

**City of Lake Mary  
Agency Vanpool Grant Program**

Submittal Date/Time: \_\_\_\_\_

Office Use: \_\_\_\_\_

Agency Name: \_\_\_\_\_  
 Agency Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
*If approved, this is the address where grant funds will be mailed*

Contact Person: \_\_\_\_\_  
 Contact Email: \_\_\_\_\_  
 Contact Phone: \_\_\_\_\_  
 Federal ID No: \_\_\_\_\_  
 City Business Tax Receipt: \_\_\_\_\_

Is this facility within the City's Jurisdiction? Yes  No  *Only Agencies located in Lake Mary's City limits are eligible*

How many employees work at this facility?

How many employees will be riding in the Van on a daily basis?

Brief description of the daily Van route (*the route must connect the Lake Mary SunRail Station Stop to a Lake Mary facility*):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How often (frequency) will the Van make the daily trip described above?

Where will the Van be parked during daylight hours?  At Agency (Workplace)  At Lake Mary SunRail Stop  Other \_\_\_\_\_

Where will the Van be parked during nighttime hours?  At Agency (Workplace)  At Lake Mary SunRail Stop  Other \_\_\_\_\_

What are typical working hours at this facility?

Do you anticipate utilizing the Agency Van for at least one year?  Yes  No

Have you met with City staff to discuss this application?  Yes  No

Other considerations in support of this application:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Required attachment:**  
 • An executed LYNX Agency Vanpool Lease Agreement  
*This Grant Application may be submitted, but will not be considered for final approval until receiving this agreement*

I understand the above information is solely provided for purposes of applying for the Lake Mary Vanpool Grant (LMVPG), and it does not imply approval. I certify the above information is true. I have received and agree with the LMVPG Program guidelines.

Signed: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_