



SUNSHINE COACH APPLICATION

Please complete and return to:

Sunshine Coach Program Co-ordinator
Variety –The Children’s Charity of British Columbia
4300 Still Creek Drive
Burnaby, BC V5C 6C6
Fax: 604-320-0535

NAME OF ORGANIZATION _____
(For which the sunshine coach is intended)

REGISTERED NON-PROFIT OR CHARITY NUMBER _____
(Please provide copies of documentation indicating date of registration)

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

TELEPHONE _____ FAX _____ E-MAIL _____

CONTACT PERSON _____ TITLE _____

If you are an Association or Society making an application for a Sunshine Coach **on behalf of the above organization** please fill in the following information. Not Applicable

NAME OF ORGANIZATION _____

REGISTERED NON-PROFIT OR CHARITY NUMBER _____
(Please provide copies of documentation indicating date of registration)

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

TELEPHONE _____ FAX _____ E-MAIL _____

CONTACT PERSON _____ TITLE _____

1. For what type of Organization is the Coach required? E.G., hospital, community centre, club, etc.?

2. Briefly describe the mandate of your organization and the nature of the organization's activities as they relate to special needs children.

3. Name of local authority, management committee, board or other controlling body to which your organization accountable.

4. If your organization is not accountable to any of the above, how is it financed?

5. Please attach audited financial statements from the previous two fiscal years plus financial statements for the current year.
6. How many children are in your care or served by your organization (child is defined as anyone under the age of 19)? _____
7. What is the age range of the children served? _____
8. Are any of the children in your care mentally or physically challenged? Yes No
If yes, what percentage of the children are mentally and/or physically challenged? _____%
9. Please attach a detailed description of the nature of the disabilities of the children in your program. (including number of children with each disability)
10. Would your organization require a wheelchair lift in the vehicle? Yes No
11. How many children in your program are seated in wheelchairs? _____
12. Is the vehicle you are applying for a replacement for a current Sunshine Coach in your organization?
 Yes No If yes, you are replacing Sunshine Coach # _____
13. Please attach a listing of all coaches now in your organization including the following information for each coach:
 1. Sunshine Coach number.
 2. Year received.
 3. Type of vehicle.
 4. Current mileage.
 5. number of children that have served since receiving the coach.
14. What other transportation do you have at present? _____

15. If you have your own transport, how were the funds for its purchase raised? _____

16. Have you approached other sources of funding to assist with the purchase of the Sunshine Coach for which you are applying? ___ Yes ___ No If yes, who have you approached and what is the request status?

17. If your application is successful, the Sunshine Coach Program will contribute 50% of the cost of the vehicle(s) for which you are applying. Your organization must be able to contribute 50% of the vehicle(s) cost. Payment for your Sunshine Coach **CANNOT** come from a gaming account. The following are approximate costs are to assist your organization in budgeting (These dollar estimates are subject to change.) Please indicate the vehicle for which you are applying and if you require wheelchair conversion:

Item	Approximate Total Cost	Approximate contribution required from your organization
<input type="checkbox"/> 7-passenger minivan (Dodge Caravan)	\$30,000	\$15,000
<input type="checkbox"/> 15-passenger van (Ford E 350 XL)	\$39,000	\$19,500
<input type="checkbox"/> 24-passenger bus (Ford E-450)	\$80,000	\$40,000
<input type="checkbox"/> Hydraulic lift, conversion w/ two w/c tie-downs*	\$25,000	<u>\$12,500</u>

Our organization is prepared to contribute \$ _____

*Cost of wheelchair conversion is approximate and varies with vehicle size. In all vehicles, except minivans, fold-down seats may be used when wheelchair spaces are not being in use.

please note - if you have any vehicle converted you will lose seating capacity

18. How many days a week would your organization use a Sunshine Coach? _____

19. Please describe how a Sunshine Coach would be used in your program _____

20. Would the Sunshine Coach be used to pick up and/or drop off children from a private or public school?

___ Yes ___ No

21. If there is another organization that serves children with which you would share the use of a Sunshine Coach please provide the following for that organization:

(NAME OF ORGANIZATION)

(ADDRESS)

(CONTACT)

(PHONE NUMBER)

Number of children the organization serves _____ Percentage who have special needs _____ %

Audited financial statements from the previous two (2) fiscal years plus a current financial statement.

CONDITIONS OF PROVISION OF A SUNSHINE COACH

In the event your Sunshine Coach application is successful, Variety—The Children’s Charity of British Columbia asks that your organization meet the following important conditions.

Your organization agrees to:

- A. Provide qualified drivers holding valid British Columbia Driver’s Licenses of the appropriate classification to operate the vehicle.
- B. Ensure regular and qualified servicing and maintain the vehicle in a roadworthy condition.
- C. Keep the vehicle insured and attend BC Motor Vehicle inspections semi-annually.
- D. Ensure the vehicle is used ONLY for the purpose intended, namely, for the carriage of CHILDREN and adult attendants.
- E. Ensure that the name of Variety—The Children’s Charity, the Sunshine Coach donors names and coach number are kept in readable condition on the coach at all times.
- F. Submit a Sunshine Coach Evaluation Form to the Variety once a year, along with current photos showing the condition of the vehicle.

A further condition concerning the Sunshine Coach is as follows:

At the end of the vehicle’s life with your organization, either through age or changes of circumstances, **the vehicle must be returned to Variety—The Children’s Charity for disposal**. Proceeds from the disposal are credited to the Sunshine Coach fund.

SUPPORT MATERIAL CHECKLIST

Have you enclosed with your application?

- Copy of documentation indicating date of registration as a charitable organization
- Audited Financial Statement from the previous two (2) fiscal years
- Current financial statements
- A description of the nature of the disabilities of the children in your program and the number with each disability
- Three (3) letters of reference from outside your organization.
- Listing of Sunshine Coaches previously assigned to your organization (if applicable)

I hereby certify that all the information in this application and accompanying support material is correct and the organization applying agrees to comply with ALL of the conditions stated herein.

Name (Please print)

Title

Signature

Date

If you have any questions in regards to this application please call the Sunshine Coach Program coordinator at 604 320 0505 or toll free in BC 1 800 381 2040.

You will be advised of the result of this application as soon as it is processed.

Thank you for your interest in the Variety Sunshine Coach Program!