

Accessibility Project Grant 2021 APPLICATION FORM

Promoting Inclusion and Accessibility for People with Disabilities

Part One: Organizational Information

Organization Legal Name	
--------------------------------	--

Organization Address

Street			
City/Town		Postal code	
Province			
Phone Number		Website	

Profile

Founding Date		Current Annual Budget (\$)	
Staff Size		Main Service Area	

Main Purpose or Mission of the Organization (100 words or less)

Main Contact (These people will be responsible for this project.)

	Name	Title	Phone	Email
Main Contact (Applicant)				
Senior Management				
Executive Director				
Board Chair				

Part Two: Project Information

1. Project Profile

Project Title			
Project Description (One sentence)			
Project Type	<input type="checkbox"/> Brand New <input type="checkbox"/> Expansion of an existing project <input type="checkbox"/> On-going from an existing project		
Project Period	Start Date		End Date

Select at least one Accessibility Outcome that your project aims to advance.

- | | |
|---|--|
| <input type="checkbox"/> Accessible employment | Accessible sports and recreation |
| <input type="checkbox"/> Accessible arts, culture and tourism | Accessible emergency planning and response |
| <input type="checkbox"/> Accessible education and learning | Accessible community participation |

2. Project Summary

Please provide a concise summary of your project including the project goal, target group(s) (including how your project will be inclusive of people with disabilities of diverse backgrounds), activities, project team and partners (if applicable). (300 words or less)

3. Project Need

Why is the project needed? Please provide any research/background information and statistics. Include comparisons of similar projects/programs that exist and how your project will differ. (200 words or less)

4. Project Outcomes

Describe clearly the outcome that will result from your project, and the long-term/continuing accessibility improvements for people with disabilities. Include deliverables, and measurable outcomes. If this project is an existing one, please include how the additional funding will make a difference. (200 words or less)

Part Three: Project Budget

Please submit the completed Project Budget showing clearly how you will use the project funds; include specific project revenue sources and detailed expenditures. **ONLY USE THE PROVIDED TEMPLATE.**

Part Four: Letters of Support

Please submit 2 letters of support from other organizations that support your project (not including any project partners). Please ensure the letters are written on the appropriate letterhead.

If you have a project partner(s), you may also submit a Letter of Collaboration from the project partner(s) (maximum of two). Please ensure the letters are written on the appropriate letterhead **THIS IS OPTIONAL.**

Part Five: Authorized Signatures

The signature below certifies that all of the information provided in this application is complete and true. Please sign using a Digital ID or a scanned signature.

_____ Applicant Print Name	_____ Title	_____ Digital Signature	_____ Date (MM/DD/YYYY)
_____ Authorized Print Name	_____ Title	_____ Digital Signature	_____ Date (MM/DD/YYYY)

HOW TO ADD A DIGITAL SIGNATURE

1. Click in the "Digital Signature" field in the form. A "Sign Document" window appears.
2. If you have an existing digital ID on your computer, select it from the "Sign As" drop down menu and sign the document.
3. If you don't have a digital ID, select "New ID" from the drop down menu. Then select, "New digital ID I want to create now." Click "Next".
4. In the "Add Digital ID" window, enter your Name, Organization Name and Email. Leave the other fields unchanged. Click "Next".
5. Create a password and click "Finish".
6. In the "Sign Document" window, select "Sign As" your new digital signature and enter your password.
7. Click the "Sign" button.
8. You will be asked to save the signed document to your computer. Please save and submit this signed application with your Application Package.

Thank you for your application!

THE APPLICATION DEADLINE IS 12:00 PM (NOON) SATURDAY, OCTOBER 2, 2021.

Application Packages must be submitted to Danielle Gauld at Disability Alliance BC

ap@disabilityalliancebc.org