Grant Application for Funding

Program: 2022 Small Projects Component under the Enabling Accessibility Fund

Completing the form
This is a standard form used by multiple programs at Employment and Social Development Canada (ESDC). You must read the Applicant Guide that is specific to the program to which you are applying. Each funding program may have unique mandatory questions, priorities, or supporting documents to submit with the completed Application Form. Unless otherwise indicated in the Applicant Guide or on this form, you must complete all parts of the Application Form. ESDC may refuse applications that are incomplete or contain errors. We will contact you to request any mandatory information if it is missing from your application form. If a closing date is posted, you must submit your Application Form by that date. We will not accept applications received after a closing date. This document includes the following sections: **Section A – Notice to Applicants** **Section B – Program Information** **Section C – Application Form** Part 1 – Organization Part 2 – Project Proposal Part 3 – Budget Part 4 – Program Specific Questions and Checklist Part 5 – Attestation

How to submit the form and supporting documents
Consult the Applicant Guide for instructions on how to submit your application and supporting documents.

Section A – Notice to Applicants

Attestation

In order for your application to be eligible, you must have the authority:

- to submit project proposals for the applicant organization
- to enter into contracts and agreements on behalf of this organization
- to certify that the information in the application is true, accurate and complete

You must provide:

- your name
- your title
- the date

No signature is required.

Information in the form and supporting documents

The completion of this application form and provision of supporting documents is voluntary. Should you apply, note that there are some fields in the application form that are mandatory and required in order to submit a completed application. Please refer to the Applicant Guide for instructions.

We may also use or disclose your application information:

- to share information with others outside the government as a part of the review process
- for policy and research analysis

Note that these additional uses or disclosures of your personal information will not affect your relationship with this department or any other government organization.

Personal information

We ensure to manage personal information according:

- to the Department of Employment and Social Development Act
- to the Privacy Act
- other applicable laws

You have the right:

- to the protection of your personal information
- to access or change your personal information

If you have privacy concerns, contact the Office of the Privacy Commissioner of Canada.

Access to information

Basic information on successful applications will be available on Open Government.

Your application is also subject to the Access to Information Act (ATIA). The ATIA gives every person a right to access information under the department's control, except for some exemptions.

Find instructions for accessing this information. You can also visit a Service Canada Centre.

SECTION B – Program Information

2022 Small Projects Component under the Enabling Accessibility Fund (EAF)

The Enabling Accessibility Fund (EAF) provides funding for eligible projects that improve accessibility for persons with disabilities in Canadian communities and workplaces. It creates more opportunities for persons with disabilities to participate in community activities, programs and services, or access employment opportunities.

SECTION C – Part 1 – Organization

Organization Identification

1. Legal Name (Organization's full name, as it appears on legal documents)

2. Operating Name (if different from legal name)

3. Year Established (Year the organization was created.)

4. Organization Type

◯ Not-For-Profit ◯ Private Sector (businesses with up to 99 full-time equivalent employees)

◯ Public Sector

5. Organization Category - For example: Sector councils; University; Municipal Government; etc. (see Applicant Guide for more examples).

Note: "for profit" organizations are required to confirm the number of full-time equivalent employees in this section.

6. Canada Revenue Agency (CRA) Business Number - Unique 15-digit number assigned to your business or legal entity by CRA.

If you do not have a CRA Business Number, provide one of the following:

For example: Your provincial/territorial corporation number (such as the number found on your Letters Patent) or your federal corporation number with Industry Canada (see Applicant Guide for further details).

◯ Other Registration Number:

or

◯ I have provided a separate document confirming the proof of operations for my organization.

Specify type of document(s):

7. Organization Primary Address

Street number and name

City or Town

Province or Territory

Postal Code

Country

Telephone Number and Ext.

Email Address

8. Mailing Address - Is it the same as the Organization Primary Address?

◯ Yes ◯ No

9. Organization's Primary Activities In no more than 500 words describe your organization's primary activities.

Select the target group(s) that best aligns with your organization's primary activities. You may select more than one option. Note: your answer to this question will not impact the assessment of your project. (Optional)

- ☐ Select all groups
- ☐ Seniors
- ☐ Newcomers
- ☐ Visible Minorities
- ☐ Youth
- ☐ Women
- ☐ 2SLGBTQI+
- ☐ People with Disabilities
- ☐ Low Income
- ☐ Remote / Rural
- ☐ Individuals Experiencing Homelessness
- ☐ Official Language Minority Communities
- ☐ Indigenous (specify)
- ☐ First Nations
- ☐ Inuit
- ☐ Metis
- ☐ Urban/Non Affiliated
- ☐ Other (specify)
- ☐ Not Applicable

Organization Contacts

Primary Contacts - This should be your primary contact person with respect to this application for funding.

