

Application
Business ACCESS-Ability Program



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** _____

Email _____

Project start date _____ **Project end date** _____

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" Accessibility, as a guide to the points listed below:

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"/>	Project has been designed to fully incorporate Schedule "C" Accessibility requirements of the Nova Scotia Building Code.

Answer questions on a separate document and include with your application submittal.

Q1) Describe your business, including year of incorporation, number of employees, clientele, tenants, services provided. Describe current layout and issues.

Q2) Describe the project that would be funded by this grant, in detail including how the project will make the existing place of business accessible or compliment current accessible features.

Q3) How will your project enhance the use and access of your business? Which disabled populations will benefit from these enhancements?

Q4) Describe accessible features not listed above and give other relevant information.

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.

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

Budget

Fully complete Estimated Project Costs and Project Budget.

Estimated Project Costs

A) Total Project Costs¹

List entire cost of project including accessible components here,
listing multiple vendors separately if needed.

Vendor/Subcontractor	Description	Amount
Total estimated project costs		

B) Total Cost of Accessible Components¹

List only the cost for accessible items here including all time and materials.

Vendor/Subcontractor	Description	Amount
Total estimated accessible components		

Project Funding

Source Include description	Status Confirmed or Pending	Amount
Applicants Contribution: List your organizations' financial investment or contribution to project here indicating source, i.e. cash, reserves, loan. revenues, etc.		
Other Provincial Grants²: List department, program and amount here.		
Municipal or Federal Funding/Grants²: List organization, program and amount here.		
Other Grants or Funding²: List organization, program and amount here.		
In Kind Contributions (time and materials)³: List your organizations' non-monetary contributions here, i.e. labour		
3rd Party Donations (time and materials)³: List any external groups contributions to project here, i.e. labour, materials, waived equipment rental fees		

Accessibility Grant Request

Requested Business Accessibility Funding: Enter amount of funding requested from the Business Accessibility program here. Note: it cannot exceed 66% of the amount listed under LINE B or the stated maximums under each category.

LINE B Amount	multiply by 66%	Total Grant Request

- ¹ Provide detailed estimates separately - a minimum of 3 bids for projects above 10K and a minimum of 2 bids for projects below 10K.
- ² Provide official confirmation of contribution via funder's correspondence letter or email.
- ³ Provide detailed breakdown of contributions, if possible.

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 application.

- **Questions 1-6 on page 3 of the application.**
- **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.
- **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 email, mail, or fax.**

Email: sbaccess@novascotia.ca

Business ACCESS-Ability Grant, CCH-CSR

1741 Brunswick St., 3rd Floor, P.O. Box 456, Station Central
Halifax, NS B3J 2R5

Fax: 902-424-0710

Contact Wayne Matheson, CCH Accessibility Coordinator, with
any questions:

Telephone: 902-424-4408

Toll Free: 1-866-231-3882