ApplicationMissouri State Transit Assistance Program



DUE MARCH 31, 2023

Applicant Agency Name:			
Street and Mailing Address:			
City, State (Missouri), Zip+4 Code			
Agency Contact Person - Name Contact Person: e-mail Address Contact Person: Work Phone Contact Person: Fax Number			
Eligibility Criteria: (Check All That Apply):			
(If operating both urbanized ar	nd rural transit carvi	ca, submit sanarata annlicat	ions)
☐ A City	ia rarai transit servi	ce, subiliti sepurate applicati	ions)
☐ A City ☐ A City Transit Author	ority		
☐ A City Utilities Boar			
·		ned in 94.600 RSMo)	
☐ An Intrastate Trans	, ,		
	· · · · · · · · · · · · · · · · · · ·	. 5307 urbanized formula fu	nds
☐ A sub-recipient of F	TA Section 5311 no	n-urbanized formula funds	
Operating and Capital Costs for Public Tra	nsit Services in Miss <u>2020</u>	ouri <u>2021</u>	<u>2022</u>
Transit Capital / Operating Costs			
Annual Passenger Ridership in M (unlinked Trips for calendar year			
Annual Vehicle Miles Operated;			
Cost per Mile (divide total cost by miles)			
Cost per Passenger (divide total cost by ridership)			
Amount of Annual Local Effort or Tax Support for Transit			

Description of local financial effort or local tax support for appliant's public transit service:				
Agency's Missouri Transit Service Area Population:	Rural:			
Description of Calendar Year 2022 Public Transit Se	ervice in Missouri			
Days of Transit Operation:				
West to the mark of a continu				
Weekday Hours of Operation:				
Saturday Hours of Operation:				
Sunday Hours of Operation:				
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Applicant Agency Authorized Signature:		Date:		
Please submit <u>authorizing resolution</u> , if applicable.				
Cultural accordance of a contraction to the	-tit @dt			
Submit completed and signed application to: motransit@modot.mo.gov				
Subject Line: " STA and Agency's Name				
For Technical Assistance: <u>breeze.mccracken@mc</u>	dot.mo.gov			
Form located at:				
https://www.modot.org/transit-applications-and-reporting				

(Version Jan. 2023)