

# Alternative Transportation Grants

## Delaware County Board of Developmental Disabilities

**Board Review Date:** August 18, 2011  
**Board Resolution #:** 11-08-06  
**Effective Date:** August 19, 2011  
**Next Review Date:** August 2012  
**Reviewing Department:** Support Administration

The Delaware County Board of Developmental Disabilities agrees to provide alternative transportation options to individuals and families as an alternative to the Board's traditional transportation services. The alternative transportation grants are available to eligible individuals and to families that are primary care givers to eligible children and adults. **The total Board contribution for one or a combination of several grants is not to exceed \$5,000.00 within a five year period.**

### 1. Vehicle Purchase Assistance for Eligible Individual

This grant offers down payment assistance to eligible individual to purchase a privately owned vehicle for not more than 50% of the purchase price and not to exceed \$5,000 in a five year period. Applicants must have **or verify that natural and paid support persons** have a valid Ohio operator's license and a driving record that meets the Board's standards for driving on county business. **Vehicles must not be more than 10 years old or have more than 150,000 miles.** The purchased vehicle must address the individual's transportation needs for community access/employment as defined in their Individual Support Plan and must accept responsibility for and demonstrate they can responsibly own and operate the vehicle.

### 2. Assistance for eligible individual with cost of repair to personal vehicle.

May be used for vehicles owned by eligible individuals that have either previously purchased a vehicle through this grant or purchased on their own and the vehicle is now in need of repair.

- a. Applicants must verify ownership of vehicle and must have **or verify that natural and paid support persons** have a valid Ohio operator's license and a driving record that meets the Board's standards for driving on county business
- b. Applicant must verify or obtain state required insurance coverage for vehicle.
- c. The vehicle must be inspected to determine if the repairs are cost effective and reasonable. Vehicles must not be more than **15 years** old or have more than **180,000** miles.
- d. The repaired vehicle must adequately address the person's transportation needs for community access and/or employment as defined in their Individual Plan.

### 3. Accessibility Modification of Family/Individual vehicle.

This grant may be used to modify a vehicle to make it accessible for transportation of eligible individual. Vehicles must not be more than **15 years** old or have more than **180,000** miles. All other funding options (i.e. Medicaid, Medicaid Waiver, Rehabilitation Services, etc.) must be used first. If the individual or family is purchasing an already adapted vehicle DCBDD may assist with the cost of modifications subtracting 10% of modification cost for every year the modification has been in place.

The grants are expected to meet the individual's transportation needs for five years. If the vehicle becomes inoperable, sold, or disposed of prior to the end of the five years, the individual or family will not be eligible for another loan unless the outstanding balance of the loan is satisfied. The grant shall be satisfied at the rate of 1/60<sup>th</sup> of the Board's grant for each month that it meets the individual's transportation needs. **The maximum amount for one or a combination of Transportation Grants shall not exceed \$5,000 within a five-year period.**

# Transportation Grant Application

This application is made on behalf of \_\_\_\_\_, who is a Delaware County resident, eligible for services from the Delaware County Board of Developmental Disabilities.

**Commitment for Use** - How will you use this vehicle and how will it assist you to be more independent, reduce current ISA costs and/or gain and maintain community employment?

**Annual Operating Cost - For eligible individuals**, who will assist you to maintain the vehicle? Complete and attach an annual operating budget for the vehicle.

## Vehicle Description:

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Mileage \_\_\_\_\_

Purchase/Repair/ Cost \$ \_\_\_\_\_

Modification Cost \$ \_\_\_\_\_ -% reduction \_\_\_\_\_ =Board pymt \_\_\_\_\_

Owner's Contribution \$ \_\_\_\_\_

Bank Loan \$ \_\_\_\_\_ for \_\_\_\_\_ months at \$ \_\_\_\_\_ per month

Grant Request Amount \$ \_\_\_\_\_ Not more than 50% of the purchase price  
Not more than \$5,000 in any five year period

## Required Attachment:

1. Driver's abstract for primary operator (Contact the Board's Transportation Department)
2. Proof of insurance or insurance estimate from agent
3. Vehicle inspection report if not a new vehicle
4. Estimate of cost for vehicle modification or statement of market cost for modification
5. Estimate of cost for vehicle repair
6. For client owned vehicle an annual budget for vehicle operation, insurance and maintenance

## Applicant's agreement:

- I agree that this grant is provided as an alternative to Board provided transportation services.
- I shall secure and maintain liability insurance on the vehicle as required by Ohio law.
- I agree to maintain the vehicle and accessibility modifications in a safe and effective manner.
- I agree that the vehicle shall be used to provide transportation for the above named eligible individual.
- Should the eligible individual not benefit from the use of the vehicle, the vehicle is sold or made non-operational, the applicant shall reimburse the Board for the unsatisfied portion of the grant. The eligible individual shall not be eligible for future Transportation Grants until the requirements of the grant are satisfied.

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I agree to the above conditions and requirements for a Transportation Grant.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

ISA Approval \_\_\_\_\_ Date \_\_\_\_\_

Director of ISA \_\_\_\_\_ Date \_\_\_\_\_