



COMPLETING THE FORM

This is a standard form used by multiple programs at Employment and Social Development Canada. In Section B, you will need to identify the funding request to which you are applying.

You must read the Applicant Guide that is specific to the program to which you are applying. Each funding program may have specific eligibility requirements, priorities, or supporting documents to submit with the completed Application Form.

Unless otherwise indicated in the Applicant Guide or on this form, you must complete all parts of the Application Form. Employment and Social Development Canada reserves the right to refuse applications that are incomplete or contain errors. We recommend that you save the Application Form often.

If a closing date is posted, you must submit your Application Form by that date. We will not accept applications received after a closing date.

This document includes the following sections:

Section A – Notice to Applicants

Section B – Program Information

Section C – Application Form

Part 1 – Organization

Part 2 – Project Proposal

Part 3 – Budget

Part 4 – Program Specific Questions and Checklists

Part 5 – Attestation

HOW TO SUBMIT THE FORM AND SUPPORTING DOCUMENTS

Consult the Applicant Guide for instructions on how to submit your application and supporting documents using email or mail.

SECTION A – Notice to Applicants

Activities started prior to approval of the Application will be deemed ineligible for funding.

The person who attests to the information provided in the Standard Grant Application for Funding must have the capacity and the authority to sign and submit the application on behalf of the Applicant Organization.

The information collected in this Standard Grant Application for Funding will be used, and may be disclosed, for the purposes of assessing the merits of your application. As part of the assessment process, some information could be shared in part or in whole with parties outside the government.

Employment and Social Development Canada also proactively discloses information on successful applications on the following website: <https://open.canada.ca/en/search/grants>.

It may also be used and/or disclosed for policy analysis, research, and/or evaluation purposes. In order to conduct these activities, various sources of information under the custody and control of Employment and Social Development Canada may be linked. However, these additional uses and/or disclosures of information will not impact on your proposed project.

In the event that the application contains personal information, the personal information will be managed in accordance with the Department of Employment and Social Development Act, Privacy Act and any other applicable laws. You have the right to, access to, and correction of your personal information, which is described in the Personal Information Banks. Instructions for obtaining this information are outlined in the [ESDC Info Source publication](#). You have the right to file a complaint with the [Privacy Commissioner of Canada](#) regarding the institution's handling of your personal information at: [Office of the Privacy Commissioner of Canada](#).

The application is also subject to the Access to Information Act ("ATIA"). The ATIA provides every person with a right of access to information under the control of the department, subject to a limited set of exemptions. Instructions for obtaining access to this information are outlined in the government publication entitled [Info Source](#). Info Source may be accessed on-line at any Service Canada Centre.

SECTION B – Program Information

Select only one funding request per application.

Enabling Accessibility Fund (EAF)

The Enabling Accessibility Fund provides funding for eligible capital projects that increase accessibility for people with disabilities in Canadian communities and workplaces, creating more opportunities for people with disabilities to participate in community activities, programs and services, or access employment opportunities.

Funding requested: Youth Innovation – Community Accessibility (\$10,000 or less) Youth Innovation – Workplace Accessibility (\$10,000 or less)

SECTION C – Part 1 – Organization

ORGANIZATION IDENTIFICATION

1. Legal Name

Organization's full name, as it appears on legal documents.

2. Operating Name (if different from legal name)

3. Year Established

Year the organization was originally created.

4. Organization Type

Not-For-Profit Private Sector Public Sector

5. Organization Category

For example: Sector councils; University; Municipal Government; etc. (see Applicant Guide for more examples).

6. Canada Revenue Agency (CRA) Business Number

Unique 15-digit number that is assigned to your business or legal entity by Canada Revenue Agency (CRA).

If you do not have a Canada Revenue Agency (CRA) Business Number, provide one of the following:

For example: Your provincial/territorial corporation number (i.e. number found on your Letters Patent) or your federal corporation number with Industry Canada (see Applicant Guide for further details).

Other Registration Number:

or

I have provided a separate document confirming the proof of operations for my organization.

Specify type of document(s):

7. Organization Primary Address

City or Town

Province or Territory

Postal Code

Country

Telephone Number and Ext.

E-mail Address

8. Mailing Address – Is it the same as the Organization Primary Address?

Yes No

9. Organization's Primary Activities (In about 250 words, provide a description of your organization's primary activities.) (Optional)

Select the target group(s) that best aligns with your organization's primary activities (more than one may be selected).
 Note: your answer to this question will not impact the assessment of your proposed project. (Optional)

- Seniors Newcomers Visible Minorities Youth
 Women LGBTQ2 People with Disabilities Low Income
 Remote / Rural Individuals Experiencing Homelessness Official Language Minority Communities
 Indigenous (specify)
 First Nations Inuit Metis Urban/Non Affiliated
 Other (specify)

Not Applicable

ORGANIZATION CONTACTS

PRIMARY CONTACT – This should be your primary contact person with respect to this application for funding.

