

NORTHERN COMMUNITY SHUTTLE PROGRAM – 2026 Intake

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1. Project Name

Shuttle service name:

2. Applicant Profile

Applicant organization (legal name):	
Non-profit society registration number: (if applicable)	Passenger transportation licence number: (if applicable)
Business registration number: (if applicable)	Length of time the organization has been in operation:
Mailing address:	Telephone:
Email:	Website (URL):

3. Primary Contact Information

Primary contact (for this application):	Position/title:	
Email:	Primary phone number:	Secondary phone number:



4. Timeline

Stage of project:	Scheduled date (dd-mmm-yyyy):
Project start date <i>*Cannot be prior to April 1, 2027*</i>	
Project completion date <i>*Cannot exceed March 31, 2028*</i>	

5. Service Overview

List the communities that will be serviced:	
Size of catchment area (population served) of the service:	
Enter a brief description of the service:	
Service information:	
Length the service has been in operation:	
If expanding the service from current operations, please detail the expansion:	
Please provide the make, model, year, capacity, and odometer reading of the vehicle(s) to be used in the service:	
If charging a fare, please detail fare information:	
Using volunteers, paid staff, or combination?	Volunteers Paid staff Combination of volunteers and paid staff
Please explain how prolonged driver absences handled to ensure minimal disruption to the service:	

What steps will be taken to coordinate the proposed service with other transportation services in the region such as BC Bus North, BC Transit, Northern Health Connections, or Interior Health Connections?

6. Strategic Factors

Fill out all that are applicable. The following strategic factors will be considered in the application assessment.

Describe your experience and/or capacity to operate the proposed service including driver qualifications:

If applicable, explain how the service will meet specific local needs identified in a transportation plan or survey (work, education, health services, social connections):

What steps have been taken to reduce reliance on grant funding to operate and sustain the proposed service over the next year and beyond?

Explain efforts to promote partnerships and inclusive ridership between First Nations communities, businesses, industry, local government, school boards and/or not for profit organizations:

Outline how the service has been designed to accommodate youth, seniors and persons with disabilities:

Describe how the proposed service has considered all four seasons experienced in Northern BC:

7. Mandatory Key Deliverables

Current employment (baseline)

Nature of positions:	Number of existing positions:	Hours of employment per week (average):	Total months employed annually (average):
Direct permanent jobs:		hours/week	months/year
TOTAL CURRENT FULL-TIME EQUIVALENT (FTE) JOBS:			
<i>1.0 FTE is equal to 1 position working 35 hours/week for 12 months/year.</i>			

New employment

Nature of positions:	Number of new positions to be created:	Hours of employment per week (average):	Total months employment to be created (average):
Direct permanent jobs:		hours/week	months/year
Position(s)/title(s):			
TOTAL PROPOSED FULL-TIME EQUIVALENT (FTE) JOB CREATION:			
★ Full-time equivalent (FTE) job creation is aggregated from information provided above. 1.0 FTE is equal to 1 new position working 35 hours/week for 12 months/year.			

8. Funding Request

✦ Please refer to the [Northern Community Shuttle Program Application Guide](#) for eligible and ineligible costs.

Eligible project budget (as per Project Budget Template):	Funding request (grant):	Requested funding %:
\$	\$	%
✦ Applicants are required to use the Project Budget Template .	✦ See guide for funding parameters.	✦ Maximum 80%.

9. Other Funding Sources

Funding source: ⬆ Do not use acronyms.	Amount (\$):	Identify funding terms:		Identify funding confirmation:
	\$	Applicant contribution		Approval letter attached Date approval expected:
	\$	Grant	Loan	Approval letter attached Date approval expected:
	\$	Grant	Loan	Approval letter attached Date approval expected:
	\$	Grant	Loan	Approval letter attached Date approval expected:
TOTAL OTHER FUNDING: \$		TOTAL PROJECT FUNDING: \$ (Northern Development + Other Sources)		
⬆ Eligible project budget must match total project funding ⬆				

10. Attachments

Check all documents that are applicable and attached to this application:

Document name:
Detailed project budget using Northern Development's Project Budget Template (required; in Excel format)
Funding approval confirmations
Most recent annual financial statements
Society certificate of incorporation (required for not-for-profit applicants)
Supplemental Service Breakdown Template (required; in Excel format)
Detailed quotes (if applicable)
Letters of support from community organizations (if applicable)
Copy of passenger transportation license (if applicable)
Lease agreement or user agreement (if applicable)
Financial plan, business plan or other market research conducted (if applicable)
Partnership agreement(s) (if applicable)
Other:
Other:
Other:
Other:
Other:

11. Authorization

I have read and understand the [Application Guide](#) and confirm that all the required information has been completed in this form, and required attachments are being submitted.

I understand that Northern Development has the right to discard incomplete applications.

I confirm that the information in this application is accurate and complete, and that the project proposal, including plans and budgets, is fairly presented.

I agree to enter into an agreement with Northern Development prior to commencing the project. Project costs incurred by the Applicant in the absence of a signed agreement are at the sole risk of the Applicant and any such costs may be considered ineligible for reimbursement.

I agree that once funding is approved, any change to the project proposal will require prior approval of Northern Development.

I also agree to submit reporting materials as required by Northern Development.

I understand that the information provided in this application may be accessible under the Freedom of Information (FOI) Act.

I agree to acknowledge funding by Northern Development, where applicable.

I authorize Northern Development to make enquiries, collect and share information with such persons, firms, corporations, federal and provincial government agencies/departments and non-profit organizations, as Northern Development deems necessary for decision, administration, and monitoring purposes for this project.

I agree that information provided in this application may be shared with the appropriate regional advisory committee(s), board of directors, Northern Development staff, and consultants.

Name (organization signing authority): <i>★ Please type name.</i>	Position/title:
Signature:	Date (dd-mmm-yyyy):

12. Submitting Your Application

Completed funding applications (with all required attachments) should be provided electronically to Northern Development by email to transportation@northernddevelopment.bc.ca.

★ Please submit this Application Form and all attachments in one email if able; do not scan this form unless you are only scanning the signatory page.