2024-25 Newfoundland and Labrador

Community Transportation Program

Application

Alternate formats available upon request.

# Project Identification

# Project Title: Click or tap here to enter text.

# Lead Applicant

# Name of Applicant: Click or tap here to enter text.

Mailing Address: Click or tap here to enter text.

# Eligible Organization Type Choose an item:

# Lead Applicant Contacts

Primary Contact Name: Click or tap here to enter text.

Primary Contact **Phone Number:** Click or tap here to enter text.

**Primary Contact Email Address:** Click or tap here to enter text.

Secondary Contact Name: Click or tap here to enter text.

Secondary Contact **Phone Number:** Click or tap here to enter text.

**Secondary Contact Email Address:** Click or tap here to enter text.

# Project Partner

Are you partnering with other organization(s) to deliver this project? [ ]  Yes [ ]  No

Legal Name of Partner Organization(s): Click or tap here to enter text.

Description of partner organization(s): Click or tap here to enter text.

# Project Location

Please specify where the project will occur: Click or tap here to enter text.

# Project Description

Project Description: Click or tap here to enter text.

Does your proposed projectaddress specific challenges outlined in your Municipal Plan or alternate local community planning documentation? [ ]  Yes [ ]  No

If yes, please explain: Click or tap here to enter text.

**Complete section 6.1 for Planning Projects only.**

* 1. **Planning Projects**

# Will there be any public consultation and/or participation? [ ]  Yes [ ]  No

If yes, please explain: Click or tap here to enter text.

Please explain how the project will identify vulnerable community populations who could benefit from improved community transportation.

Click or tap here to enter text.

Please explain how the planning project will be shared with community members and decision-makers to support the development of a community transportation service.

Click or tap here to enter text.

# Project Financials

Estimated Total Project Cost: Click or tap here to enter text.

Requested Provincial Contribution: Click or tap here to enter text.

Applicant's share of the total cost: Click or tap here to enter text.

Are you eligible to receive, have applied for or have received funding for any aspects of this application from other sources?

* Yes
* No

If yes, identify source: Click or tap here to enter text.

Other contributors: Click or tap here to enter text.

Budget:

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| **Item** | **Cost** | **Amount****Requested** |
| **REVENUES** |  |  |
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| **Subtotal – Cash Expenses** | Click or tap here to enter text. | Click or tap here to enter text. |
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| **Subtotal - In-Kind Expenses** | Click or tap here to enter text. | Click or tap here to enter text. |
| **TOTAL - EXPENSES** | Click or tap here to enter text. | Click or tap here to enter text. |

# Required Documents

# Please provide the following documents, as applicable:

# [ ]  All partners are encouraged to provide a letter of support demonstrating the need for the service and their support for the project.

# [ ]  All organizations providing in-kind or financial contributions must provide a letter of support confirming the contribution.

# [ ]  Applicants applying for an Implementation Project must include a copy of their Business Plan.

# [ ]  Quotes for the purchase of an accessible vehicle or conversion of an existing vehicle.

Provincially incorporated not-for-profit organizations are also required to provide:

[ ]  Letters of support or council resolution from all municipal and Indigenous government(s) in the proposed service area indicating support for the project.

[ ]  Proof of provincial incorporation status, a list of the current Board of Directors with contact information, a copy of the minutes from their most recent annual general meeting and audited financial statement.

# Access to Information and Protection of Privacy, Declaration, and Signature

The personal information in this form is being collected under the authority of section 61(c) of the [**Access to Information and Protection of Privacy Act, 2015**](https://www.assembly.nl.ca/legislation/sr/statutes/a01-2.htm) (Act)**,** for the purpose of program administration and assessing the merits of each funding application.

Under the [Act](https://www.assembly.nl.ca/legislation/sr/statutes/a01-2.htm), members of the public may request and obtain access to information held in Provincial Government records. Should a request be received for information regarding this grant application, the Department will consult with you prior to disclosing any information. It should be noted that only personal information and third-party confidential financial information may be withheld.

When funding is approved, the amount of funding, the purpose for which the funds were granted and the name of the organization receiving the funding are considered public information.

If you have any questions about the collection, use and disclosure of your personal information, please contact CSSD’s Access to Information and Protection of Privacy Coordinator at ATIPP-CSSD@gov.nl.ca.

I declare that:

[ ]  The information in this application and any accompanying documents is true, accurate and complete.

[ ]  The application is made on behalf of the organization named with its full knowledge and consent.

[ ]  I have the authority to legally sign on behalf of the applicant named.

|  |  |
| --- | --- |
| Name: Click or tap here to enter text.  | Title: Click or tap here to enter text. |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |