

# **MOBILITY DISADVANTAGED TRANSPORTATION PROGRAM**

## **CAPITAL GRANT APPLICATION**

### **Guidelines**

1. Capital Grants will be made on a “one time” basis to assist in the purchase of a specific capital asset;
2. May be made on subsequent occasions for the purchase of **additional** (not replacement) capital assets;
3. Will not be granted for the acquisition of replacement assets, which must be provided for in normal operations;
4. Will be 50% of the actual cost of the capital asset with a maximum grant of \$10,000;
5. Capital Grants must be approved in advance. No financial commitment should be made in anticipation of approval, and;
6. Vehicles purchased with grant funding from the Mobility Disadvantaged Transportation Program must meet any and all relevant Federal, Provincial, and Industry standards, i.e. Canada Motor Vehicle Safety Standard (CMVSS), Canadian Standards Association (CSA), Society of Automotive Engineers (SAE), which apply to such vehicles.

### **Vehicle Information**

1. Describe how an additional vehicle will meet the needs of your handi-transit service:

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2. Attach dealer quotes (minimum of three) for the vehicle you wish to obtain. Provide any brochures, layout description of the proposed vehicle that is designated to be purchased with funding assistance.
3. Type of vehicle:

New vehicle ☐

Used Vehicle ☐

If the vehicle was previously owned, the original owner must provide documentation stating compliance and listing any alterations, retrofitting or structural changes done to the vehicle.

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4. Vehicle Make, Model, and Year: \_\_\_\_\_

5. Number of passengers and wheelchair capacity: \_\_\_\_\_

#### **Vehicle Cost and Funding Sources**

##### **1. Capital Costs**

Van	\$ _____
Radio Equipment	\$ _____
Other	\$ _____

<b>Total Capital Costs</b>	<b>\$ _____</b>
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##### **2. Sources of Funding**

<i>Municipal Government(s)</i>		Confirmed
(a) _____	\$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
(Municipality)		
(b) _____	\$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
(c) _____	\$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>

*Sub-Total* \$ \_\_\_\_\_

<i>Provincial / Federal Grants</i>		
(a) _____	\$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
(Program)		
(b) _____	\$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>

*Sub-Total* \$ \_\_\_\_\_

<i>Grants from other Sources</i>		
(a) _____	\$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
(Organization/Donations)		
(b) _____	\$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>

*Sub-Total* \$ \_\_\_\_\_

<b>Total of Capital Funding</b>	<b>\$ _____</b>
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#### **Other Information**

Once an application has been approved, the capital asset specified in the application may be purchased and invoices submitted that bear a certificate stating:

*“The funds have been expended for the asset named therein which is to be used to provide transportation services to the mobility disadvantaged in rural Manitoba.”*

Cheques will be requisitioned upon receipt of the certified invoices, proof of insurance, certificate of inspection from a qualified mechanic (if purchasing a used vehicle), and documentation from the manufacturer or dealership stating that the vehicle complies with 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.

Please forward application and all necessary documentation to:

Mobility Disadvantaged Transportation Program  
Manitoba Indigenous and Municipal Relations  
Municipal Finance and Advisory Services  
508 – 800 Portage Avenue  
Winnipeg MB R3G 0N4

Call: (204) 945-2572

Fax: (204) 948-2780

#### **Declaration / Signature**

**I hereby certify that I am an authorized signing officer for the applying municipality and that the above information is accurate to the best of my knowledge.**

\_\_\_\_\_  
Chief Administrative Officer  
of Sponsoring Municipality

\_\_\_\_\_  
Date

\_\_\_\_\_  
Handi-Transit Service Provider

\_\_\_\_\_  
Date