Accessibility Project Grant 2019
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		Fax Number	
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	☐ Brand New ☐ Expansion of an existing project ☐ On-going from an existing project
Project Period	Start Date _____	End Date _____

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

☐ Accessible employment ☐ Accessible sports and recreation
☐ Accessible arts, culture and tourism ☐ Accessible emergency planning and response
☐ Accessible education and learning ☐ Accessible community participation

2. Please provide a concise summary of your project including the project goal, target group(s), activities, project team and partners (if applicable). **(300 words or less)**

3. Why is the project needed? Please provide any research/background information and statistics. Describe clearly the outcome that will result from your project, which will result in long-term/continuing accessibility improvements for people with disabilities. If this project is an existing one, please include how the additional funding will make a difference. **(200 words or less)**

4. What other similar projects/programs exist, and how does your proposed project differ or complement them? Be specific about how your project is distinct among the competition. **(200 words or less)**

5. Outline your plan to promote the project, describing your networks and any new initiatives. Please be specific with organizations' names (if applicable) and promotional tools such as social media, websites, presentations, or networking opportunities that will be used to promote the project. **(200 words or less)**

6. Provide a workplan that clearly shows **7-10 key activities** that will be carried out during the course of the project. Your work plan must reflect the complexity of your project and include timelines, deliverables, and measurable outcomes.

Activities (e.g. workshops on participating in a job interview)	Inputs (Financial and non-financial resources; e.g. staff, office space, partnerships)	Completion Date (e.g. event day; workshop day; meeting date)	Target Number (e.g. number of workshop participants)

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 EXTENDED APPLICATION DEADLINE IS 12:00 PM (NOON) FRIDAY, OCTOBER 18, 2019.

Application Packages must be submitted to Myung Lee at Disability Alliance BC
ap@disabilityalliancebc.org