10. Given Name/Surname/Email

Name: Surname:

Email address:

11. Position Title

12. Preferred language of communication

Written: ◯ English ◯ French Spoken: ◯ English ◯ French

13. Primary Contact - Address

◯ Same as Organization Primary Address ◯ Same as Organization Primary Mailing Address ◯ Different (include below)

Secondary Contact - This should be your secondary contact person with respect to this application for funding in case we cannot reach the primary contact.

14. Given Name/Surname/Email

Name: Surname:

Email address:

15. Position Title

16. Preferred language of communication

Written: ◯ English ◯ French Spoken: ◯ English ◯ French

17. Secondary Contact - Address

◯ Same as Organization Primary Address ◯ Same as Organization Primary Mailing Address ◯ Different (include below)

18. Does your organization owe any amounts to the Government of Canada?

◯ Yes ◯ No

If yes, complete the fields below for each amount owing.

Amount Owing	Nature of the amount owing (e.g. taxes, penalties, overpayments)	Department or agency to which amount is owed	**19. If an amount is owing, is a payment plan in place?**
A.			◯ Ye ☐
B.			◯ Ye ☐
C.			◯ Ye ☐
D.			◯ Ye ☐

SECTION C – Part 2 – Project Proposal

Project Proposal Identification

20. Project Title

21. Planned Project Start Date (YYYY-MM-DD)	**22. Planned Project End Date** (YYYY-MM-DD)

23. Amount requested from Employment and Social Development Canada (maximum amount $100,000.00)

Project Proposal Description

24. Project Summary In 500 words or less, you must describe how your project will improve accessibility, remove barriers, and enable persons with disabilities to participate in and contribute to their community and/or the labour market. Please include the following points in your project summary:

- How will your project increase the overall accessibility of the facility and access for persons with disabilities to community spaces and / or workplaces?
- Are there other accessible features in the space and have you considered a barrier free path of travel throughout the facility? Consult the flow chart for information on barrier-free paths of travel.
- How will your project benefit persons with disabilities and improve their inclusion in your community/workplace?

25. Program Objective and Priorities In no more than 500 words, describe how the project meets the objective(s) and/or priority(ies) of the funding program.

- the gaps in services, programs or employment opportunities for persons with disabilities in your community; and
- the current barriers to accessibility and safety that your project will address for persons with disabilities in your community;

26. Project Activities and Timelines (Provide the activities and their timelines that will be taking place as part of this project.)

Activities	Timelines	
		Remove

Add Row

27. Will your organization deliver any of the project activities at its primary address?

◯ Yes ◯ No

Will your organization deliver project activities in a different location from your primary address?

◯ Yes ◯ No

28. Will the project or any of its activities involve or benefit people in English or French linguistic minority communities in Canada, in some way?

◯ Yes ◯ No ◯ Not Applicable

29. Is your project targeting vulnerable groups?

◯ Yes ◯ No

If yes, select the specific target group(s) that applies to your project.

☐ Select all groups

☐ Seniors ☐ Newcomers ☐ Visible Minorities ☐ Youth

☐ Women ☐ 2SLGBTQI+ ☐ People with Disabilities ☐ Low Income

☐ Remote / Rural ☐ Individuals Experiencing Homelessness ☐ Official Language Minority Communities

☐ Indigenous (specify)

☐ First Nations ☐ Inuit ☐ Metis ☐ Urban/Non Affiliated

☐ Other (specify)

SECTION C – Part 3 – Budget

30. Project Cost - (expenses) for the eligible activities or services of the proposed project

ESDC has developed an online fillable EAF Calculator to determine the amount of funding that you may be eligible to receive through the Enabling Accessibility Fund (EAF) program. The Calculator provides ESDC with the necessary information to assess the budget for your project. It is mandatory for all organizations to complete it.

Please refer to the Applicant Guide in order to help you navigate through your responses within the calculator.

31. Anticipated Sources of Funding

A minimum of 20% cash contributions (leveraging funding) from sources other than ESDC are mandatory for some organizations. Please refer to the Calculator for the total amount of funding you may request from ESDC and the amount of cash contributions applicable to your project. You must provide all sources of funding for your project in the table below. This funding must be confirmed at the time of application.

