

ACCESSIBLE TRANSPORTATION ASSISTANCE PROGRAM (ATAP)

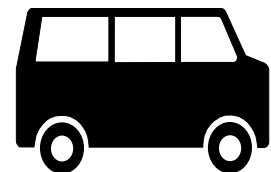
PROGRAM APPLICATION AND SERVICE PLAN



- Accessible Vehicle Acquisition in Nova Scotia



ATAP is administered through
Service Nova Scotia and Municipal Relations



Objective



**Departments or Agencies
Participating in the
Accessible Transportation
Assistance Program**

Transportation
and
Public Works

Service Nova Scotia
and Municipal
Relations

Seniors Citizens'
Secretariat

Health

Community Services

Disabled Persons
Commission

Education

Nova Scotia Utility and
Review Board

Administered by

Service Nova Scotia and
Municipal Relations
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The purpose of the Accessible Transportation Assistance Program (ATAP) is the enhancement of existing inclusive transportation services through the purchase of an accessible vehicle or modification of an existing vehicle.

Eligibility

Funding is available to communities, organizations or groups involved in the delivery of any community accessible transportation service, including the private sector.

Funding

Funding of \$100,000 per fiscal year (April to March) will be available.

Funding of up to **\$20,000** towards the purchase of a 'new' accessible vehicle or **\$10,000** for a 'used' will be available (subject to Terms and Conditions).

Proposal Submission

Proposals for ATAP are welcome from communities, organizations or groups involved in the delivery of any community transportation service, including the private sector.

Each application must be accompanied by a completed 'Service Plan' which details the existing service and how the acquisition of new accessible vehicles will enhance inclusive services for the community.

Each project must have a sponsoring organization or community for the purpose of receiving and dispersing funds.

Terms and Conditions (refer to Attachment)

The program has a limited budget and the Applicant will be subject to a regional distribution of these funds.

All vehicles funded under the ATAP must meet the current D409-92 standard for vehicle safety, adopted by the Province.

Inquire with Program Administrator about Budget availability before submitting completed application.

Accessible Transportation Assistance Program (ATAP) Application

A. GENERAL INFORMATION

1. Company or Organization Name (The Applicant)

2. Name of Contact Person

3. Title

4. Telephone Number
()

Ext.

5. Facsimile No.
()

6. Company or Organization Mailing Address

7. Company or Organization Operating Address (if different from mailing address)

8. Provide a brief description of your Company or Organization (size of fleet, area(s) served, how service is currently provided for seniors and persons with disabilities).

9. Will the vehicle be made available to the community? Yes No

10. Describe how the vehicle sought under this application will improve accessibility and availability of service(s) for seniors and persons with disabilities in your community.

PART 2: SERVICE PLAN

A. SERVICE OBJECTIVE (describe the purpose of the accessible service)

B. SERVICE DESCRIPTION

Service Area	
Name of Communities or locations (special homes, etc.) served	
Total population	
Number of Seniors (specify actual)	
Number of Persons with Disabilities (excluding seniors)	
Hours of Operation	

C. TYPE OF SERVICE

- Fixed Route
- Door-to-Door
- Scheduled
- On Demand
- Volunteer

Combination (specify) _____

1. Vehicle Acquisition Will:

- Provide New Service(s)
- Replace Existing Vehicle(s)
- Supplement Existing Service(s)

2. Drivers/Operators/Staff Employees-who will drive the vehicle? _____
3. Will attendants be provided? _____
4. Will staff be salaried or volunteer? _____
5. Do you currently have training or awareness programs for staff? Yes No
6. if "No", do you plan to develop such programs? Yes No
7. Passenger fares (describe the fare levels for passengers, attendants, etc.)
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8. How are trips booked? What is the advanced time required to book a trip?

9. Where demand exceeds capacity, service will provide?:

- First come, first serve Priority System (who gets priority, how, and why):
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10. Are there other services or accessible vehicles in the area? (If yes, list the services)

11. Do you plan to coordinate these services or utilize these vehicles?, (If so, how?)

D. CLIENT DESCRIPTION

12. Client eligibility- who is eligible to use the proposed service? How will it be determined (criteria used)?

13. Eligible users (indicate priority)

USERS	PRIORITY
Persons with Disabilities	
Seniors	
Disadvantaged (Low income)	
General Population	
Only members of a specific residence or group (specify)	
Other (specify)	

E. OPERATING COSTS AND OPERATING REVENUE SOURCES

14. Estimate the annual operating cost for the accessible service

Salaries (Drivers)	
F/T Benefits (Drivers)	
Cost of License	
Variable Insurance (vehicles)	
Total Vehicle Repairs & Maintenance/annum	
Fuel	
Communications Equipment	
Total Capital Cost Replacement (Or Capital Lease/Depreciation)	
Promotion/Advertising	
Other (please specify)	
Total Annual Cost (\$)	

15. Estimate the operating revenue sources for the accessible service.

Passenger Fares	
Municipal Contributions	
Charter	
Contractual	
Donations/Fundraising	
Other (please specify)	
Total Annual Revenue	

F. PROMOTION AND PUBLIC INFORMATION

Outline the plans to promote the accessible service. Describe how persons with disabilities will be informed of your accessible service

G. COMMUNITY INVOLVEMENT

Outline the general level of commitment of your community to the proposed service. Include letters of support from your community.

H. DECLARATION

The above information is accurate to the best of my knowledge. I hereby give Service Nova Scotia and Municipal Relations the authority to verify any and all information pertaining to this application.

Signing Authority for Applicant

Date