Accessible Vehicle Funding Application Form

Please print or type clearly. Alternate formats of this form are available upon request. Please contact 709-729-6279 or e-mail: CSSDGrantPrograms@gov.nl.ca

# Applicant Information

1. Name of Applicant:
2. Contact information:

Street/PO Box:

Community:

Province:

Postal Code:

Telephone:

Other:

Email:

1. I am applying on behalf of:

[ ]  myself – I require a vehicle retrofit

[ ]  my relative who requires a vehicle retrofit (Please specify:      )

[ ]  other (Please specify:      )

# Vehicle Information

1. Please select the option that best applies:

[ ]  I currently own a vehicle that I wish to retrofit

[ ]  I plan to purchase a vehicle that I wish to retrofit

[ ]  I have already purchased a vehicle and had it retrofitted

[ ]  I plan to purchase a second-hand vehicle that has an existing retrofit

[ ]  I have already purchased a second-hand vehicle that has an existing retrofit

1. Vehicle License Plate Number (if known):
2. Vehicle VIN Number (if known):

# Request Information

1. Please describe the **new** equipment/retrofit you require for your vehicle, if applicable (e.g. manual ramp, powered ramp, powered door, hand controls, etc.):

1. Please describe the **existing** equipment/retrofit of your vehicle, if applicable (e.g. manual ramp, powered ramp, powered door, hand controls, etc.):

1. How much funding are you requesting?

**Note:** Grants are awarded based on either the cost of a new retrofit or the **current** value of an existing retrofit, up to a maximum of $50,000. You may apply for funding toward the cost of accessibility modifications only, **not** the cost of the vehicle itself.

# Quote and Purchase Information

1. Have you attached a quote to your application? Please select one of the following:

[ ]  I have attached a quote from a certified supplier indicating the cost for my new retrofit

[ ]  I have attached a quote from a certified supplier indicating the current value of my existing retrofit

[ ]  Quote to follow from a certified supplier

**Note:** You **must** submit a quote before we can process your application.

1. Have you attached proof of financing **or** proof of purchase to your application? Please select one of the following:

[ ]  I have attached proof of financing for the vehicle I plan to purchase

[ ]  I have attached proof of purchase for the vehicle that I have already purchased

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

[ ]  Yes

[ ]  No

If yes, identify source:

# Privacy Notice

The Department of Children, Seniors and Social Development respects your rights for privacy. As stated in the **Access to Information and Protection of Privacy Act**, all applicants: have the right to the protection of their personal information; have the right to access their personal information that is held within the department; and have the right to request the correction of their personal information if there has been an error or omission.

Personal information is collected for administering funding. Section 39(1)(C) of the **Access to Information and Protection of Privacy Act** allows Government of Newfoundland and Labrador departments or agencies to disclose personal information to other Government of Newfoundland and Labrador departments or agencies for the purpose of reviewing and monitoring applications, conducting policy analysis and seeking other potential funding sources.

# Declaration and Disclosure

I declare that the information in this application is true, accurate and complete.

Applicant’s Signature:

Date:

Witness Signature:

Date: