**TARC PARTNER PROGRAM CERTIFICATION FORM**

The undersigned is the duly authorized agent of **Click here to enter text** (the “Organization”), and on behalf of the Organization hereby certifies as follows with respect to its participation in the TARC Nonprofit Partner Program (the “Program”), during the date from **Click here to enter a date** to one year later on the date of **Click here to enter a date** (the “Term”):

1. The Organization is eligible for participation in the Program during the Term. The Organization agrees to provide to TARC upon request copies of the Organization’s most recent IRS Form 990, Audited Financial Statements, and/or other documentation requested by TARC for purposes of confirming the Organization’s eligibility.

2. The Organization is currently in compliance in all respects with the requirements of the Program.

3.  The Organization agrees to comply in all respects with the requirements of the Program with respect to the use or distribution of TARC fare obtained through the Program during the Term.

4. Please describe the population that the Organization serves. E.g. Are your clients members of a protected class: seniors, people with disabilities, medicare-card holders?

***Click here to enter text***

5. The Organization agrees that it will only provide TARC fare products to its own clients. Organization shall not resell any TARC fare products provided pursuant to the Program.  Resale of any TARC fare products to other than the Organization’s clients, or for greater than face value, will result in automatic revocation of the Organization’s authorization to participate in the Program.

TARC reserves the right, at its sole discretion, to disqualify or revoke an Organization’s participation in this Partner Program.

IN WITNESS WHEREOF, this certificate has been duly executed and delivered by the authorized officer, agent, or representative of the Organization as of **Click here to enter a date**.

|  |  |  |
| --- | --- | --- |
| ***Signature Date*** | Authorized TARC Representative | ***Signature Date*** |

Name: **Click here to enter text.**

Title: **Click here to enter text.**

Phone Number: **Click here to enter text.**