2027 AT Total Mobility Wheelchair Accessible Vehicle Fund
Form Preview

Welcome / He mihi

Before you start

Welcome / He mihi The Total Mobility Scheme (TMS) provides subsidised licensed taxi services to people who have an impairment that prevents them from undertaking a journey unaccompanied, on bus, train or ferry in a safe and dignified manner. In Auckland, people who are eligible for participation in the Total Mobility Scheme receive:(1) a subsidised rate (currently a 65% discount up to a maximum subsidy of $72 per journey) on contracted taxis or small service passenger vehicles for door-to-door transport and (2) an accessibility concession allowing travel on public transport at a reduced fare. Auckland Transport (AT) wishes to support the increase of Wheelchair Access Vehicle (WAV) across the Auckland Total Mobility Scheme provider fleet by providing a subsidy grant to purchase and install wheelchair hoists and ramps. A maximum grant of up to $25,000 is available per WAV grant subsidy application and where oversubscribed there is a prioritisation process. Total Mobility Operators are invited to participate. **All applications must be completed and submitted using this online application form.** Remember to save as you work. Applications received will be assessed through a contestable evaluation process. Successful applications are required to meet grant subsidy conditions and funding prioritisation criteria. **Before you start Closing date:** Applications for the grant can be submitted until 5pm 4 December 2026.

Note:

- Applicants will be notified of the outcome of their application by the end of November
- If you would like a copy of the Wheelchair Accessible Vehicle Fund Policy, please contact AT via the procurement email below

If you have any queries regarding the Smartygrants application form or your application, please contact Stella Buckland, Procurement Specialist at procurement@at.govt.nz or ph 09 301 0101.

Contact Details / Ngā kōrero whakapā

* indicates a required field

Applicant Details

Please refer to the policy document here for a list of groups who are and are not eligible to apply for this grant.

Applicant name *
Organisation Name

Contact details

Contact person *

Position held in organisation (if applying as an organisation) *

Physical Address
Address

Daytime phone number *

Mobile phone *

Email address *

Company Details

* indicates a required field

Company Name

Identify in the table below the details of the company who will own the grant subsidy WAV:

Company Name *

Address

Physical Address

*
Address

Suburb | Town/ City | Postcode

Must be a New Zealand postcode

Please click here for the postcode finder website

Is your postal address different from your physical address? *

○ Yes ○ No

If yes, please complete below

Postal Address *

Address

Suburb Town/ City Postcode

Must be a New Zealand postcode

Please click here for the postcode finder website

Company Outline

* indicates a required field

Organisation objectives

Briefly describe your organisation or group *

Word count:

Must be no more than 200 words

If you do not hold a TM operator's contract with Auckland Transport, please identify the taxi company you work for.

Please confirm that the TM operator is aware of, and supports your application

○ Yes ○ No

Current WAV Fleet

Identify in the table below where your current WAV fleet operates, services, and other contracted agencies.

Auckland Transport believes that it is unfeasible for a single WAV to service the entire Auckland region. For example a WAV based on the North Shore will probably also service Hibiscus Coast and Central areas of Auckland, but it is unlikely that it would travel to Pukekohe for a fare.

Applicants are invited to identify their primary area of operation for WAV vehicles from this list. Auckland Transport expects that while a WAV may be based in one area it is probable that it will also service, to a more limited extent, adjacent areas.

For example a WAV based on the North Shore will probably also service Hibiscus Coast and Central areas of Auckland, but it is unlikely that it would travel to Pukekohe for a fare.

