For Official Use Only:

CSGC # _____ **RC No.** _____

Program: _____

(name of program to which you are applying for funding)

Application for Funding - Enabling Accessibility Fund - Contribution Projects

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 specific eligibility requirements, 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. Employment and Social Development Canada reserves the right to refuse applications that are incomplete or contain errors. We recommend that you save the Application Form often.

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:

Notice to Applicants

Part 1 – Organization

A. Organization

B. Organization Contact Info

C. Organization Capacity

Part 2 – Project Proposal

A. Project Identification

B. Project Description

C. Project Details

Part 3 – Funding

A. Budget

B. Sources of Funding

Part 4 – Program Specific Questions and Checklists

Part 5 – Attestation

Appendix A

How to submit the form and supporting documents

Consult the "Prepare to apply" for instructions on how to submit your application and supporting documents.

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 form 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. We will use this information to assess your project.

We may also use or disclose your application information:

- to share information with others outside the government as a part of the review process
- to conduct 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 protect your personal information
- to access or change your personal information

If you have privacy concerns or you are not satisfied with our response, contact the Office of the Privacy Commissioner of Canada.

Access to information

After this process, the 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 ATIA exemptions.

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

Part 1 - Organization

A. Organization Information

1. Legal Name *	2. Operating (Common) Name * (mandatory field if different from legal name)	3. Business or Registration Number *
4. Organization Type *	5. Organization Category *	6. Year Established *

7. Organization Address *

8. City or Town *	9. Province or Territory *	10. Country *	11. Postal Code (A1A 1A1) *

12. Telephone Number (999) 999-9999 *	Ext. (999999)	13. Website
14. E-mail Address *	15. Mailing Address * (mandatory field if different from Organization Address)	

16. City or Town * (mandatory field if different from Organization Address)	17. Province or Territory * (mandatory field if different from Organization Address)	18. Country * (mandatory field if different from Organization Address)
19. Postal Code (A1A 1A1) * (mandatory field if different from Organization Address)	20. Telephone Number (999) 999-9999 * (mandatory field if different from Organization Number)	Ext. (999999)

21. Organization's Mandate *

B. Organization Contact

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

22. Given Name *	Surname *
23. Position Title	24. Preferred language of communication * Written: ◯ English ◯ French Spoken: ◯ English ◯ French

25. **Organization Contact - Address ***

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

26. Contact Address * (mandatory field if different from Organization Address)

27. City or Town * (mandatory field if different from Organization Address)	28. Province or Territory * (mandatory field if different from Organization Address)	29. Country * (mandatory field if different from Organization Address)	30. Postal Code (A1A 1A1)* (mandatory field if different from Organization Address)

31. Telephone Number (999) 999-9999 * (mandatory field if different from Organization Number)	Ext. (999999)	32. E-mail Address

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

33. Given Name *	Surname *
34. Position Title	35. Preferred language of communication * Written: ◯ English ◯ French Spoken: ◯ English ◯ French

36. **Organization Contact - Address ***

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

37. Contact Address * (mandatory field if different from Organization Address)

38. City or Town * (mandatory field if different from Organization Address)	39. Province or Territory * (mandatory field if different from Organization Address)	40. Country * (mandatory field if different from Organization Address)	41. Postal Code (A1A 1A1) * (mandatory field if different from Organization Address)

42. Telephone Number (999) 999-9999 * (mandatory field if different from Organization Number)	Ext. (999999)	43. E-mail Address

C. Organizational Capacity

44. Does your organization have a governing board that meets on a regular basis? * ◯ Yes ◯ No

If no, please describe how your organization is managed:

45. Are the following written policies in place for delivering projects and services? *

- Human Resources ◯ Yes ◯ No
- Occupational Health and Safety ◯ Yes ◯ No
- Other ◯ Yes ◯ No _____

If no, please describe how your organization addresses the areas of Human Resources and Occupational Health and Safety?

46. Does your organization have financial management components in place? *

- Financial Management System (e.g. tracking expenses, general ledger, etc.) ◯ Yes ◯ No
- Policies and Procedures ◯ Yes ◯ No
- Staff Managing Finances ◯ Yes ◯ No

If no, please provide details on how finances are managed within your organization.

47. For this project, will your organization further distribute funding to any other organizations to support program objectives? * ◯ Yes ◯ No

If yes, does your organization have controls in place to verify that the funded amount can be accounted for?

