



BC TRANSIT TICKET ASSISTANCE PROGRAM Agency Participation Form

1. Name of Agency _____
 BC Transit Ticket Assistance Program Contact Person _____
 Address _____
 Phone _____ Fax _____ email _____

2. Our agency budgets \$_____ annually to purchase BC Transit bus tickets for free distribution.

These tickets are given to our clients who do not have transportation to:

- | | |
|--|--|
| <input type="checkbox"/> meet with a Financial Assistance Worker regarding Income Assistance | <input type="checkbox"/> go to a food bank |
| <input type="checkbox"/> attend a medical appointment | <input type="checkbox"/> seek employment |
| <input type="checkbox"/> to attend to children's needs | <input type="checkbox"/> look for accommodation |
| | <input type="checkbox"/> to attend court or other justice matter |
| | <input type="checkbox"/> other _____ |

Criteria for Participation:

BC Transit has established criteria for agencies receiving free tickets and has asked the Community Council to act as the central agency to administer this program. In order to participate in the BC Transit Ticket Assistance Program, agencies:

- Have a mandate to work primarily with low income people;
- Provide assurance that the tickets are being distributed free of charge to assist people with low income with urgent transport needs;
- Complete the necessary Ticket Assistance Program reports and return them to the Community Council.

Information provided by participating agencies is used to monitor the free distribution of bus tickets. This information contributes to a better understanding of transportation trends and needs within the Capital region.

Contract:

_____ (name of agency)
 will participate in the BC Transit Ticket Assistance Program by purchasing tickets from and providing information about their distribution to the Community Social Planning Council. In return we will receive a designated number of free BC Transit tickets. We will ensure that the distribution of these tickets meets the criteria of the BC Transit Ticket Assistance Program.

 Date

 Signature of Authorized Agency Representative

 Date

 Signature of Ticket Assistance Program Contact

Please make a copy and return the original to Community Council