



# Form 3 - Operating Arrangements Report

## Transit Assistance for People with Disabilities

Name of Municipality: \_\_\_\_\_

Vehicle Owned by: Municipality  Third Party

Vehicle Operated by: Municipality  Third Party

Third Party Contact (if applicable):

Organization Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email \_\_\_\_\_

Copy of Third Party Operator Agreement is attached:

Number of Transit Vehicles: Bus: \_\_\_\_\_ Car: \_\_\_\_\_

Van: \_\_\_\_\_ Other: \_\_\_\_\_

Total: \_\_\_\_\_

Insurance: General liability insurance in place and can provide details when requested

Employees: Transit Drivers: Number of Paid Drivers: \_\_\_\_\_

Number of Volunteer Drivers: \_\_\_\_\_

Total Number of Drivers: \_\_\_\_\_

Possess necessary licence and certification and

can provide copies when requested

Number of Dispatch Staff: \_\_\_\_\_

Total Employees: \_\_\_\_\_ (including maintenance)

Service Available: Days of Operation: \_\_\_\_\_ (e.g. Mon-Fri, Sun-Sat)

Hours of Operation: \_\_\_\_\_ (e.g. 8:00 a.m. to 5:00 p.m.)

Eligibility for Services: Who decides: \_\_\_\_\_

Criteria: \_\_\_\_\_

Fair Structure: One-way \_\_\_\_\_ (e.g. \$1.00 one-way)

Return \_\_\_\_\_ (e.g. \$1.50 return)

Out-of-town \_\_\_\_\_ (e.g. \$0.30/km)

### DECLARATION

I certify that the amount above is complete and accurate.

\_\_\_\_\_  
Date (mm/dd/yy)

\_\_\_\_\_  
Position

\_\_\_\_\_  
Signature

Please submit to:	Grants Administration and Financial Management Ministry of Municipal Affairs 410 – 1855 Victoria Avenue REGINA SK S4P 3T2	Phone: (306) 787-3088 Fax: (306) 787-3641
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