

+ Queensland Government Wheelchair Accessible Taxi Grant Application Form

v2 18/12/2019

Objective

This objective of the Wheelchair Accessible Taxi Grant Scheme is to support the modernisation and expansion of an operational fleet of wheelchair accessible taxis in Queensland by assisting *eligible licence holders* replace an ageing or written off *wheelchair accessible taxi* or a *conventional taxi vehicle*.

Section 1 – Applicant type

Please select the application class under which you are applying

Class 1 – My application is to replace a wheelchair accessible taxi aged over 8 years.

Class 2 – My application is to replace a wheelchair accessible taxi aged between 6 to 8 years with an odometer reading of at least 800,000km and requiring repairs to a value of at least \$10,000+GST as determined in writing by a mechanic, panel beater or other relevant tradesperson.

Class 3 – My existing wheelchair accessible taxi has been written-off by an approved insurance assessor and I am applying to acquire a new wheelchair accessible taxi.

Class 4 – I am converting my conventional taxi licence to a wheelchair accessible taxi licence and I am applying to acquire a new wheelchair accessible taxi.

Note – applications for each round will be considered on the above priority basis from Class 1 to Class 4.

Section 2 – Applicant details

Please select:

	Title	Surname	Given Names	Date of Birth
Sole trader				
Partnership				
Individual trustees				
Company directors				

or

Please list Company Director's details above

Company

Company name

or

Trust

Trustee

Individual *(please provide the individual trustee/s details above)*

Company *(please provide the Company name and the Company Directors' details above)*

Trust name

Section 2 – Applicant details (continued)

Trading name

Trading name ABN

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GST registered

Yes

No

Contact name

Landline

Mobile

Email

Street address:**Postal address:**

Please tick if same as road address

Town/city

State

Postcode

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Town/city

State

Postcode

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Licence information

Licence holder/s name

Taxi licence number

Please indicate your taxi service licence area (TSA)

Section 3 – Proposed Wheelchair Accessible Taxi (WAT) Replacement**Class 1**

Age of the WAT at time of application

Class 2

Age of the WAT at time of application

How many km has the vehicle completed at time of application

Estimated cost to repair taxi

Class 3

Has the vehicle been written off?

Yes

No

Please provide evidence of vehicle write-off

Settlement statement

Bank statement or other evidence of insurance pay-out

Name of Insurance Company

How much was your insurance settlement for the vehicle?

Class 4

Please provide evidence to convert licence:

Intent to convert licence

I intend to convert my licence

or

Evidence of licence conversion

I have attached evidence that I have a wheelchair accessible taxi licence

Section 4 – Activity Tables

Please fill out the activity table below providing dollar (\$) values from either a quote received or your estimate of the costs. Note, it is not guaranteed that applicant/s will receive this grant amount, which will be based on the invoices submitted with the claim form.

#	Product / service name	Estimated date of services rendered	Estimated cost of service (ex GST)
Item 1			\$
Item 2			\$
Item 3			\$
		Total Cost	\$
		Total Grant amount (50% ex GST)	\$

Are you able to meet the minimum 50 per cent co-contribution funding as part of eligibility for this grant?
Note that evidence may be sought as part of the assessment, if required.

Yes No

Section 5 – Bank details

This section is only applicable to those who have purchased, modified and paid in full, a wheelchair accessible taxi from July 1 2019.

Please provide the following evidence:

Evidence of purchase of vehicle (e.g. invoice/receipt)

Evidence of modification certificate

Date that vehicle began operations after 1 July 2019

Evidence of payments (e.g. bank statement)

Please provide your bank details for reimbursement of the assistance funds by Electronic Funds Transfer
(Note: Bank account details must match the applicant entity)

Bank

Branch

BSB

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Account name

Account number

In cases where you have not paid in full, payment options will be provided by QRIDA with any letter of offer.

Section 6 – Declaration and Authorisation

I/we declare that:

- I/we have read and understand all requirements as set out in this application and guideline available at www.qrida.qld.gov.au for the Wheelchair Accessible Taxi Grant Scheme;
- QRIDA may use information provided in connection with this application to assess my/our application for funding under this Scheme.

I/We declare that I/we have sought value for money to my/our best endeavours in purchasing my/our wheelchair accessible taxi.

I/We acknowledge that the new wheelchair accessible taxi is used to provide a taxi service under the licensee's taxi service licence for a period of at least 3 years and understand that if it is not used for at least 3 years, you must repay the assistance on a pro-rata basis for the part of the 3 year period the taxi was not used to provide the taxi service.

