

Business Access-Ability Program

Thank you for your interest in the Business Access-Ability Program. Please enter the name of your business, your contact's name, email and phone number:

Business Name: _____

Contact Name: _____

Phone Number: _____

Email: _____

Application Deadline: February 14, 2026, by 11:59pm

This program offers cost-shared grants to businesses for accessibility-related improvements. Grants are intended to improve overall accessibility and create welcoming environments that persons with disabilities can access for business and employment opportunities. We pay up to 2/3 of accessibility improvements and up to \$50,000.

Please refer to the 26-27 [Grant Guidelines](#) to ensure you are eligible for this grant, based on the primary function of your business and project scope.

Applicants are strongly encouraged to contact the Program Officer to discuss their project before applying.

If you require assistance filling in this application or if you have any questions, please contact: sbaccess@novascotia.ca or (902) 220-8812 to ask to speak with a Program Officer.

Application Process

This application is a **two-part process**.

- **Part one**, beginning on page 2, includes the questions and budget and needs to be completed and submitted via email or mail, along with supporting documentation. Part one is scored by a panel.
- **Part two** is the online form. The link can be found below on page 12.
- **Both part one and part two of the application are mandatory.**

Application Deadline: February 14, 2026, by 11:59pm

PART ONE: WRITTEN PORTION

Section 1 - Questions

1. **Describe your business.** Including the year of incorporation, number of employees, clientele, tenants, services provided. Describe current layout and issues.

2. **Describe the work to be completed.** 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. If the project includes multiple components, list them in order of priority.

3. **Describe who was consulted during the planning process** (e.g., community members, experts, stakeholders). Explain how the problem was identified and the steps taken to move forward with the project.

4. **How will this project contribute to the long-term sustainability and accessibility of your business?** Consider energy efficiency, reduced maintenance, increased usage, or extended lifespan.

5. **How will you adhere to the NS building code and Accessibility standards?** (e.g The contractor or person hired has the knowledge or experience of accessibility standards.)

6. **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?

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

Section 2 - Attachments to submit

Please include

- **Business photos.** Include photos showing area(s) where project work will take place.
- **Your organization must either own or have a minimum 5-year lease for the business.** Please provide proof of ownership or lease agreement.
- **Detailed quotes of project work.** Quotes must be valid from a certified contractor.

Section 3 – Project Budget and Quotes

Project Expenses and Funding Sources

1. **Complete the tables below with all eligible expenses and funding sources.** Please see [grant guidelines](#) for full guidance on what is eligible or ineligible.
 - List the entire cost of the project you are seeking funding for. If it is part of a phased project, **only list current phase.**
 - Include in-kind contributions in the project expenses AND funding sources.
 - If there is a significant in-kind/volunteer amount, please provide a separate detailed overview.
 - Please see [Business ACCESS-Ability Grant Program | Communities, Culture, Tourism and Heritage](#) for more information about in-kind

2. **Please include all quotes with your application and indicate which vendor was selected in your budget.**
 - For projects over \$75,000:
 - Provide three (3) quotes for all external contractors/supplies.
 - If not possible, provide a rationale or documentation of attempts to obtain quotes.
 - For projects under \$75,000:
 - At least one quote is required; two quotes are preferred.
 - As feasible, separate costs by vendor/supplier based on quotes.

PROJECT EXPENSES

Selected Vendor/Supplier & in-kind	Description (components, details or math for in-kind)	Amount	Quote/Estimates Attached?	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Total Est. Project Cost				

Project Funding Sources – List all funding sources, including section for donated and in-kind contributions.

Funding Source	Description	Amount	Funding status (required)	
			Confirmed	Pending
Applicant cash contribution (reserves, revenues, loans, donations)			<input type="checkbox"/>	<input type="checkbox"/>
Federal Government Funds			<input type="checkbox"/>	<input type="checkbox"/>
Municipal Government Funds			<input type="checkbox"/>	<input type="checkbox"/>
Other Provincial Government Funds			<input type="checkbox"/>	<input type="checkbox"/>
Other			<input type="checkbox"/>	<input type="checkbox"/>

In-Kind/Volunteer contributions – If applicable, please provide math and details on in-kind contribution, ie. # of hours x hourly rate, or discounts on materials/equipment. Attach a separate document as needed.

