



Facsimile (804) 967-0697

**PUBLIC OFFICIALS
TRANSIT AUTHORITY SUPPLEMENTAL APPLICATION**

Name of Entity: _____

Expenditures: _____

_____ State: _____

200__

Revenues: _____

1. Advise the number & type of vehicles:

Expenditures: _____

200__

Revenues: _____

Expenditures: _____

2. Advise the number of employees and the positions employed by the transit authority:

8. Provide details of all losses over the past five years including money paid/reserved:

3. What is the radius of operation?:

4. Has the transit authority had any reduction in service or routes over the past five years?
Yes _____ No _____ If yes, please explain:

9. Does the authority have a written personnel manual? Yes _____ No _____

Date of manual: _____

Does is address:

Hiring Yes _____ No _____

Suspension Yes _____ No _____

Termination Yes _____ No _____

Sexual Harassment Yes _____ No _____

Greivance Procedure Yes _____ No _____

5. Is the transit authority contracted or leased? Yes _____ No _____ If yes, please provide a copy of agreement.

6. Describe the responsibilities and the purpose of the operation:

Signature: _____

Title: _____

Date: _____

7. Provide the revenues and expenditures for the past three years:

200__ Revenues: _____