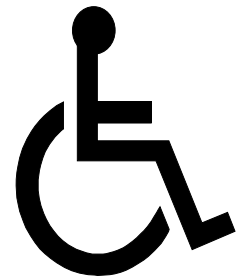


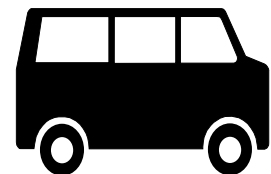
# ACCESSIBLE TRANSPORTATION ASSISTANCE PROGRAM (ATAP)

## PROGRAM GUIDELINES, APPLICATION AND SERVICE PLAN

- Accessible Vehicle Acquisition in Nova Scotia



ATAP is administered through  
Service Nova Scotia and Municipal Relations



Accessible Transportation  
Assistance Program

**ATAP**

**Criteria for Provincial Funding**



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

Transportation  
and  
Public Works

Seniors

Tourism

Service Nova Scotia  
and Municipal  
Relations

Health

Community Services

Disabled Persons  
Commission

Education

Nova Scotia Utility and  
Review Board

**Administered by:**

Service Nova Scotia and  
Municipal Relations  
14 North, Maritime Center  
P.O. Box 216  
Halifax, NS B3J 2M4

**Georgina Dimock**  
Program Administrator  
P: (902) 424-5965  
F: (902) 424-0821

**Objective**

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**

The following are eligible to receive funding:

- nonprofit community organizations or groups
- private sector with restrictions
- municipal public transit services
- private sector providing service on behalf of a municipality

**Funding**

Funding will be based on available Budget.

Funding will be provided for **50% of the capital costs of the accessible vehicle as follows:**

- **up to a maximum of \$50,000** towards the purchase of a 'new' vehicle
- **up to a maximum of \$10,000** towards the purchase of a 'used' vehicle

**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 with restrictions.

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**

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 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  
( )

5. Facsimile No.  
( )

E-mail

---

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 1: PROGRAM APPLICATION

### B. ELIGIBILITY CRITERIA

11. Is the 'Service Plan', which outlines the delivery of accessible service to the community at large, attached? YES  NO
12. If applicable, please state the Utility and Review Board license(s) or the municipal taxi license(s) for the transportation service.

### C. TYPE OF VEHICLE(S) BEING SOUGHT

Number of Vehicles		Lighting	
Vehicle (make/model)		Lift/Ramp (make model)	
Vehicle Year		Marking/Signage	
Number of Passengers		Hand Rails	
Number of Wheelchairs		Grab Rails	
Number of KM		Meets D409-92 standard	
Current owner of vehicle		Other	

### D. CAPITAL COSTS

13. Capital cost of vehicle(s) : \$ \_\_\_\_\_
14. Specify expected amount of CAPITAL FUNDING by source(s). Attach letters as appropriate.

Funding Source Name	Funded by Source(s) \$	Funding Confirmed	
		YES	NO
Provincial Government (up to \$50,000)			
Municipal Government			
Donations/Fundraising			
Other (specify)			
Own Contribution			
Total			

## 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.)
- 
- 

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):
- 
- 

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)	
<b>Total Annual Cost (\$)</b>	

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**