Area	Vehicle Number	*ACC - Accident Compensation Corporation	*Specialised School Transport Assistance	*Te Whatu Ora / Te Toka Tumai Auckland	Rest Home Contract
	Must be a number.				
		❍ Yes ❍ No	❍ Yes ❍ No	❍ Yes ❍ No	❍ Yes ❍ No
		❍ Yes ❍ No	❍ Yes ❍ No	❍ Yes ❍ No	❍ Yes ❍ No
		❍ Yes ❍ No	❍ Yes ❍ No	❍ Yes ❍ No	❍ Yes ❍ No
		❍ Yes ❍ No	❍ Yes ❍ No	❍ Yes ❍ No	❍ Yes ❍ No
		❍ Yes ❍ No	❍ Yes ❍ No	❍ Yes ❍ No	❍ Yes ❍ No
		❍ Yes ❍ No	❍ Yes ❍ No	❍ Yes ❍ No	❍ Yes ❍ No
		❍ Yes ❍ No	❍ Yes ❍ No	❍ Yes ❍ No	❍ Yes ❍ No
		❍ Yes ❍ No	❍ Yes ❍ No	❍ Yes ❍ No	❍ Yes ❍ No
		❍ Yes ❍ No	❍ Yes ❍ No	❍ Yes ❍ No	❍ Yes ❍ No

Grant Subsidy WAV

Service Operations **Identify in the table below, the area where the grant subsidy WAV will be operating, days and hours, services and other agencies (please refer to the policy document for guidance on how to select the primary area of operation) Auckland Transport does not believe it feasible for one vehicle to service all areas 24/7 given the geography of Auckland and the legal restrictions on drivers hours.**

Area	Weekly hours available for TM work (one driver)	Weekly hours available for TM work (if 2 drivers)	Weekly hours the WAV will undertake other contract work
	Must be a number.	Must be a number.	Must be a number.

Identify total hours per week the WAV will be available to undertake TMS services (bearing in mind the legal restrictions on drivers hours) and any other contractual commitments you have for the vehicle. *

Must be a number.

Comments *

Must be no more than 100 characters.

Grant Subsidy WAV - Details

Identify in the table below the details of the grant subsidy WAV:

Year First Registered *

Must be a date.

Date of Manufacture *

Must be a date.

Is it a new vehicle? * ○ Yes ○ No

Is it a second hand vehicle? * ○ Yes ○ No

Is second hand vehicle under 5 years of age * ○ Yes ○ No

Does this vehicle have an ANCAP, Rightcar or UCSR 5 star rating? * ○ Yes ○ No

Vehicle ANCAP Rating *

Make of the Vehicle *

Model *

VIN number (if available)

Chassis number (if available)

Registration number (if available)

Number of wheelchairs able to be carried *

Numbers of wheelchairs the vehicle will carry

Capacity *

Passenger capacity - number of wheelchairs, caregivers & others, excluding the driver.

Comments *

Grant Subsidy Application Details

Identify in the table below the details of the grant subsidy application:

Wheelchair Hoist & Installation *
○ Yes
○ No

Identify cost
Attach a file:

Ramp & Installation *
○ Yes
○ No

Identify cost
Attach a file:

Seatbelt Anchorages *
○ Yes
○ No

Identify cost
Attach a file:

Grant Subsidy TMS Service Agreement Obligations

Declare in the table below, that you understand the grant subsidy TMS service obligations:

New Vehicle

Understand the contractual obligation to provide a minimum of 5 years Total Mobility service and the need to refund the grant if the vehicle is disposed, or other arrangements are not approved by AT?
○ Yes ○ No

Second-hand Vehicle

Understand the contractual obligation to provide a minimum of 5 years Total Mobility service and the need to refund the grant if the vehicle is disposed, or other arrangements are not approved by AT?
○ Yes ○ No

General Grant Subsidy Conditions

Note: To receive a WAV grant subsidy payment, a successful applicant's WAV must meet the General Grant Subsidy Conditions.

Confirm in the questions below that the applicant's WAV will meet the specific General Grant Subsidy Condition (The length of service obligations are to be funded on a pro-rata basis, e.g. if a new vehicle is kept in service for 7 years and then disposed of, then only 1/8 of the grant needs to be refunded, not the entire amount)**:**

1. Is the applicant an approved TMS operator (or is supported/umbrellaed by one)? *
○ Yes ○ No

2. Does the applicant operate the WAV within the terms imposed by the Term Service Agreement – Total Mobility Transport Operator Agreement 510-19-425 PT *
○ Yes ○ No