10. Given Name/Surname

Name:

Surname:

11. Position Title

12. Preferred language of communication

Written: English French Spoken: English French

13. Primary Contact – Address

Same as Organization Same as Organization Different
 Primary Address Primary Mailing Address (include below)

SECONDARY CONTACT – This should be your secondary contact person with respect to this application for funding in case we cannot reach the primary contact.

14. Given Name/Surname

Name:

Surname:

15. Position Title

16. Preferred language of communication

Written: English French Spoken: English French

17. Primary Contact – Address

Same as Organization Same as Organization Different
 Primary Address Primary Mailing Address (include below)

18. Does your organization owe any amounts to the Government of Canada?

Yes No

If yes, complete the fields below for each amount owing.

	Amount Owing	Nature of the amount owing (e.g. taxes, penalties, overpayments)	Department or agency to which amount is owed	19. If an amount is owing, is a payment plan in place?
A.				<input type="checkbox"/> Yes <input type="checkbox"/> No
B.				<input type="checkbox"/> Yes <input type="checkbox"/> No
C.				<input type="checkbox"/> Yes <input type="checkbox"/> No
D.				<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION C – Part 2 – Project Proposal

PROJECT PROPOSAL IDENTIFICATION

20. Project Title

21. Planned Project Start Date (YYYY-MM-DD)

22. Planned Project End Date (YYYY-MM-DD)

23. Amount requested from Employment and Social Development Canada

PROJECT PROPOSAL DESCRIPTION

24. Project Summary (In about 500 words), describe the need of the proposed project including what it aims to achieve (objective and anticipated results), and who is the targeted group.

25. In about 250 words, describe how the proposed project meets the objective(s) and/or priority(ies) of the funding program under which you are applying.

26. Project Activities and Timelines (Provide the activities and their timelines that will be taking place as part of this proposed project.)

Activities	Timelines
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

27. Will any of the proposed project activities be delivered at your organization's primary address?
 Yes No
Will any of the proposed project activities be delivered in a different location from your organization's primary address?
 Yes No

28. Will the project or any of its activities involve or benefit people in English or French linguistic minority communities in Canada, in some way?
 Yes No Not Applicable

29. Is your project targeting specific groups?
 Yes No

SECTION C – Part 3 – Budget

30. PROJECT COSTS (expenses) for the eligible activities or services of the proposed project

List each eligible activity or service:	Cost is:		Cost (\$ value)
	Cash	Donation (In-kind)	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
Total cost of eligible activities and/or services*			

31. FUNDING SOURCES (revenues) for the proposed project costs noted above

List Organization Name for each Funding Source (can be other governments, a private sector organization, or self-funded)	Funding amount is:			Funding Amount (\$ value)
	Cash	Donation (In-kind)	Confirmed (guaranteed)	
Amount requested from Employment and Social Development Canada**				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total funding for eligible activities or services*				

* Total cost in Question 30 and total funding of eligible activities and/or services in Question 31 must equal each other.
 ** Amount must correspond with the amount listed in Question 23.

BUDGET DETAILS

32. Use this field to provide any further budget details that you may find necessary in describing your project. (Optional)

This field is optional if you want to provide more information.

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SECTION C – Part 4 – Program Specific Questions and Checklists

For this section, you should only answer the questions that are relevant to the program to which you are applying.

Enabling Accessibility Fund (EAF)

Program Specific Questions – Enabling Accessibility Fund (EAF)

33. In 250 words or less, describe how your community supports this project.

Program Checklist – Enabling Accessibility Fund (EAF)

Please review the following checklist carefully. Errors or incomplete applications will result in delayed processing and/or rejection.

- I read the Applicant Guide in relation to this funding request.
- I answered all of the questions in each section of this application form.
- I provided a copy of my business' registration in relation to Questions 6.
- I provided the necessary quotes in relation to Question 30.
- I will attest to the contents in Section C – Part 5 of this application form.

HOW TO SUBMIT THE FORM AND SUPPORTING DOCUMENTS

Consult the Applicant Guide for instructions on how to submit your application and supporting documents using email or mail.

SECTION C – Part 5 – Attestation

In order for your application to be eligible, an official representative who has the capacity and the authority to submit project proposals and enter into contracts and agreements on behalf of your organization must attest to the following:

- I have the capacity and the authority to submit this Application for Funding on behalf of the applicant organization.
- I certify and warrant on behalf of the organization and in my personal capacity that the information provided in this Application for Funding and any supporting documentation is true, accurate, and complete.
- I have read the Applicant Guide and understand the program's requirements.

Official Representative Name (print)	Title (print)
Date (YYYY-MM-DD)	
Official Representative Name (print)	Title (print)
Date (YYYY-MM-DD)	
Official Representative Name (print)	Title (print)
Date (YYYY-MM-DD)	