



1300 S. Evergreen Park Dr. SW  
P.O. Box 47250  
Olympia, WA 98504-7250  
Phone: 360-664-1222  
Fax: 360-586-1181  
TTY: 360-586-8203  
or  
1-800-416-5289  
E-mail: Transportation@utc.wa.gov

Type of Passenger Transportation Authority Requested (check one box)	Fee Required
<input type="checkbox"/> <b>New Certificate</b> (auto transportation company certificates include statewide charter and excursion carrier service if marked below). Complete sections 1-8 and Attachment A. Submit a proposed tariff and time schedule.  Do you plan on providing charter/excursion service? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Attachment F.	\$200.00
<input checked="" type="checkbox"/> <b>Extension of Existing Auto Transportation Certificate C-</b> _____ Complete sections 1-8. Submit a proposed tariff and time schedule.	\$150.00
<input type="checkbox"/> <b>Transfer or Lease Auto Transportation Authority</b> - Complete sections 1-8 and Attachments C & G. Transferring all of Certificate C- _____ Transferring a portion of Certificate C- _____	\$200.00
<input type="checkbox"/> <b>Temporary Auto Transportation Authority</b> - New temporary authority or temporary to operate pending a Commission decision on a parallel filed permanent application. Complete sections 1-8 and Attachment B.	\$150.00
<input type="checkbox"/> <b>Mortgage of Certificate</b> - Complete section 1 and Attachment E.	\$35.00
<input type="checkbox"/> <b>Name Change</b> - Change in corporate name, change in trade name; adding or deleting a trade name; or change the surname of an individual owner or partner. Complete section 1 and Attachment D.	\$35.00
<input type="checkbox"/> <b>Reinstatement of Cancelled Certificate</b> - Complete sections 1, 2 and 8.	\$200.00

*for balance - DOT contract*

**TYPE OF PAYMENT:**

- Cash  
  Check  
  Money Order  
  AMEX  
  MasterCard  
  Visa

# 116042

Credit Card Information (if applicable):

Expiration Date  
Month/Year

Amount: \$150    Company Name: People For People

Cardholder's signature: *Maddy Green*

Date: 10/31/2014

**FOR OFFICIAL USE ONLY**

Date Filed: 11/6/14	Docket #:	ID #: 117848	Cert. Issued:
LS Staff Assigned:	Insurance: on file		Related App:
	Tariff/Time Schedule:	Map:	
DOL/SOS	Safety Inspection:	Reception #:	111 0268:
111-0268-232-02:	111-0268-232-01:	111-0268-230-02:	111-0268-230-01:



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PEOPLE FOR PEOPLE

October 31, 2014

Washington State Utilities and Transportation Commission  
1300 S. Evergreen Park Drive SW  
P.O. Box 47250  
Olympia, WA 98504-7250

To Whom it May Concern:

Please find the enclosed Extension Auto Transportation Certificate filed by People For People. People For People transportation services connect special needs populations with vital healthcare and social services not available in rural towns. This service is funded primarily by a grant from Washington State Department of Transportation and has been in operation since May of 2002. People For People currently possesses a non-profit certification and operates under WSDOT funding. People For People is requesting a review of our extension application from Auto Transportation Certification committee to continue providing the service.

Please feel free to contact me if you have any questions regarding the application or if there is any need for corrections to our application.

Sincerely,

Madelyn Carlson, CEO  
People For People

**SECTION 1 - APPLICANT INFORMATION**

Legal Name of Applicant: People For People

Trade Name d/b/a (if applicable) \_\_\_\_\_

Phone # 509-248-6726 Fax #509-457-7897 E-mail ExecutiveAssistant@pfp.org

Physical Address	Mailing Address (if different from physical)
Street: <u>302 W. Lincoln Avenue</u>	Street: <u>302 W. Lincoln Avenue</u>
City: <u>Yakima</u>	City: <u>Yakima</u>
State/Zip: <u>WA 98902</u>	State/Zip: <u>WA 98902</u>

Unified Business Identifier Number (UBI): 600-532-398 If you do not know your UBI number or need to request one, contact Business Licensing Services at 1-800-451-7985.

Type of Business Structure:  Individual  Partnership  Corporation  Other (LP, LLP, LLC)  
If other than individual, list the name, title, and percentage of partner's share or stock distribution for major stockholders:

Name	Title	Stock Distribution or % of Shares

USDOT number 2114249 If you do not have a USDOT number, you can go online to [www.fmcsa.dot.gov/online-registration](http://www.fmcsa.dot.gov/online-registration) to apply or call 360-596-3812 for assistance.

