**SECTION 3**

|  |
| --- |
| **2016-2017 APPLICATION FOR NON RECURRENT FUNDING -****TRANSPORT VEHICLE** |

|  |
| --- |
| **TOTAL FUNDING REQUESTED FOR ADDITIONAL VEHICLES $**  |

**Please complete a separate application for each vehicle and identify in priority order of purchase, and attach two (2) written quotes for each vehicle.**

**Priority 1**  **Priority 2**   **Priority 3**

Service Providers should consider capacity for client numbers, their needs and future expansion of support services when applying for vehicles.

The WA HACC Program requires funded vehicles to be available to support service delivery seven (7) days a week.

**SUPPORT SERVICES TO BE PROVIDED BY VEHICLE AND JUSTIFICATION FOR THE APPLICATION:**

Please describe the specific use of the vehicle in service delivery, client numbers, and if using for transport only, the numbers of trips planned.

***Start your application here***

Please outline the justification for the application and reasons behind the selection, detailing other options considered (e.g. if a vehicle larger than a 16 seater is requested the option of two (2) smaller buses versus one (1) large bus).

***Start your application here***

Will the additional transport vehicle be used exclusively for the WA HACC Program? Yes No

If no, for what other purpose or program will the vehicle be used? Please specify how the associated charges or revenue will be attributed to the WA HACC Program.

***Start your application here***

**QUOTE DETAILS FOR THE ADDITIONAL VEHICLE:**

**Quote 1**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Make/Model** | **Purchase** **Price** **$** | **Cost of Modifications****$** | **Combined Cost of****Vehicle****$** |  **GST****$** | **Cost of Vehicle** **(GST excl)****$** | **Less Trade in Value** **$** | **Net Cost of Vehicle****$** | **Asset Replacement Contribution****$** | **Funding Requested from HACC****$** | **Office Use Only****Supported by PO****Y/N** |
|  |  |  |  |  |  |  |  |  |  |  |

**Quote 2**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Make/Model** | **Purchase** **Price** **$** | **Cost of Modifications****$** | **Combined Cost of****Vehicle****$** |  **GST****$** | **Cost of Vehicle** **(GST excl)****$** | **Less Trade in Value** **$** | **Net Cost of Vehicle****$** | **Asset Replacement Contribution****$** | **Funding Requested from HACC****$** | **Office Use Only****Supported by PO****Y/N** |
|  |  |  |  |  |  |  |  |  |  |  |

**IDENTIFY WHICH QUOTE IS YOUR PRIORITY**

**REASON:**

***Start here***

**DETAILS OF VEHICLE TO BE REPLACED:**

If you are applying to *replace a vehicle that is less than 3 years old*, please provide details of the circumstances that justify the application:

***Start here***

|  |  |
| --- | --- |
| Trade-in value  | **$**  |
| Make/Model  |  |
| Year of Manufacture |  |
| VIN (Vehicle Identification Number) |  |
| Fuel Type (petrol , diesel, gas or electric) | Petrol Diesel Gas Electric Hybrid  |
| Odometer Reading (Kilometres)  |  |
| Number of Trips per annum (if applicable) |  |
| Number of Clients transported on a daily basis |  |
| Maintenance/Repair costs for last 12 months (attach copies of invoices and include record of significant accidents) | **$**  |
| Number of Seats |  |
| Wheelchair Modifications | **Yes**  **No**   |
| This vehicle is shared/sub leased with/to | **N/A**   |
| Vehicle used to provide support with Social support, Centre-based day care, Transport trips, etc) |  |

**Asset Replacement Reserve Funds**

Balance of Cumulative Depreciation in ARR: **$**

Funds allocated for vehicle replacement: **$**

Please provide reasons if not contributing ARR funds.

***Start here***