



Transit Assistance Program (TAP) Partner Application

CHECK ONE OR BOTH

Create a new "Accepted Document" to show income eligibility for TAP.

Authorize my agency to distribute TAP cards on behalf of Metro Transit.

GENERAL INFORMATION

Agency Information

Name of Agency: _____

Agency 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#: _____

over...

1. Is the applicant a government agency OR a 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 it is 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**

Does your organization already have an approved Eligible Charity Organization account with Metro Transit?

Yes (enter ECO customer number) _____ **No**

3. Please select the method you would use to determine income eligibility for TAP applicants (choose as many as apply):

Use existing list of "Accepted Documents" for proof of income (full list: metrotransit.org/tap)

Use direct income verification like paystubs, W-2s or tax forms

Use specific software or service to directly verify income via credit reporting or other electronic means (if you select this please attach a clear description)

Our organization wants to create a new "Accepted Document" (please attach a detailed description of this document with an example)

4. What is your organization's mission statement?

5. Briefly, how does your program serve lower-income individuals?

6. Identify the geographic area your organization serves by county or city:

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 its contact person, address, and phone number of each branch.

8. Briefly, please explain the benefits you expect when enrolling program participants in TAP.

9. Do you plan to add value to TAP cards for your program participants? **Yes** **No**

10. State the approximate number of lower-income clients your organization served last year. **Total number of clients:** _____

11. State the approximate number of your clients who are dependent or heavily rely on public transit for transportation.

Total number of clients: _____