

MOBILITY DISADVANTAGED TRANSPORTATION PROGRAM

INITIAL APPLICATION

APPLICANT / CONTACT IDENTIFICATION

1. Name of sponsoring Municipal Government(s):

(City, Town, Village, L.G.D.)
2. Mayor or Reeve: _____
3. Name of first contact person: _____
Title: _____
Telephone No: _____
Fax No: _____
4. Name of second contact person: _____
Title: _____
Telephone No: _____
Fax No: _____
5. Official name of the organization administering the service:

Mailing Address: _____

Telephone No: _____
6. Mailing address to which all correspondence should be forwarded to (if different from number 5):

PROGRAM FUNDING INFORMATION

1. State the goals and specific program objectives for the proposed mobility disadvantaged transportation service:

2. Identify a priority group (or groups) in your community that will utilize this proposed transportation service:

3. a) Identify any available resources within and outside the community for any transportation service currently being provided or now being proposed:

b) Proximity to urban centre with a population greater than 2,500 _____

c) Proximity to nearest handivan service _____

d) Name of service _____

4. Describe and attach a map of the area in which the proposed transportation service will operate:

5. In the area you proposed to serve, what is the population of the following:

a) Total population _____

b) Elderly component in the area (*requiring transportation services*) _____

c) The handicapped in the area (*that are not elderly*) _____

6. List any other municipal governments which will provide financial support to the sponsoring municipal government:

- a) What are the breakdown / percentage of the contributions by each contributing municipality?

7. List the names, address and affiliation of the committee/board members. Please highlight the name of your representative of the “users” of the system. *(If you do not have enough space, please attach a listing of all members to the end of this application).*

8. What type of agreement will be established for the operators (drivers) of the vehicle, i.e. volunteer drivers, contracted service, full-time, part-time, hourly paid workers: *(please be as specific as possible)*

CAPITAL ASSET / VEHICLE & EQUIPMENT INFORMATION

1. Type of vehicle: New ☐ Used ☐ Mileage_____

2. Please attach dealer quotes (minimum of three required), any brochures / layout description of the proposed vehicle that is being sought with funding assistance:

a) Brief description: Name of Vehicle _____

b) Model _____

c) Year _____

d) Seating capacity _____

3. Please attach dealer (vendor) endorsement identifying that this vehicle meets all relevant federal, provincial and industry standards, i.e. Canada Motor Vehicle Safety Standards (CMVSS), Canadian Standards Association (CSA), the Society of Automotive Engineers (SAE) which apply to such vehicles.

Attached ☐ \longrightarrow If not attached, please indicate the reason why:

4. Capital cost of vehicle and equipment (before taxes): _____

5. Please provide the name of the dealer / manufacturer, contact person, mailing address, telephone and facsimile of whom you proposed to purchase the vehicle / equipment for the proposed transportation system:

Name _____

Phone No: _____

Fax No: _____

CAPITAL FUNDING

- Specify the amount of expected funding by source(s) towards the total cost of vehicle and equipment. Attach letters for funding confirmation where applicable.

| Funding Source | Expected Funding by Source(s) | Funding Confirmed | |
|--|----------------------------------|-------------------|-----|
| | | No | Yes |
| Municipal Government(s) | | | |
| | | | |
| | | | |
| Provincial Government | | | |
| | | | |
| | | | |
| Federal Government | | | |
| | | | |
| | | | |
| Grants from other Sources <i>(Please specify – include interest groups, local association)</i> | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Donations / Fundraising | | | |
| | | | |
| | | | |
| Finance Company, Bank, or other lending institution | | | |
| | | | |
| | | | |
| | | | |
| TOTAL | | | |

CAPITAL COSTS

| Funding Source | Expected Funding by Source(s) | Funding Confirmed | |
|------------------------------|----------------------------------|-------------------|-----|
| | | No | Yes |
| Van (net of any tax rebates) | | | |
| Communication Equipment | | | |
| Other (<i>specify</i>) | | | |
| | | | |
| | | | |
| TOTAL | | | |
| Other information: | | | |
| | | | |
| | | | |
| | | | |

