

# Government of Newfoundland and Labrador Accessibility Grant Application

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Please print or type clearly. Alternate formats are available on request:

- Phone: 709-729-6279
- Email: [SSWBGrantPrograms@gov.nl.ca](mailto:SSWBGrantPrograms@gov.nl.ca)

## Application Checklist

Please use this checklist before you send your application.

Fill in the applicant information:

Write the organization name.

Write the contact person's name.

Write the phone number and email address.

Write about your organization:

Explain what your organization does.

Explain how it helps the community.

Complete the project title and project description:

Say what you will do.

Say who will be helped.

Say how the project makes access better.

Write the amount of money you are asking for.

Attach required documents, if needed:

This may include quotes or cost estimates.

It may also include permission letters.

Fill in the section about other government accessibility funding, if this applies to you.

Read the declaration section.

Sign and date the application:

The signing officer must sign.

A witness must also sign.

## 1. Applicant Information

**Organization Name:**

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**Contact Person (for this application):**

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**Mailing Address:**

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**Phone Number:**

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**Email Address:**

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## 2. Organization Summary

Briefly describe your organization, including:

- Your mandate
- Key roles or activities
- Your impact on the community

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## 3. Project Collaboration

Are you working with other organizations or communities on this project?

Yes    No

If yes, please list names of people involved and their organizations or communities:

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## 4. Project Title

Provide a short, clear title for your project:

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## 5. Project Description

Describe:

- What you plan to do
- Who will benefit
- How the project improves accessibility

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## 6. Funding Request

**Amount Requested: \$** \_\_\_\_\_

Please attach:

- Quotes or cost breakdowns
- Required permissions (for example, landlord or community approval), if applicable

## 7. Other Accessibility Funding

Have you applied for or received other government accessibility funding?

Yes    No

If yes, complete the following:

**Department:** \_\_\_\_\_

**Program Name:** \_\_\_\_\_

**Funding Amount: \$** \_\_\_\_\_

## Declaration and Disclosure

Under the **Access to Information and Protection of Privacy Act, 2015**, members of the public may request access to information held by the Provincial Government.

If there is a request about this application, only personal information and third-party confidential financial information may be withheld.

If funding is approved, the following information will be public: the name of the organization(s) funded, the purpose of the funding, and the funding amount.

Questions about privacy or information disclosure: [ATIPP-SSWB@gov.nl.ca](mailto:ATIPP-SSWB@gov.nl.ca) .

## Authorization

**Applicant Signing Officer Name:**

\_\_\_\_\_

**Signature:**

\_\_\_\_\_

**Date:** \_\_\_\_\_

**Witness Signature:**

\_\_\_\_\_

**Date:** \_\_\_\_\_