

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: FAMAGrantPrograms@gov.nl.ca

Applicant Information

1. Name of Applicant:

2. Contact information:

Street/PO Box:

Community:

Province:

Postal Code:

Telephone:

Other:

Email:

3. 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

4. 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

5. Vehicle License Plate Number (if known):

6. Make, Model and Year of Vehicle:

7. Vehicle VIN Number:

Request Information

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

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

10. 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 or value of accessibility modifications only, **not** the cost of the vehicle itself.

Quote and Purchase Information

11. 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.

12. 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 am purchasing
- ☐ I have applied for financing for the vehicle I plan to purchase and will provide it as soon as possible
- ☐ I have attached proof of purchase for the vehicle that I have already purchased

13. 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

Your personal information is being collected in accordance with section 61(c) of the **Access to Information and Protection of Privacy Act, 2015** (ATIPPA, 2015) and will be used to assess applications for Accessible Vehicle Funding and to administer the program. It will not be used for any other purposes unless authorized under ATIPPA, 2015. Under ATIPPA, 2015, personal information is protected under section 64 (1) and you have the right to access your personal information held by the department, and to request the correction of your personal information if there has been an error or omission.

Any questions or comments can be directed to FAMAGrantPrograms@gov.nl.ca.

Declaration and Disclosure

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

Applicant's Signature: _____

Date:

Witness Signature: _____

Date: