

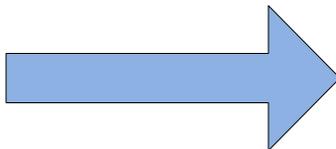
ACCESSIBLE STREET HAIL LIVERY
GRANT APPLICATION

Please visit our website for more information at: www.nyc.gov/tlc, or our office at 31-00 47th Avenue, 3rd Floor, Long Island City, NY 11101 or contact our Call Center at 718-391-5501.

Pursuant to State Law, the New York City Taxi and Limousine Commission (TLC) may issue licenses for wheelchair accessible vehicles to provide Street Hail Livery (SHL) service in the outer boroughs and in upper Manhattan (the "Hail Law"). The Hail Law also allows the TLC to provide funds to help defray the cost of either purchasing a wheelchair accessible vehicle to be used as a SHL vehicle or converting a vehicle to be an accessible vehicle. TLC will provide this funding by awarding grants.

Application Instructions:

To be considered for a grant you must submit this grant application **in person** to TLC's Licensing Office located at:



NYC Taxi & Limousine Commission
Grant / Compliance Unit
31-00 47th Avenue, 3rd Floor
LONG ISLAND CITY, NY 11101

PLEASE NOTE:

DO NOT APPEAR at the NYC Department of Finance or any other NYC City Agency to file any paperwork associated with this grant application.

- You may submit your grant application at the same time that you apply for an Accessible SHL license or after you have purchased the permit.
- Please be aware that you will be responsible for attaching a **TLC rule compliant wheelchair accessible** vehicle to your Accessible SHL license in accordance with TLC rules.
- No grant payment will be made until your accessible vehicle passes / all necessary New York State and TLC inspections and all required paperwork related to the grant process has been submitted and approved.
- In order to receive a grant you must not have open balances due to the NYC Taxi and Limousine Commission, the NYC Department of Finance, the Parking Violations Bureau, the NYS Department of Motor vehicles, the NYS Department of Taxation and Finance or any other identifiable government agency. If you do have any open balances, you must clear all open items and provide proof of clearance to TLC.
- There is no fee to apply for a grant.
- If you do not maintain compliance with the terms and conditions in the grant agreement you may be required to repay some or all of the grant funding issued to you.
- Receiving an ASHL Grant **will** result in the issuance of a 1099-Miscellaneous Income form to you for the year in which you received the Grant payment. If you have any questions, **contact your accountant or other tax professional for information and guidance.**

Note: Your accessible vehicle may also qualify you for a New York State tax credit of up to \$10,000 per vehicle. Further Information about this can be found at - <http://www.tax.ny.gov/pit/credits/taxicabs.htm>

Grant Funding

Information you need to know.

Grant money is only available to defray a portion of the cost of purchasing an accessible vehicle or converting a standard vehicle to become an accessible vehicle. *Hail Law, Chapter 9, §9(b)*

Grant awards for qualified vehicles will be either \$10,000 or \$15,000. *TLC Rules §82-68(a)*

A Person or Business Entity may own or have an interest in up to five Street Hail Livery Licenses restricted to accessible vehicles. *Hail Law, Chapter 9, §5(c)*

Example: John Doe is a principal with shares listed on five (5) Accessible SHL license records; he is not authorized to be licensed with an additional Accessible SHL license.

A Person or Business Entity which owns or has an interest in one or more Accessible Street Hail Livery License **may not** also have an interest in a Street Hail Livery License that is NOT an Accessible Street Hail Livery License.

Example: John Doe is a principal with shares listed on one (1) non accessible SHL license record called SAMPLE Corporation.

If SAMPLE Corporation wanted to buy an Accessible SHL license; they would not be able to as John Doe is not authorized to be licensed with an additional SHL permit.

The TLC will award only one grant per Accessible SHL license, and per vehicle (based on the VIN).
TLC Rules §82-68(a)(3)

Your accessible vehicle

1. Must pass TLC inspection. *Hail Law, Chapter 9, §9(e); TLC Rules §82-68(b)(1)*
2. Cannot seat more than twenty people. *Hail Law, Chapter 9, §4(d)*
3. Must meet the requirements of the Americans with Disabilities Act (ADA), *Hail Law, Chapter 9, §4(a)*



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TLC Driver License #	<input type="text"/>
SHL Permit #	<input type="text"/>

<input checked="" type="checkbox"/> Check the box that applies to your application	Sole proprietorship	<input type="checkbox"/>
	Partnership	<input type="checkbox"/>
	Corporation	<input type="checkbox"/>

Section 1: **Applicant Information**

Name (PRINT)	<input type="text"/>						
D.O.B	MM	DD	YYYY	SS# or EIN #	<input type="text"/>	<input type="text"/>	<input type="text"/>
D/B/A	<input type="text"/>						
Premises Address	<input type="text"/>						
City	<input type="text"/>	State	<input type="text"/>	Zip code	<input type="text"/>		
Mailing Address (If different than Premise Address)	<input type="text"/>						
Telephone #	<input type="text"/>	<input type="text"/>	<input type="text"/>	24 HR contact #	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address	<input type="text"/>						

Section 2: **SHL Endorsed Base Information**

Base/Authority Name	<input type="text"/>		
Base License #	<input type="text"/>		
Not affiliated, but plan to affiliate (please check one)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

IMPORTANT INFORMATION: For-Hire Vehicle and Street Hail Livery License must be affiliated with the same base.

