

Improve access for customers, clients, or employees.

Apply for a cost-shared grant to make accessibility-related improvements to your business.

**Business applicant:** \_\_\_\_\_

**Business address:** \_\_\_\_\_

**Mailing address,**  
if different from above: \_\_\_\_\_

**Grant type:** Select one or more

- Built Environment and Accessibility Certification
- Accessible Communication and Information
- Assistive Devices
- Accessible Transportation
- Universal Design Capacity Building—for this category only, skip Q3, Q4, and Q5

**Project type:** \_\_\_\_\_

**Business type:** \_\_\_\_\_

**Nova Scotia Registry of Joint Stocks Number:** \_\_\_\_\_

**Contact name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Business phone** \_\_\_\_\_ **Cell phone** \_\_\_\_\_

**Facsimile** \_\_\_\_\_ **Email** \_\_\_\_\_

**Project start date** \_\_\_\_\_ **Project end date** \_\_\_\_\_

**Q1 Describe the project that would be funded by this grant, in detail.**

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**Q2 Describe your business, including years of operation, clientele, tenants, services provided.**

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**Q3 Is your business currently accessible or partially accessible?**

Check each box that describes the current state at the place of business. Refer to the Nova Scotia Building Code (NSBC), Schedule “C” Barrier Free Design, as a guide to the points listed below:

[novascotia.ca/just/regulations/regs/bcregs.htm](http://novascotia.ca/just/regulations/regs/bcregs.htm)

Yes No Not  
Applicable

- |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Parking lot is fully accessible with code compliant markings.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Parking lot is level with entrance or appropriately sloped.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Business entrance is compliant with the NSBC.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Business entrance has appropriate levers and opening devices.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Business interior is accessible.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Workspaces are accessible.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Washrooms comply with the NSBC.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | The facility provides a barrier free path of travel from curbside to washroom facilities and all points in between.                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A barrier free path of travel exists for disabled persons to evacuate in case of emergency.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Visual fire alarms are installed.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Facility has undergone an accessibility audit.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Our project has been designed to fully incorporate Schedule “C” Barrier Free Design requirements of the Nova Scotia Building Code. |

Describe accessible features not listed above and give other relevant information:

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**Q4 How will your project enhance the use and access of your business?  
Which disabled populations will benefit from these enhancements?**

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**Q5 Does this project complete your business's accessibility needs?  
If you plan to implement further accessibility features within your  
operations, elaborate on future plans.**

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**Q6 How did your business become aware of the Business  
ACCESS-Ability program?**

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**Q7 Set out your project budget**

Submit documented proof for each item included below. For example, vendor quotes, contractor estimates, bank statement and cashed cheque.

**Estimated Project Costs**

<b>Item</b>	<b>Description</b>	<b>Amount, \$</b>
Construction/Renovation Projects		
Accessibility Certification		
Accessible Communication and Information		
Assistive Devices		
Accessible Transportation		
Universal Design Capacity Building		
Other (specify)		
<b>Total estimated project costs</b>		

**Applicant Contributions and Funding Sources for Project**

<b>Item</b>	<b>Description</b>	<b>Amount, \$</b>	<b>Status</b>
Cash on hand			
Loans			
Donated material			
Donated labour			
Donated Equipment			
Other grants (specify)			
Other (specify)			
<b>Total applicant funding</b>			

**Q8 Request funding and sign the declaration**

	<b>Amount, \$</b>
<b>Business ACCESS-Ability Grant requested</b>	

**Declaration**

I declare that the information provided on this application form and accompanying documentation is accurate to the best of my knowledge.

I give authority to the Province of NS to verify all information pertaining to this application.

I understand that projects funded may be subject to audit by the Province of NS, who reserve the right to review and inspect projects and related documentation during and following completion of the project.

**Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

## Checklist of Required Documentation

Submit all applicable documents. **Incomplete submissions may delay consideration of your project.**

- Description of business:** Include how long has the business been in existence, clientele, tenants if applicable, services provided.
- Description of existing place of business:** Describe current layout and issues. Include photos/sketches/drawings for clarity.
- Documented use of place of business:** Identify activities that take place and groups that use the place of business and their frequency of use.
- Description of proposed project:** Describe the project in detail, including how the project will make the existing place of business accessible or compliment current accessible features, and how it will benefit the surrounding community.
- Copy of lease agreement or proof of ownership:** For proposed improvements to leased space, include written approval of property owner and copy of current lease. For proof of ownership, include the deed or property assessment.
- Other grants:** Identify all other sources of grant funds that will be used for the project.
- Proof of insurance:** Include the whole insurance policy or the portion that states the coverage period and indicates that the equipment or property are insured and type of coverage, such as for fire and vandalism. Renewal notices are not valid proof.
- Proof of registration as a for-profit entity:** Include evidence of Nova Scotia Joint Stock registration and identify how long the business has existed.



- Detailed estimates:** For projects totaling less than \$10,000, include 2 quotes. For projects above \$10,000, include 3 quotes. If required number of quotes cannot be obtained, explain why. Identify the successful quote and give reasons for vendor selection.
- Proof of skilled labour:** If using skilled labour as an in-kind contribution, include a copy of the contractor's professional ID card or Red Seal certification.
- Proof of need for assistive devices:** If applying for assistive devices, identify the purpose and explain the expected results of installed equipment. For assistive medical devices, such as hearing aids, include proof that the devices are not covered under medical insurance plans or other 3rd party funding.
- Site photos:** Photos help define project scope. Include if available.
- Drawings, sketches, maps:** Engineered drawings, maps, and illustrations help identify scope and describe the project. Include if available.

**Submit your application and supporting documents  
by mail, fax, or email**

Business ACCESS-Ability Grant, CCH-CSR  
1741 Brunswick St., 3<sup>rd</sup> Floor, P.O. Box 456, Station Central  
Halifax, NS B3J 2R5

Fax: 902-424-0710

Email: [sbaccess@novascotia.ca](mailto:sbaccess@novascotia.ca)

**Questions?**

**Wayne Matheson**

Business ACCESS-Ability Program Officer, CCH-CSR

Telephone: 902-424-4408

Toll Free: 1-866-231-3882

**For office use only**

Approving Officer \_\_\_\_\_ Date \_\_\_\_\_

**Approved Grant Amount Breakdown:**

Category	Requested	Approved	Reason
B.E.	\$ _____	\$ _____	_____
Note:	_____		
A.C.	\$ _____	\$ _____	_____
Note:	_____		
A.C.I.	\$ _____	\$ _____	_____
Note:	_____		
A.D.	\$ _____	\$ _____	_____
Note:	_____		
A.T.	\$ _____	\$ _____	_____
Note:	_____		
U.D.C.B.	\$ _____	\$ _____	_____
Note:	_____		

Business ACCESS-Ability Grant requested  
 by client (shown on page 7) \$ \_\_\_\_\_

Total grant funding recommended \$ \_\_\_\_\_

Notes  
 \_\_\_\_\_  
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