



City of Chicago

Business Affairs and Consumer Protection

Public Vehicle Operations Division · 2350 W. Ogden, First Floor · Chicago, IL 60608
312-746-4200 · BACPPV@CITYOFCHICAGO.ORG · CHICAGO.GOV/BACP

2020 PPE EXPENSE REIMBURSEMENT FORM FOR TAXI ACCESS PROGRAM (TAP) TAXICABS v.2020June19

All Taxicab Medallion License Holders (wheelchair accessible and non-wheelchair accessible) in compliance with PACE’s Taxi Access Program (TAP) are eligible to apply for up to \$200 reimbursement of costs associated with Personal Protective Equipment (PPE). Taxicab Medallion License Holder and/or Taxi Affiliation applying for reimbursement of costs paid for PPE and taxicab vehicle cleaning supplies and services must submit this completed form no later than six months after date of purchase of PPE, supplies, or services.

Read and follow the instructions on all pages of this form. A completed form must be submitted with copies of receipts/supporting documents for each type of PPE sought. Incomplete forms and supporting documents will result in denial or delay in processing request.

Submit forms and receipts:

1. By e-mail to BACPPV@cityofchicago.org with “Attn: PPE Reimbursement” in subject line OR
2. By mail or delivery: “Attn: PPE Reimbursement”, Public Vehicle Operations Division, 2350 W. Ogden, 1st floor, Chicago, IL, 60608.

Program Eligibility Requirements:

1. Taxicab medallion licensee and affiliations must be currently licensed and in compliance with City of Chicago laws.
2. Taxicab medallion licensee must be in good standing with the PACE Taxi Access Program (TAP) and licensee’s taxicab must be equipped with operational rear seat credit/debit card payment equipment with functioning capability and technology to accept and process TAP payment.
3. Taxicab medallion licensee must ensure taxicab drivers leasing and/or operating licensee’s taxicab are familiar with TAP program requirements and accepting TAP payments and have been informed of taxicab driver’s affirmative duty to accept and process TAP trips.
4. Taxicab medallion licensee and affiliations must be in compliance with City of Chicago debt laws and programs, including payment deferrals or payment plans.
5. Items for which reimbursement is provided through this program may not be sold separately from the taxicab vehicle and may not be used for other purposes.
6. Willful material misstatement of fact made in relation to this PPE reimbursement application may result in the revocation of the applicant’s license under Section 9-112-390 of the Municipal Code of Chicago.
7. Before submitting this form, verify the receipts/supporting documents meet the following requirements: date of service/purchase; description of the service/item; itemized price for labor or item, sales tax (if applicable), and total price paid. Original receipts and/or supporting documents may be requested for review before reimbursement payment is authorized.
8. In-house facilities performing eligible services are required to submit receipts and/or invoices as referenced above. These too must contain the name and contact number of the individual who performed the work.
9. Items that qualify for re-imbursement include, but are not limited to, the following:

Partitions	PPE	Cleaning Supplies and Services
<ul style="list-style-type: none"> • Plastic Partition • Vinyl Partition • Installation Costs 	<ul style="list-style-type: none"> • Masks • Gloves 	<ul style="list-style-type: none"> • Hand Sanitizer • Cleaning Products • Cleaning Services

For items not included in above list, e-mail BACPPV@cityofchicago.org to discuss and request reimbursement approval.

TAXICAB LICENSE INFORMATION

TAXICAB MEDALLION license number for which PPE Reimbursement is sought: _____TX.

Amount of subsidy sought: \$_____ Maximum reimbursement is \$200.00 per taxicab vehicle.

AFFILIATION INFORMATION

Name of Licensed Affiliation:_____ Number of Cabs on Request:_____

Amount of subsidy sought: \$_____ Maximum reimbursement is \$200.00 per taxicab vehicle.

★ Attach a list of taxicabs (Company Name and Taxi Number) with a breakdown of cost and subsidy type.

SIGNATURE AND AFFIRMATION INFORMATION

I affirm taxicab medallion license(s) listed above or attached are in compliance with City of Chicago laws and PACE TAP participation requirements. I affirm that all the information and statements made on this form and on the attachments are true and correct. I understand that any misstatements, inaccuracies and/or omissions made by me in this subsidy application or attachments (intentional or unintentional) may result in the denial of the request submitted and/or applicable penalties; including, but not limited to, revocation of the taxicab medallion license and/or affiliation license listed on this reimbursement form. Under penalties as provided by law, including, but not limited to, Chapter 1-21 of the MCC, I certify that the above statements are true and correct.

Applicant/Licensee Signature: _____

Taxicab License Company / Affiliation Name: _____

Print Recipient's Name:_____ (Name will be listed on the check)

Recipient's Relationship To Taxicab License:_____ Recipient FEIN:_____

Recipient Address On Check:_____

Contact E-Mail:_____

Contact Person:_____ Phone Number:_____

******* SECTION BELOW RESERVED FOR BACP STAFF *******

- Compliance with City Laws (current license and debt compliance): yes / no
- Receipts: yes / no ● Approved Expenses: yes / no ● TAP Compliant: yes / no
- Passed Inspection: yes / no

Date:_____ Decision by:_____ (Name/Title)

Approved Amount: \$_____ Reason, if Denied:_____

2020 PPE EXPENSE REIMBURSEMENT FORM FOR TAXI ACCESS PROGRAM (TAP) TAXICABS

LIST OF TAXICABS FOR AFFILIATION REQUESTS (or attach a list that matches this format)

This form may be duplicated as many times as is needed.

Name of Taxicab Licensee (Company/Individual Name): _____

Medallion Number (s): _____

Type(s) of PPE Purchased: _____

Amount of subsidy sought for PPE: \$ _____

Name of Taxicab Licensee (Company/Individual Name): _____

Medallion Number (s): _____

Type(s) of PPE Purchased: _____

Amount of subsidy sought for PPE: \$ _____

Name of Taxicab Licensee (Company/Individual Name): _____

Medallion Number (s): _____

Type(s) of PPE Purchased: _____

Amount of subsidy sought for PPE: \$ _____

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Amount of subsidy sought for PPE: \$ _____