

Application
for Business ACCESS-Ability



Use this form to apply for a cost-shared grant to make accessibility-related improvements to your business for clients and customers, for employees, or both.

Applicant _____

Facility Address _____

Mailing Address,
if different from above _____

- Grant Type - Please select
- Built Environment
 - Construction/Renovation Projects
 - Design and Permit Fees
 - Accessibility Certification
 - Accessible Communication Services
 - Assistive Devices
 - Accessible Shuttle Transportation
 - Universal Design Capacity Building

Project Type _____

Business Type _____

Registry of Joint Stock Company Registry Number _____

Contact Name _____ Title _____

Business Phone _____ Cell Phone _____

Facsimile _____ Email _____

Project Start Date _____ End Date _____

If applying for Universal Design Capacity Building projects only need to answer question 1 and the budget section

1. Provide a description of the project that would be funded by this grant.

2. Is your business currently accessible or partially accessible? If yes, describe the accessibility features/tools present in your business:

3. Describe how your project will enhance use and access of your business **and** what disabled populations will benefit from these enhancements:

Budget Summary

A) Estimated Project Costs

Item	Description	Amount, \$	Approved
Design			<input type="checkbox"/>
Construction			<input type="checkbox"/>
Equipment/Materials			<input type="checkbox"/>
Project Management			<input type="checkbox"/>
Permits/License			<input type="checkbox"/>
Contingency			<input type="checkbox"/>
Assistive Devices			<input type="checkbox"/>
Accessible Communication			<input type="checkbox"/>
Course Fees			<input type="checkbox"/>
Other – please specify			<input type="checkbox"/>
Total Estimated Project Costs			<input type="checkbox"/>

B) Applicant Funding

Item	Description	Amount, \$	Approved
Cash on Hand			<input type="checkbox"/>
Loans			<input type="checkbox"/>
Donated Material			<input type="checkbox"/>
Donated Labour			<input type="checkbox"/>
Donated Equipment			<input type="checkbox"/>
Other Grants <i>please specify</i>			<input type="checkbox"/>
Other <i>please specify</i>			<input type="checkbox"/>
Total Applicant Funding			<input type="checkbox"/>

C) Funding Request

	Amount, \$	Approved
Business ACCESS-Ability Grant Requested		<input type="checkbox"/>

Declaration

The information provided on this application form and accompanying documentation is accurate to the best of my knowledge. I give authority to the Province of Nova Scotia to verify all information pertaining to this application. I understand projects funded may be subject to audit by the Province, who reserve the right to review and inspect projects and related documentation during and following completion of the project.

Applicant _____ Date _____

Checklist of Required Documentation

Submit all applicable documents listed below. Incomplete submissions will delay consideration of your project. **Funding for Universal Design Capacity Building, courses and training only need to provide a description of business or agency, description of the proposed training, sources of other funding and proof of incorporation.**

- Description of business**
- Description of the building(s):** Describe current layout and issues. Include photos/sketches/drawings for clarity.
- Description of Proposed Project:** Provide a detailed description of the project and the accessibility-related improvements being proposed and/or capacity building. Include photos/sketches/drawings for clarity.
- Other Grants:** Identify all other sources of grant funds.
- Copy of lease agreement or proof of ownership:** For capital projects, include written approval of property owner and copy of current lease. Required documentation for proof of ownership would be the deed or property assessment.
- Proof of Insurance:** Provide all or portion of insurance policy that states coverage period and indicates that the equipment or property are insured for fire/vandalism. Renewal notices will not be accepted.
- Proof of Incorporation:** Provide evidence of incorporation and identify how long the organization has existed.
- Detailed Estimates:** a minimum of 3 bids recommended on contracted work. If 3 bids cannot be obtained, explain why.
- Proof of Skilled Labour:** Provide a copy of the contractor's professional ID card, professional designations, or proof of incorporation if using skilled labour.
- Justification of Bid Selected:** Provide justification of bid selected if it is not the lowest one received.

Email Completed Application Form to:

Business ACCESS-Ability Grant
Department of Communities, Culture and Heritage
Communities, Sport and Recreation Division
sbaccess@novascotia.ca

For Further Information, Contact:

Wayne Matheson

Facility Development Coordinator
N.S. Department of Communities, Culture and Heritage
Communities, Sport and Recreation Division

Work: 902-424-4408

Cell: 902-499-9944

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Toll Free: 1-866-231-3882

Web: *cch.novascotia.ca*

APPROVAL, (PROVINCIAL OFFICE USE ONLY)

Approving Officer _____ Date _____

Notes
