

# Application

## Community Access-Ability Program



Use this sheet as the first page of your proposal and attach all the other requested documents to it. Use the check list (page 5) to ensure all necessary information relevant to your proposal is included. Incomplete submissions will delay your application and cannot be evaluated until all requested information has been received.

### Organizational Information

Name of Community Group or Organization Applying: \_\_\_\_\_

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

Type of Facility: \_\_\_\_\_

Physical Address of Facility: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cellular: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Type of Project: \_\_\_\_\_

Project Start Date: \_\_\_\_\_ Project End Date: \_\_\_\_\_

### Budget Table

Complete Budget Table

| Estimated Project Costs  | Vendor/Supplier | Description | Amount |
|--|-----------------|-------------|--------|
| <b>A) Total Project Costs<sup>1</sup></b><br>list entire cost of project including accessible components here, separating vendor/suppliers, where possible |                 |             |        |
|  |                 |             |        |
|  |                 |             |        |
|  |                 |             |        |
|  |                 |             |        |
| <b>B) Total Cost of Accessible Components<sup>1</sup></b><br>list only the cost for accessible items here including all time and materials                 |                 |             |        |
|  |                 |             |        |
|  |                 |             |        |
|  |                 |             |        |
|  |                 |             |        |

All renovations and/or construction must conform to Schedule C "Accessibility" of the Nova Scotia Building Code and the National Building Code of Canada

| Project Funding   | Source<br>(include description) | Status<br>(confirmed or pending) | Amount |
|---|---------------------------------|----------------------------------|--------|
| <b>C) Applicants Contribution</b><br>list your organizations' financial investment or contribution to project here indicating source, i.e. cash, reserves, loan. revenues, etc.                           |                                 |                                  |        |
|   |                                 |                                  |        |
|   |                                 |                                  |        |
| <b>D) Other Provincial Grants<sup>2</sup></b><br>list department, program and amount here   |                                 |                                  |        |
|   |                                 |                                  |        |
|   |                                 |                                  |        |
| <b>E) Municipal or Federal Funding/Grants<sup>2</sup></b><br>list organization, program and amount here   |                                 |                                  |        |
|   |                                 |                                  |        |
|   |                                 |                                  |        |
| <b>F) Other Grants or Funding<sup>2</sup></b><br>list organization, program and amount here   |                                 |                                  |        |
|   |                                 |                                  |        |
|   |                                 |                                  |        |
| <b>G) In Kind Contributions (time and materials)<sup>3</sup></b><br>list your organizations' non-monetary contributions here, i.e. labour involved in the design or construction of the project.          |                                 |                                  |        |
|   |                                 |                                  |        |
|   |                                 |                                  |        |
|   |                                 |                                  |        |
| <b>H) 3<sup>rd</sup> Party Donations (time and materials)<sup>3</sup></b><br>list any external groups or individuals' contributions to project here, i.e. labour, materials, waived equipment rental fees |                                 |                                  |        |
|   |                                 |                                  |        |
|   |                                 |                                  |        |
|   |                                 |                                  |        |

| Accessibility Grant Request  | LINE B Amount | multiply by 66% | Total Grant Request |
|--|---------------|-----------------|---------------------|
| <b>I) Requested Community Accessibility Funding</b><br>Enter amount of funding requested from the Community Accessibility program here |               |                 |                     |

**Note: it cannot exceed 66% of the amount listed under LINE B**

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

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### Is your facility currently accessible or partially accessible?

Check each box that describes the current state at your facility. 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](http://novascotia.ca/just/regulations/regs/bcregs.htm)

- Parking lot is fully accessible with code compliant markings.  Yes  No  N/A
- Parking lot is level with entrance or appropriately sloped.  Yes  No  N/A
- Entrance is compliant with the NSBC.  Yes  No  N/A
- Entrance has appropriate levers and opening devices.  Yes  No  N/A
- Interior spaces are accessible.  Yes  No  N/A
- Washrooms comply with the NSBC.  Yes  No  N/A
- The facility provides a barrier free path of travel from curbside to washroom facilities and all points in between.  Yes  No  N/A
- A barrier free path of travel exists for disabled persons to evacuate in case of emergency.  Yes  No  N/A
- Visual fire alarms are installed.  Yes  No  N/A
- Facility has undergone an accessibility audit.  Yes  No  N/A
- Project has been designed to fully incorporate Schedule “C” Accessibility requirements of the Nova Scotia Building Code.  Yes  No  N/A

### Required Questionnaire

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

- Q1** Provide a short description of the purpose and history of your organization.
- Q2** Describe your facility, including years of operation, documented use, visitors, tenants, programs/services provided.
- Q3** Provide a detailed description of the project including, how the project will improve the existing facility accessibility and how community members will benefit from these improvements. You may include photos and/or drawings for clarity.
- Q4** How will your project enhance the use and access of your facility? Which disabled populations will benefit from these enhancements?
- Q5** Describe any other accessible features in the facility that are not listed in the previous section.
- Q6** Does this project complete the accessibility needs of the facility? If you plan to implement further accessibility features within your operations, please elaborate on future plans.

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## Checklist of Required Documentation

Submit all documents from the following list. Incomplete submissions will delay consideration of your project.

- Required questionnaire:** Attach a separate document answering questions 1–6 above.
- Copy of lease agreement or proof of ownership:** For proposed improvements to leased facilities include written approval of property owner and copy of current lease. Required documentation for proof of ownership could be the deed or property assessment.
- Proof of Incorporation and/or charitable status:** Provide evidence of incorporation and identify how long the organization has existed and if co-sponsored, similar proof from the co-sponsoring organization.
- Detailed Estimates and Justification of Bid Selected:** a minimum of 3 bids recommended on contracted work. If 3 bids can't be obtained, please explain why. Provide justification of bid selected if it is not the lowest one received.
- 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 skilled labour:** Provide a copy of the contractor's professional ID card, if using skilled labour as an in-kind contribution in the project.
- Site photos:** Before and After 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.

## Declaration

The information provided on this application form and accompanying documentation is accurate to the best of my knowledge. I hereby give Communities, Culture and Heritage authority to verify any and all information pertaining to this application. I understand that projects which are funded may be subject to audit by the Province of Nova Scotia, who reserve the right to review and inspect projects and related documentation during and following completion of the project.

Signing Authority for the Applicant \_\_\_\_\_ Date \_\_\_\_\_

## Forward your proposal to:

Attn: Wayne Matheson  
Community Access-Ability Program  
Department of Communities, Culture and Heritage  
1741 Brunswick St., 3<sup>rd</sup> Floor  
P. O. Box 456, STN Central  
Halifax, NS B3J 2R5  
Tel: 902-424-4408

OR [AccessAbilityGrants@novascotia.ca](mailto:AccessAbilityGrants@novascotia.ca)

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