ROCKY VIEW COUNTY

SPECIALIZED TRANSPORTATION

2027 SERVICE PROVIDER GRANT APPLICATION

APPLICANT INFORMATION
Organization Name:
Registered Society Number:
E-Mail:
Mailing Address:
Phone:
Contact Person:

FUNDING

Amount of Funding Received in 2026 _____

Amount of Funding Spent to Date _____

FUNDING REQUEST FOR 2027 _____

DOCUMENTATION REQUIREMENTS	ATTACHED
1. List of current Society Board of Directors by name and position	
2. Fee policy and schedule	
3. Financial statement and/or budget that indicates revenues and expenditures for current year	
4. Prior year's actual financial statement (Balance Sheet and Statement of Revenues and Expenditures)	
5. Copy of Certificate of Incorporation under the Societies Act	
6. Copy of insurance policy or letter of confirmation from provider	

DAYS AND HOURS OF OPERATION							
OPERATING HOURS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

Dates not Operating:

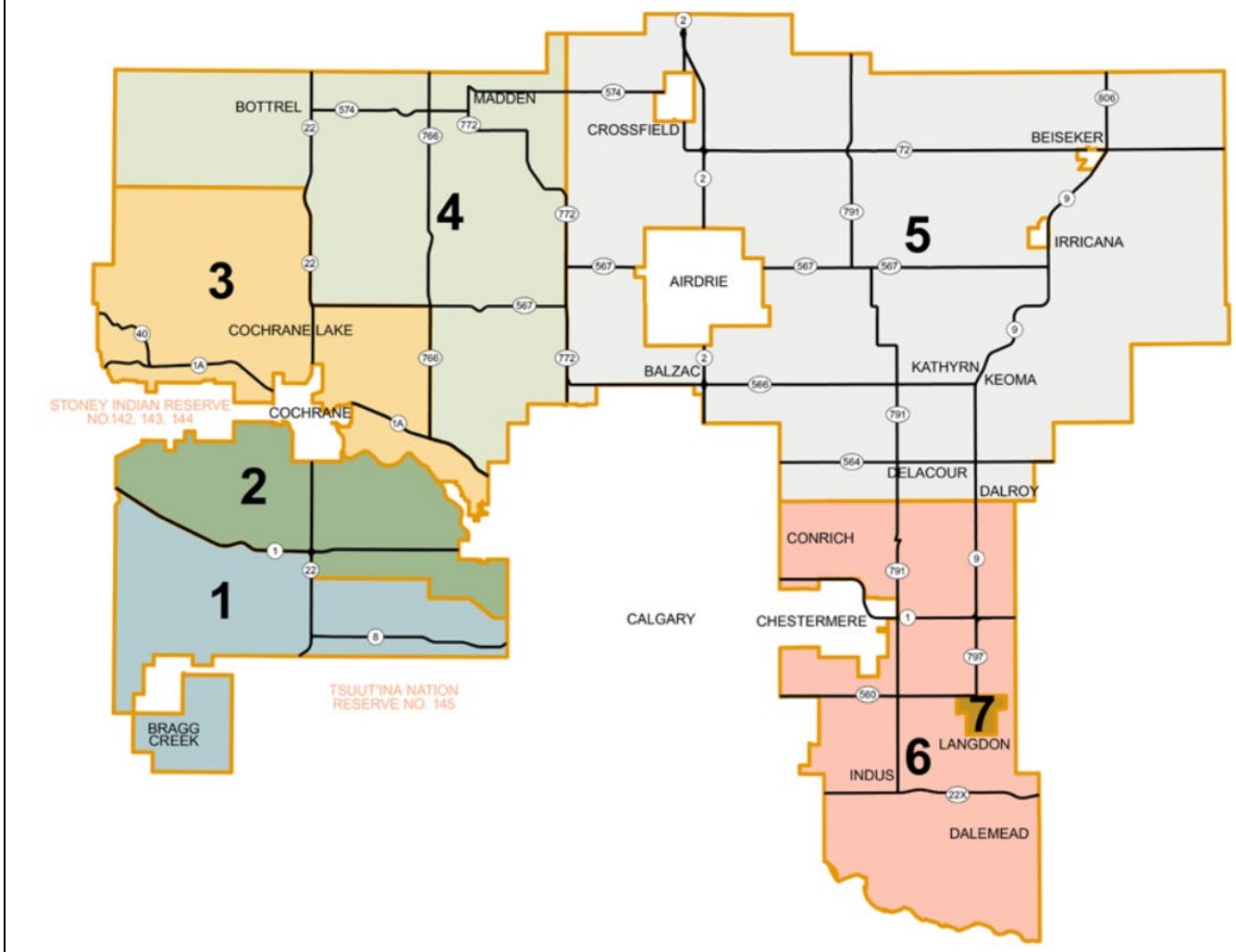
Statutory Holidays_____ Other_____

NUMBER OF SERVICE TRIPS PROVIDED YEARLY (ONE WAY)							
2026 Actual Numbers	Medical and Therapeutic	Respite	Work and Volunteer	Social and/ Recreation	Education	Personal	Grand Total
County Residents							
Other Municipalities							
2027 Projected Numbers	Medical and Therapeutic	Respite	Work and Volunteer	Social and/ Recreation	Education	Personal	Grand Total
County Residents							
Other Municipalities							

STATEMENT OF NEED (Tell us about the situation you wish to address)

ACTIVITIES (Tell us the specific ways or actions you provide service to your clients)

SERVICE AREA (Tell us your area of operation and mark it clearly on the map with a thick black marker)



OTHER MUNICIPAL PARTNERS / FUNDING SOURCES (Tell us which neighbouring and/or surrounding municipalities also participate in your program and, if so, what funding they provide)

ADDITIONAL INFORMATION

(Please provide a brief society history and any additional information you believe is relevant to your application)

NOTES:

1. Applications will only be considered from associations, societies, or groups duly registered with the Province of Alberta as a non-profit organization providing specialized transportation (transportation for medical or therapeutic purposes for seniors or persons with disabilities).

2. The total amount of grant money available will be determined annually by the County Council. Applications received after the application deadline will be considered on a first-come first–served basis.

3. The municipality will consider cost-sharing specialized transportation with other levels of government or corporate sponsors when such programs exist.

4. If more than one eligible Specialized Transportation Provider (STP) within an area applies for funding, it shall be allocated equitably amongst all the STP's applying.

5. A list of all eligible applications from STP's will be submitted to Council for approval.

6. The Specialized Transportation Assistance Grant will only be provided until grant monies are exhausted.

7. The Specialized Transportation Assistance Grant is subject to County Council approval every year and may be discontinued without notice.

8. This application is subject to any revisions made in the County Specialized Transportation Policy or associated policies.

This is to certify that to the best of my knowledge and belief, the information included in this application is true and factual.

_____
Signature (Society Signing Authority)

_____ _____
Name (Please Print) **Title**

Submit Completed Documents by December 31, 2026 to:

Rocky View County
262075 Rocky View Point
Rocky View County, AB T4A 0X2

Attention: Jodi McKay, FCSS Coordinator,
Recreation & Community Support