



# PROJECT RAMP

COMMUNITY FOUNDATION FOR RAMP

**2016**

**PROJECT RAMP** is a community foundation that was formed in 2012 to give financial assistance to registered RAMP users that find it difficult to personally fund their transportation on RAMP. The foundation will give financial assistance to RAMP passengers that financially qualify for the assistance and are approved through the application process. Primary funding is through the generosity of the TANK employees.

### *Who the Foundation Helps*

RAMP is the Regional Area Mobility Program, which provides ADA transportation operated by the Transit Authority of Northern Kentucky, to residents of Boone, Campbell and Kenton counties. The fare for the service is \$2.50 a ride, which some riders find cost prohibitive, making it difficult to make trips to employment and for medical needs. PROJECT RAMP is a funding program offering financial assistance to cover a portion of this fare.

### *Community Foundation of Northern Kentucky*

PROJECT RAMP is administered by the Community Foundation of Northern Kentucky (CFNKY), a nonprofit 501(c) (3) organization that benefits the people of our region by addressing the need for improved health, social and educational services in our community.

**Deadline: FRIDAY, January 8, 2016 AT 5 PM**

**This assistance is based on financial need and other criteria.**

**To be eligible for consideration, the applicant must first qualify under the 2015 United States Poverty Guidelines.**

**Household members are those family/related members you live with in the same home.**

**2015 POVERTY GUIDELINES  
FOR THE 48 CONTIGUOUS STATES AND  
THE DISTRICT OF COLUMBIA**

<b>Household size</b>	<b>200%</b>
1	\$23,340
2	31,460
3	39,580
4	47,700
5	55,820
6	63,940
7	72,060
8	80,180
For each additional person, add	\$8,120

If your household income exceeds the 200% column on this table, you are **NOT** eligible for assistance.

If you are within \$500 dollars you may submit and provide special circumstances for consideration.

## Application for Project RAMP funding

**Eligibility Criteria:** The applicant must first meet the 2015 U.S. Federal Poverty Guidelines for the 48 contiguous states and District of Columbia. Qualification is based on entire household income of related/family members.

### How to Apply Checklist:

1. Complete the application. Application must be completed before meeting with Community Foundation staff OR being considered for funding. If you need assistance in order to complete the application, call 859-525-1128 and ask for Project RAMP coordinator, Deana Combs.

2. Submit the application by the deadline date to:

Mail: Project RAMP/CSNK  
31 Spiral Drive  
Florence, Kentucky 41042

Fax: 859-525-0351

Email: [ProjectRAMP@cfnky.org](mailto:ProjectRAMP@cfnky.org)

3. Terms & Conditions:

- a. Consideration deadlines shall be strictly enforced.
- b. Applicant must be in good standing with TANK rider status.
- c. This is not a cash award. Ridership coupons and tickets are non-redeemable and non-transferable.
- d. If recipient sells or trades award to another person, Project RAMP status is immediately revoked and rider may lose RAMP privileges.

2016  
**APPLICATION**

**Applicant Information:**

Please check one of the following:  First time Applicant  Previously applied

Name:
Address/Place of residence:
Phone Number:
Email:
Birthday (M/D/YR):
Social Security Number:
Number Individuals in Household: Over 18: _____ 18 and under: _____
Number of <b>YOUR</b> Dependents: _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated

- A. Do **you** qualify for Medicaid?  Yes  No
- B. Do **you** have health insurance?  Yes  No \$ \_\_\_\_\_ monthly premium
- C. Do **you**  Rent  Own Home  Live in Subsidized Housing  Homeless  
 Group Home  Shelter  Live with family or friends
- If **you** own the home, provide property value: \$ \_\_\_\_\_
- D. Are **you** employed?  Yes  No  
If so, where? \_\_\_\_\_  
 Full-time  Part-time \_\_\_\_\_ hours per week
- E. **YOUR** Gross Salary \$ \_\_\_\_\_ per  year  month  week

F. Number of cars **in household** that are in working order: \_\_\_\_\_  
List car(s): \_\_\_\_\_

G. Do **you pay** child support?     No     Yes    \$ \_\_\_\_\_ per month

H. Do **you receive** child support     No     Yes    \$ \_\_\_\_\_ per month

I. Do **you receive** alimony?     No     Yes    \$ \_\_\_\_\_ per month

J. Do **you receive** unemployment?     No     Yes    \$ \_\_\_\_\_ per month

K. Do **you receive** worker's comp?     No     Yes    \$ \_\_\_\_\_ per month

L. Do **you receive** a pension or retirement?     No     Yes    \$ \_\_\_\_\_ per month

M. Do **you receive** social security/disability?     No     Yes    \$ \_\_\_\_\_ per month

N. **Your assets:**

Extra Information – **Applicant ONLY- Just YOUR information- not family.**

<input type="checkbox"/> Checking Account	\$ _____	Balance
<input type="checkbox"/> Savings Account	\$ _____	Balance
<input type="checkbox"/> Certificates of Deposit	\$ _____	Balance
<input type="checkbox"/> Stocks, bonds, Investments	\$ _____	Balance

### **RAMP Rider Data:**

**How often do you currently use RAMP service? Circle best answer**

Daily    Several times each Week    Several times each Month    Occasionally

**How do you currently pay your RAMP fare? Circle best answer**

Monthly Pass    Ten Ride Card    Cash

### **Assistance Requested**

Please provide a description the assistance you are requesting from Project RAMP. For example, number of bus tickets or amount of assistance for monthly passes for January 1 – June 30, 2016.

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**Statement of Truth**

I certify under the penalties of perjury that the information I have provided in this application is true and correct.

I agree to provide necessary information requested to review this application.

I give my permission to any third party listed in this application to provide/confirm information I have provided in this application.

I agree to inform TANK or the Northern Kentucky Community Foundation if I no longer qualify to receive funding through Project RAMP due to an improved change in financial status.

I understand that funding shall be lost if my RAMP status is taken away.

I accept these terms and acknowledge that the rules governing this funding may change at any time.

<b>Applicant Signature:</b>
Parent, Guardian, Caregiver, Power of Attorney or anyone else that assisted applicant with this application:
Date:

If you are over the household limit on Page 2, please provide information on special circumstances that the Award Committee should consider such as medical bills, school tuition, student loans, other obligations.

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RAMP User Status Verified:

- Yes
- No

Does applicant meet income requirement for funding?

- Yes
- No- sent letter of ineligibility

\_\_\_\_\_  
Date & Initials

Application Complete and Signed?

- Yes
- No- sent letter to correct & re-submit

\_\_\_\_\_  
Date & Initials

Review Committee: \_\_\_\_\_

Date

Funding Awarded:

- Yes
- No-sent notice letter

\_\_\_\_\_  
Date & Initials

Funding Type Awarded: \$ \_\_\_\_\_

- Ten Ride Ticket Award
- Monthly Pass Award

Award/Notification: \_\_\_\_\_

Date & Initials