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**2017 Variety Van Worksheet**

Describe what transportation trips this specific van would be used for on a typical day **during**

**the school year** *(see example).*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Trip Frequency | Day or evening | Number of Passengers | Purpose of trip/destination | Estimated Round Trip Miles |
| *Twice a week* | *day*  | *8* | *Hospital*  | *12* |
| *Every Tues* | *eve* | *10* | *Community theater* | *18* |
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Describe what transportation trips this specific van would be used for on a typical day

**when school is not in session.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Trip Frequency | Day or evening | Number of Passengers | Purpose of trip | Estimated Round Trip Miles |
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Considering the above schedule, estimate your annual mileage on this van:

Would this be your first Variety Van?

Please give details of existing vehicles that your organization utilizes\*:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Vehicle 1** | **Vehicle 2** | **Vehicle 3** |
| Passenger size, year |  |  |  |
| Mileage |  |  |  |
| Location of vehicle (city)  |  |  |  |
| Program/Purpose vehicle utilized for |  |  |  |
| Is this a Variety funded vehicle? |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Vehicle 4** | **Vehicle 5** | **Vehicle 6** |
| Passenger size, year |  |  |  |
| Mileage |  |  |  |
| Location of vehicle (city)  |  |  |  |
| Program/Purpose vehicle utilized for |  |  |  |
| Is this a Variety funded vehicle? |  |  |  |

\*Please attach additional vehicle information, if needed.

Are any of the above vehicles currently used for the program(s) you are requesting this grant

for?

If yes, please identify which one(s)?