

## ACCESSIBLE STREET HAIL LIVERY GRANT APPLICATION

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.

Additional information on the program is available on our website: [www.nyc.gov/tlc](http://www.nyc.gov/tlc). You can also email us at: [TLCGrants@tlc.nyc.gov](mailto:TLCGrants@tlc.nyc.gov)

Applications can be found on our website at: [http://www.nyc.gov/html/tlc/html/industry/shl\\_grant\\_program.shtml](http://www.nyc.gov/html/tlc/html/industry/shl_grant_program.shtml) and can be mailed to our TLC's Licensing Office located at:

**NYC Taxi & Limousine Commission Grant / Compliance Unit**  
**31-00 47<sup>th</sup> Avenue, 3<sup>rd</sup> Floor – Window #13, Long Island City, NY 11101**

If you want to submit your application in person you must complete a drop off form available at our website:  
[http://www.nyc.gov/html/tlc/downloads/pdf/grant\\_document\\_drop\\_off.pdf](http://www.nyc.gov/html/tlc/downloads/pdf/grant_document_drop_off.pdf)

**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. *Note: There is a maximum vehicle mileage amount to qualify for a grant.*
- ❖ 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 NYC Taxi & Limousine Commission, the NYC Department of Finance, the Parking Violations Bureau, the NYS Department of Motor Vehicles, the NYS Department of Taxation & Finance or any other identifiable government agency. If you 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

Grant awards for qualified vehicles may be up to \$30,000 and paid out as follows:

- an initial payment of \$14,000 following vehicle Hack-up,
- subsequent payments of \$2,000 following each successful bi-annual vehicle inspection for the four year period of the Grant Agreement up to a total amount of \$16,000 per TLC Rules §82-68(a)

To be eligible for the subsequent payments the vehicle must

:

- Pass each bi-annual vehicle inspection, and
- Complete at least 250 passenger trips registered through the Street Hail Livery Technology System (LPEP) between the most recent successful bi-annual inspections and the previous successful bi-annual inspection, and
- Have been logged onto the Accessible Taxi Dispatch system through the Dispatch Equipment while in operation during the period since the previous inspection.
- For each period in which you do not meet these requirements you will not receive the subsequent payment.
- Grants will only be available for vehicles that are current or previous two model years with less than 1000 miles.
- Grants are not available for vehicles that are leased.
- Only the ASHL licensee may apply for a grant.
- The ASHL Licensee must also be the titled owner of the vehicle attached to the ASHL permit/license.
- The ASHL licensee who receives a grant and completes the requirements of the Grant Program Agreement may apply for and be awarded an additional grant to replace an older vehicle.
- Grant payments cannot be assigned.

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.

**Information  
you need to  
know.**

## 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)*

## ACCESSIBLE STREET HAIL LIVERY (ASHL) GRANT APPLICATION

SHL Permit #

### Section 1:

### Applicant Information (must be ASHL Permit Owner Only and must match information currently on file with TLC)

Name  
(PRINT)

D.O.B

MM

DD

YYYY

SS# or EIN #





D/B/A

Premises Address

City

State

Zip code





Mailing Address  
(If different than Premise Address)  
 (must match information on file with TLC)

Telephone #

24 HR contact #







Email Address

### Section 2:

### SHL Endorsed Base Information

Base/Authority Name

Base License #

**IMPORTANT INFORMATION:** The For-Hire Vehicle attached to an ASHL and the ASHL License must be affiliated with the same base. If you have not yet done this then you must do so before you can be inspected, operate or receive any grant funding.

**Section 3:**

# Vehicle Information

Vehicle Identification # (VIN)

Year

Make/Model

Plate #

Current mileage on vehicle odometer

**NOTE: Vehicles with more than 1,000 miles or more than 2 years older than the current calendar year model are not eligible for a grant.**

**Vehicle information:**

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

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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

**Section 4:**

# Payments

All Grant payments will be made to you as the grantee. You must select one of the two options below (*Choose one*) :

I would like Direct deposit (EFT Form)

**OR**

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.
- You must also complete and submit the following documents along with your application:
  - Substitute W9 Form;
  - Direct Deposit/Electronic Funds Transfer (EFT) Vendor Payment Enrollment Form – Attach a voided check. *\*(See Directions below)*

**\* 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, 12<sup>th</sup> 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