



Seniors and Special Needs Transportation Operating

Assistance Grant Application

Purpose	The purpose of this grant program is to provide operating assistance to agencies and organizations that provide transportation to seniors and persons with special needs for medical appointments, shopping, and recreation.
Authority:	County Council provides Seniors and Special Needs Transportation Operation Assistance grants, in consultation with the FCSS Advisory Board.
Eligibility	Organizations, agencies, non-profit organizations, and municipalities may apply for Seniors and Special Needs Operating Assistance Grants. Individuals are not eligible.
Process:	<p>Applications are to be submitted to the County of Grande Prairie.</p> <p>In person: 10808-100 Avenue, Clairmont, AB, T8X 5B2</p> <p>By Mail: County of Grande Prairie No. 1 10001- 84 Ave, Clairmont AB, T8X5B2</p> <p>By Email: fcss@countygp.ab.ca</p> <p>By fax: 780-567-5575</p> <p>Deadline for submission of applications is March 31st, 2019 (or the next business day)</p>
Criteria	<p>Applicants must provide transportation to Seniors or persons with special needs for:</p> <ul style="list-style-type: none">• Medical Appointments• Shopping• Recreation <p>Preference will be given to applications that provide transportation to County residents or assist those living in rural municipalities to access, medical appointments, shopping or recreational opportunities.</p> <p>Grant money is to be used for operational expenses only.</p> <p>Application period is from the first business day of March to March 31st (or the next business day) of each year.</p> <p>All applicants must fill out Section I. Applications for over \$5000 must also fill out Section II. Failing to do so will disqualify your application.</p>



Seniors and Special Needs Transportation

Operating Assistance Grant

2019 APPLICATION

Section I:

All Applicants must complete.

Name of Organization: _____

Address: _____

Town/City: _____

Postal Code: _____

Telephone: _____

Fax: _____

Contact for application: _____

Contact Title: _____

Email Address: _____

1. Please provide a brief overview of the purpose of your organization:

2. Please provide an overview of how the grant money will be spent?



3. Amount requested: _____

2018 INCOME		ESTIMATED 2019 INCOME	
County Grant	\$ _____	County Grant	\$ _____
Other Grants	\$ _____	Other Grants	\$ _____
User Fees	\$ _____	User Fees	\$ _____
Other	\$ _____	Other	\$ _____
Total Income	\$ _____	Total Income	\$ _____
2018 EXPENSES		ESTIMATED 2019 EXPENSES	
Maintenance & Repairs	\$ _____	Maintenance & Repairs	\$ _____
Fuel	\$ _____	Fuel	\$ _____
Tours/Trips	\$ _____	Tours/Trips	\$ _____
Insurance/Licenses	\$ _____	Insurance/Licenses	\$ _____
Wages & Benefits	\$ _____	Wages & Benefits	\$ _____
Other	\$ _____	Other	\$ _____
Total Expenses	\$ _____	Total Expenses	\$ _____

4. Is your transportation service available to people who are not members of your organization

Yes ___ No ___

5. Who are your riders and estimate how many annually?

Seniors (65+) _____

Under 65: _____

Disabled under 65: _____

6. How many of these riders reside in:

County of Grande Prairie: _____

City of Grande Prairie: _____

Town of Beaverlodge: _____

Town of Wembley: _____

Village of Hythe: _____

Town of Sexsmith: _____

Other Community (please specify) _____



Section I, continued

7. How many wheelchair spots are available? _____

8. Estimate how many riders use this service for:

Shopping: _____

Medical: _____

Recreation/social to other senior centres: _____

Other _____ (please specify)

9. Is there a rider fee? YES _____ NO _____ How much is the rider fee? _____

10. Is your organization the owner of the bus? _____

If not who is? _____

11. Is there anything else you would like to tell us about your transportation needs.

Please provide a copy of your most recent financial statements

Any questions about how to complete this application should be directed to:
Coree Ladwig, FCSS Team Lead – Adult and Seniors Programs, at 780-532-9727

The personal information requested on this form is being collected for municipal purposes relating to a grant application, under the authority of the Freedom of Information and Protection of Privacy (FOIP) Act and is protected by the FOIP Act. If you have questions about the collection, contact our FOIP Coordinator at (780) 532-9722.



Section II.

Must be completed for all applications over \$5000. Failing to do so will disqualify your application.

Please provide detailed information:

What is your service area for County/ rural residents?

How many trips per year are you providing for County/ rural residents?

Are there any restrictions on the services? (I.e. hours of service, purpose of trip, who is able to ride)?

What is the cost to your organization to provide transportation services to County/rural residents?
