



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 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 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: Organizations are eligible to apply a maximum of twice per fiscal year for a maximum amount totaling \$1500. Local match of up to \$750 can be used to purchase up to an additional \$1,500 worth of tickets per fiscal year.

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 or by phone at 910.202.2057.

Local Match Amount: _____

Pass Type	Fare	# Requested
One Ride Pass	\$2	
10 Ride Pass	\$20	
24-Hour Pass	\$5	
7-Day Pass	\$20	
31-Day Pass	\$80	
Dial-A-Ride Transportation (DART) One-Way Pass	\$4	
RideMICRO One-Way Pass	\$2	

Reduced Fare passes can **only** be used by qualifying individuals and organizations should only request Reduced Fare passes if they anticipate serving those who qualify and have specific, valid identification. Qualifying individuals include:

- Adults 65+ with Medicare card or photo ID.
- People with disabilities with Medicare card or Wave Transit Reduced Fare Card.
- Veterans with a NHC Veteran ID card.
- Local K-12 and college students with school ID.

Children 0-4 ride free with a fare-paying adult – up to 3 free children per adult.

UNCW students, faculty, and staff ride free with their school ID.

Pass Type	Reduced Fare	# Requested
One Ride Reduced Pass	\$1	
10 Ride Reduced Pass	\$10	
24-Hour Reduced Pass	\$2.50	
7-Day Reduced Pass	\$10	
31-Day Reduced Pass	\$40	



Part III: Project Information

1. Please provide a title and a brief description of the project. Describe how the type and quantity of passes requested will help support the project.
2. What are the goals and measurable objectives of the proposed project?
3. What are the specific activities and timetable of the project? Please include begin and end dates for the project.
4. Describe the community need that the proposed project will address. How many individuals will benefit from the proposed project and what, if any, special populations will be served by this grant?



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.



2. List the names of organizations, both public and private, to which you have applied for support for this specific project. Please indicate the amount requested and the current status of the request.

3. A copy of the organization's current budget and most recent Form 990 **must** be submitted with the application.

Part IV: Submitting Your Application

Applications and all supporting documents must be submitted electronically via e-mail to Foundation Manager Jonathan Dodson at makingwaves@wavetransit.com. Hard copy applications and supporting documentation must be submitted as follows:

Making Waves Foundation
Attn: Jonathan Dodson, Foundation Manager
P.O. Box 12630
Wilmington, NC 28405

Questions

If you have any questions please contact the Foundation Manager Jonathan Dodson, via e-mail at makingwaves@wavetransit.com or by phone at 910.202.2057.