48. How many employees does your organization currently have (9,999,999)?*

49. Has your organization undergone any important transformations in the past two (2) years? * ◯ Yes ◯ No

If 'Yes' please provide a description of the changes:

50. Please describe how your organization has the experience and expertise to carry out the proposed project activities. If applicable, please include any past experience with ESDC and the results of the project *

51. Does your organization owe any amounts to the Government of Canada? * ◯ Yes ◯ No

If 'Yes', please complete the fields below for each amount owing:

	Amount Owing ($99,999,999)	Nature of the amount owing (e.g. taxes, penalties, overpayments)	Department or agency to which amount is owed	52. If an amount is owing, is a payment plan in place?
A.				◯ Yes ◯ No
B.				◯ Yes ◯ No
C.				◯ Yes ◯ No
D.				◯ Yes ◯ No

Part 2 - Project

A. Project Identification

53. Project Title *

54. Planned Project Start Date (YYYY-MM-DD) *	55. Planned Project End Date (YYYY-MM-DD) *

B. Project Description

56. Project Objectives (must be clearly linked to the objectives of the program to which you are applying). *

57. Project Activities (must be broken down into clear steps). *

58. Expected Results of the Project (must be clearly linked to the project objectives and be specific, concrete and measurable). *

C. Project Details

59. Does the project include Results Measurement indicators? * ◯ Yes ◯ No

If 'Yes', please describe how you will meet and track the expected results of the project:

60. Does this proposed project fit with your organization's other activities? * ◯ Yes ◯ No

If 'Yes', please describe how:

61. Will any of the project activities be delivered in a different location than where your organization is located? * ◯ Yes ◯ No

If 'Yes', please include your main address and an address for every other location where project activities will occur:

Main Address	City or Town	Province or Territory	Postal Code (A1A 1A1)
A.			

Secondary Address	City or Town	Province or Territory	Postal Code (A1A 1A1)
B.			
C.			
D.			
E.			

62. Is your project designed to benefit or involve people in English or French-language minority communities? * ◯ Yes ◯ No

If 'Yes', please provide an explanation and any details on whether consultations will take place with these communities:

63. Will your project be 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)
- ☐ Not Applicable

64. Will any other organizations, networks or partners be involved in carrying out the project? * ◯ Yes ◯ No

If 'Yes', please clearly identify the role(s) and expertise they will bring to the project:

65. Does the project address the program's national, regional or local priorities? * ◯ Yes ◯ No

If 'Yes', please select all that apply:

- ☐ National
- ☐ Regional
- ☐ Local

Part 3 - Funding

A. Budget

ESDC has developed a Calculator to determine the amount of funding that you may be eligible to receive for the Enabling Accessibility Fund (EAF) Program. This 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 and Flat Rate information sheet to help guide you through your responses within the Calculator.

B. Anticipated Sources of Funding

Cash contributions from sources other than ESDC are mandatory for some organizations. To validate the percentage and amount of cash contributions applicable to your project, please refer to the Applicant Guide and the Calculator.

66. **Source Name***	67. **Source Type***	68. **Cash (To be confirmed) $99,999,999.99***	69. **Cash (Confirmed) $99,999,999.99***
ESDC	ESDC		

If your project is approved, other sources of funding (if required) will need to be confirmed.

C. Budget Details

70. **Associated Businesses or Individuals:** Please check all statements below that apply to your planned expenditures of ESDC funding:

- ☐ Contracts valued at $25,000 or more are part of the planned expenditures
- ☐ Contracts with businesses or individuals legally associated with the applicant organization are among the planned expenditures
- ☐ Contracts with outside providers to manage all or part of the project activities on behalf of the applicant organization are among the planned expenditures

71. **Capital Assets:** Will capital assets be among your planned expenditures with ESDC funding? * ◯ Yes ◯ No

If yes, please explain the benefit of the purchase that are necessary to carry out the project activities:

Part 4 - Program Specific Questions and Checklists *

Program Specific Questions

72. Are you an Indigenous organization?

◯ Yes	◯ No
If yes: what type of project are you submitting? ◯ Community ◯ Workplace	If no: Are you submitting a workplace project? ◯ Yes ◯ No If yes, do you currently employ person(s) with disabilities? ◯ Yes ◯ No

73. Please identify the accessibility barriers that impact person(s) with disabilities from accessing programs and/or services, the workplace, work opportunities or limiting them from maintaining or improving their current employment status?

- Infrastructure related (ramp, washrooms, circulation space, reception area, etc.) ◯ Yes ◯ No
  If yes, please specify: _____
- Design elements (lighting, finishes, wayfinding and signage, etc.) ◯ Yes ◯ No
  If yes, please specify: _____
- Security (audio visual fire alarms, safety equipment such as Evac Chairs, etc.) ◯ Yes ◯ No
  If yes, please specify: _____
- Information and Communication Technology (Frequency Modulation (FM) loop system, etc.) ◯ Yes ◯ No
  If yes, please specify: _____

74. If you are applying for a workplace project, how many positions/job opportunities will be created as a result of your accessibility project?

◯ 0 - staff complement will remain the same ◯ 1 to 5 ◯ 6 to 10
◯ More than 10 More than 10, please specify: _____

75. If you are an Indigenous organization applying for a community project, how many persons with disabilities do you expect will benefit from your accessibility project (9,999,999)?

76. Indicate the state of readiness of your project by choosing the appropriate options below:

• Architectural plans/drawings

◯ Completed
◯ In progress/Not started
◯ Not applicable

Please specify if In progress/ Not started:

• Obtaining permits

◯ Completed
◯ In progress/Not started
◯ Not applicable

Please specify if In progress/ Not started:

• Securing/identifying a project manager

◯ Completed
◯ In progress/Not started
◯ Not applicable

Please specify if In progress/ Not started:

• Obtaining quotes/cost estimates

◯ Completed
◯ In progress/Not started
◯ Not applicable

Please specify if In progress/ Not started:

• Securing other sources and/or contingency funding

◯ Completed
◯ In progress/Not started
◯ Not applicable

Please specify if In progress/ Not started:

Please provide any additional information on the state of readiness of your accessibility project in the space below.

