



# 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](mailto:BACPPV@CITYOFCHICAGO.ORG) · [CHICAGO.GOV/BACP](http://CHICAGO.GOV/BACP)

### TNP WAV INCENTIVE SUBSIDY REQUEST v.2020April09

- Transportation Network Provider (TNP) Licensee must submit this completed form (one form per month of trips) with supporting documents to [BACPPV@CITYOFCHICAGO.ORG](mailto:BACPPV@CITYOFCHICAGO.ORG) to request eligible incentive subsidies for completed wheelchair accessible vehicle (WAV) trips on Licensee's TNP platform. Write "TNP WAV Incentive" on subject line.
- Trips completed on and after April 1, 2020, are eligible for a \$30 subsidy per TNP WAV trip; trips prior to April 1, 2020 are eligible for a \$15 subsidy per TNP WAV trip.

#### TNP LICENSE HOLDER INFORMATION

IRIS ACCOUNT NUMBER: \_\_\_\_\_

TNP Company Name: \_\_\_\_\_

The **Month and Year** of completed qualifying TNP WAV Trips: \_\_\_\_\_

**Number** of qualifying TNP WAV Trips in above listed month and year: \_\_\_\_\_

**Total Dollar Amount** of TNP WAV subsidy requested: \$ \_\_\_\_\_.

**One subsidy request form must be submitted for WAV TNP trips performed in the prior month which meet the following criteria:**

1. The TNP WAV trip must be requested through its affiliated TNP platform specifically for wheelchair accessible vehicle (WAV) service;
2. The TNP WAV trip must be performed by an affiliated transportation network driver licensed and qualified in compliance with Chapter 9-115 of the MCC;
3. The side-entry TNP WAV vehicle used to perform the trip must be in compliance with Chapter 9-115 of the MCC;
4. If the TNP WAV trip is contracted through a contractor, the contractor must be in compliance and in good standing with applicable City of Chicago laws, including compliance with City of Chicago debt; and
5. Trip data of the TNP WAV trip must be submitted with the reimbursement request.

#### SIGNATURE AND AFFIRMATION INFORMATION

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 on this subsidy application or attachments (intentional or unintentional) will result in the denial of the request submitted and/or applicable penalties; including, but not limited to, revocation of the Transportation Network Provider 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/TNP Licensee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_ Relationship to TNP: \_\_\_\_\_  
*(first and last name)*

Mailing address: \_\_\_\_\_  
*(street address, unit#, city, state, zip code) – check will be mailed to listed address*

E-mail address: \_\_\_\_\_

Primary Contact Phone Number: \_\_\_\_\_ Recipient FEIN: \_\_\_\_\_

\*\*\*\*\* SECTION BELOW MUST BE COMPLETED BY BACP STAFF \*\*\*\*\*

Date: \_\_\_\_\_ Decision by: \_\_\_\_\_ *(Name/Title)*

Approved Amount: \$ \_\_\_\_\_ If Denied, Why?: \_\_\_\_\_