Labor & Industries #: 352,724-02 Employment Security Department #: \_\_\_\_\_

**SECTION 2 - COMPANY INFORMATION**

Provide the following documents with your application:

- A map of the proposed line, route, or service territory that meets the standards described in WAC 480-30-051
- Support statements for proposed service authority

What type of service do you plan on providing: door-to-door services and/or scheduled service?

**Door-to-door service** - Service provided between locations identified by the passengers and points specifically named by the company in its filed tariff and time schedule. Door-to-door service requires a time schedule in compliance with WAC 480-30-281(2)(c) and may be restricted to "by reservation only"; and/or,

**Scheduled service** - Service provided between locations specifically named by the company (e.g., the X Hotel at 4th and Main) and points specifically named by the company in its filed tariff and time schedule. Scheduled service requires the company to file a time schedule in compliance with WAC 480-30-281 (2)(b) and may be restricted to "by reservation only."

Describe the proposed type of service (See WAC 480-30-096) including the line, route, or service territory described in terms such as streets, avenues, roads, highways, townships, ranges, cities, towns, counties, or other geographic description:

Service originates in Yakima County and ends in Benton County with stops along the I-82 Corridor in the following cities: Yakima, Wapato, Toppenish, Zillah, Granger, Sunnyside, Grandview and Prosser. The route runs three (3) times per day, Monday-Friday, beginning at 6:55am and ending at 8:10pm.

State the conditions that demonstrate this proposed service is for the public convenience and necessity: The Community Connector fixed-route service connects special needs populations with vital services. The critical need for fixed route service by citizens of Yakima County lies in the large number of low-income, disabled, seniors and veterans who have few, if any, transportation options, and also in the great distances that people must travel to access services.

Yakima county, it is comprised of a population of 247,141 residents with over 60% that reside outside the limited public transit service area. Yakima County is a large geographic region that encompasses 4,296 square miles. Since public transportation is only available within the city limits of Yakima, Selah, Union Gap, and limited routes on the Yakama Nation Reservation this leaves over 4,250 square miles without public transportation service. Yakima County is marked by high rates of poverty, individuals with disabilities, and rural residents that live in isolate communities.

State the applicant's prior experience and familiarity with the statues and rules that govern operations it proposes:

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

Do other auto transportation companies currently provide service between any of the points or along any portion of the route you propose to serve?

No  Yes If yes, list the names and addresses of companies.

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

Do you currently hold, or have you ever held, an auto transportation certificate?

No  Yes If yes, please indicate your certificate number: C-000932

€ CH 65140

Have you ever applied for and been denied an auto transportation certificate?

No  Yes If yes, please explain \_\_\_\_\_

Have you ever been cited for violation of state laws or commission rules?

No  Yes If yes, please explain \_\_\_\_\_

**SECTION 3 - TARIFF AND TIME SCHEDULE**

If this application is for temporary authority, a new certificate, or extension of existing certificated authority, you must include a proposed tariff and time schedule that is in compliance with WAC 480-30-251 through WAC 480-30-436.

Or are you applying for fare flexibility as described in WAC 480-30-420?  Yes or  No  
 If yes, complete Attachment H to show your proposed base rate and maximum rate.

If this application is a transfer or a lease of authority from an existing certificated company, you must either file a new tariff and time schedule at the same rate levels as on file, or, you must adopt the current certificate holder's tariff and time schedule. To file a new tariff, use the standard tariff format attached to this application or an approved alternate format. Indicate which option you will use:

Adopt or  File new tariff

**SECTION 4 - HEARING INFORMATION**

If the Commission assigns this application for a formal hearing, estimate the number of witnesses you will present and the amount of time you will need for your presentation.

