

Newfoundland and Labrador Inclusion Grant Program Application Form

Please print or type clearly. Alternate format of this form and guidelines are available
Please contact 709.729.6279 or e-mail: CSSDGrantPrograms@gov.nl.ca.

Grant Streams:

- ☐ Accessibility
- ☐ Disability-related Accommodations

Organization Information:

1. Organization Name:
2. Organization Contact Information:

Street / PO Box:

Community:

Province:

Postal Code:

Telephone:

Fax:

Email:

Web Address:

Other:

3. Please attach the most recent Annual General Meeting minutes with the associated and signed financial report (if applicable).
4. If the organization is a registered charity with the Canada Revenue Agency, please provide registration number:

Organization's Contacts/Signing Officers:

Name:

Position:

Telephone:

Fax:

Email:

Other:

Is this individual a Signing Officer?

- ☐ Yes
- ☐ No

Organization's Contacts/Signing Officers:

Name:

Fax:

Position:

Email:

Telephone:

Other:

Is this individual a Signing Officer?

☐ Yes

☐ No

5. Total estimated cost of proposed project (materials and labour and/or services):
\$

6. Total amount being requested (materials and labour and/or services):
\$

7. Is the budget template completed (below) and quote from supplier attached?
(Both Required). Please specify Yes or No:

Inclusion Grant Budget Template

Item Description (and Quantity if applicable)	Total Cost	Other contribution	Amount Requested
		Subtotal	
		HST	
		Total Amount Requested	

All accessibility enhancements must meet provincial, federal and municipal regulations, as applicable, including those for buildings accessibility, fire and life safety, development control and any others that may be required.

The **Buildings Accessibility Act and Regulations** are a minimum requirement and proposed improvements are welcome to exceed the regulations where relevant.

The Canadian Standards Association's **Accessible Design for the Built Environment standard, CSA/ASC B651**

(<https://www.csagroup.org/store/product/CSA-ASC%20B651%3A23/>) is a free helpful resource. It aligns with Accessible Canada Act (<https://laws-lois.justice.gc.ca/eng/acts/A-0.6/>) and aligns with principles of the **Accessibility Act NL** (<https://www.gov.nl.ca/cssd/accessibility-act/>).

Projects may be subject to inspection through Newfoundland and Labrador Housing when work is completed.

8. If this is leased building space, has written consent from the landlord been obtained? Please specify Yes, No or N/A and provide copy of written consent if applicable.

9. a.) What will the requested funds cover? Select all that apply and provide details:

Accessibility Stream:

- ☐ Assistive Listening Device
- ☐ Alarm Systems
- ☐ Audio Systems
- ☐ Entranceways
- ☐ Handles/Switches
- ☐ Lighting
- ☐ Signage
- ☐ Washrooms
- ☐ Wayfinding
- ☐ Other – Please specify:

Disability-related Accommodations Stream:

- ☐ Alternate Formats
- ☐ Assistive Listening Device (Rental)
- ☐ Captioning
- ☐ Audio Support for Assistive Listening Devices
- ☐ Sign Language Interpretation
- ☐ Other- Please specify:

b.) What is the anticipated timeline of your project?

- Start date (Year/Month/Day):
- End date (Year/ Month/Day):

c.) Where will the work be carried out (community and postal code)?

d.) Have you requested or are you in receipt of any other funding or in-kind contributions for the proposed project? (Please provide details).

☐ Yes

☐ No

Details:

Project Description

10. Please provide a brief description of the proposed project. Include the goal of the project and how it will enhance inclusion. If available, please attach drawings or pictures of areas/features of the built environment to be enhanced (Attach separate sheets as needed).

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.

I declare that:

- ☐ The information in this application is true, accurate and complete.
- ☐ The application is made on behalf of the organization named with its full knowledge and consent.
- ☐ I have the authority to legally sign or co-sign on behalf of the organization named.

Applicant's Signature:

Date:

Witness' Signature:

Date:

For Government Use Only

Date Received:

Method Received:

Eligibility criteria met (Yes/No):

All documentation enclosed (Yes/No):

Signature/Title:

Date:

Approved (Yes/ No):

Amount:

Approved accessibility features or disability-related accommodations:
