



TO: Interested Agencies and Organizations

FROM: Jason Rowe, Operations Manager

SUBJECT: Application for Surplus Vehicles

DATE: December 3, 2025

At its regular meeting held on November 18, 2025, the Mason Transit Authority (MTA) Board approved three surplus 11-passenger vehicles to be made available to community agencies to enhance transportation service to Mason County residents. These three vehicles will be awarded to eligible non-profit and government organizations serving Mason County.

Attached are the application, rules & requirements and other information that provide specific details on the application process and schedule. Please note completed applications must be received no later than 4:00 p.m. Friday, **January 9, 2026**.

Interested applicants are invited to attend a Pre-Application Workshop being held **Wednesday, January 7, 2026 from 11 a.m. to 12 p.m.** in the Mason Transit Conference Room, 790 E. Johns Prairie Road, Shelton, WA. This voluntary workshop will provide applicants with an opportunity to ask questions about the application process, selection criteria, vehicle maintenance, mileage, and upkeep. The vehicle will be available for inspection after the workshop.

Questions about the program or process? Call Anja Reynolds, Outreach Coordinator at 360-432-5721 or email [areynolds@masontransit.org](mailto:areynolds@masontransit.org).



## **Mason Transit Rules/Requirements and Selection Criteria for Surplus Vehicles**

### **Background**

The Mason Transit Authority (MTA) Board, at its regular meeting held on September 14, 2010, approved the Surplus Vehicle Grant Program.

By motion of the Board at its November 18, 2025 regular meeting, three (3) 11-passenger vehicles were approved to be made available to eligible non-profit or government organizations, community agencies, and organizations with 501(c)(3) statuses to enhance transportation service provided within Mason County. This packet contains the application, rules/requirements and selection criteria developed by MTA to implement that program.

### **Vehicle Descriptions**

Three (3) surplus vehicles will be granted as described below:

- 2011 Ford Econoline van, 11-passenger (no wheelchair lift), automatic transmission, with approximately 98,253 miles. VIN 1FBNE3BL3BDA90487.
- 2011 Ford Econoline van, 11-passenger (no wheelchair lift), automatic transmission, with approximately 81,511 miles. VIN 1FBNE3BL3DA90489
- 2011 Ford Econoline van, 11-passenger (no wheelchair lift), automatic transmission, with approximately 70,916 miles. VIN 1FBNE3BL3BDA90490.

The vehicles will be available for inspection after the Pre-Application Workshop, which will be held **Wednesday, January 7, 2026 from 11 a.m. to 12 p.m.** in the MTA Conference Room, 790 E. Johns Prairie Road, Shelton, WA. Call MTA at 360-426-9434 for transit system or driving directions. No reservation for the workshop is necessary.

### **Eligibility**

All non-profit or government organizations, community agencies and organizations with 501(c)(3) status, which serve residents of Mason County, are eligible. Questions about eligibility or questions about the program should be directed to Anja Reynolds, Outreach Coordinator at [areynolds@masontransit.org](mailto:areynolds@masontransit.org) or 360-432-5721.



## **Other Rules and Requirements**

- Vehicles must be used for transportation-related purposes for residents who live within Mason County.
- Only one (1) vehicle will be awarded per agency/organization per year.
- Application must clearly designate the primary applicant who will be named as “buyer” on vehicle title, if selected as a recipient.
- Trips must originate in Mason County, WA.
- Trips to or from religious worship, devotion or instruction may not be counted in meeting the selection criteria. This restriction does not affect the use of the vehicle once an award has been made.
- Applicants must certify they have the financial and management capacity to insure granted vehicle, if selected as a recipient.
- Applicants must certify they have the financial and management capacity to maintain vehicles in good working conditions.
- Applicants must provide a copy of the 501(c)(3) non-profit certification, if applicable.
- Successful applicants will be required to sign an agreement relating to the exchange of vehicles for transportation-related services. A sample agreement is included in this packet.
- Applicants must track ridership, hours, miles of service and vehicle use description and provide a quarterly report to Mason Transit for one year.
- Applicants shall only provide transportation to their clients, members, guests, or other similar users with vehicles supplied under this program. They shall not provide transportation for the general public.
- Applicants shall not use the vehicle for assisting a campaign for election or for the promotion of or opposition to any ballot proposition.



## Selection Criteria Summary

The selection process is competitive and involves review and evaluation using the criteria identified below. In addition to these specific criteria, geographic equity, diversity in population groups served, and previous grant award will be used as balancing factors in making final selections.

CRITERIA:	WEIGHT:
1. Demonstrated Community Benefit	50%
2. Total Number of Trips Provided	20%
3. Coordination of Services	15%
4. Clarity and Quality of Application	10%
5. Ability of Organization to Maintain Service	5%

## Selection Criteria

### 1. Demonstrated Community Benefit

Clearly explain the scope and nature of your agency's transportation need and what data you have to support or demonstrate that need. Explain how granting your application would serve an unmet public transportation need in Mason County. Include what service you currently utilize, what other options are available to your organization and how your program will meet that need and coordinate with other programs to achieve maximum use.

### 2. Total Number of Trips Provided

Clearly define and document the number of trips to be provided annually. Give the best estimate you can as to where the trips would go. Trips to or from religious worship, devotion or instruction may not be counted in meeting the selection criteria. This restriction does not affect the use of the vehicle once an award has been made.

### 3. Coordination of Service

Describe how your current and proposed service coordinates with other transportation services in the area to ensure broad community benefit. Describe why existing Mason Transit Authority services cannot meet the need.

### 4. Clarity and Quality of Application

Applications will be rated on content, clarity, presentation, and quality of application proposal – based on legibility, completeness, provision of data and clear definition of transportation needs and planned vehicle use.

### 5. Ability of Organization to Maintain Service

Describe how the proposed transportation program will be maintained and funded and how the organization will manage the program.



## Application Schedule

January 7, 2026,	Pre-Application Workshop 11:00 am to 12:00 pm.
January 9, 2026,	Deadline for submitting applications by 4:00 pm.
January 12, 2026	Review and scoring of applications
January 16, 2026	Announcement of vehicle awards

## Application Submittal

A copy of the application is attached. The application is also available on Mason Transit's website: [www.masontransit.org](http://www.masontransit.org).

Applications must be received no later than Friday, **January 9, 2026, by 4:00 pm.** Faxed applications must be followed by a paper copy no later than 4:00 pm on Friday, January 9, 2026, containing the appropriate certification signatures.

Applications should be sent to:

Anja Reynolds/Outreach Coordinator  
Mason Transit Authority  
790 E. Johns Prairie Road  
Shelton, WA 98584  
Fax: 360-426-0899  
Phone: 360-432-5721



## MASON TRANSIT Application for Surplus Vehicles

### Section 1: General Information

1. Name of Primary Applicant  
Agency/ Organization: \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_

3. Contact Person/Telephone: \_\_\_\_\_

4. E-Mail Address \_\_\_\_\_

5. Partner  
Agency/Organization: \_\_\_\_\_

6. Partner  
Agency/Organization: \_\_\_\_\_

7. Type of Applicant(s) (check all that apply):

Church

Community Service  
Organization

Public Agency

Senior Center/  
Convalescent Center

School/Daycare

Other, please specify

\_\_\_\_\_



## Section 2: Description of Proposed Vehicle Use

1. Describe the community transportation problem you are proposing to solve with this vehicle and the benefit you want to achieve. Include in your answer the population you will serve, the area of Mason County you will serve, type of service you will provide, purpose of the transportation, extent of vehicle uses and any other information you want us to know. (Attach an additional sheet, if needed.)


2. How many passenger trips do you expect to carry over the course of the next year? For the purposes of this application, a passenger trip is defined as a round trip for one person i.e., to/from their destination. Please show how you arrived at your estimate and describe the basis of your projection. Trips to or from religious worship, devotion or instruction may not be counted in meeting the selection criteria. This restriction does not affect the use of the vehicle once an award has been made.


The hypothetical example below illustrates the type of information we are looking for in this question. In this example, the vehicle would be utilized to support several programs within one organization.

### Example

*Our group expects to utilize the vehicle to provide 2,448 passenger trips over the next year based on the following:*

- *4 people to food bank each Monday = 4 people x 52 Mondays = 208  
Basis: average number of people carried last year in old vehicle*
- *5 people to place of employment each workday = 5 people x 250 work days = 1,250  
Basis: current number of developmentally disabled clients lacking daily transportation to work*
- *20 seniors on field trip one Saturday per month = 20 people x 12 field trips = 240  
Basis: planned new program if a vehicle is available  
150 low-income children to a week-long summer camp in June = 150 people x 5 days = 750  
Basis: attendance at last year's camp*



3. Please describe the profile of the passengers you anticipate serving with this vehicle. (Profiles include, but are not limited to, people with disabilities, senior citizens, people with low-income, at-risk youth, and general public.)


4. Please describe your service area. Include in your answer the percentage of Mason County residents that you propose to serve.


5. a) Please describe how your organization coordinates transportation efforts with other community programs.


- b) Please describe how your organization coordinates transportation needs with other transportation providers, including Mason Transit Authority.


6. What method of transportation does your program currently use to meet your organization's transportation needs?


7. a) To what extent does the existing bus and Dial-A-Ride (DAR) service meet your organization's transportation needs?




b) If the current MTA service does not work for your organization, why not?


8. a) Will the vehicle be used to expand service (such as establishing a new service, increasing the frequency of an existing service, etc.), to replace an existing service or both?

Expand Service \_\_\_\_\_ Replace Existing \_\_\_\_\_ Both \_\_\_\_\_

b) If the vehicle will be used to expand service, estimate the number of new trips that will be provided and/or explain how the vehicle will be used to expand service. (Attach additional sheets if necessary.)


c) If the vehicle will replace existing service, please state the age and mileage of your current vehicle(s) and estimate the number of trips that will be provided with the vehicle.


9. Is this application in coordination with any other agencies? Yes \_\_\_ No \_\_\_  
If yes:

a) List the name of the primary applicant who will be named as buyer on vehicle title if selected as a vehicle recipient, and  
(All participating agencies/organizations are required to sign the certification and should also be identified on Page 1 of this application.)

b) Briefly explain how the use of the vehicle will be divided among the agencies/ organizations involved.




10. Describe how the proposed transportation program will be maintained and funded and how the organization will manage the program and the vehicle.


**Section 3: Certification**

**I certify that, to the best of my knowledge, the information in this application is true and accurate and that this agency/organization has the necessary financial and managerial capability to adequately operate, maintain and insure the vehicle for which this application is being made.**

Signature of Lead Agency/Organization

Board Chair/Executive Officer: \_\_\_\_\_

Typed Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Partner Agency/Organization

Board Chair/Executive Officer: \_\_\_\_\_

Typed Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Partner Agency/Organization

Board Chair/Executive Officer: \_\_\_\_\_

Typed Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_



## **Application Submission Check List**

- ✓ **Include the completed application.**
- ✓ **Identify the primary applicant.**
- ✓ **Get all required signatures.**
- ✓ **Include a copy of each agency's 501(c)(3) Non-Profit Certification (if applicable)**
- ✓ **Deliver by 4:00 p.m., Friday, January 9, 2026**

**Return all items to:**

**Anja Reynolds  
Outreach Coordinator  
Mason Transit Authority  
790 E. Johns Prairie Road  
Shelton, WA 98584**