

Accessible Transportation Assistance Program (ATAP) 2026/27 Application

Applicant Information

Company/Organization Name:
Civic/Operating Address:
Postal Code:
Mailing Address (if different):
Municipality:

Contact Information

Primary Contact:
Title:
Email:
Phone:

1. Are you a community organization involved in the delivery of an accessible transportation service?

Yes No

How many wheelchair accessible vehicles do you have?

How many non-wheelchair accessible vehicles do you have?

2. Will the vehicle be made available to the community? Yes No

3. Describe how this vehicle will be used including how trips are booked, demographic priority and passenger fares.

4. If applicable, describe how the purchase of a non-wheelchair accessible vehicle help you to better serve your communities?

5. Please provide 2-3 examples of how the purchase of a non-wheelchair accessible vehicle will create efficiency and effectiveness for the transit regarding ride scheduling.

6. Outline the plans to promote the accessible service. Describe how persons with disabilities will be informed of your accessible service.

7. Does your organization have an up-to-date training program?

Wheelchair accessible vehicle use	Yes	No
Dealing with persons with disabilities	Yes	No
Appropriate Driver's License	Yes	No

If "No", when will the drivers be appropriately trained?

Date (MM/DD/YYYY)

8. Please state the Utility and Review Board license(s) or the municipal taxi license(s) for the transportation service.

9. Type of service to be provided with this vehicle

Fixed Route Door-to-Door On Demand

Combination (specify)

10. Vehicle acquisition will:

Provide New Service(s)

Replace Existing Vehicle(s)

Supplement Existing Service(s)

11. Provide the following information on the vehicle being replaced:

Vehicle Year:

Numbers of Kilometers:

Describe the mechanical or safety issues of the vehicle being replaced if the vehicle is less than 5 years old or has less than 150,000 kms driven:

12. Type of vehicle being sought

Vehicle (make/model)		Lighting	
Vehicle Year		Lift/Ramp (make/model)	
Number of Passengers		Marking/Signage	
Number of Wheelchairs		Hand Rails	
Number of KM		Grab Rails	
Current owner of vehicle		Meets D409- standard	
Other			

Mechanical assessment: (for used vehicles only) – <i>this MUST be provided, or application will not be reviewed.</i>
Environmental considerations including hybrid, diesel fuel, idling policy, PMVI, routing optimization:
Anticipated delivery date:

13. Anticipated capital cost of vehicle (NET OF HST):

	A	B	C	D	A+B-C+D	
Vendor	Amount (before tax)	HST	HST Rebate	Contingency (max 25%)	Total Capital Amount	Select Vendor
TOTAL CAPITAL COST OF VEHICLE (NET OF HST)					\$	

Justification for not providing at least 3 quotes or selecting the lowest bid: (up to 750 words)

Specify funding by source as per table below:

Sources of Funding	Funded Amount	Funding Confirmed	
		YES	NO
ATAP			
Municipal Government			
Federal Government			
Donations/Fundraising			
Other (specify)			
Own Contribution			
Total Project Cost Must be same cost from #13 (p. 4)			

Has an application been submitted to the Rural Transit Solutions Fund for this vehicle?

Yes No

Declaration

By checking this box, I agree that the information provided on this application form and accompanying documentation is accurate to the best of my knowledge. I hereby give the Department of Public Works authority to verify any and all information pertaining to this application. I understand that projects which are funded may be subject to audit by the Province of Nova Scotia, who reserves the right to review and inspect projects and related documentation during and following completion of the project.

Name

Date (MM/DD/YYYY)

Title