



Spokane Transit

APPLICATION FOR COMMUNITY EVENT SERVICE

EVENT INFORMATION

Event Title: _____

Event Date: _____

Sponsoring Organization(s): _____

Applicant Name: _____ Contact Name: _____

Address: _____

Phone Number: _____ Cell phone: _____ Fax Number: _____

Date of *Application* (must be at least 90 days prior to event): _____

Total Anticipated Attendance: _____ Total Anticipated Ridership: _____

Type of Event: Fair Festival Expo Parade Run/Walk Other: _____

Location of Event: _____

Event Description

Please give a detailed description of the event. Use additional space or attach exhibits if necessary.

Marketing Plan

Give a detailed description of this event's marketing plan and how Spokane Transit will be featured in this plan.

Route or Service Requested:

FEDERAL CRITERIA

I believe this event meets federal guidelines for exception because of one or more of the following (please check *all* that apply):

- Tax Exempt (Federal Tax Identification _____), and at least one of the following apply:
 - a significant number of disabled persons will be passengers on the trip
 - the sponsoring organization is a qualified social service agency
 - the sponsoring organization is eligible to receive directly or indirectly from a state or local government body public welfare assistance funds for purposes that may require transportation
- This is a special event where private operators are not capable of providing the service.
If checked, please explain: _____

The following are further determinations for establishing the compatibility of the event with Spokane Transit's Goals and Objectives. Please check all that apply:

- A fare **must** be charged for this route. The fare will be either: reimbursed by sponsoring agency, **or** passenger paid
- This event will be open to the general public
 - Applicant agrees to acknowledge Spokane Transit as a co-sponsor in the following ways:
 - a.) STA logo will appear on all promotional media
 - b.) Event service will be publicized with event promotions

The space below is for any additional information you may want to include in your application:

Signed by: _____ **Title:** _____

THANK YOU FOR YOUR INTEREST – PLEASE ALLOW 2 WEEKS FOR THE REVIEW PROCESS.

STA Use Only:
<input type="checkbox"/> No private charter service is “willing or able” to provide service to this event.
<input type="checkbox"/> This event route coincides with fixed route service
<input type="checkbox"/> The service by a willing and able operator (s) creates a hardship on the customer in a non-urbanized area
<input type="checkbox"/> An agreement has been reached with all willing and able private operators for this event to be provided directly to the customer (to be confirmed by STA)
Final determination:
Reviewed by: