Accessible Taxi and Busing Grant Application Form

Please complete the entire application. Please print or type clearly. All applications must provide proof of good standing with Companies and Deeds Online. All applicants should review the Accessible Taxi and Busing Grant Guide for Applications document.

The deadline to submit applications is December 14, 2026.

Please submit your completed application to SSWBGrantPrograms@gov.nl.ca

Alternate formats of this form and guidelines are available. Please contact the Disability Policy Office at DisabilityPolicy@gov.nl.ca or (709) 729-6279.

Applicant Information

Applicant's Legal Name:

Category of Application:

- Accessible Taxi:
- Accessible Busing:

Complete Mailing Address:

Contact Person Name:

Position:

Phone Number:

Email:

Incorporation Number (if applicable):

Licence:

Please attach proof of a license to provide transportation services (van or bus).

Experience and Training

Please describe your experience in the transportation industry and any relevant training pertaining to accessible transportation.

Service Delivery and Vehicle Information

Is there a demand for accessible transportation services in your area? If yes, please describe:

What geographic area, community or communities will your accessible transportation service cover?

What are your hours of service?

What is your implementation plan? Please include timeline for implementation of service. You must also commit to drivers and dispatch, where relevant, being trained in the delivery of transportation services to persons with disabilities, as well as in the safe securement of mobility devices. Please provide training details within your implementation plan.

The vehicle(s) that will provide the accessible service must meet one of the following criteria. Please check which standard applies:

- ☐ **CSA standard D409-92** means the Canadian Standards Association standard D409-92, Motor Vehicle for the Transportation of Persons with Physical Disabilities.
- ☐ **CSA standard Z605-16(R2024)** means the Canadian Standards Association standard Z605-95, Mobility Aid Securement and Occupant Restraint (MASOR) Systems for Motor Vehicles, as amended from time to time by the Canadian Standards Association.

Evaluation and Commitment

How will you track requests for accessible service and the ratio of all requests for service? How will you demonstrate that persons with disabilities are given priority?

Financial Requirements

Funding can only be applied to costs related to:

- Retrofitting a passenger vehicle for accessibility.
- Meeting accessibility standards.
- Purchasing a vehicle that can accommodate passengers with mobility devices, such as wheelchairs and scooters.

How much funding are you requesting?

Please provide a detailed breakdown of proposed costs of providing the accessible vehicle(s).

Item	Cost	Amount Requested
Total:		

If you are retrofitting a vehicle (i.e., installing accessibility features/equipment), **you must submit a quote** (valid within 6 months of the application date) from a certified supplier. This quote must include details of the accessibility features being purchased and/or installed, as well as the cost.

Please ensure to attach proof of financing or proof of purchase to your application.

Declaration and Disclosure

Under the **Access to Information and Protection of Privacy Act**, 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(s) receiving the funding are considered public information. If you have any questions regarding the collection or disclosure of the personal information on this form, please contact ATIPP-SSWB@gov.nl.ca.

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

Applicant's Signature:

Date:

Witness' Signature:

Date: