

ARKANSAS DEPARTMENT OF TRANSPORTATION

PUBLIC TRANSPORTATION PROGRAMS
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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: _____

Address: PO Box (if applicable) _____

Street: _____

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 (*Applies to nonprofit corporations*)
- Copy of last annual audit (independent or governmental audit)

(Ark. Code §4-28-403(b) [8] A charitable organization with gross annual revenue over \$500,000 must file an audited financial statement prepared by an independent CPA. See Ark. Code Section 4:28:404 [9] for exemptions.

Please describe those Federal and/or State health & human program services this vehicle will support.

Indicate which of the following is applicable.

- ___ Vehicle is needed as an addition to our current fleet.
- ___ Vehicle is needed to replace a (describe) _____.
- ___ Vehicle is needed as an initial passenger service vehicle.

Estimated usage.

Estimated miles this vehicle will be driven per month _____.

Estimated passenger trips per month this vehicle will provide _____.

Provide the number and specific type of clients your organization serves.

	Low Income	Disabled	Other	Total
Children (<age 16)	_____	_____	_____	_____
Adults	_____	_____	_____	_____
Seniors (>age 60)	_____	_____	_____	_____
General Public	_____	_____	_____	_____

Describe the type and purpose of the passenger trips necessary to support your client's needs.

What is your transportation 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 public information about your organization and service programs.

Signature of Chief Administrative Official

Date

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 based on 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 8/5/2021)