I/We authorise QRIDA and each of its authorised representatives to obtain or collect such information as QRIDA or an authorised representative considers to be necessary or appropriate in connection with this application or any aspect of the Scheme, from:

- any accountant, solicitor, business consultant, bank, financier, supplier, service provider, insurer, or other agent named or identified in this application or any supporting documentation provided with, or in support of, this application; and
- any Commonwealth, State or local government department, agency or authority that QRIDA or an authorised representative may consider relevant, (each a **Relevant Person**).

Without limiting the above, I/we authorise any Relevant Person to disclose to QRIDA and its authorised representatives such information as may be requested about me/us in connection with this application or any aspect of the Scheme.

I/We understand and agree that QRIDA and its authorised representatives will use information contained in, or provided in relation to, this application, and other supporting information to determine if I/we is eligible to receive grant funding under the Scheme and in relation to the administration and management of the Scheme and any grant provided to me/us under the Scheme.

I/We understand that all applications for assistance will be assessed by the Authority on a competitive basis, with preference to applicants who are applying to replace a vehicle as outlined in the Scheme Guidelines.

Section 6 – Declaration and Authorisation (continued)

I/We authorise:

- a. QRIDA and each of its authorised representatives to disclose:
 - that I/we have made this application;
 - information contained in this application or any supporting documentation provided with, or in support of, this application;
 - information collected by QRIDA or an authorised representative from any Relevant Person; and
 - information about any previous application I/we have made to, or financial assistance I/we have received from, QRIDA, (in each case, **Disclosable Information**) to any:
 - i. Relevant Person or any contractor or agent of QRIDA, for purposes related to the assessment of this application or the administration and management of the Scheme or any grant provided to me/us under the Scheme; and
 - ii. any other Commonwealth, State or local government department, agency or authority, for policy planning or other governmental purposes of that department, agency or authority; and
- b. the use of Disclosable Information by any department, agency or authority or other person referred to in a) above for a purpose stated in a) above.

I/We certify that:

- a. all of the information provided in the whole of this application is true and accurate.
- b. to the extent this application or any information provided in relation to this application contains information of, or about, another person, I/we have the authorisation of that person to provide the information and for it to be used and disclosed in accordance with the above authorisations.
- c. if signing on behalf of a company, I/We do so under Section 127 of the *The Corporations Act 2001* (Cth). QRIDA reserves the right to refuse an application for financial assistance if all or part of the selected recommendations stated in Section 4 have been completed prior to QRIDA issuing an Approval.

I/We understand that QRIDA does not have any responsibility or liability to me/us whatsoever for, or in relation to, any goods or services in relation to which any part of the Grant is drawn on or applied or for my/our use of, or reliance on, any goods or services or any loss that I/we may suffer in connection with any such use or reliance.

I/We have read the Privacy Statement below and understand how personal information provided in my/our application may be used.

By signing below, I/we understand that:

- penalties may be applied under the *Rural and Regional Adjustment Act 1994* (Qld) if any information provided in an application is found to be untrue, false or misleading and that giving false or misleading information is a serious offence under the *Criminal Code 1995* (Cth).
- my/our application will not enter the assessment queue until all of the required information is received at QRIDA.
- Grant offers and grant payments will at all times be based on, and be subject to, the availability of funds.

Authorised Applicant

Print full name

Signature Date

Print company name

ABN/ACN

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Print full name

Director signature Date

Director/ secretary signature Date

Section 6 – Declaration and Authorisation (continued)

Authorised Applicant

Print full name

Signature

Date

Print company name

ABN/ACN

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Print full name

Director
signature

Date

Director/
secretary
signature

Date

How to apply

Please submit your completed application including all supporting documents to QRIDA by:

Post: GPO Box 211, Brisbane QLD 4001 **Email:** contact_us@qrída.qld.gov.au **Fax:** (07) 3032 0300

Enquiries

Further information on the program is available on the QRIDA website at www.qrída.qld.gov.au

If you require assistance with completing your application please contact QRIDA on **Freecall 1800 623 946**

Privacy information

Personal information provided on, or in support of, this application or that is obtained from any Relevant Person, may be used by QRIDA and its authorised representatives to assess your eligibility for the Scheme and in relation to the administration and management of the Scheme or any grant provided to you under the Scheme. QRIDA may also use this information to research and develop its service, to collate statistical data or in some cases provide you with information on other QRIDA programs. QRIDA may disclose your personal information in accordance with the authorisations above and any department, agency, authority or other person to which such information is disclosed may use the information for the purposes stated in the authorisations. More information about QRIDA's general privacy policy is available on our website at www.qrída.qld.gov.au.