In-kind Labour			<input type="checkbox"/>	<input type="checkbox"/>
In-kind Materials			<input type="checkbox"/>	<input type="checkbox"/>
In-kind Equipment			<input type="checkbox"/>	<input type="checkbox"/>
In-kind Other			<input type="checkbox"/>	<input type="checkbox"/>

Total Project Funding

The amount requested should be total estimated project cost less total funding sources. The requested amount can be no more than 2/3 of total estimated project cost and the request can be no more than \$50,000.

Amount requested from BAAP grant:

PART TWO: ONLINE FORM

The second part of the application is a short online form. You can access it using the “**Click Here to Start link**” provided below. Several questions require only a check mark, but some require short, typed answers. Please have part one, including the budget, completed and nearby to assist with filling in the on-line form. The form does not save so it is recommended you fill it in in one sitting. It should take 8-10 minutes to complete.

In this section, you'll be asked to provide **basic information** about your business and project, including:

- Business Name
- Registry of Joint Stock Number
- Business Address
- Mailing address
- Name of Business Owner, email and phone
- Name of Project lead, email and phone (if applicable)
- Type of business
- Project title
- Project Description
- Project start and completion date
- Total project budget and requested funding amount
- County where the business is located
- Business Access- Ability funding history

[CLICK HERE TO START.](#)

If you are unable to access the online “application part one”, please contact sbaccess@novascotia.ca or (902) 220-8812 to speak to a Program Officer.

Section 4 – Checklist

Applications are considered complete when the following required items are included in your application package at the time of submission. Please check the boxes below.

Incomplete applications may be considered ineligible.

Required Items

- Completed part two on the online form
- Answered questions in the written portion of the application, part one
- Images of the business are included in the application, showing area(s) where project work will take place
- A copy of property ownership or lease agreement
- Completed the budget table including expenses and funding sources (if applicable, attach additional documentation to outline in-kind contributions)
- Quotes from an external contractor/supplier are attached for all costs and in-kind contributions
- Documents/letters of confirmation are attached for confirmed funders or in-kind contributions (if applicable)
- The Application Form has been completed, signed and dated by the business owner, on Page 14.
- I will contact sbaccess@novascotia.ca or call (902) 220-8812 if I do not receive an email confirming that my application was received. Applicants should receive an e-mail confirming that their application was received within **two weeks** of submission.

Section 5 – Consent and Declaration

Consent (please check boxes below to consent)

- I consent to the sharing of my information with other government departments, organizations or contractors that the Department of Communities, Culture, Tourism and Heritage (including African Nova Scotian, Acadian and Gaelic Affairs) or Arts Nova Scotia has a data sharing agreement with.
- I consent to the Department of Communities, Culture, Tourism and Heritage (including African Nova Scotian, Acadian and Gaelic Affairs) or Arts Nova Scotia adding my name, mailing address and e-mail to a distribution list to receive updates on programs, services, news and events.

Declaration

As a representative of an organization:

- I have carefully read the application guidelines and eligibility criteria for this program, and I confirm that the business I represent meets the eligibility criteria to the best of my understanding.
 - I am aware that all overdue final reports, where applicable, for previously funded applications must be submitted and approved before any additional requests or applications for funding can be considered.
 - I understand that my current application may not be eligible if any of my final reports have not been submitted and approved by CCTH.
- I accept all the declaration statements above that are applicable to me. I understand that not accepting these statements as true may affect eligibility for this funding application.

Name of Business Owner

Date

Section 6 – Contact and Submission

Please send your completed application to us by email or date stamped in the mail on or before the deadline.

Three ways to submit your application:

1. E-mail: sbaccess@novascotia.ca

Please include your business name in the subject of the email message.

2. Mail:

Communities, Culture, Tourism and Heritage
Communities NS Unit (BAAP)
PO Box 456 STN Central
1741 Brunswick Street
Halifax, NS
B3J 2R5

3. Drop-off

Communities, Culture, Tourism and Heritage
Communities NS Unit (BAAP)
3rd floor, 1741 Brunswick St. 3rd Floor
Halifax, NS
B3J 3X8