



Davenport CitiBus External Agency Token Discount Program

The Davenport CitiBus Discount Token Program is available to human service organizations and non-profits providing human services. For the purpose of this program human service is defined as a service that is provided to individuals in order to help them stabilize their life and find self-sufficiency through guidance, counseling, treatments and the provision of basic needs.

To purchase tokens at a discounted rate, an organization must submit the program application and provide documentation of the agency's role in providing human services. The program is only available to agencies who meet the above definition. Tokens may only be used to provide assistance to those who are receiving support from the distributing organization.

Tokens may be used to access all Davenport CitiBus service. Because the token counts as a fare, riders using tokens are eligible to receive a transfer.

Prices for roll of 50 tokens is: Discount Full-fare: \$42.50, Discount Half-Fare: \$21.00.

Discounted tokens are to only be used for eligible individuals. Senior citizens, persons with disabilities, unemployed and displaced individuals are eligible individuals under this program.

Complete and submit the application to: CitiBus Transit, 300 W River Dr.

Appeal of Denial. If an application is denied, the applicant may appeal the decision to the Transit Operations Manager at CitiBus. Transit Operations Manager, City of Davenport, CitiBus, 1200 E 46th St, Davenport, IA 52807.

Agency/Organization Name						
Contact Name			Position			
Contact Phone			Contact E-mail			
Agency/Organization Address		City		State		Zip
Agency/Organization Web						
Describe the Human Service(s) Your Agency/Organization provides:						
Attach Support for Activities (check all that apply) <input type="checkbox"/> Certificate of Incorporation <input type="checkbox"/> Charter <input type="checkbox"/> Bylaws <input type="checkbox"/> Articles of Formation <input type="checkbox"/> Certificate of Formation <input type="checkbox"/> Other _____						
Estimate Number of Tokens Required per Month						
By signing below, I certify that all the information submitted above and attached is correct and true and I that the organization agrees that it will limit the use of tokens to individuals who meet the eligibility requirements.						
Signature					Date	
For Office Use Only						
Approved by					Date	