



## Community Grant Application

*Fiscal Year 2023 (July 1, 2022 thru June 30, 2023)*

The Making Waves Foundation is grateful for your interest in receiving a community transportation grant for free or heavily subsidized Wave Transit passes. We hope the information below will guide you in completing your application. Please take into consideration that priority will be given to grants that can make a significant impact in the Lower Cape Fear region.

**Project Criteria and Applicant Qualifications:** The Making Waves Foundation is pleased to be able to offer grants for free or heavily subsidized Wave Transit passes for *Fiscal Year 2023* (July 1, 2022 thru June 30, 2023). Applications are sought from nonprofit organizations located within the Lower Cape Fear region that provide services to individuals in need of public transportation assistance. Grants are not available to private organizations.

Grant applications must indicate if applicant is seeking free public transportation passes or if current resources, existing transportation funds, will be leveraged for this project. Applicants, previous grant recipients particularly, are strongly encouraged but not required to provide local matching funds towards their request.

**Applicant Requirements:** Awards must be used solely for the purpose set forth in the Grant Application. A follow-up report indicating the effectiveness of your project must be submitted to the Making Waves Foundation no later than six (6) months after your application has been approved.

**Amount Available:** Grants typically range from \$250 to \$1,500.

### **Part I: Agency Profile**

Organization Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

Mailing Address (if different from street address):  
\_\_\_\_\_

Organization Website: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name and Title of Primary Contact Person: \_\_\_\_\_



E-mail address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Name and Title of Secondary Contact Person: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

1. Please state the mission of your organization and provide a brief background.

2. Describe your organization's structure. Attach a list of current board members and note board officers by title. Please include members' employers is applicable.



## **Part II: Transportation Request**

Please provide a detailed description of the **type** and **quantity** of transportation passes you are requesting. The different pass types offered, and associated costs are illustrated in the table below.

*For questions or further guidance, please contact Foundation Manager Jonathan Dodson: [makingwaves@wavetransit.com](mailto:makingwaves@wavetransit.com) or by phone at 910.202.2057.*

<b>Pass Type</b>	<b>Fare</b>	<b># Requested</b>
<b>One-way Adult Pass</b>	<b>\$2.00</b>	
<b>One-way Reduced Pass</b> (Reduced pass available for individuals with disabilities who possess a Wave Transit Reduced Fare Card, NHC Veteran's ID Card, or Medicare Card, individuals 65 years of age and older, k-12 students and local college students. Valid identification required when utilizing a reduced pass.)	<b>\$1.00</b>	
<b>Seven (7) day adult pass</b>	<b>\$20.00</b>	
<b>Seven (7) day reduced pass</b>	<b>\$10.00</b>	
<b>Thirty-one day (31) adult pass</b>	<b>\$80.00</b>	
<b>Thirty-one day (31) reduced pass</b>	<b>\$40.00</b>	
<b>Ten (10) ride adult pass</b>	<b>\$20.00</b>	
<b>Ten (10) ride reduced pass</b>	<b>\$10.00</b>	
<b>One (1) day pass</b>	<b>\$5.00</b>	
<b>Reduced 24-hour pass</b>	<b>\$2.50</b>	
<b>Dial-a-Ride Transportation (DART) pass</b> <i>*DART services provided to eligible individuals through Wave Transit's Paratransit Department</i>	<b>\$4.00</b>	





5. How will you recognize the Making Waves Foundation for its contribution to your organization?

6. How do you intend to administer transportation passes? What steps will be taken to ensure transportation passes are not misused?

#### **Part IV: Financial Information**

1. Is your project eligible for city, county, state, or federal funding? If **yes**, please provide as many specifics as possible. YES ( ) NO ( )

Explain the relationship, if any, between this grant and city, county or federal funding.

