

# Transit Assistance Program (TAP) Application

## CHECK ONE OR BOTH

- Requesting Metro Transit to include my agency document to be accepted as proof of income verification at public enrollment sites
- Requesting agency to be authorized to distribute TAP cards on behalf of Metro Transit.

## GENERAL INFORMATION

### Agency Information

Name of Agency: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact email: \_\_\_\_\_

### Additional Information

Previous Agency Name (if applicable): \_\_\_\_\_

Parent or affiliate Agency: \_\_\_\_\_

If a Previous Participant what was your ID#: \_\_\_\_\_

**Describe the purpose of your agency and its organizational structure in the space below.**

## Qualifications

1. Are you a 501 (c) (3) of the Internal Revenue Code or a government agency? Yes \_\_\_\_ No \_\_\_\_  
Include a copy of your agencies IRS form 990 with your completed application.

2. Do you serve Low Income individuals as defined by Federal Poverty Guidelines at or below 185 percent and /or are or below 50% of Area Median Income for the Twin Cities or you an approved Eligible Charity Organization in good standing.

Yes (enter ECO customer number) \_\_\_\_\_ No \_\_\_\_\_

3. What method do you use to verify and document income requirement? (At or below 185 of the Federal Poverty Line, 50% of the Area Median Income (AMI)

4. What is your organization's mission statement?

5. Explain your program for serving low income individuals.

6. Identify the geographic area by county or city served: \_\_\_\_\_

7. Are there other branch sites within your organization in which you will certify and /or distribute TAP cards? If yes, please attach a list of those agencies, including their contact person, address, and phone number of the branch who will report distribution of TAP fare card to you.

8. Explain the benefits you expect when enrolling program participant in the TAP.

9. Do you plan to add value to TAP cards Yes \_\_\_\_ No \_\_\_\_\_

10. State the number of your clients served in your low-income services program for the previous calendar year. Total number of clients: \_\_\_\_\_

11. State the total number of your clients who are dependent on public transit for transportation. Total number clients: \_\_\_\_\_