Tennessee Vans Program Application

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.

Date:	
Agency Name:	
Agency Address: .	
Mailing Address:	
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Agency Phone(s): .	
Agency Website:	
Agency Email:	
Agency Federal I.D. o	r Employer I.D.:
Director's Name:	
1. Describe your again approximate nu	gency and the population/persons served by your program and estimate
2. Why does your a	agency need this vehicle? Explain.
2 144 11: 1 51	
3. What kinds of tr	ips are planned for the vehicle? Explain
4. Number of year	s your agency has been in operation:
5. Type of vehicle r	requested (check one): Passenger Van Minivan (1 driver, 14 riders) (1 driver, 6 riders)
	Sedan (1 driver, 4 riders)



Tennessee Vans Program Application (continued)

 Please list three program references including telephone numbers. Program references include persons who are familiar with your program and your need for vans.
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b
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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 fi nancial 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.

TENNESSEE VANS