

BC Accessibility Grants Program Application Form

**Upload RHFAC Scorecard*

You must complete a RHFAC Rating for your site to receive an RHFAC Rating Scorecard. Rating Scorecards are typically available for download from the RHFAC Registry 6-8 weeks after RHF has completed a rating. For more information, visit www.rickhansen.com/RHFAC

**Upload before photo of proposed infrastructure improvement*

Please include a *before* photo of your project site.

**Upload Budget Template*

Upload a completed budget for your proposed Accessibility Improvement project using our [budget template](#).

**Upload proof of Non-Profit Status (required for non-profit organizations)*

Please upload your organization's BC Certificate of Incorporation proving it is incorporated under the *BC Society Act*.

**Upload Additional Information (optional)*

SECTION I: ORGANIZATION & CONTACT INFORMATION

A. Organization Contact Information

* Please note that [non-profit organizations](#) must provide proof of non-profit status by uploading a BC Certificate of Incorporation proving they are incorporated under the *BC Society Act*.

Organization Name

Street Address

City

Province/Territory

BC Only

Postal Code

Organization Website (optional)

CRA Business Number

Organization type

RHFAC Rating Scorecard Registration Number (example: RHF-XXX-XXXXX):

B. Mission & Activities

What is the mission and purpose of your organization? What are its main activities?

(Max 250 words)

C. Applicant Information & Authorization

Complete contact details of the Applicant

Full Name

Job Title:

Phone Number:

Alternative Phone Number:

Contact Email:

D. Social Media

Provide information on all social media channels that your organization uses, if any.

Twitter Handle:

Facebook Page:

Instagram Profile:

YouTube Channel:

LinkedIn Page:

Other:

SECTION II: ACCESSIBILITY INFRASTRUCTURE IMPROVEMENT PROJECT INFORMATION

A. Accessibility Infrastructure Improvement Project Name

BC Accessibility Grants Project Name

B. Project Site

Where will the Accessibility Infrastructure Improvement take place?

Location Name

Street Address

City

Postal Code

Province/Territory BC

Select type of premise

- School / University
- Trail / Pathway
- Community / Recreation Centre
- Retail
- Office
- Multi-family Residential (common/shared space)
- Other (please specify):

C. ACCESSIBILITY INFRASTRUCTURE IMPROVEMENT

* Please use as much detail as possible.

1. Describe the Accessibility Infrastructure Improvement you propose to make your premises more accessible. What specifically would you want the BC Accessibility Grants funds to cover?

(Max 250 words)

2. Describe how the proposed Accessibility Infrastructure Improvement incorporates feedback from your site's RHFAC Rating Scorecard. Please note your application is more likely to be approved if it relates to an area of the Scorecard that has the greatest room for improvement.

(Max 250 words)

3. Describe how the proposed Accessibility Infrastructure Improvement will make a difference to and impact people with disabilities (include details on the number of people who will be impacted by the improvement).

(Max 250 words)

4. Timeline

* Please note that Accessibility Infrastructure Improvement Projects must be completed within one year of funds approval.

Proposed Start Date (Earliest September 1, 2018)

Proposed End Date (Latest August 31, 2019)

5. Budget

* Please note that the terms of the BC Accessibility Grants Program require for-profit organizations to match granted funds.

Total Estimated Cost of Project (inclusive of sales taxes)

Requested BC Accessibility Grants Program funds amount (maximum \$20,000)

Please note that you must have completed an RHFAC Scorecard in order to apply to the BC Accessibility Grants Program.

Authorization of Applicant

* Please read carefully.

I, the Applicant understand and confirm that the approval of this application by Rick Hansen Foundation (hereinafter "RHF") and the award of funds by RHF to the Recipient will create a binding agreement for the performance of charitable activities between the Recipient and RHF and I represent and warrant that I am duly authorized by the Recipient to submit this application on behalf of the Recipient and to legally bind the Recipient to such agreement. Further, if the Recipient is an unincorporated association I represent and warrant that I am duly authorized by the members of the Recipient to submit this application on their behalf and to legally bind such members personally, jointly and severally to such agreement.

I Agree

Name

Job Title

Agreement for the Performance of Charitable Activities

- I acknowledge on the behalf of the Recipient that by submitting this application form, I agree to the [Agreement for Performance of Charitable Activities](#).
- I acknowledge on the behalf of the Recipient that I have read the [Privacy Policy](#) of the BC Accessibility Grants Program.
- I acknowledge on the behalf of the Recipient that I understand that I will receive funds after project completion within one year of funds approval, and the satisfactory submission of the final report and expense receipts.
- I consent to be contacted with further information about Rick Hansen Foundation.