# Highway 16 Community Transportation Grant Program (CTGP) Funding Renewal Application Form 2020

The Community Transportation Grant Program (CTGP) will renew funding for the CTGP's vehicle operating expenses. This funding will be available through March 31, 2022 and is to be used for existing remote (mostly Indigenous) community-based transportation services along the Highway 16 corridor between Prince Rupert and Prince George. These vehicles provide access to employment, education, daycare, health care, social/cultural events, banking, shopping, and other destinations.

Funding or support levels will vary depending on the original Conditional Grant Agreement the community entered into and a re-examination of vehicle operational expenses and usage.

This Renewal Application Form can be filled in with the help of Ministry staff and then emailed to: <a href="mailto:CTGP@gov.bc.ca">CTGP@gov.bc.ca</a> with "CTGP Funding Renewal" in the Subject line.

Community:

Recipients will enter into a new Conditional Grant Agreement with the Ministry of Transportation and Infrastructure for the extension period. Recipients are responsible for ensuring that vehicles are appropriately insured, and that drivers and services are properly licensed. NOTE: Vehicles must be insured and licensed for "commercial use" if the driver is compensated or users pay for service. Drivers must hold a valid Class 4 driver's licence to transport 10 or more passengers.

A Passenger Transportation Licence is required for the service if users pay for transportation.

Information collected is subject to the provincial *Freedom* of *Information and Protection of Privacy Act*. Financial information collected will be used only for the purposes of calculating eligible funding amounts. For further assistance, please contact the Hwy 16 CTGP Team at 236-478-0232 or CTGP@gov.bc.ca.

Community:	
Primary Contact	Secondary Contact

Name: Name: Title: Title: Email: Email:

Telephone: Telephone:

#### **Service Description**

Please describe your vehicle and the services you provide (i.e. type of vehicle, number of seats, routes, schedule or ondemand, fares if charged, volunteer or paid drivers, etc.)

#### Reason for Trip

Please tell us where people are going to when they use your service (i.e. work, visiting family/friends, school, medical appointments, bank, groceries, cultural events, etc.)

#### **Passengers**

How many passengers did you carry per month (on average) in 2019?

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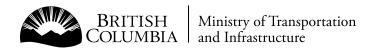
		Connections
Does your service co	onnect to a	ny existing transportation services? (i.e. BC Transit, Northern Health, BC Bus North, etc.)
YES	NO	If yes, please list services:
		Community Populita
0 "	.,	Community Benefits
Can more than one	•	•
YES	NO	If yes, please list the communities:
Dlagge evaluin how	vour convio	o promotos casial, acapamia ar cultural banefita (a.g. acapaca to work, aducation, basilth care
		e promotes social, economic or cultural benefits (e.g. access to work, education, health care, ing, visiting friends, etc.).
Social Sci vices, Barn	ung, shopp	mig, violating menad, etc.).
		Flexibility
la vaur aamijaa flavila	lo? For ov	
		ample, once the regular routes have been decided upon, could your vehicle be made in the evening (or mid-day, etc.) for taxi-like service or for other community groups such as
		rehicle for their needs?
YES	NO	
150	NO	If yes, please describe:
		Employment
Does your service tra	ain and/or e	employ local drivers?
YES	NO	Ampley result universe.
TES	NO	00\/ID 40 04b F
		COVID-19 or Other Emergency Impacts
•		9 pandemic or other emergencies (i.e. wildfires) had on your vehicle's uses, types of
passengers and des	tinations?	
Diago tall us any ar	itical function	one that the vehicle provides during these events
r icase icii us aliy Cl	nicai iulicii	ons that the vehicle provides during these events.

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Have there been any oth	ner modifications to your	service?			
Are there any other cons	iderations you would like	e us to know?	?		
			ng Costs		
For each of the operating	g cost categories below,	please provid			
Category			Monthly Operating	Cost	Yearly Operating Costs
Vehicle Insurance					
Fuel/Oil					
Maintenance					
Driver's Wages					
Cell Phone					
Bus Rental and/or Towin	<u>g</u>				
Administration	`				
Additional Costs (specify	<u>')</u>				
Other (please specify)					
		TOTAL			
			sets		
Please list anything that h	nelps cover your vehicle's	operating co	sts (i.e. trip fares, other	funding pr	ograms, etc.) and the amounts.
		Odomete	r Reading		
Please tell us the odome	eter readings for when yo	ou first started	d using your vehicle an	d currently	<i>/</i> :.
	Start Date:	Odon	neter Reading:		
	Current Date:	Odon	neter Reading:		
		Ne	eds		
Please tell us about what you would need to improve your service? Do you have the right vehicle? Do you serve the community/					
route/riders, etc. that need this service? Do your operational cost estimates adequately cover your real operating expenses?					

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## Community Transportation Grant Program (CTGP) Funding Renewal Application Form 2020

Please tell us what you would need to improve the	services you currently provide.
	Reporting
provided (e.g. number of trips taken, number of pas	require a new commitment to report on such things as the service being ssengers served per month), client demographics (e.g. number of seniors enter, recreation center), the vehicle use (e.g. odometer reading, monthly minimal time and effort.
Please indicate if your organization can dedicate st	aff and/or other resources to fulfill these reporting commitments.
YES NO	
	Authorization
I/we certify that the information contained in this ap has been submitted with the agreement of all partn	plication is, to the best of my/our knowledge, correct and complete and ers.
Signature	Date:
Name:	Title:
Email:	Telephone:

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