

**For Internal BRATS Use Only:**Name of Event United Way of Baldwin County Date of Event August 3, 2023Contact Person Lana Mummah Contact Number 251-978-3368Applicable Exemption:  1-Program Purpose  2-Donated  None Estimated Cost of Service: \$599.40Applicable Exception:  1  2  3  None (attached based on Cost Allocation Matrix)Alternate Option:  County Bus with County Driver**EXEMPTION 1: Rural Program Purpose** (Revenue to Fund 143 Farebox)Is the origin of the proposed trip outside the MPO Urbanized Area?  Yes  No

Will the proposed transportation be for a human service organization or for elderly, disabled, or low-income passengers?

 Yes  No**EXEMPTION 2: Donated Service** (Donated, No Revenue, List as fund 143 on funding line item on agenda)Has the Commission Approved the Donation of BRATS Resources for Trip?  Yes  No (note: this is not a publicized exemption)**EXCEPTION 1: Service for Qualified Human Service Organizations (QHSO)** (Revenue to Fund 143 Incidental)

Verified one of the following:

Registered QHSO on FTA Charter Website:  Yes  NoReceives funding from listed federal program:  Yes  NoVerified service to be provided one of the following groups (check all that apply):  Elderly  Disabled  Low Income**EXCEPTION 2: Service for Government Officials on Official Government Business** (Revenue to Fund 143 Incidental)Verified Trip within BRATS Service Area:  Yes  NoVerified Trip for Official Government Purposes:  Yes  No

List Government Official/Title: (If more are listed, please use back of form.)

Name Title

_____	_____
_____	_____
_____	_____

**EXCEPTION 3: Service When Private Charter Service Not Available** (Revenue to Fund 143 Incidental)

Email Charter Companies: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Initial: \_\_\_\_\_

Folder Created:  Yes  NoFax Sent to any Companies email is returned from:  Yes  No

Companies need to respond by: Date \_\_\_\_\_

Companies Responded?  Yes  No Date: \_\_\_\_\_ Signature: \_\_\_\_\_

If yes, company name/contact (If more than one, please add information on back of form.)

Date: \_\_\_\_\_ Company Name: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**ALTERNATE OPTION: Service Provided with the County Bus and the County Driver** (Revenue to Fund 103 Incidental)Are Resource Levels Sufficient to Satisfy Request?  Yes  NoPreliminary Review By: Ann SimpsonApproved for Submission to Commission by: Ann Simpson Date: 7/3/2023Commission Approval?  Yes  No Date of Commission Approval: 7/18/2023

## Future Recording:

Approved Expense (based on Cost Allocation Matrix): \$599.40Revenue Account: (  143-Farebox  143-Incidental  103  N/A)Send Bill to: (  BCC  3<sup>RD</sup> PARTY: \_\_\_\_\_  N/A)