



PUBLIC AGENCIES / NON-PROFIT DISCOUNT POLICY

Eligible Products:

All passes and tickets for CATS.

Eligible Agencies:

Public agencies and nonprofit organizations whose primary purpose is to provide assistance to individuals and families at or below the federal poverty guidelines. Eighty percent (80%) or more of an agency or organization's current clients must be at or below the federal poverty guideline level.

Discount:

Eligible agencies will be provided a 25% discount on any combination of passes and tickets. Agencies can provide, to their client(s), transit passes and tickets free of charge, or they can sell them at a reduced price, or for the price that the agency paid for each ticket/pass. Administration, handling fees, etc. are not to be charged.

Fares and Passes:

Public agencies must pass the discount on to their clients by giving them transit passes/tickets free of charge or offering them at the discounted price. Agencies are not allowed to charge anyone more than what was paid, and the tickets/passes are to be sold/given only to clients.

Administrative:

All eligible agencies must maintain records on the individuals that receive passes/tickets. The minimum information required of each recipient is:

- Name
- Age
- Sex
- Ticket/Pass (weekly, monthly, etc.)
- Amount paid (the amount the client paid for the ticket/pass, i.e. free, \$2.00, etc.)

The records are to be maintained for two (2) years. Charlotte Area Transit System (CATS) reserves the right to randomly verify that records are maintained in proper order and that eligibility requirements are met.

All passes/tickets purchased under this discount program must be paid for when delivered. Payment will be the total face value minus the 25% discount. Accounts in good standing are eligible to pay for passes at the end of the month.

All bulk discount purchases must be bought at the Charlotte Transportation Center.



PUBLIC AGENCIES AND NON-PROFIT DISCOUNT APPLICATION

DATE: ____/____/____

ORGANIZATION: _____ PHONE (____) ____ - ____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TAX ID# _____

EMAIL ADDRESS _____

CONTACT# _____ FAX # _____

ORGANIZATION'S PURPOSE: _____

NUMBER CLIENTS SERVED: _____/MONTH

PERCENT OF CLIENTS AT OR BELOW FEDERAL POVERTY GUIDELINES: _____%

NUMBER OF SATELLITE LOCATIONS: _____

ADDRESS: _____ PHONE: (____) ____ - ____

ADDRESS: _____ PHONE: (____) ____ - ____

DESCRIPTION OF SERVICES PROVIDED: _____

I have read the CATS Public Agencies / Non-Profit Discount Policy and agree to the terms and conditions. A copy of the organization's 501(c)(3) letter from the IRS confirming tax-exempt status as a public charity is attached. I have also verified information on this sheet and attest to its validity. I have been given authority by _____ to make such agreements.

Company Name

Authorized Signature: _____ Date: _____

Print Name: _____

Title: _____

Please mail to: Charlotte Area Transit System
310 E. Trade Street
Charlotte, NC 28202

(FOR CATS USE ONLY)

Verified By: _____

Date: _____



Remarks:
