



Department of Seniors,  
Wellness and Social Development

## Application for Inclusion Grants (Maximum Accessibility Grants \$25,000) (Maximum Disability-Related Grants \$5,000)

Grant Category	
A. Accessibility Grant	<input type="checkbox"/>
B. Disability-related Accommodations Grant	<input type="checkbox"/>
Organization Information	
1. Organization Name:	
2. Organization Contact Information:	
Street/PO Box:	
Community:	
Province:	Postal Code:
Telephone	TTY:
Fax:	Other:
Email:	Web Address:
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:
TTY:	Other:
Email:	
Is this individual a Signing Officer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Organization's Contacts/Signing Officers (Cont'd)**

Name:	
Position:	
Telephone:	Fax:
TTY:	Other:
Email:	
Is this individual a Signing Officer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name:	
Position:	
Telephone:	Fax:
TTY:	Other:
Email:	
Is this individual a Signing Officer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Proposed Project Information**

5. Total estimated cost of proposed project (materials and labour and/or services)	\$
6. Total amount being requested (materials and labour and/or services) – Is the budget template completed (end of application) and quote from supplier attached? ( <b>Both Required</b> )	\$ <input type="checkbox"/> Yes <input type="checkbox"/> No

7. What will the requested funds cover? Check all that apply and provide details.

**Accessibility Grants:**

- Assistive Listening Device \_\_\_\_\_
- Alarm Systems \_\_\_\_\_
- Audio Systems \_\_\_\_\_
- Entranceways \_\_\_\_\_
- Handles/Switches \_\_\_\_\_
- Lighting \_\_\_\_\_
- Signage \_\_\_\_\_
- Washrooms \_\_\_\_\_
- Wayfinding \_\_\_\_\_
- Other \_\_\_\_\_

If this is leased building space, has written consent from the landlord been obtained?  Yes  No  N/A

All accessibility enhancements must meet all 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 encouraged to exceed the regulations when relevant. The Canadian Standards Association’s “Accessible Design for the Built Environment” (CAN-CSA-B651-12, 2012) is one reference for standards for accessibility.

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

**Disability-related Accommodations Grants:**

Alternate Formats \_\_\_\_\_

Assistive Listening Device (Rental) \_\_\_\_\_

Captioning \_\_\_\_\_

Audio Support for Assistive Listening Devices \_\_\_\_\_

Sign Language Interpretation \_\_\_\_\_

Other \_\_\_\_\_

8. What is the anticipated start date of the project?	Y__ M__ D__
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9. What is the anticipated end date of the project?	Y__ M__ D__
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10. Where will the work be carried out (community and postal code)?

## Project Description

10. Please provide a brief description of the proposed project. Include what is hoped to be accomplished 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.)

## PRIVACY NOTICE

- ✓ Under the *Access to [Access to Information and Protection of Personal Information Act](#)* (the Act) requests may be made to obtain access to information held in the Department of Seniors, Wellness and Social Development:
  - Should a request be received for information about this grant application, the records will be reviewed to determine whether information is required to or may be withheld in accordance with the Act, including personal information and third party business information the disclosure of which may be harmful. If we decide to release information the disclosure of which may be harmful to a third party business under s.39 of the Act, the business will be notified and provided the opportunity to request a review of this decision with the Information and Privacy Commissioner prior to information being disclosed.
  - 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.
  
- ✓ Under the authority of sections 61(c) and 68(1)(c) of the [Access to Information and Protection of Personal Information Act](#), personal information will be collected for the purpose of administering funding of the Inclusion Grants, reviewing and monitoring applications and conducting policy analysis.
  
- ✓ If you have any questions regarding the collection or disclosure of the personal information on this form please contact Jennifer Taylor at (709) 729 6370 or [jennifertaylor@gov.nl.ca](mailto:jennifertaylor@gov.nl.ca)

## Declaration and Disclosure

**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	Witness' Signature
Date:	Date:
Applicant's Signature	Witness' Signature
Date:	Date:

For Government Use Only	
Date Received	Method Received
Eligibility criteria met	<input type="checkbox"/> Yes <input type="checkbox"/> No
All documentation enclosed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature/Title	
Date	
Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:
Approved accessibility features or disability-related accommodations:	
Authorizing Signature/Title	Witness' Signature
Date:	Date:

For support to complete this application, to request an alternate format or to submit a completed application, please contact:

Inclusion Grants  
 Department of Seniors, Wellness and Social Development  
 P. O. Box 8700  
 3<sup>rd</sup> Floor, West Block, Confederation Building  
 St. John's, NL A1B 4J6

Telephone: (709) 729-6048  
 Toll-free: (888) 729-6279  
 TTY: (709) 729-5000  
 Toll-free TTY: (888) 729-5440  
 Fax: (709) 729-6237  
 Email: inclusiongrants@gov.nl.ca

**Inclusion Grants Budget Template**  
**(Maximum Approved Grants \$25,000)**  
**Maximum Disability-Related Grants \$5,000**

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