Please download and complete this 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: _____

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)

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)

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 words or less) (15 points)

10. How will you know if your project has been successful? (200 words or less) (15 points)

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

Authorized Signature:

_____
Digital Signature

_____
Print Name

_____
Title

_____
Date (mm/dd/yy)

INSTRUCTIONS FOR SUBMISSIONS

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

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, you can reach Myung at 604-875-0188.

THANK YOU FOR YOUR APPLICATION

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