3. Will the fare meter operate while eligible scheme users are being loaded into and out of the WAV? *
○ Yes ○ No

Will the operator be able to clearly distinguish between hoist and non-hoist trips and be easily verifiable? *
○ Yes ○ No

Vehicle - General

Will the WAV enter service prior to 30 June 2026? *
○ Yes ○ No

All vehicles must comply with the relevant parts of the Land Transport Rules applicable to small passenger service vehicles set out in the Land Transport Rule Passenger Service Vehicles 1999 Rule 31001, section 8 Safety Requirements for Special Equipment. Does yours comply? *
○ Yes ○ No

When the WAV has met the requirements, can the vehicle be physically presented to AT? *
○ Yes ○ No

Vehicle design specifics

Mandatory requirements

Vehicles must be designed to carry a wheelchair and occupant combined weight of at least 350kg per wheelchair. Does your vehicle comply with this? *
○ Yes ○ No

Do you have: Seatbelt anchorages – appropriate for the number of wheelchairs the vehicle is designed to accommodate and to cater for a wide range of wheelchair designs and types. *
○ Yes ○ No

Do you have: Wheelchair tie down anchorages – appropriate for the number of wheelchairs the vehicle is designed to accommodate and to cater for a wide range of wheelchair designs and types. *
○ Yes ○ No

Do you have: Wheelchair tie downs and occupant-restraint systems to comply with AS/NZS 10542.1:2015 and to be rated appropriately for the heaviest weight wheelchair carried. E.g. at a minimum rating of 150kg (independently certified). *
○ Yes ○ No

Do you have: Seat belts for all vehicle occupants (including wheelchair occupants). *
○ Yes ○ No

Do you have: Head restraints for any vehicle fitted with rear seats for carer support. *
○ Yes ○ No

Do you have: 2 Side doors - If only one sliding door is provided an emergency break glass exit is required on the other side of the vehicle *
○ Yes ○ No

If you only have one sliding door, do you have A Break Glass Hammer and seat belt cutter in the vehicle *
○ Yes ○ No

What sort of floor restraint system for wheelchairs does the vehicle have? *

Do you have wheelchair tie down anchorages that are track based to cater for multiple differing wheelchair designs?
○ Yes ○ No

Floor Track
○ Yes ○ No

Hook
○ Yes ○ No

Dome
○ Yes ○ No

Vehicle Design specifics - preferred requirements

Do you have: side doors: preferably 'cargo' sliding doors. on both sides of the vehicle. *
○ Yes cargo doors ○ Yes sliding doors ○ No

Do you have: a rear door, preferably barn doors at the rear *
○ Yes, barn doors ○ Yes one rear door ○ No

Do you have provision for upper seatbelt anchorages, for wheelchair occupants *
○ Yes ○ No

Do you have a First Aid Kit? *
○ Yes ○ No

Do you have a Fire Extinguisher and Fire Blanket? *
○ Yes ○ No

Do you have: Three point seatbelts for wheelchair occupants *
○ Yes ○ No

Hoist/Ramp Requirements

Mandatory Requirements

Do you have Compliance with LVVS 45-60(02) - Disability Transportation Systems, with the following enhancements:

Is the wheelchair occupant weight 120KG, rather than 80KG (standard design) for at least 350kg load occupant and wheelchair. *
○ Yes ○ No

Is the Hoist or ramp capacity at least 350kg. *
○ Yes ○ No

Is the Wheelchair platform (for hoists) a minimum of 800 x 1280 for PSV use. *
○ Yes ○ No

Do you have: Spares availability for the hoist/ramp equipment for the maximum life span of the vehicle in the TM fleet *
○ Yes ○ No

Are the Hoist / ramp controls located so that the operator stands on the left-hand side of the vehicle (away from passing traffic). *
○ Yes ○ No

Is there a manual pump so the hoist can be deployed / retrieved in the event of a fault or power failure for the normal mechanism?
○ Yes ○ No

Hoist/Ramp Preferred requirements

Is there a manual mechanism (hoist pump) located on the left side rear of the Total Mobility Vehicle ? *
○ Yes ○ No

If yes, is access to the manual mechanism outside the vehicle?
○ Yes ○ No

Does the hoist / ramp have increased capacity and size (width and length) to carry bariatric clients and wheelchairs?
○ Yes ○ No

If so provide details of it's capacity, maximum safe working load and size

If the hoist / ramp are bariatric capable, have the floor anchorages been placed appropriately for the larger size wheelchairs likely to be used?
○ Yes
○ No

Supporting documentation / Ngā puka tautoko

* indicates a required field

Financial attachments

Applicant name must match the name on the bank account information supplied.

