

## 2023 Grant Program to Support Accessible Taxi Cabs in Madison Application



Company:

Address:  FEIN:

City, State, ZIP:

Project Contact:  Title:

**Background:**

The City will reimburse selected applicant(s) for purchased fully-accessible vehicle(s). Fully-accessible vehicles are able to transport individuals who have limited mobility and need to be transported in a wheelchair. The City shall place a lien on the vehicles to guarantee its right to take back any vehicles that are not being utilized within the scope of the agreement, or if the grantee ceases providing accessible taxi services.

Please list all fully-accessible vehicles **currently** operated by the applicant company:

Quantity	Make/Model	Year	Lifespan

What percentage of your current fleet is fully-accessible?

Please list all fully-accessible vehicles the applicant **would anticipate** purchasing if the company would be awarded this grant:

Quantity	Make/Model	Year	Lifespan

What percentage of your fleet would be fully-accessible with the purchase of new grant-funded vehicles?

What community organizations are you currently working with or are planning to work with to help inform disadvantaged populations about the availability of accessible rides? Does your organization have any social justice initiatives?

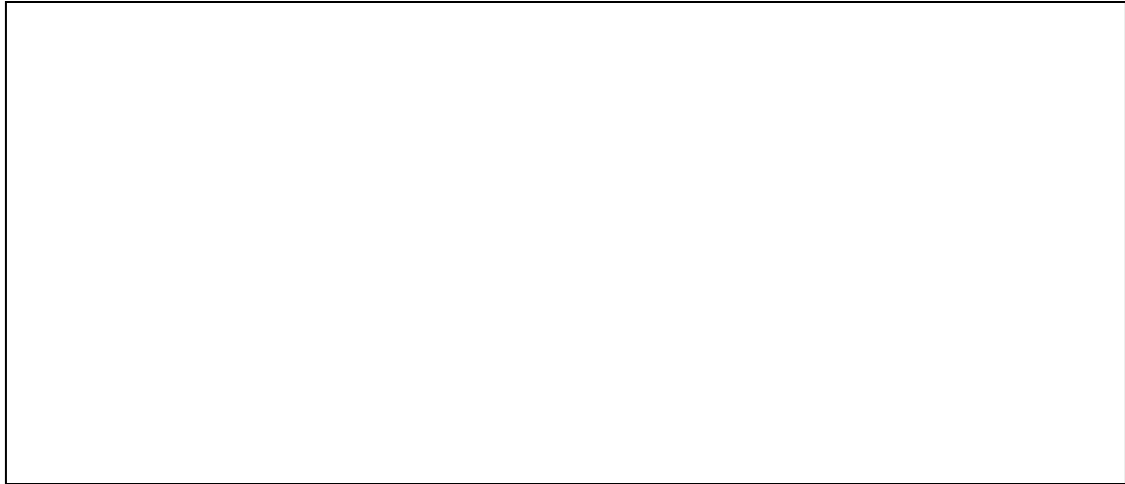
One of the goals of the program is to provide fully-accessible, on-demand rides on an equitable basis. City ordinance requires traditional Taxi companies to operate 24 hours-a-day and 7 Days-a-week. Please provided the current average number of accessible rides provided each in each time period on a weekly basis, and the projected number of rides that will be provided by grant-funded vehicles:

<i>Period:</i>	<i>Current Level</i>	<i>Proposed Level</i>
12:00 am to 3:00 am		
3:00 am to 6:00 am		
6:00 am to 9:00 am		
9:00 am to 12:00 pm		
12:00 pm to 3:00 pm		
3:00 pm to 6:00 pm		
6:00 pm to 9:00 pm		
9:00 pm to 12:00 am		
TOTAL		

Do you ever turn down accessible ride requests because you do not have vehicle capacity?

Describe your company's experience in operating, dispatching, maintaining, and insuring accessible taxi vehicles.

Is there any more information you would like to provide or more fully respond to prior questions?



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Signature	Date
Name	Title

**Accessible Taxi Grant Scoring**

**Applicant:**

Benchmark					<u>Score</u>	<u>Weight</u>	<u>Weighted Score</u>
1. Current fully Accessible vehicles	1 to 3	4 to 6	7 to 9	10 or more		1	0
Points	1	2	3	4			

This reflects experience in providing accessible service (24 hrs/7days, on-call, accessible equipped)

					<u>Score</u>	<u>Weight</u>	<u>Weighted Score</u>
2. Current percent fleet accessible	0-24%	25%-49%	50%-74%	75-100%		1	0
Points	1	2	3	4			

This reflects experience/service base line

3. Anticipated purchases

					<u>Score</u>	<u>Weight</u>	<u>Weighted Score</u>
Suitability, age, durability of anticipated vehicle purchase	150,000 miles or 7 years old	100,000 miles or 5-6.9 years old	50,000 miles or 3 to 4.9 years old	New or less than 50,000 miles and less than 2.9 years old		4	0
Points	1	2	3	4			

4. Anticipated accessibility improvement

**FYI: Not Scored as Metric**

					<u>Score</u>	<u>Weight</u>	<u>Weighted Score</u>
5. Anticipated % fleet accessible	25%	50%	75%	100%		1	0
Points	1	2	3	4			

This reflects experience/service base line

6. Improve accessible on demand service by time of day

Show that on-demand accessible services will be provided on a 24/7 basis for all passengers

					<u>Score</u>	<u>Weight</u>	<u>Weighted Score</u>
Points	1	2	3	4		4	0

7. Currently Turn Down Accessible ride

Shows increase demand For Information- No points awarded

8. Experience in operating/maintaining accessible Taxis

					<u>Score</u>	<u>Weight</u>	<u>Weighted Score</u>
Points	1	2	3	4		5	0

**0 TOTAL WEIGHTED SCORE**