

MOBILITY DISADVANTAGED TRANSPORTATION PROGRAM
ANNUAL OPERATING REPORT
FOR THE YEAR ENDING DECEMBER 31, 2018

Please ensure the following documents are attached when submitting this report:

- Copy of 2018 Audited Financial Statements;
- Current Certificate of Inspection for handi-transit vehicle(s);
- Current Third Party Extension Policy;
- Copy of Vehicle Registration(s); and
- Copy of Vehicle Purchase Invoices (if a vehicle was purchased in 2018).

CONTACT INFORMATION & GOVERNANCE

1. Name of Sponsoring Municipality: _____
2. Official Name of the Handi-Transit Service: _____
- Contact Person: _____
- Mailing Address: _____
- Telephone No: _____
- E-mail: _____
3. Registered Charitable Organization Number *(if applicable)*: _____
4. List the names of board members and, if applicable, the organization they represent (be sure to indicate any members of municipal council). Please underline the name of the member representing the “users” of the system.

<u>Name of Member</u>	<u>Organization</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

AREAS SERVED

5. List the names of the municipalities/First Nations you serve and check off whether you provide service to the entire municipality/First Nation or only part of the area.

Municipality/First Nation	Provide Service to whole Municipality/First Nation	Provide Service to only part of Municipality/First Nation	Estimated Population in Area Served
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FINANCES

6. From your 2018 audited financial statements, please provide the following:

OPERATING REVENUE

Provincial Grants \$ _____

Municipal Grants \$ _____
(include grant from
sponsoring municipality)

User Fees \$ _____

Donations \$ _____

All other \$ _____
(i.e. interest)

Total Revenue \$ _____

OPERATING EXPENSES

Salary/honorarium \$ _____
and benefits

Vehicle expenditures \$ _____
(maintenance, fuel, etc.)

Amortization \$ _____

Professional fees \$ _____
(audit, legal, etc.)

All other \$ _____
(i.e. office supplies)

Total Expenses \$ _____

7. List the names of all the municipalities (including the sponsoring municipality) that provide financial support to the service. Exclude provincial government operating and capital grants.

Municipality	Financial Support
	\$ _____
	\$ _____
	\$ _____

8. List the names of all municipalities who provided in-kind support (office supplies, office space, assistance of municipal staff member, etc.) to your service and the estimated dollar amount of this support.

Municipality	Estimated In-kind Support
	\$ _____
	\$ _____

9. Describe the nature of any in-kind support received from a municipality.

VEHICLE INFORMATION

10. Has your service purchased a vehicle in 2018? If yes, please complete the following questions

- a) Date of Purchase: _____
- b) Vehicle Make/Model: _____
- c) Seat Capacity: _____
- d) Purchase price, including modifications and additional equipment: _____
(Please submit confirmation of purchase price with this report.)
- e) Please list all funding sources used to purchase a vehicle in 2018:

Funding Source	Amount
	\$ _____
	\$ _____
	\$ _____

f) **Complete this section only if a vehicle was purchased in 2019 using Handi-Transit Vehicle Replacement program funding:**

In 2007, a one-time capital grant through the Handi-Transit Vehicle Replacement Program (HTVR) was provided to existing communities that deliver handi-transit services towards the cost of replacing their vehicles immediately or in the future. This funding was deposited into the sponsoring municipality’s account and was to be held in reserve until a new handi-transit vehicle was needed. As the handi-transit service provider, you are required to report to the Province on the expenditure of these funds:

Total HTVR funds used: _____

Total HTVR funds unused and held in reserve as of December 31, 2019: _____

11. Number of vehicles presently operating: _____

	Vehicle #1	Vehicle #2	Vehicle #3	Vehicle #4
Vehicle Information				
Make & Model Year				
Year Purchased				
Seating Capacity				
Odometer Reading				
Total KM Travelled (January 1-December 31)				
Legal Owner				
Insurance Holder (e.g. sponsoring municipality, handi-transit service)				
Trip Information (number of one-way trips & purpose)*				
Employment				
Medical				
Adult Day Care				
School				
Shopping / Business				
Recreation				
Other				
Total Number of One-Way Trips*				

* Please note that one round trip from origin to destination and back would be recorded as 2 ‘one-way trips’.