List Organization Name for each Funding Source (can be other governments, a private sector organization, or self-funded)	Funding amount is: Cash	Funding Amount ($ value)	Funding amount is: Confirmed (guaranteed)	
Amount requested from Employment and Social Development Canada**				
	○		☐	
	○		☐	
	○		☐	
	○		☐	
	○		☐	
	○		☐	
	○		☐	
	○		☐	Remove 1
Total funding for eligible activities				Add Row

The total requested funding from ESDC must match the amount in the Calculator and cannot exceed $100 000.

Budget Details

32. Use this field to provide any further budget details that you may find necessary in describing your project. (This field is optional if you want to provide more information.)

SECTION C – Part 4 – Program Specific Questions and Checklist

2022 Small Projects Component under the Enabling Accessibility Fund

Program Specific Questions

33. Please select from the following:

A. Who is supporting the project? You must check at least one of the following boxes.

- ☐ persons with disabilities in your community
- ☐ Families of persons with disabilities
- ☐ organizations that serve persons with disabilities
- ☐ community members
- ☐ employees in your organization with disabilities
- ☐ other organizations providing financial support or resources toward your project

B. What type of support is being provided? Please check at least one of the following boxes to indicate the type of support.

- ☐ a contribution (can be financial, volunteer work, etc)
- ☐ added value to the success of the project (will use the space following completion)
- ☐ previous experience in delivering similar projects (expertise/guidance in project management, construction, accessible design, etc)
- ☐ capacity and commitment to engage in partnerships for the successful delivery of the project (partnership with community disability orgs, support from employees to ensure proper use of space, etc).

34. Please select if any of the following applies to your project. Is your organization a (an):

- ☐ Shelter for those experiencing violence and/or gender-based violence: Organizations whose primary activities are providing temporary but immediate shelter and/or services for individuals/families fleeing domestic abuse or the threat of violence.
- ☐ Workplace – Facilities or spaces where job opportunities for persons with disabilities will be created and/or maintained.
- ☐ Community Space
- ☐ Early Learning and Child Care (ELCC) Centre

  Registration/license #: _____

- ☐ Indigenous ELCC

Note: If your ELCC centre is an Indigenous organization (including those on reserves, operating in Inuit communities, or operated by Self-Governing First Nations or Modern Treaty Holders), ESDC recognizes these organizations may not have a registration and/or licensing number. If this is the case, please state this in the field above.

35. Is your organization Indigenous?

◯ Yes ◯ No

36. Program Checklist

Please review the following checklist carefully. Errors or incomplete applications will result in delayed processing and/or rejection.

- ☐ I confirm that I am either ◯ the owner of the building or ◯ have a lease and written approval of building owner to undertake the project.
- ☐ I confirm that the project is not located on a Government of Canada property, in a public hospital, in a public school, nor in a private home or dwelling.
- ☐ I confirm that either:
  - our ELCC centre is situated in or on public school property and that the proposed project activity is exclusively for the use of the child care centre/program; or,
  - the project is not in or on public school property.
- ☐ I have provided the completed online fillable EAF calculator
- ☐ For non flat rate activities, I have provided an external quote or an acceptable rationale if a quote is not provided.
- ☐ I have provided proof of leveraging (if applicable).
- ☐ I have provided a digital picture of the project space to be improved in an appropriate format (JPEG). Not required for Information and Communication Technology projects.
- ☐ I have provided a document which includes both our CRA business number and the address of our organization or an acceptable alternative if my organization does not have a CRA business number.

How to submit the form and supporting documents

Consult the Applicant Guide for instructions on how to submit your application and supporting documents.

Section C – Part 5 – Attestation

In order for your application to be eligible, an official representative who has the capacity and the authority to submit project proposals and enter into contracts and agreements on behalf of your organization must complete this section of the form. By doing so, you are attesting to the following three points:

- I have the capacity and the authority to submit this Application for Funding on behalf of the applicant organization
- I certify and warrant on behalf of the organization and in my personal capacity that the information provided in this Application for Funding and any supporting documentation is true, accurate, and complete
- I have read the Applicant Guide and understand the program's requirements

Official Representative Name (print)	
Title (print)	Date (YYYY-MM-DD)
Official Representative Name (print)	
Title (print)	Date (YYYY-MM-DD)
Official Representative Name (print)	
Title (print)	Date (YYYY-MM-DD)