

Government of Newfoundland and Labrador Accessibility Grant Application

Please print or type clearly. Alternate formats are available. Please contact 709.729.6279 or e-mail: CSSDGrantPrograms@gov.nl.ca.

1. Applicant Information

Name:

Contact Person for Application:

Mailing Address:

Phone:

Email:

2. Type of Application:

Stream 1: Small to Medium
Accessibility Projects

Stream 2: Medium to Large
Accessibility Projects

3. Project Title:

4. Project Description:

5. Requested Amount - Please attach quotes and/or supporting documents (i.e. permission from landlord, community, etc.) \$

6. Have you applied for or received funding related to accessibility from any other Government Program? Yes/ No

If you answered yes:

What Department:

Which Program:

Funding Amount: \$

Declaration and Disclosure

Under the **Access to Information and Protection of Privacy Act**, members of the public may request and obtain access to information held in Provincial Government records.

Should a request be received for information about this grant application, the Department will consult with you prior to disclosing any information. It should be noted that only personal information and third-party confidential financial information may be withheld.

When funding is approved, the amount of funding, the purpose for which the funds were granted and the name of the organization(s) receiving the funding are considered public information. If you have any questions regarding the collection or disclosure of the personal information on this form, please contact: atippoffice@gov.nl.ca.

Applicant's Signing Officer Name:

Applicant's Signing Officer Signature:

Date:

Witness' Signature:

Date:
