



Form 1 - Application for Operating Assistance

Transit Assistance for People with Disabilities

MUNICIPAL CONTACT INFORMATION

Name of Municipality: _____

Address: _____

Contact Name: _____ Position: _____

Phone: _____ E-mail: _____

For Calendar Year Ending December 31, 20 _____.

Section 1 OPERATING EXPENDITURES

1. Administration and general expenditures

Salaries and benefits	\$ _____
General operations and administration	\$ _____
Acquisition of Assets (specify) _____	\$ _____
Advertising	\$ _____
Taxi subsidy	\$ _____
GST paid (refundable and non-refundable)	\$ _____
Others (specify) _____	\$ _____
Others (specify) _____	\$ _____
Sub-total	\$ _____

2. Transportation expenditures

Salaries (operators, supervisors, inspectors and dispatchers)	\$ _____
Fuel	\$ _____
Insurance and registration	\$ _____
Others (specify) _____	\$ _____
Others (specify) _____	\$ _____
Sub-total	\$ _____

3. Vehicle maintenance and servicing expenditures

Salaries	\$ _____
Parts for vehicle maintenance/repairs	\$ _____
Shop equipment and expenses	\$ _____
Others (specify) _____	\$ _____
Others (specify) _____	\$ _____
Sub-total	\$ _____

4. Buildings and structures maintenance and expenditures

Salaries	\$ _____
Light, heat, power, water	\$ _____
Rent	\$ _____
Others (specify) _____	\$ _____
Others (specify) _____	\$ _____
Sub-total	\$ _____

5. *Financing related to capital expenditures*

Transfer to capital trust fund or reserve for a replacement vehicle	\$ _____
Debt carrying charges	\$ _____
Others (specify) _____	\$ _____
Sub-total	\$ _____

TOTAL OPERATING EXPENDITURES \$ _____

Section 2 TRIP AND PASSENGER INFORMATION

Calculating Passenger trips

Passenger trips are to be reported in terms of individual one-way passenger trips provided for each passenger trip throughout the year. To assist in calculating, please refer to the following example:

Example	Total
Four people ride to work in the morning and home in the evening, 5 days a week, 52 weeks a year (4 x 2 x 5 x 52 = 2080)	2,080
The same four people rider to church and return home, once a month for 12 months (4 x 2 x 1 x 12 = 96)	96
Five people take an out-of-town trip to a concert and return home, once in the year (5 x 2 = 10)	10
One person rides to a class 3 times a week (provides own ride home) for 7 weeks of the year (1 x 3 x 7 = 21)	21
Total number of one-way passenger trips for the year	2,207

Definitions

Cash fare ridership means passengers who pay cash upon entering bus for a trip.

Ticket ridership means passengers who redeem a ticket for a trip.

Pass ridership means passengers who utilize a pass for a trip.

Charter ridership means passengers who have chartered the bus for a trip.

Contract ridership means service being provided to passengers under a contract, under which another agency pays the fare for the trip (for example, the school contracts services of the bus for a student to and from school, care home for seniors, disability training facilities, day care, etc.).

Eligible Trips means those trips where an individual pays for the transportation themselves.

Ineligible Trips means those trips where an organization pays for the transportation (for example Social Services, a school division or other organization).

Attendants/Volunteers means those people who assist the riders during the trip (do not include driver).

Eligible Trips:

Cash Fare Trips	_____ trips @ \$ _____	per trip = \$ _____	Revenue
Ticket Trips	_____ trips @ \$ _____	per ticket = \$ _____	Revenue
Pass Trips	_____ trips @ \$ _____	per trip = \$ _____	Revenue
Out-of-town Trips	_____ trips @ \$ _____	per trip = \$ _____	Revenue
Total Eligible Trips & Revenue	_____ trips	\$ _____	Revenue

Ineligible Trips:

Contract/Charter Trips	_____ trips	\$ _____	Revenue
Contract/Charter Ticket Trips	_____ trips	\$ _____	Revenue
Contract/Charter Pass Trips	_____ trips	\$ _____	Revenue
Contract/Charter Out-of-town trips	_____ trips	\$ _____	Revenue
Total Ineligible Trips & Revenue	_____ trips	\$ _____	Revenue

Non-Revenue Trips	Attendants/Volunteers	_____
	Other (please specify)	_____
	Total Trips	_____

If ridership has increased or decreased from the previous year, please provide an explanation.

Purpose of Eligible Trip	Number of Trips
Work	
Education/School	
Post-secondary and Vocational Training	
Day Care (Senior)	
Adult Day Program	
Personal Business	
Medical and Dialysis	
Recreational/Sporting Event	
Shopping	
Other (ex. Visiting)	
Total Trips (should match # of Total Eligible Trips)	

Special Needs Transit Fare Structure	
One-way (ex. \$2.00)	
Return (ex. \$3.50)	
Out-of-town (ex. \$10 + \$0.30/km)	
Qy gt (ex. "O qpj n(" Rcuugu."Vlengv'Dqqmgvu)	

Number of Passengers by Category	Day	Month	Year
Average No. of Senior			
Average No. of Disabled			
Average No. of Other			
Average No. of Total Passengers			
Average kilometers			

Section 3 EXTERNAL FUNDING SOURCES

- HRSDC's Enabling Accessibility Fund \$ _____
- Other (specify) _____ \$ _____

DECLARATION

Submitted on behalf of the council of the City/Town of _____

In making this application for grant, the council makes the following declaration:

- a) the council acknowledges full and complete responsibility for operation and costs of this transportation system;
- b) the council understands and agrees to abide by the terms and conditions of the provincial regulations under the authority of which the grant may be made and confirms that:
 - (i) a public service is being provided which assists passengers at points of origin and destination
 - (ii) a reasonable, equitable and uniform fare structure is in effect
 - (iii) contract services (i.e. trips booked by institutions on a regular basis) are being operated on a cost recovery basis;
- c) the council agrees to provide such information regarding the transportation operation for which this grant is applied as may be required by the ministry;
- d) the council agrees to participate in publicity regarding this grant as may be considered desirable by the Minister of Municipal Affairs.
- e) that all trips for which the municipality is seeking operating grant funding are eligible trips as per Section 2 "Definitions" above.

Date

(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) 787-3088 Fax: (306) 787-3641
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