OPERATIONS

12. (a) How many drivers does your service use: _____

(b) Please check the categories that apply to each driver used by your service:

TYPE OF SERVICE				TYPE OF COMPENSATION		
	Full-Time	Part-Time	On-Call	Unpaid (volunteer)	Paid	Honourarium (small fee in recognition of service provided)
Driver 1						
Driver 2						
Driver 3						
Driver 4						
Driver 5						
Driver 6						

13. (a) How many staff, other than drivers, work for your service: _____

(b) Indicate the types of functions these workers perform (e.g. dispatcher, bookkeeper,) and check whether they are paid or volunteers:

Function	Paid	Volunteer
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. Please indicate the regular hours of service for each of the following days:

<u>Day</u>	<u>Hours of Service</u>	<u>Number of Hours</u>
Sunday	_____	_____
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____

15. Please rank when your service is used the most on weekdays, with 1 being the busiest time of day and 5 being the least busy.

7 am - 9 am	_____
10 am - 1 pm	_____
1 pm - 4 pm	_____
4 pm - 6 pm	_____
7 pm - 9 pm	_____

16. Please rank when your service is used the most on weekends, with 1 being the busiest time of day and 4 being the least busy.

Saturday 7 am - 12 pm	_____
Saturday 12 pm - 9 pm	_____
Sunday 7 am - 12 pm	_____
Sunday 12 pm - 9 pm	_____

17. Estimate the total number of individuals who used the service in 2019: _____

18. Total Number of trips refused annually: _____

19. Reason(s) for refusing trips: _____

20. Time of day when most likely to have to refuse trips (check the appropriate category):

Morning _____ Mid-Day _____ Evening _____

21. When demand exceeds capacity, please indicate how you prioritize your trips. From the list below, indicate your trip priorities by ranking your selections from 1 to 8:

- ___ Employment
- ___ Medical
- ___ Adult Daycare
- ___ School
- ___ Shopping/Business
- ___ Recreation
- ___ Visiting
- ___ Other (please explain) _____

22. What is the fare or fee for the following trips:

One way trip in town: _____
One way trip out of town: _____
Charter: _____
Standby fee for driver: _____
Other Fees: _____

23. (a) Is there currently a plan to replace an existing vehicle:

Yes ____ No ____

(b) If yes, what is the planned year of replacement: _____

(c) Which funding source would be used to replace the vehicle (check one or more):

Gas Tax Revenue _____
Provincial Grants _____
Handi-Transit Vehicle Replacement Fund _____
Municipal Contribution _____
Donations _____
Don't know _____
Other (please explain) _____

24. (a) Is there currently a plan to expand service by purchasing an additional vehicle:

Yes ____ No ____

(b) If yes, what is the planned year of purchase: _____

(c) Which funding source would be used to purchase the additional vehicle (check one or more):

Gas Tax Revenue _____
Provincial Grants _____
Handi-Transit Vehicle Replacement Fund _____
Municipal Contribution _____
Donations _____
Don't know _____
Other (please explain) _____

CONSENT TO RELEASE INFORMATION

The Department of Municipal Relations periodically receives requests from stakeholders, including other handi-transit service communities, for comparative handi-transit service data. The Department encourages the sharing of information as it may help communities deliver more efficient and effective handi-transit services across Manitoba.

Please check one of the following:

____ We consent to Municipal Relations releasing information contained in this report.

____ We do not consent to Municipal Relations releasing information contained in this report.

PLEASE PROVIDE AN OPERATING BUDGET FOR THE 2019 FISCAL YEAR USING THE FOLLOWING FORMAT:

Operating Budget For the Year 2019

Revenue

User Fees \$ _____

Grants:
Province of Manitoba
 Start-Up _____
 Operating _____

Sponsoring Municipalities (list all):

Total Grant Revenue (Provincial + Municipal) \$ _____

Other Revenue
 Donations _____
 Fundraising (net of all expenses) _____
 Other (Please specify) _____

Total Other Revenue \$ _____

Total Revenue (User Fees + Grant Revenue + Other Revenue) \$ _____

Expenditures

Wages, Benefits and Honorariums \$ _____

Vehicle
 Gas and Oil _____
 Repairs and Maintenance _____
 License and Insurance _____

Total Vehicle Expense \$ _____

Administrative, Office and Dispatch Expenses
 Radio Licenses _____
 Advertising _____
 Office Supplies _____
 Rent _____
 Utilities _____
 Telephone _____
 Administration _____

Total Administrative, Office and Dispatch Expenses \$ _____

Financial and Legal Expenses
 Legal Fees and Audit Fees _____
 Reserve for Bad Debts _____
 Bank Charges and Interest Expense _____
 Miscellaneous _____

Total Financial and Legal Expenses \$ _____

Total Expenses \$ _____

Surplus / Deficit \$ _____

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

hereby agree to act as sponsor(s) of the 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 report.
- 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. We will indemnify and save harmless the Government of Manitoba 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 government body(s).

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

Signed _____ (Name) _____ (Title)
Signed _____ (Name) _____ (Title)

this _____ day of _____, 20____.