Number of witnesses: 2	Amount of time: 15 minutes
Will an attorney be representing you? If yes, complete the following: No	
Attorney's name:	Attorney's phone number:
Attorney's address: Street	Fax number:
City, State, Zip	E-mail address

**SECTION 5 - FINANCIAL STATEMENT**

ASSETS		LIABILITIES	
Cash in Bank	\$1,980,475	Salaries/Wages Payable	\$512,717
Notes Receivable	\$	Accounts Payable	\$1,080,439
Accounts Receivable	\$1,928,750	Notes Payable	\$
Investments	\$	Mortgages Payable	\$1,038,362
Other Current Assets	\$1,016	Contracts and Bonds Payable	\$
Prepaid Expenses	\$300,741	<b>TOTAL LIABILITIES</b>	<b>\$2,631,518</b>
Land and Buildings	1,457,177	<b>NET WORTH</b>	
Trucks and Trailers	1,456,557	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$38,846	Retained Earnings	\$
Other Assets	\$52,124	<b>NET ASSETS</b>	<b>\$4,584,168</b>
<b>TOTAL ASSETS</b>	<b>\$7,215,686</b>	<b>TOTAL LIABILITIES AND NET WORTH</b>	<b>\$7,215,686</b>

In addition: the application must include the following: (See WAC 480-30-096)

- Ridership and Revenue forecasts for the first twelve months of operation.
- A pro forma balance sheet and income statement for the first twelve months of operation.

**SECTION 6 – EQUIPMENT LIST**

Describe the equipment that will be used (attach additional sheet if necessary). Vehicles must pass inspection and be issued a valid Commercial Vehicle Safety Alliance inspection decal for each motor vehicle before your application may be granted.

Year	Make	License Number	Vehicle ID number	Seating Capacity
2007	Chevrolet Kodiak	027WLP	1GBE5V1997F421194	28
2010	Chevrolet Kodiak	810ZZP	1GBJ5V1968F414851	32

**SECTION 7 – SAFETY AND OPERATIONS**

In each of the categories shown below, list the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State laws and rules. Please refer to the WAC rules, fact sheets, and publication "Your Guide to Achieving a Satisfactory Safety Rating" for assistance with requirements.

**SAFETY RESPONSIBILITIES**

**COMMERCIAL DRIVER'S LICENSE (CDL) STANDARDS REQUIREMENTS AND PENALTIES** (Title 49, Code of Federal Regulations Part 383) Any driver who operates a vehicle that meets the definition of a commercial motor vehicle must have a valid CDL.

Name: **Gracie Sexton** Position: **Transportation Operations Manager**

**DRIVER QUALIFICATION REQUIREMENTS** (Title 49, Code of Federal Regulations Part 391) Driver's must meet minimum qualification requirements and each company must maintain driver qualification files for each driver.

Name: **Gracie Sexton** Position: **Transportation Operations Manager**

**DRIVERS HOURS OF SERVICE** (Title 49, Code of Federal Regulations Part 395) Drivers must maintain logs and each company must maintain true and accurate hours of service records for each driver.

Name: **Gracie Sexton** Position: **Transportation Operations Manager**

**CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING** (Title 49, Code of Federal Regulations Part 382) All persons who drive commercial vehicles requiring a CDL must be in a Controlled Substance and Alcohol Use and Testing program that is in compliance with FMCSR in Title 49, Code of Federal Regulations Part 382 and Title 49, Code of Federal Regulations Part 40. Each company will have in place a system for complying with FMCSR governing alcohol use and controlled substances testing requirements (Title 49 Code of Federal Regulations Part 382 and Title 49 Code of Federal Regulations Part 40).

Name: **Jesse Rodriguez** Position: **Human Resources**

**INSPECTION, REPAIR AND MAINTENANCE** (Title 49, Code of Federal Regulations Part 396) Every motor carrier shall systematically inspect, repair, and maintain all motor vehicles subject to its control.

