



# Community ACCESS-ability Program Grant Application 2017/18

Use this cover sheet as the first page of your proposal. Attach the other documents to it. Use the check list (page 2) to ensure all necessary information relevant to your proposal is included.

Community Group/ Organization (Applicant): \_\_\_\_\_

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

Example: Ramp, Lift

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

Example: Community Hall, Playground

Facility Location: \_\_\_\_\_

Civic Address

Community

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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

Civic Address or Box #

Municipality

Postal Code

Project Estimated Costs		Project Estimated Revenues	
Design (engineer, architect, consultant)	\$	Applicant's contribution (actual cash)	\$
Construction (attach estimates*)	\$	Donated labour/material/equipment (detail separately)	\$
Material	\$		
Labour	\$		
Permit fees (where applicable**)	\$	Other groups or organizations (specify***)	\$
Equipment	\$		
Other (please specify)	\$	ACCESS-ability Grant	\$
TOTAL (total costs must equal total revenues)	\$	TOTAL (total revenues must equal total costs)	\$

\* Provide detailed estimates separately. It is recommended that a minimum of 3 bids on contracted work be obtained by the applicant as grant calculations are based on estimated costs. Cost overruns of projects are the responsibility of the applicant.

\*\* Building Permits are required for many renovation projects. Please consult with your local municipal building official to determine if a permit is required. **All renovations or construction must conform to the Barrier Free Design requirements of the Nova Scotia Building Code Regulations and the National Building Code of Canada 2010.**

\*\*\* Specify expected amount of funding by source and attach letters indicating funding commitment where applicable.

**Note: The ACCESS-ability grant amount may not exceed 66.6% of TOTAL, or \$10,000.00 (whichever is less)**

# Checklist of Required Documentation

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Please submit all applicable documents from the following list. Incomplete submissions will delay consideration of your project.

- ☐ **Description of organization:** How long has the sponsoring organization been in existence?
- ☐ **Description of existing facility:** Physically, how does the facility function now? Include photos and/or drawings for clarity.
- ☐ **Documented use of facility:** Identify activities that take place, community groups that use the facility and frequency of use.
- ☐ **Description of Proposed Project:** Provide a detailed description of the project including, how the project will make the existing facility accessible or compliment current accessible features, lasting social, cultural and economic benefits to the community etc. Include photos and/or drawings for clarity.
- ☐ **Other Grants:** Identify all other sources of grant funds. Some grants stipulate that they may be reduced, where other grants are received for the same project.
- ☐ **Copy of lease agreement or proof of ownership:** For proposed improvements to leased facilities please 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 Insurance:** Provide all or portion of insurance policy that states coverage period and indicates that the equipment or property are insured i.e. fire/vandalism. Renewal notices will not be accepted.
- ☐ **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:** a minimum of 3 bids recommended on contracted work. If 3 bids can't be obtained, please explain why.
- ☐ **Proof of skilled labour:** Provide a copy of the contractor's professional ID card, if using skilled labour in the project.
- ☐ **Justification of Bid Selected:** Provide justification of bid selected if it is not the lowest one received.

## DECLARATION

The information provided on this application form and accompanying documentation is accurate to the best of my knowledge. I hereby give Community Services 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.

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Signing Authority for the Applicant

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Date

**Please forward your proposal to:**  
Community ACCESS-ability Program  
Nova Scotia Department of Community Services  
Finance and Administration  
5675 Spring Garden Road, 7<sup>th</sup> Floor  
P.O. Box 696  
Halifax, NS  
B3J 2T7