

APPLICATION FORM

Call for Expressions of Interest for Accessibility Assessments & Rick Hansen Foundation Accessibility Certification™ Ratings

Qualified and interested organizations must complete and submit this application form to access@rickhansen.com by Friday September 14, 2018.

ORGANIZATION INFORMATION				
Name				
Address				
City	Province	Post Code		
Main Phone Number				
Website				
Twitter				
LinkedIn				
PRIMARY CONTACT INFORMATION				
First Name	Last Name			
Job Title				
Address (if different from organization address)				
City	Province	Post Code		
Direct Office Number Mobile Number Email Address		Preferred Communication		
SECONDARY CONTACT INFORMATION	I			
First Name	Last Name			
Job Title				
Address (if different from organization address)				
City	Province	Post Code		
		Preferred Communication		
Direct Office Number Mobile Number Email Address				

ORGANIZATION	OVERVIEW

ORGANIZATION OVERVIEW
What is the nature of your organization and its clients? (max. 100 words)
How many years has your organization been in operation?
How many employees does your organization have?
How has your organization demonstrated commitment to accessibility or Universal Design? (max. 100 words)
DESCRIPTION OF SERVICES PROVIDED
What services does your organization provide? (max. 100 words)
Where does your organization provide services (e.g., cities, regions, or provinces/territories)? (max. 100 words)
EMPLOYEES MEETING QUALIFICATIONS
What is the total number of employees with at least five years' consultancy experience in accessibility and the built environment?

What is the total number of employees with an RHFAC Professional Designation?

LIST OF ACCESSIBILITY-RELATED PROJECTS

List notable projects your organization has completed with respect to accessibility in the built environment within the last three years. Include client names and locations.

	Project Name	Client Name	Location
1			
2			
3			
4			
5			
6			
7			
8			
9		_	
10			

LIST OF INDUSTRY AWARDS & RECOGNTION

List awards or recognitions your organization has received with respect to accessibility or Universal Design in the built environment. Include awarding party and date.

	Award Name & Description	Awarding Party	Date
1			
2			
3			
4			
5			

CLIENT REFERENCES

Provide 3-5 client references from past 2 years. Include organization, contact name, phone number, and email. By listing these references, you are providing permission to RHF to contact your clients in relation to this EOI.

	Organization	Contact Full Name	Phone Number	Email Address
1				
2				
3				
4				
5				

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ADDITONAL INFORMATION (OPTIONAL)

Please use the space below to convey any additional information that is relevant to this EOI.