Accessibility Projects Grants 2025/2026

**APPLICATION FORM**

*Promoting Inclusion and Accessibility for People with Disabilities*

# Please note: Before you apply, please read the Call for Proposals in order to learn about our current granting requirements and process. Accessibility Projects Grants are for community engagement projects. Applications for projects that focus on large capital costs, such as accessibility improvements to buildings or outdoor spaces, will not be considered. For accessibility purposes, please fill out the application in Arial 14 point font.

# Part One: Organizational Information

**1. Organization Contact Information:**

Organization Legal Name:

Address:  
Phone Number:   
Website:

**2. Organization Profile**

|  |  |  |  |
| --- | --- | --- | --- |
| Founding Date |  | Current annual budget ($) |  |
| Staff Size |  | Main Service Area |  |

**3. Main Purpose or Mission of the Organization (100 words or less):**

**4. Main Contacts (please note: these contacts will be responsible for the implementation of the project if it is funded)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name | Title | Phone | Email |
| Main Contact (the applicant) |  |  |  |  |
| Senior Management |  |  |  |  |
| Executive  Director |  |  |  |  |
| Board Chair |  |  |  |  |

**5. Eligibility:**  
Is your organization a not-for-profit society? Yes No (mark an X next to your response)  
  
Does your organization have a board to which all members are democratically elected? Yes No (mark an X next to your response)  
  
If your organization is not exclusively based in BC (it is national or international), please describe your base of operations in and capacity to deliver services in BC:  
  
Has your organization previously received an Accessibility Projects Grant from Disability Alliance BC (DABC)? Yes No (mark an X next to your response).

If yes, what year was your grant awarded?  
  
If your organization has received an Accessibility Projects Grant before, how does this project differ from the last one that was funded (100 words or less):  
  
**6. Conflict of Interest with Disability Alliance BC:**

Does your organization, including staff and board members involved in this application, have any potential conflicts of interest with DABC? This could include, for example, current or past partnerships, or staff or board members in common. Conflicts of interest may not disqualify the application, but must be declared so that they can be discussed by the Review Committee and Executive Director. Before applying, please review our Conflict of Interest protocol [here](https://disabilityalliancebc.org/wp-content/uploads/2023/08/Conflict-of-Interest-Protocol-Updated-July-2025.docx). If you wish to know if conflict of interest will affect your eligibility before applying, please contact the APG Coordinator (ap@dabc.ca) so that your case can be considered.  
  
If yes, please list these below:

# Part Two: Project Information

1. **Project Profile**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Project Title |  | | | |
| Project Description  (1-2 sentences) |  | | | |
| Project Type (Put an X next to any that apply) | Brand New Expansion of an existing project On-going from an existing project | | | |
| Location(s) in BC the project will take place |  | | | |
| Project Period | Start Date |  | End Date |  |

*If this is an expansion or ongoing from an existing project, please note the start and end dates of the activities that will be supported by this funding*.  
  
**Which of the accessibility outcomes listed below best fits your project (please choose only one primary outcome):**

**Which other accessibility outcomes also fit your project: Mark an X after all that apply as secondary outcomes:**

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

1. **Project Summary**

Please provide a concise summary of your project including the project goal, target group(s), activities, project team and, if applicable, partners **(500 words or less).**Please include:

* How your project will engage people with disabilities and be inclusive of people with disabilities with other intersectional lived experiences/identities (for example, IBPOC or 2SLGBTQIA+communities, youth, seniors/elders, etc).
* If this project is part of an ongoing program or you are asking for funding for an already existing initiative, what innovation or expansion the grant will be funding.

1. **Project Need**

Why is the project needed? Please provide research/background information and statistics. Include comparisons of similar projects/programs that exist and how your project will differ. **(350 words or less)**

1. **Project Outcomes**

Describe clearly the outcomes that will result from your project, and the long-term/continuing accessibility improvements for people with disabilities it will create. Please detail your evaluation plan, including deliverables and measurable outcomes. **(350 words or less)**

1. **Project Workplan**

Provide a detailed workplan, which shows key activities that will be carried out during the project (only for the project you are asking for funding for, not a larger program it is a part of). Your workplan must reflect the complexity of your project and include timelines. Please include an outreach/marketing/promotional plan. Add more rows as needed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Activities**  (e.g. workshops on participating in a job interview) | **Inputs**  (Financial and non-financial resources; e.g. staff, office space, partnerships) | **Timeline** | **Target Number**  (e.g. number of workshop participants) |
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# Part Three: Project Budget

Please submit the completed Project Budget template showing clearly how you will use the project funds; include specific project revenue sources and detailed expenditures. Please submit this as a separate file, saved with the word “Budget” in the file name.

# Part Four: Letters of Support and Partnership

**Required Letters:** Please submit two letters of support from other local organizations to illustrate community support for your project. These should be organizations not directly involved in and who do not financially benefit from your project. Please note: support letters cannot come from DABC staff or Board.

**Optional Letters:** Optionally, you can also include one support letter from a client/potential project participant. If you have other organizations that are partnering with you on the project, you may also submit up to two letters of collaboration from those partners, explaining their role in the project and why they wish to be involved.  
  
Please submit these as separate files and saved with “support letter”, “partner letter” or “client letter” in the file name.

Only the above letters (two mandatory and up to 3 optional) will be considered – please do not send any additional ones. Please ensure the letters are written on the appropriate letterhead, include a signature, and are addressed to Disability Alliance BC.

# Part Five: Authorized Signature

The signature below certifies that all of the information provided in this application is complete and true. Please sign using a digital or scanned signature. If you do not have a digital signature or the ability to scan, DocuSign has a free trial option you can find here: <https://go.docusign.com/trial/ca-goog-trynow/>

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

# Part Six: Submission

**A completed application package must include:**

* an application form with all questions answered and signatures included
* a budget filled out in the format provided
* two letters of support from local organizations

It may also include up to three other letters as explained above in part four. **Please do not include any other documents as they will not be considered.**

Each of these documents should be submitted as a separate file,

Although the application was provided in Word for greatest accessibility, to ensure security of the signatures we encourage you to convert this document and any letters to a PDF before sending. Newer versions of Microsoft Word allow you to resave a document as a PDF. If you currently do not have the capacity to convert to PDF, Adobe has an online Word to PDF converter that you can trial for free here:  
<https://www.adobe.com/ca/acrobat/online/word-to-pdf.html>  
  
If you have any issues with conversion to a PDF, you may submit Word documents, but by doing so confirm that you will not hold DABC responsible for anything that occurs due to lessened digital security. Please do not submit the application and letters of support and partnership in any format other than PDF or Word. The budget document may be submitted in Excel, Word or PDF.

**Application Packages must be submitted to the Accessibility Projects Grants Coordinator at** [**ap@dabc.ca**](mailto:ap@dabc.ca)**.** **THE APPLICATION DEADLINE IS 12:00 PM (NOON) PACIFIC TIME, FRIDAY, SEPTEMBER 12TH.** Please use the subject heading “**APG 2025 - Your Organization Name”.**

Applications not submitted through this process will not be accepted, including applications submitted by fax or mail. **If you do not receive a confirmation email within a day of receiving your application, please communicate with the Coordinator within 2 business days** (no later than Tuesday, September 16th at noon Pacific Time). It is your responsibility to make sure your application was successfully submitted.

Thank you for your application!