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

- [ ] Persons with disabilities in your community/workplace
- [ ] 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
- [ ] The project has not yet received support
- [ ] Other Other, please explain: _____

Explain in the space provided how you obtained the support from the selected answers.

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

- [ ] A contribution (financial, volunteer work, etc.)
- [ ] Added value to the success of the project (will use the space following project 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.)
- [ ] Other Other, please explain:

79. How will persons with disability be able to independently navigate through your facility upon completion of your project? Please indicate the status of accessibility for each options below.

• The facility has an accessible parking (accessible stalls, accessible EV chargers, etc.)

◯ Fully accessible
◯ Partially accessible/ Not accessible
◯ Not applicable

Please specify if Partially accessible/ Not accessible:

• The facility has an accessible circulation route between all areas of interest for persons with disabilities (width of hallways, doorway thresholds, turning radius, etc.)

◯ Fully accessible
◯ Partially accessible/ Not accessible
◯ Not applicable

Please specify if Partially accessible/ Not accessible:

• The facility has an accessible entrance (accessible drop off area, automatic doors, ramp, etc.)

◯ Fully accessible
◯ Partially accessible/ Not accessible
◯ Not applicable

Please specify if Partially accessible/ Not accessible:

• The facility has accessible amenities (kitchen, washrooms, storage room, etc.)

◯ Fully accessible
◯ Partially accessible/ Not accessible
◯ Not applicable

Please specify if Partially accessible/ Not accessible:

• If applicable, the facility has an elevator or a lift leading to the workplace or community space

◯ Fully accessible
◯ Partially accessible/ Not accessible
◯ Not applicable

Please specify if Partially accessible/ Not accessible:

• The facility is equipped with accessibility related safety and security features (evacuation chairs, visual fire alarms, etc.)

◯ Fully accessible
◯ Partially accessible/ Not accessible
◯ Not applicable

Please specify if Partially accessible/ Not accessible:

• The facility has wayfinding features and signage for different types of disabilities (pictograms for amenities, color coded directional signage, beacons, etc.)

◯ Fully accessible
◯ Partially accessible/ Not accessible
◯ Not applicable

Please specify if Partially accessible/ Not accessible:

• The facility has accessible finishes (smooth surface flooring, color contrasting paint, accessible door handles, etc.)

◯ Fully accessible
◯ Partially accessible/ Not accessible
◯ Not applicable

Please specify if Partially accessible/ Not accessible:

• The exterior of the facility is accessible (accessible benches, accessible pathways, accessible outdoor amenities, etc.)

◯ Fully accessible
◯ Partially accessible/ Not accessible
◯ Not applicable

Please specify if Partially accessible/ Not accessible:

80. **For statistical purposes only — this will not affect your application:**

Have you used the Online Eligibility Self-Assessment Questionnaire prior to submitting your application? ◯ Yes ◯ No

Program Checklist

Please review and answer the following checklist carefully. Ensure you have included the required documents before submitting your application.

I confirm:

◯ I am the owner of the building.

◯ I have a lease and written approval of the building owner to undertake the project.

◯ Not applicable - no construction, renovation or retrofit activities to be undertaken.

I confirm:

☐ The project activities do not take place on Government of Canada property, in public or private health care facilities or public hospital property, in a public school nor a private home or dwelling.

☐ There are no legal risks regarding the ownership of the site such as land claims

☐ I will secure any additional funds necessary to complete the project activities at time an agreement is approved

I have provided (select all that apply):

☐ **Quote(s)** - cost estimate supporting each non-flat rate project activity, with accessibility-specific costs isolated. This may be from an external contractor or a website screenshot showing the accessible item price to be purchased, shipping cost, and the site's URL.

☐ **Before photo(s)** - a photo/image of each of the areas/spaces to be improved. This is only required if the project involves changes to a physical space (i.e. new construction, renovation or retrofit activities).

☐ **Website homepage** – a screenshot of the homepage and relevant pages of the site to be improved has been provided This is required only if the project involves web accessibility updates/improvements.

☐ **Proof of business registration** – a recent document (less than two years old) which includes both your CRA business number and the address of your organization. Not required for organizations with a validated Grants and Contributions Online Services (GCOS) account.

☐ P**DF version of the Calculator** – a PDF version of the summary page of the EAF 2026 Calculator for all project activities (flat rate, non-flat rate, or mix of the two) is required.

☐ **Completed project workplan** – a completed project workplan is required as requested in the Project activities section of the application form (Question 57).

How to Submit the form and supporting documents

Consult the "Prepare to apply" section on the projects funding webpage for instructions on how to submit your application and supporting documents.

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 and understood 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)

Appendix A

Instructions: For each block of text you include below (if any), please specify the section it is meant to continue.

e.g. Part 1, Section 1C, Question 50 – continued: insert the rest of your answer here.