

REQUEST FOR BRATS TRANSIT SERVICE

Name of Organization: City of Daphne Date of Request: 8/11/22
 Contact Person: Jane Ellis Email Address: jellis@daphneal.com
 Phone Number: 251-620-2401
 Billing Address: P.O. Box 400, Daphne, AL. 36526
 Do you currently have an approved account with Baldwin Regional Area Transit System? Yes ☒ No ☐

POTENTIAL EXEMPTIONS OR EXCEPTIONSEXEMPTION: Rural Program Purpose

Is the origin of the proposed trip outside the MPO Urbanized Area (see attached map)? ☐ Yes ☐ No
 Will the proposed transportation be for a human service organization or for elderly, disabled, or low income passengers. ☐ Yes ☐ No

EXCEPTION 1: Service for Qualified Human Service Organizations (QHSEO)

Is the requested service for individuals in one of the following three categories (check all that apply)?
☐ Those with mobility limitations due to advance age ☐ Those with disabilities ☐ Those with low income
 Does one of the following apply to your entity (check all that apply)?
☐ Receives funding from federal program listed in attachment ☐ Is a registered QHSEO on the FTA charter website

EXCEPTION 2: Service for Government Officials on Official Government Business

Will the proposed trip occur within BRATS service area (currently all of Baldwin County)? ☐ Yes ☐ No
 Will the proposed involve official government business? ☐ Yes ☐ No
 Will at least one elected or appointed official be on each provided trip? ☐ Yes ☐ No

EXCEPTION 3: Service When Private Charter Service Not Available

Would you like BRATS to initiate exceptions by issuing a notice to determine whether any registered charter providers are interested in providing your entity with charter service? ☐ Yes ☐ No

NOTE: if you mark "yes" above, BRATS will issue the required notice to registered charter service providers within Baldwin County. If any provider responds with interest in providing the service, Baldwin County cannot provide your entity with the requested service.

EVENT INFORMATION

Name of Event: Daphne Senior Trip Date of Event: 9/8/22
 Contact Person at Event: Jane Ellis Cell Phone Number: 251-401-6141
 Number of Vehicles Needed: 1 Number of Passengers: 12-15
 Number of Wheelchairs: not sure yet Number of Lift Assist Passengers: _____
 Time to Begin Event: 9:00 AM Time Event Will End: 12:00
 Pick Up Location & Physical Address: Daphne Senior Center 2605 U.S. Hwy 98
Daphne, AL 36526

Destination Location and Physical Address: Foley Train Museum
125 E. Laurel Avenue
Foley, AL 36535

A timed itinerary with address details must be supplied for multiple stops.

We acknowledge there will be additional charges for excessive cleanup or damage to the vehicle caused by passengers. We understand charges will include pre and post safety inspections of vehicle and travel times to and from event. We will not hold BRATS responsible for breakdowns, accidents, bad road conditions, inclement weather, and other conditions beyond its control.

Signed:

For:

(Authorized Signature)

(Company Name)

Trip Scheduled: _____ / _____
 (scheduler signature) (date)

Approved Cost: _____