



North Carolina Association  
of County Commissioners

## North Carolina Association of County Commissioners Liability & Property Pool Transit Wheelchair Lift Gate Reimbursement Program

The North Carolina Association of County Commissioners Risk Management program provides reimbursement for the purchase of liftgates for transit vehicles equipped with externally mounted wheelchair lifts. These lifts offer an engineered solution to the unguarded opening that is created when a wheelchair lift is left unattended in the down position. The result of a passenger falling through this opening can lead to severe injury or even death.

This reimbursement program was established effective July 1, 2020. For the initial year, \$48,000 is allocated for the program. The program will provide reimbursement for up to three (3) liftgates, subject to a maximum of \$4,500 per member for the 2020-2021 membership year. In addition, the cost to move one of these liftgate units from an older vehicle to a new vehicle will be available as a part of the annual \$4,500 total. Funds for this project are updated and dispersed annually on a first-come, first-served basis.

### PROGRAM REQUIREMENTS:

- *The purchase of the liftgates must be through Grant Services, LLC.*
- *Member is responsible for coordinating a date and time of installation of the liftgates.*
- *Once payment for the devices and associated installation has been paid, the county or agency must submit documentation of installation and invoice and copy of payment confirmation to the NCACC **County Risk Group (CRG)***
- *All reimbursements will be paid to the county or agency by electronic fund transfer. To establish the mechanism for electronic payment, please contact Bob Carruth at the email shown below.*

### TO QUALIFY FOR REIMBURSEMENT, EACH MEMBER MUST:

- Complete and submit: (1) The Lift Gate Reimbursement Application and (2) a copy of the purchase order or invoice;
- Email the completed application and documents to [bob.carruth@ncacc.org](mailto:bob.carruth@ncacc.org).



NCACC  
COUNTY  
RISK  
GROUP



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## TRANSIT LIFT GATE REIMBURSEMENT APPLICATION

FISCAL YEAR JULY 1, 20\_\_ ENDING JUNE 30, 20\_\_

**Contact Name:** \_\_\_\_\_

**County/Entity:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MANDATORY FIELD:**

☐ First Time Purchase

☐ Transfer

QUANTITY	DESCRIPTION OF ITEMS	VENDOR	UNIT PRICE	TOTAL PRICE	RMS USE ONLY
<b>TOTAL__</b>					

**Reimbursement is limited to \$4,500 (Up to 3 gates per fiscal year).**

*I understand that my county/entity must be a current member of the NCACC Liability & Property Pool.*

\_\_\_\_\_  
*Form Completed By*

\_\_\_\_\_  
*Manager/Director/Finance Officer*