PROPOSED SERVICE

1. Proposed fare structure:

- One way trip in town _____
- One way trip out of town _____
- Return trip out of town _____
- Charters _____
- Others _____
- Standby fee for driver _____

2. Trip purposes, estimate percentage based on first year's operation:

- Medical _____ %
- Adult day care _____ %
- Employment _____ %
- Shopping Business _____ %
- Recreation _____ %
- Visiting _____ %
- School _____ %
- Others (specify) _____ %
- Total _____ 100 %

3. Where demand exceeds capacity, service will be provided on the following priority system:

1. _____
2. _____
3. _____
4. _____

5. Please give detailed information where applicable:

- a) Legal owner of equipment / vehicle is: _____
- b) Insured under the following name / owner: _____
- c) Insurance coverage will be for the values indicated below:

- Vehicle equipment \$ _____
- Vehicle classification _____
- Seating capacity _____
- Extended all risk extension policy value of _____

Other information:

BUDGET

1. Provide an operating budget for the first year of operation using the following format:

| Operating Budget for the year 20____ | |
|--|----------|
| <u>Revenue</u> | |
| User Fees | \$ _____ |
| Grants | |
| Province of Manitoba | |
| - Operating | \$ _____ |
| - Start-up | \$ _____ |
| Town of _____ | \$ _____ |
| _____ | \$ _____ |
| R.M. of _____ | \$ _____ |
| _____ | \$ _____ |
| Donations | \$ _____ |
| Fundraising (net of all expenses) | \$ _____ |
| Other _____ | \$ _____ |
| GST rebate _____ | \$ _____ |
| Total Revenue | \$ _____ |
| <u>Expenses</u> | |
| Wages and benefits | \$ _____ |
| Vehicle | |
| Gas and oil | \$ _____ |
| Repairs & maintenance | \$ _____ |
| Licenses & insurance | \$ _____ |
| Total Vehicles Expense | \$ _____ |
| Depreciation (net of all grants received, method used) | \$ _____ |
| _____ | |
| Advertising | \$ _____ |
| Office supplies | \$ _____ |
| Audit fees | \$ _____ |
| Legal fees | \$ _____ |
| Rent | \$ _____ |
| Utilities | \$ _____ |
| Telephone | \$ _____ |
| Administration | \$ _____ |
| Bank charges and interest expense | \$ _____ |
| Miscellaneous | \$ _____ |
| GST expense | \$ _____ |
| Total Expenses | \$ _____ |
| Surplus / Deficit | \$ _____ |

2. Please specify or attach any information that would support the commitment of your community to the proposed service:

We, the _____ of _____
(City, Town, Village, RM or LGD)
_____ of _____
(City, Town, Village, RM or LGD)

hereby agrees to act as sponsor(s) of the proposed transportation service for mobility disadvantaged persons.
In doing so, we declare that:

- i) Service will be provided on an equitable basis to all mobility disadvantaged persons in the area defined in this application.
- ii) All legal liabilities, operating commitments and maintenance on the proposed equipment will be fulfilled as per the Program Guidelines.
- iii) We are responsible for all storage, handling and maintenance of any equipment acquired using the Program's funding.
- iv) Public Liability and Property Damage Insurance required in the amounts no less than the minimum specified in the Program Guidelines will be maintained at all times the service is operating.

This Government Body will be saved from any damages / losses / injuries resulting from the use of any equipment acquired with grants from this program.

- v) Any equipment acquired will meet all relevant federal, provincial, and industry standards (as specified in Guidelines).
- vi) A maintained level of advertising, indicating schedules, routes, contracts, etc., will be made available to the community.
- vii) Any deficit that may occur after receipt of grants, donations and user fees will be the responsibility of the sponsoring governing body(s)

_____ of _____
(City, Town, Village, RM or LGD)
_____ of _____
(City, Town, Village, RM or LGD)

Signed _____
(Name) (Title)

Signed _____
(Name) (Title)

at _____ of _____

this _____ day of _____, 20 ____.

Please forward completed application to:

**Manitoba Municipal Government
Municipal Finance and Advisory Services
508 – 800 Portage Avenue
Winnipeg MB R3G 0N4**