Proof of bank account number (must be one of the following):

- Bank deposit slip
- Certified bank statement (certified means bank details stamped and signed by the bank teller)
- A letter from the bank on the bank's letterhead confirming the bank account holder name and bank account number
- Print screen or image capture of an on-line bank statement confirming the bank account holder name and bank account number. This must include the bank logo and URL

Please attach proof of bank account details *
Attach a file:

The name on the bank account should match the applicant name.

For owner / drivers, please attach a written confirmation that the TM Taxi Operator you work for supports your application.
Attach a file:

Attach any supporting documents to support your application
Attach a file:

Please attach a quotation for the conversion of the vehicle. Please ensure the quote includes evidence of the safe working load (SWL) of the hoist and the capacities and number of wheel-chair tie-down and occupant restraint systems (WTORS).
Attach a file:

Declaration and privacy / Ngā whakīnga whai pānga me te noho tapu o ngā kōrero

* indicates a required field

Note: Auckland Transport reserves the right to subsequently decline an application or request a refund of a grant if any of the above information is found to be incorrect.

I/We certify that to the best of our/my knowledge the information contained in this application is correct *
○ Yes ○ No

I/We confirm that any funds granted will only be used for the activity described in this application *
○ Yes ○ No

I/We confirm that I/we will submit to the Auckland Transport an accountability report and supporting paid invoices and receipts (GST exclusive) that applies to GST registered groups, within 60 days of the of the WAV entering service *
○ Yes ○ No

I/We confirm that to the best of our/my knowledge I/we have no perceived , potential or actual conflict of interest in applying for or using any grant funding *
○ Yes ○ No

For guidance on whether you have a perceived, potential or actual conflict as a result of applying for and using grant funding you should consider the following matters - if in doubt you should declare the conflict.

A conflict of interest could arise where you (the applicant) have a responsibility as a result of receiving council grant monies. This could affect another responsibility, duty or relationship you may also have.

For example

- If you are an Auckland Council or Auckland Transport employee/local board member or a councillor
- If your organisations committee or board member is an Auckland Council or Auckland Transport employee/local board member.

- Personal or family relationships that you have
    - with council employees
    - with council contractors
    - organisations or persons that you will procure services from with the grant monies
- Financial relationships
    - e.g. investments that you have in entities that you will procure services from with the grant monies
- Employment relationships or membership of clubs
    - e.g. you intend to procure services with the grant monies from your employer or a club you are a member of - who will benefit financially from the arrangement.

If you have answered no to any of the above, please provide details below:

Must be no more than 100 words

- **I/We have read and understand the requirements of the Total Mobility Scheme - Wheelchair Accessible Hoist Grants Subsidy Policy and this application and will ensure that all grant requirements will be adequately met and provide AT evidence of compliance and copies of all invoices to support and release grant funding.**
- **I/We understand that my/our name and brief details about the project may be released to the media or appear in publicity material.**
- **I/We understand that I/we have the right to have access to this information.**

*

○ Accept ○ Decline

Date: *

When your application is submitted you will receive an automatic confirmation email that the application has been received from Smartygrants. If you do not receive an email confirmation, please check to see if the email has been treated as "spam".

If you need assistance please email procurement@at.govt.nz or phone 09 301 0101.

Privacy

Any personal information that you provide in this form will be held and protected by Auckland Transport/Auckland Council in accordance with our privacy policy and with the Privacy Act 1993. Our privacy policy explains how we may use and share your personal information in relation to any interaction you have with the council, and how you can access and correct that information. We recommend you familiarise yourself with this policy.