Section 3:**Vehicle Information**

Vehicle Identification # (VIN)

Year

Make/Model

Plate #

Current mileage

NOTE: Vehicles with more than 30,000 miles or more than 3 years older than the current calendar year model are not eligible for a grant.**Vehicle condition**

YES

NO

New (<1,000 miles)

Used (1,000 or more miles)

Do you currently own this vehicle?

Are you leasing this vehicle?

Will the vehicle be leased with an option to purchase?

Please provide the following information on the Lessor:

Name

Premises Address

Telephone #

YES

NO

Does this vehicle currently meet ADA accessibility requirements?

Did you purchase the vehicle already modified?

What is the current quote for your vehicle's conversion?

Please indicate below the name of the company that MADE or will MAKE the accessibility modifications to the vehicle to meet the requirements of the American Disability Act (ADA):Name of Company
(PRINT)

Address of Company

Phone Number

If modifications have not yet been made please indicate below the approximate date(s) that the modifications will be started and completed:

Start Date

MM

DD

YYYY

Completion Date

MM

DD

YYYY

Lease Requirements for Non-Standard Leases

- **Non-Standard lease:**

A Non-Standard lease is a lease that is NOT on an Auto Dealer or Leasing organization's form/letterhead, and:

- Is self-drafted, or
- Uses a template or model lease document.

- **All lease agreements must contain the following minimum details:**

- Have a header that reads "**Vehicle Lease Agreement**" or "**Lease Agreement**".
- Full **name, address and phone number** of the **Lessor** (the owner of the vehicle who is leasing it to another).
- Full **name, address and phone number** of the **Lessee** (the person receiving the leased vehicle from another). Note that the Lessee must be the same entity as the Grantee/Permit Holder.
- If signing on behalf of a business entity the lease agreement must include the Title/Position of the individual signing the lease and a statement that the individual signing the lease is empowered to enter into said lease agreement on behalf of the business entity.
- Description of the vehicle (year, make and model) **and the VIN.**
- The length of the lease (either in months or years) as well as the start and end dates of the lease.

- **The payment terms of the lease which must include:**

- The Down Payment amount (if any),
- The Monthly payment amount,
- The remaining amount due at the end of the lease (if any).

**The document must be signed and notarized by both parties to the lease
(Lessor and Lessee).**

Sworn or affirmed, before me this _____ day of _____, _____ NOTARY PUBLIC: _____

My commission expires the _____ day of _____, _____.

Section 4:

Payments

All Grant payments will be made to either you as the grantee or to an assignee. You must select one of the two options (*Self* or *Assignee*) below :

I would like Direct deposit (EFT Form)

I elect to have all grant payments made directly to myself

I would like to receive a paper check

If you have elected to receive paper checks they will be mailed to the address provided on the application. Each paper check requires a \$3.50 processing fee which will be deducted from the amount of the check being issued. By initialing here

_____ I indicate my understanding of the required processing fee and agree to its deduction from the grant amount being paid.

Having elected to have the grant payment made directly to **you**, you must complete and submit the following:

- Substitute W9 Form;
- Direct Deposit/Electronic Funds Transfer (EFT) Vendor Payment Enrollment Form – Attach a voided check. ***(See Directions below)**

I elect to have the grant payment assigned to another Party, or Name or Person Name or Person /entity

Having elected to have the grant payment made to **another party**, you must complete and submit:

- Payment Assignment Agreement Form – to be completed and notarized by both you and the party you are assigning payment to;
- Two (2) Substitute W9 Forms (both for you and the person you are assigning payment to);
- Direct Deposit/Electronic Funds Transfer (EFT) Vendor Payment Enrollment Form – attach a voided check (to be completed by the person you are assigning payment to). ***(See Directions below)**

NOTE: If you have elected to assign the grant payment to another party the assignee can ONLY receive a grant payment by electronic funds transfer.

*** IMPORTANT INFORMATION: ***

Direct Deposit/Electronic Funds Transfer (EFT) Vendor Payment Enrollment Form must be forwarded to:

NYC Department of Finance, Treasury Division, 66 John Street, 12th Floor, New York, NY 10038; or Fax to 212-487-3027

I certify that the answers given by me above and on any attached supplemental forms or documents are, to the best of knowledge, true, accurate and complete and contain no untrue, false or intentionally misleading statements. I acknowledge and understand that any false statement(s) submitted by me in connection with this grant proposal are punishable under the law and may result in the denial of my application and/or this grant request. I further certify that I have read and understand the rules and requirements associated with purchasing and owning an Accessible SHL license, the grant agreement and all documents pertaining to the submission of this grant application and any terms and conditions associated with receiving the grant funding. I also know that under the law, all applications are public records and may be disclosed, including this application and all other documents and information filed with it; and I understand and agree that the New York City Taxi & Limousine Commission may verify any documents and information I provide, including verification of my social security number by the Social Security Administration, and Child Support case status if applicable in connection with this application, and that I must follow and obey all rules and regulations of the New York City Taxi and Limousine Commission should this application be approved.

Applicant Signature

Applicant Name (Print)

Date

Office Use Only

Employee Initial

Camis ID

Decision: **Approved**

Denied

Date Received