)_	What is the source and amount of your organization's operating funds that will be available for license, insurance, fuel, maintenance, and other vehicle operating needs? \$7,000 Annually – State, County, and Foundation funds – as well as reserve funds.
0.	Who will drive the vehicle and what training will the drivers receive?
U.	Staff & vetted volunteers. All drivers will be 21 or older, have a current/valid Washington State Driver's License &

Updated: January 2022

Date MAR 2 7 2012

NORTH COUNTIES FAMILY SERVICES PO BOX 1103 DARRINGTON, WA 98241

Employer Identification Number: 80-0594827 DLN: 17053313316041 Contact Person: BENJAMIN L DAVIS ID# 31465 Contact Telephone Number: (877) 829-5500 Accounting Period Ending: June 30 Public Charity Status: 170 (b) (1) (A)*(vi) Form 990 Required: Yes Effective Date of Exemption: July 12, 2010 Contribution Deductibility: Addendum Applies:

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Sincerely,

Lois G. Lerner
Director, Exempt Organizations

Enclosure: Publication 4221-PC

Letter 947 (DO/CG)