Tennessee Vans Program Application

Date: __________________________________________________________
Agency Name: __________________________________________________
Agency Address: _________________________________________________
Mailing Address: ________________________________________________
Agency Phone(s): ________________________________________________
Agency Website: _________________________________________________
Agency Email: ___________________________________________________
Agency Federal I.D. or Employer I.D.: ________________________________
Director's Name: ________________________________________________

1. Describe your agency and the population/persons served by your program and estimate approximate numbers served:
   ______________________________________________________________

2. Why does your agency need this vehicle? Explain. ____________________
   ______________________________________________________________

3. What kinds of trips are planned for the vehicle? Explain. _______________
   ______________________________________________________________

4. Number of years your agency has been in operation: ________________

5. Type of vehicle requested (check one):
   ☐ Passenger Van (1 driver, 14 riders)
   ☐ Minivan (1 driver, 6 riders)
   ☐ Sedan (1 driver, 4 riders)

Please return completed application by mail or fax to Tennessee Vans, UT Center for Transportation Research, 309 Conference Center Building, Knoxville, TN 37996-4133. Phone: (865) 974-5255 Fax: (865) 974-3889.
6. Please list three program references including telephone numbers. Program references include persons who are familiar with your program and your need for vans.
   a. ____________________________________________
   b. ____________________________________________
   c. ____________________________________________

7. Please list three credit references. Credit references should be able to provide information indicating that your agency meets its financial obligations (i.e. pay accounts on time and account current).
   a. ____________________________________________
   b. ____________________________________________
   c. ____________________________________________

8. Name and phone number of chief financial officer for invoicing and accounting:
   Name: ____________________________________________
   Phone Number: ____________________________________

9. What source(s) of revenue will you use to pay for the vehicle:
   □ Rider Fares  □ Grant Funds  □ Donations  □ Other (please state below):
   ____________________________________________
   ____________________________________________
   ____________________________________________

10. Insurance Agent Name and Phone Number:
    Name: ____________________________________________
    Phone Number: ____________________________________

11. Attach a copy of current Tennessee Sales Tax Exemption Certificate.

12. Attach a statement from your accountant, auditor, or other authorized person which indicates that your agency is in good financial standing and follows acceptable accounting and business practices.

13. Attach the list of corporate board members and officer phone numbers.

14. Attach a signed corporate board resolution approving application for vehicle.