

Applicant Instructions

1. Read the Eligibility and Criteria before proceeding.
2. Ensure all required information is provided when completing your application. If additional space is needed, please attach a word document referring to the question number.
3. **All organizations applying for Transit Fare Assistance must complete the application form titled “Transit Fare Assistance Program Application”.**
4. If your organization has applied for or received any other grants, tax assistance, or payments in kind from the City of Regina, please include a copy of the most recent application form completed by your organization.
5. Applicants may be required to submit further information upon request.
6. **For repeat applicants, please note that R-Card usage forms, supplied by Regina Transit, must be completed accurately. Future allocations may depend on the information provided for the previous year's allocation. This log must be returned with your 2021 application.**

All applications must be received no later than November 30, 2021. Late applications will not be accepted. If you have questions or require assistance in completing the application form(s) please call 306-777-7726.

To ensure your application is received, we recommend email as the best method for submissions.

Please email your completed application with scanned attachments to: reginatransit@regina.ca; a confirmation email will be sent to you stating we have received your application.

or

Mail your completed application to:

City of Regina Transit Department
P.O. Box 1790
Regina, Saskatchewan
S4P 3C8

Application Form

Each organization is scored based on criteria such as the reason assistance is required, management and accountability demonstrated when completing usage logs, and how your program provides community support.

Please read the application form carefully and complete all fields in detail, print and sign where indicated.
Failure to provide substantial information will negatively affect your scoring.

1. Organization Information

Agency (Legal Name): _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Primary Contact: _____ Phone: _____ Email: _____

Secondary Contact: _____ Phone: _____ Email: _____

2. Funding Request

Rides / Passes Requested (2021 Prices)

ADULT		
Amount	Product	Price
	2-Ride Cards	\$6.50 each
	31-day Pass	\$88.00 each

YOUTH*		
Amount	Product	Price
	2-Ride Cards	\$5.50 each
	31-day Pass	\$64.00 each

***Youth passes are for children aged 5-14 or attending secondary school (require valid Transit ID card). Youth rides and passes are not transferrable. They can only be used by a youth. Adult rides and passes are transferrable and can be used by youth.*

Approximate average age of clients, or age range: _____

Approximate number of clients visits per month: _____

Total dollar amount requested in rides and passes:

3. Is your organization incorporated as a non-profit?

Yes

No

Non-Profit Registration Number

4. Briefly describe the mission of your organization.

5. What will the rides and/or passes be used for? (Example: given to students to prevent them from missing classes)

- Education
- Appointments/Community Support
- Work
- Basic Transportation
- Other

6. We have provided Regina Transit with our R-Card Usage Logs from the previous year:Yes No **7. Have you applied for, received other grants, tax assistance, or payments in kind from the City of Regina in current or previous years?**Yes No

If yes, please list (include year):

1. _____
2. _____

8. Do you receive other forms of transportation assistance including financial support from the public (i.e., crowdfunding, fundraising) and/or other levels of government?Yes If yes, dollar amount or quantity received: _____ No **9. Attachments:**

We have attached copies of other grants, tax assistance, or proof of payments in kind from the City of Regina in current or previous years (if applicable).

Yes No **10. If previously provided rides or passes on the Fare Assistance Program, was the full amount allocated used up?**Yes No

If not, how many rides or passes do you still retain? _____

Name: _____

Position: _____

Signature: _____ Date: _____

Secondary Contact Name: _____

Position: _____

Signature: _____ Date: _____