

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 ____
If you are a non-profit, please include a copy of your IRS form 990.

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. Will you use our existing income certification documents or, do you have your own agency document you want to be accepted as proof of income verification (at or below 185 of the Federal Poverty Line, 50% of the Area Median Income (AMI))? If the latter, describe your method of verification.

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? Yes ____ No ____ 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: _____