Name: **Tyler Clayton** Position: **Vehicles/Facility Maintenance**

**SAFETY REGULATIONS, GENERAL** (Title 49, Code of Federal Regulations Part 390)

Name: **Gracie Sexton** Position: **Transportation Operations Manager**

<b>DRIVING OF COMMERCIAL MOTOR VEHICLES (Title 49, Code of Federal Regulations Part 392)</b>	
Name: <b>Vickie Stevens</b>	Position: <b>Driver Supervisor/ Trainer</b>
<b>PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION (Title 49, Code of Federal Regulations Part 393)</b>	
Name: <b>Tyler Clayton</b>	Position: <b>Vehicle/Facility Maintenance</b>
<b>OPERATIONAL RESPONSIBILITIES</b>	
<b>TARIFFS, TIME SCHEDULES, RATES AND RATE FILINGS (WAC 480-30-251 through WAC 480-30-436)</b> Companies must file a tariff showing all rates it will impose on its customers, together with rules that govern how rates will be assessed. Companies must also file a time schedule. Charter and excursion only carriers are not required to file tariffs and time schedules per WAC 480-30-251.	
Name: <b>Gracie Sexton</b>	Position: <b>Transportation Operations Manager</b>
<b>ANNUAL REPORTS AND REGULATORY FEES (WAC 480-30-066 through WAC 480-30-081)</b> Auto Transportation companies must file an annual report of its financial and operational activity and pay regulatory fees by May 1 of each year. Charter and excursion carriers must file an annual safety report by May 1; and pay regulatory fees by December 31 of each year.	
Name: <b>Gracie Sexton</b>	Position: <b>Transportation Operations Manager</b>
<b>CUSTOMER SERVICE</b> Person responsible for customer service complaints, and customer notice requirements.	
Name: <b>Gracie Sexton</b>	Position: <b>Transportation Operations Manager</b>
<b>STATE OF WASHINGTON GENERAL LAWS, RULES AND REGULATIONS</b> Individuals and companies doing business in the state of Washington must comply with the regulations of local, state, and federal agencies such as, <u>but not limited to</u> : Department of Labor and Industries (industrial insurance, safety, prevailing wage); Department of Licensing (vehicle and drivers licenses, business licensing, fuel permits, fuel tax); Secretary of State (corporate registrations); Department of Revenue and Internal Revenue Service (taxes); and Employment Security.	
Name: <b>Gracie Sexton</b>	Position: <b>Transportation Operations Manager</b>

**SECTION 8 - DECLARATION OF APPLICANT**

I understand that filing this application does not authorize me to start operations requested or in the territory described until the commission grants the application and issues a certificate.

I understand the responsibilities of a passenger transportation company, and I am in compliance with all local, state, and federal regulations governing business in the state of Washington.

I certify under penalty for false statement, that the information contained in this application is true and correct, and that I am authorized to execute and file this document on behalf of the applicant.

Printed name: Madelyn Carlson Title: CEO

Signature: *Madelyn Carlson*

Date: 10-31-14 County, State Yakima County, WA



**ATTACHMENT A**

**AUTO TRANSPORTATION CERTIFICATE SUPPORT STATEMENT**

Auto Transportation certificate applications must include more than one signed and sworn support statements from independent members of the public who need service or a statement by a representative of a city, county or regional transportation planning organization.

Applicant Name: People For People

**Customer Sworn Statement Relating to the need for service:**

Customer Name: People For People

Address: 302 W. Lincoln Ave; Yakima, WA 98902

Phone Number: (509) 248-6726 Fax Number: \_\_\_\_\_ Email: ExecutiveAssistant@pfp.org

Describe the need for the requested service: **The fixed-route service provided on the I-82 Corridor between Yakima, WA and Prosser, WA connects special needs populations (low-income, special needs children, seniors, veterans, persons with disabilities) to vital health care, employment, employment related activities, social services, necessary shopping and many other services related to an independent and mobile society. This service is funded by WSDOT and has been an integral part of Yakima county's transportation infrastructure for those that can least afford their own personal transportation.**

If there is an existing company providing this service in the territory, please indicate the existing company's name (if applicable): No other company/service provides fixed route service on the I-82 Corridor

Explain why the current company is not providing adequate service: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Needs to be  
from public  
at DOT*

**I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.**

Madelyn Carlson Madelyn Carlson  
Print Name Signature

10-31-14 Yakima, WA  
Date, County, State

**ATTACHMENT G**

**TARIFF ADOPTION NOTICE**

Tariff No: 1

Name of New Company: **People For People**

Trade Name of New Company: **People For People**

Adopt all tariffs and supplements to the tariffs, filed with the  
Washington Utilities and Transportation Commission by:

Name of Prior Company: **People For People**

Before the date of its (new company) acquired possession of  
that (prior) company, or a portion of the authority of that (prior) company.

Notice issued by:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Date filed with Commission: \_\_\_\_\_

**ATTACHMENT H**

**SAMPLE FLEXIBLE FARE TARIFF SHEET**

Tariff No. \_\_\_\_\_

Page No. of \_\_\_\_

Company Name: **People For People**

**Flexible Fares**

Flexible Fares means the authority to charge, at the company's discretion, fares in any amount at or below the maximum fares (Base rate, plus, 25%).

