SFSS Accessibility Grant Application Form

The SFSS Accessibility Grant is used in two ways. It is used to **make events more accessible**. Or it is used to **carry out accessibility projects**. The funds can be spent on any of the following.

* One-time purchases
* Accessibility services
* Short-term accommodations

**Provide the following information** when you apply for the grant.

* The event or project you are organizing or attending
* What accessibility services or funding is needed
* How much you expect it to cost

**You have two (2) choices on how to use the funds.**

1. You can [receive services from one of our suggested service providers.](https://sfss.ca/wp-content/uploads/2021/07/Accessibility-Vendor-List-July-20-2021.pdf) In this case, you can have SFSS pay the service providers directly, or you can pay them and get paid back after.
2. You can work with an external service provider and get paid back after.

Please note that the SFSS requires **at least 10 working days** to process the Accessibility Grant request. This does not include the day you submit your application or the day of the event.

**You cannot submit a request for funding after an event has happened. You will not be paid back for an event after it has happened.** Please see the SFSS [Accessibility Granting Guidelines](http://sfss.ca/wp-content/uploads/2018/02/SFSS-Acessibility-Grant-Program-Guidelines.pdf) for more information.

Please email your completed application or any questions to [accessibility@sfss.ca](mailto:accessibility@sfss.ca)

# 1. Applicant Information

1.1: Basic Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | Name: | Student Number: | | SFU e-mail: | Phone: | |  |
| 1.2: We use email to respond unless another method is requested. If we can communicate with you in a more accessible way, please let us know in the space below. |  |

# 2. Event/Project Information

Fill in all areas that apply. If you are working on a project, enter the applicable information under the event headings. You can still submit an application if the location is not confirmed yet.

2.1: Basic Information

|  |  |
| --- | --- |
| Date(s): | Location: |
| Start and End Times: | |
| Name of SFSS Group (if applicable): | |
| Name of Event or Project: | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | 2.2: I am requesting the accessibility supports for the following. | | | | ☐ An event I am organizing  ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | ☐ An event I am attending  ☐ A project I am working on | |  |
| 2.3: Please provide a brief description of the event or project. Please state the barriers you are trying to remove or reduce. |  |

2.4: Please list any other groups that will be attending the event or working on the project. Include any guest speakers. If some groups or guest speakers are not confirmed yet, list them anyway.

# 3. Accessibility Grant Request Details

|  |  |
| --- | --- |
| 3.1: For event organizers: have you consulted the [Accessible Event Planning Checklist](http://sfss.ca/wp-content/uploads/2017/04/Abridged-Checklist-for-Accessible-Event-Planning.pdf) to identify other aspects of your event that can be made more accessible? | ☐ Yes |
| ☐ No  ☐ Not applicable |

3.2: The SFSS [keeps a list of vendors we work with to provide accessibility services](https://sfss.ca/wp-content/uploads/2021/07/Accessibility-Vendor-List-July-20-2021.pdf). If you work with one of our vendors, we can pay for the services directly, unless you would prefer to pay out of pocket and be paid back.

Please check the item below that describes your work with vendors.

☐ I’ll work with an SFSS vendor, and I need help getting in touch with them.

☐ I’ll work with an SFSS vendor, but I can get in touch with them myself.

☐ I have my own vendor I would like to work with, and I am alright with being paid back.

3.3: Skip this question if you are working with an external vendor.

If you are working with an SFSS vendor, please indicate below if you would like them to bill us directly, or if you would like to pay for the service out of pocket and be paid back.

☐ I would like the service provider to bill the SFSS directly

☐ I would like to pay out of pocket and be paid back later.

3.4: Please indicate the supports and servicesyou will be requesting in the chart below. For a list of suggested accommodations, see the Accessible Event Planning Checklist.

Please include documents with the projected costs in your application. If you need multiples of one accommodation, write that under Extra Details.

|  |  |  |
| --- | --- | --- |
| **Accommodation** | **Extra Details (optional)** | **Price** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | Total | Total price |

# 4. Additional Details

4.1: Please list any additional accommodations you need to request.

4.2: Please provide any other details you think may be important for us to consider in this request.

# For Office Use Only

## Processing Timeline

|  |  |
| --- | --- |
| Date received by Accessibility Designated Assistant or Accessibility Committee |  |
| Date reviewed by Accessibility Designated Assistant or Accessibility Committee |  |

## Decision

☐ Approved

☐ Not approved

## Accessibility Committee Chair

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| Name |  | Signature |  |  | Date |

## Additional Notes: