dabc
disability alliance bc | we are all connected

Please download and complete this fillable form using Acrobat Reader Version 10 or higher. You will be able to save your form data. You can download Acrobat Reader free from **http://get.adobe.com/reader.**

Forms will only be accepted in electronic format, not print. Thank you.

PART ONE: GENERAL INFORMATION

1. Lead Organization (Legal) Name: _____

2. Names of Partnering Organizations (if applicable):

_____

3. Organization Address:

Street: _____

City/Town: _____   Postal Code: _____

Phone: _____ Fax: _____ Website: _____

4. Senior Staff Person:

Name: _____   Title: _____

Phone: _____   Email: _____

5. Board Chair/President:

Name: _____   Title: _____

6. Contact for the Project:

Name: _____   Title: _____

Phone: _____   Email: _____

7. Founding date of Organization (mm/dd/yy) _____

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

PART TWO: PROJECT APPLICATION

1. Project Title: _____

2. Requested Amount: _____

3. Project completion date: _____ (mm/dd/yy)

4. Is this a new project or would it build on an existing program? If it's building on an existing program, please provide details. (200 words or less)

[text box]

5. Please provide a concise summary of your project. If you are working with another organization on the project, include brief details here. (300 words or less)

[text box]

6. Select at least one Accessibility Outcome that your project aims to advance. Then describe clearly the outcome that will result from your project for people who have disabilities. (200 words or less) **(20 points)**

☐ Accessible employment and community connection ☐ Accessible sports and recreation

☐ Accessible emergency planning and response ☐ Accessible arts, culture and tourism

☐ Accessible education and learning ☐ Accessible community participation

7. Why is the project needed? How will your project address this need? (250 words or less) **(15 points)**

8. How many people with disabilities will benefit from your project? (50 words or less) **(15 points)**

9. Describe how your project will result in long-term/continuing accessibility improvements for people with disabilities. (250 rds or less) **(15 points)**
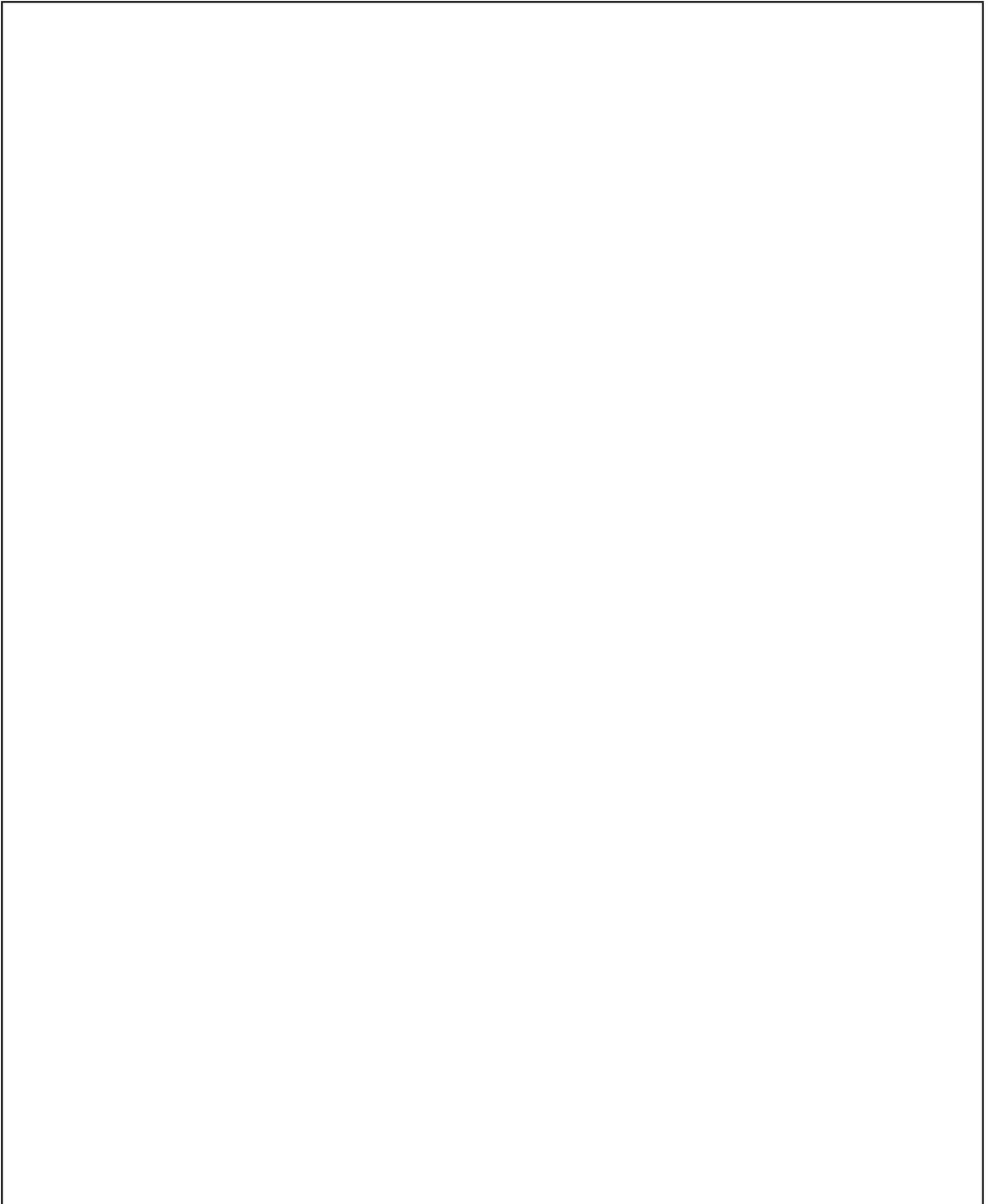
10. How will you know if your project has been successful? (200 words or less) **(15 points)**

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11. Please submit 2 letters of support from other organizations that support your project (not including any you may be working with on the project). **(10 points)**

12. Please complete the Outcome Logic Model in Part Three of this form to show your project's activities and expected results (outputs and outcomes). Please note that if your proposal is successful you will need to report back on this. **(15 points)**

13. Please submit the completed Project Budget showing clearly how you would use the project funds, and include specific project revenue sources and detailed expenditures. **(20 points)**

14. Provide a workplan showing clearly how you will accomplish the activities proposed in your project. Your workplan must reflect the complexity of your project and include timelines, deliverables and measurable outcomes. (650 words or less) **(15 points)**

15. Describe one project that your organization has completed within the last 3 years. Please include details of the objective, the number of people who benefitted and the final impact and/or results. (200 words or less) **(10 points)**

PART THREE: OUTCOME LOGIC MODEL | 125 WORD MAXIMUM PER COLUMN

Inputs	Activities	Outputs	Short-term Outcomes	Longer-term Outcomes
Financial and non-financial resources you need to do the project, e.g. staff; office space.	Activities you will do to accomplish the project's outcomes, e.g. workshops on participating in a job interview.	The project deliverables, e.g. number of people with disabilities assisted through the project.	Immediate - short term results, e.g. project participants report improved employment opportunities.	Project's lasting impact, e.g. improved employment outcomes for people with disabilities.

Please note if your application is successful you will need to report back on your activities, outputs and outcomes.

OUTCOME LOGIC MODEL MEASURING SUCCESS | 200 WORD MAXIMUM PER COLUMN

Anticipated Short-term Outcomes (List your short-term outcomes from the previous page)	Indicators How you will measure your results (outcomes; you can have more than one indicator for each outcome, e.g. number of people with disabilities reporting they feel supported and/or empowered in the workplace.	Data Source How you will collect your data for reporting, e.g. project participant surveys.

Please note if your application is successful you will need to report back on these outcomes, indicators and data sources.

PART FOUR: CERTIFICATION

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.

Authorized Signature:

_____

Digital Signature

_____

Date (mm/dd/yy)

_____

Print Name

_____

Title

INSTRUCTIONS FOR SUBMISSIONS

Include all parts of the Application Package:
- Application Form - Parts One to Four
- Project Budget
- Letters of Support
- Letter of Collaboration from Project Partner (if applicable)

Submitting the Package
- Application Packages must be submitted to Myung Lee at Disability Alliance BC at accessibilityprojects@disabilityalliancebc.org.
- Applications submitted by fax or mail will not be accepted.
- Please do not submit any attachments other than those listed in Instructions for Submissions above.
- Late or incomplete applications will not be accepted.
- If you have a specific question about the application form, please contact Myung at 604-875-0188.

THANK YOU FOR YOUR APPLICATION!

THE APPLICATION DEADLINE IS 4:30PM FRIDAY, OCTOBER 5, 2018.