Guests		Zone A	Zone B	Zone C	Zone D	Zone E	Zone F	Zone G	Zone H	Zone J	Zone K	Zone X	Zone Y
1	Base	30	33	37	37	38	40	45	50	55	64	105	205
	Max	38	41	46	46	48	50	56	63	69	80	131	256
2	Base	36	33	39	39	46	47	51	61	64	69	110	210
	Max	45	41	49	49	58	59	64	76	80	86	138	263
3	Base	42	41	42	42	54	54	54	75	75	75	116	216
	Max	53	51	53	53	68	68	68	94	94	94	145	270
4	Base	54	53	54	54	70	70	70	98	98	98	139	239
	Max	68	66	68	68	88	88	88	123	123	123	174	299
5	Base	66	65	66	66	86	86	86	121	121	121	162	262
	Max	83	81	83	83	108	108	108	151	151	151	203	328
6	Base	78	77	78	78	102	102	102	144	144	144	185	285
	Max	98	96	98	98	128	128	128	180	180	180	231	356
7	Base	90	90	90	90	118	118	118	167	167	167	208	308
	Max	113	113	113	113	148	148	148	209	209	209	260	385

Note: Flexible fares do not cover ancillary charges such as baggage, cancellation fee, or refund transaction fee, etc.



Revised Title Page

**TARIFF NO. 2**

Cancels

TARIFF NO. \_\_\_\_\_

of

Company Name: **People For People**

Certificate Number: **C-00932**

For the transportation of special needs passengers in the following territory:  
**Yakima County Fixed Route Transportation along the I-82 Corridor with stops in Yakima, Wapato, Toppenish, Zillah, Granger, Sunnyside, Grandview, Prosser**

Issued by:

Name: **People For People**  
Address: **302 W. Lincoln Ave.**  
City, State/Zip: **Yakima, WA 98902**  
Telephone No: **(509) 248-6726**  
Fax No.: **(509) 457-7897**

~~Issue Date: Effective Date:~~

~~(For Official Use Only)~~

Effective: TC- LSN

Order/Other By:

Tariff No.  2  Revised Page No. \_\_\_\_\_

Company Name:

### RATE SCHEDULE

This service is made possible by funding through a Washington State Department of Transportation (WSDOT) grant. PFP provides reduced fares by covering the majority of passenger fares with funding from WSDOT.

People For People will charge \$1.50 per one-way trip or \$3.00 round trip regardless of boarding and destination locations.

Fares may be paid in cash.

Issue Date: Effective Date

Issued By:

*(For Official Use Only)*

Effective: TC- LSN

Order/Other By:

Tariff No.  2  Revised Page No. \_\_\_\_\_

Company Name: \_\_\_\_\_

## PASSENGER RULES

Passengers are asked to respect the rights of other riders and follow the rules below. Violators may be subject to exclusion from services. Prohibited conduct includes, but is not limited to:

1. Discarding litter other than in designated receptacles
2. Distracting or disturbing drivers
3. Disturbing other riders with loud, harmful or harassing behaviors
4. Using profanity
5. Eating or Drinking on the bus
6. Destroying or otherwise damaging People For People property
7. Using tobacco
8. Consuming alcoholic beverages or controlled substances
9. Carrying weapons
10. Playing music that can be heard by others

Issue Date: Effective Date:

Issued By: \_\_\_\_\_ (For Official Use Only)

Effective: TC- LSN

Order/Other By:

Tariff No. 2 Revised Page No. \_\_\_\_\_

Company Name: People For People

### Ridership and Revenue Forecast

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
<b>Ridership</b>	2833	2834	2833	2833	2833	2833	2834	2834	2834	2833	2833	2833
<b>WSDOT</b>	\$13,761	\$13,761	\$13,761	\$13,761	\$13,761	\$13,761	\$13,761	\$13,761	\$13,761	\$13,761	\$13,761	\$13,762
<b>Fares</b>	\$4,250	\$4,250	\$4,250	\$4,250	\$4,250	\$4,250	\$4,250	\$4,250	\$4,250	\$4,250	\$4,250	\$4,250

Projected Ridership: 34,000

People For People projected total cost for this project is \$216,133, projected cost from fares is \$51,000. The remaining project cost would be provided through grant funding from WSDOT (\$165,133).

Issue Date: Effective Date:

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Issued By:

*(For Official Use Only)*

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Effective: TC- LSN

Order/Other By: