

Transit Assistance Program (TAP) Partner Application

CHECK ONE OR BOTH

- Requesting Metro Transit include my agency document as an accepted proof of income for TAP at public enrollment sites
- Requesting agency 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. Is the applicant a government agency OR tax exempt organization under 501(c)(3) of the Internal Revenue Code? Yes _____ No _____

Please include a copy of your IRS form 990 (if applicable) or a link to it if posted online. If your organization is a church list your MN State Tax Exempt ID number _____

2. Does your organization serve low income individuals - at or below 185% of Federal Poverty Guidelines and/or at or below 50% of Area Median Income for the Twin Cities? Yes _____ No _____

Is your organization already 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 Federal Poverty Guidelines and/or at or below 50% of Area Median Income for the Twin Cities? 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 that will certify and/or distribute TAP cards?
Yes ___ No ___ If so, please attach a list, including their contact person, address, and phone number of each branch.

8. Explain the benefits you expect when enrolling program participants in 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 (this may be approximate). Total number of clients: _____

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