

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 and technologies
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

Equity, Diversity, Inclusion, and Accessibility (EDIA)

Communities, Culture, Tourism and Heritage (CCTH) is committed to ensuring our programs and services are equitable, accessible, and inclusive. Understanding the demographics of our clients and people we serve will help us determine whether our programs, funding allocations, and processes are inclusive of Nova Scotia's diverse communities.

- If you are an organization, please identify who your organization serves. If you serve everyone,		
please select "General population".		
	where a lf identify (aclest all that apply)	
, ,,,,,	please self- identify (select all that apply).	
General population		
African Nova Scotian	People living with disabilities	2SLGBTQIA+
Persons of African Descent	🗆 Low income	Gender Diverse
Mi'kmaq / Indigenous	□ Children in care/transitioning out of care	🗌 Men / Boys
□ Racialized groups / communities	Underhoused / homeless	🗌 Women / Girls
□ Immigrants/newcomers /refugees	Youth (under 19 years)	
Acadian / Francophone	Seniors (65+ years)	
🗆 Gaelic / Gaels		
□ If not identified above, please specify:		

As part of CCTH's commitment to EDIA, we are interested to know if your organization's leadership is reflective of the communities you serve.

Does your organization's leadership (Board, committee, staff, volunteers, etc.) reflect the communities you serve (language, gender, lived experience or cultural identities, etc).

□ Yes □ Somewhat □ No □ Unsure □ n/a



Complete this section for projects under the Built Environment **Category only**

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	e
		Parking lot is fully accessible with code compliant markings.
		Parking lot is level with entrance or appropriately sloped.
		Business entrance is compliant with the NSBC. Business entrance has appropriate levers and opening devices.
		Business interior is accessible.
		Workspaces are accessible.
		Washrooms comply with the NSBC. The facility provides a barrier free path of travel from curbside to washroom facilities and all points in between.
		A barrier free path of travel exists for disabled persons to evacuate in case of emergency.
		Visual fire alarms are installed.
		Facility has undergone an accessibility audit. 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. When answering, please speak to the barrier(s) experienced by persons with disabilities and the greater community, and how this project will remove the identified barrier(s) and increase access, what steps will you take to manage the project effectively to ensure that the removal of barrier(s) is successful.

Q1) Describe your business, including year of incorporation, number of employees, clientele, tenants, services provided. Describe accessibility issues that form the reason for this grant request.

Q2) Describe the project that would be funded by this grant, including how the project will make the existing place of business accessible. What barriers to accessibility are you aiming to prevent/remove?

Q3) How will your project enhance the use and access of your business? What are the potential benefits of these enhancements for persons with disabilities or other community organizations representing persons with disabilities?

Q4) Please provide any additional information relevant to this funding request.

Q5) Does this project complete your businesses accessibility needs? Are there other areas where you plan to make accessibility improvements? If yes, please provide additional information.

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

2024-2025 version



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	7 0.00

B) Total Cost of Accessible Components¹

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

Vendor/Subcontractor	Description	Amount
LINE B- Tota	l estimated accessible components	^ ^.00



Project Funding

Source Include description	Status Confirmed or Pending	Amount
Applicants Contribution: List your organizat to project here indicating source, i.e. cash, r	ions' financial investment or	
Other Provincial Grants²: List department,	program and amount here	
Municipal or Federal Funding/Grants ² : List	organization, program and a	amount here.
Other Grants or Funding²: List organizatio	n, program and amount her	е.
In Kind Contributions (time and materials) List your organizations' non-monetary con		
3 rd Party Donations (time and materials) ³ : to project here, i.e. labour, materials, waive		ontributions



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		Total Grant Request
	multiply by 66%	

- 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 Da	te
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Checklist of Required Documentation

<u>Submit all applicable documents.</u> 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.

Attn: Paul Tingley, 902-233-8379

Email: sbaccess@novascotia.ca Business ACCESS-Ability Grant, CCTH-CSR 1741 Brunswick St., 3rd Floor, P.O. Box 456, Station Central Halifax, NS B3J 2R5

Fax: 902-424-0710

Contact CCTH Accessibility Coordinator, with any questions: Telephone: 902-233-8379

Toll Free: 1-866-231-3882