



Form B - Request for Capital Grant Payment

Transit Assistance for People with Disabilities

MUNICIPAL CONTACT INFORMATION

Name of Municipality: _____
Address: _____

Contact Name: _____ Position: _____
Phone: _____ E-mail: _____

This form must be submitted by March 1st of the same fiscal year as the Grant was approved.

SECTION 1 DESCRIPTION

Check one:

- Replacement vehicle (list year and unit or serial number of vehicle to be replaced)

- Expansion vehicle (describe proposed vehicle and reason for expansion)

SECTION 2 FINAL GRANT REQUEST – ACTUAL FINANCING

Federal funding:

New Deal – Gas Tax Program \$ _____
Other federal funding (specify) _____ \$ _____

Provincial funding:

Transit Assistance for People with Disabilities (this application) \$ _____
Other provincial funding (specify) _____ \$ _____

Municipal funding:

Long term borrowing \$ _____
Disposal of assets (specify) _____ \$ _____
Current operations (including reserves, surpluses & utilities) \$ _____
Other municipal funding (specify) _____ \$ _____

Other funding:

Donations from organizations (specify) _____ \$ _____
Grants or contributions from other municipalities \$ _____
Fundraising \$ _____
Other (specify) _____ \$ _____

TOTAL ACTUAL VEHICLE COST \$ _____

SECTION 3 SUPPORTING DOCUMENTATION

Attached is the following:

- a copy of the invoice, noting the vehicle was received by your municipality
- a copy of the cancelled cheque showing payment for the vehicle
- a completed Form 2 – TAPD Vehicle Status Report form for the new vehicle
- a copy of the vehicle's *Saskatchewan Certificate of Registration* showing the municipality as the registered owner
- any other relevant information which supports this request for payment (E.g., a photo of the vehicle)

SECTION 4 DECLARATION

On behalf of the Municipality, this is to certify that all information in both the Request for Capital Grant Payment form and Appendices are a true and correct representation. All ineligible costs defined for this program have been deducted from the total principal amount or otherwise excluded. Authorized representatives will be permitted reasonable access to the Municipality's records pertaining to this Request.

I certify that the project was undertaken in accordance with the terms and conditions of the provincial regulations under the authority of which this grant may be made, and that the municipality is the registered owner of the vehicle purchased. I certify that all costs claimed were incurred in relation to the approved project.

Date (mm/dd/yyyy) (Mayor/Commissioner/Administrator/
Clerk/Transit Manager) Signature

Please submit to:	Grants Administration and Financial Management Ministry of Municipal Affairs 410 – 1855 Victoria Avenue REGINA SK S4P 3T2	Phone: (306) 787-1262 Fax: (306) 787-3641
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