

Funding Year **2017** 

## Access Fund Request Form - Draft

| Part A – Instructions |   |  |  |  |  |
|-----------------------|---|--|--|--|--|
| Step 1                | Complete Parts B to D of the Access Fund Request Form   |  |  |  |  |
| Step 2                | Attach quotes (Compliance with purchasing By-law)   |  |  |  |  |
| Step 3                | <ul> <li>Submit application by the 3rd Wednesday of the month.</li> <li>By email to: Trish Reed at <a href="mailto:treed@peterborough.ca">treed@peterborough.ca</a></li> <li>In person at: City of Peterborough, Accessibility Office, 500 George Street North</li> <li>Questions: Phone 705-742-7777 extension 1785</li> </ul> |  |  |  |  |
| Step 4                | Present to the Accessibility Advisory Committee (AAC) at their next scheduled meeting. The AAC meets on the first Wednesday of the month. It is best practice to present supporting material on the reason for request at the meeting.  Note: The AAC does not have a scheduled meeting in July, August or December.            |  |  |  |  |

| Part B – Applicant Information |  |  |  |   |  |  |  |   |  |  |           |  |  |  |
|--------------------------------|--|--|--|---|--|--|--|---|--|--|-----------|--|--|--|
| Name and Title                 |  |  |  |   |  |  |  |   |  |  |           |  |  |  |
| Department                     |  |  |  |   |  |  |  |   |  |  |           |  |  |  |
| Facility (if applicable)       |  |  |  |   |  |  |  |   |  |  |           |  |  |  |
| Phone Number                   |  |  |  | - |  |  |  | - |  |  | Extension |  |  |  |
| Email                          |  |  |  |   |  |  |  |   |  |  |           |  |  |  |

| Part C – Access Fund Request Details             |    |  |  |  |  |
|--|----|--|--|--|--|
| Deadline for Request                             |    |  |  |  |  |
| Total Cost of Renovation (if applicable)         | \$ |  |  |  |  |
| Total Cost of Accessibility Upgrade              | \$ |  |  |  |  |
| Compliance with Purchasing By-law (Yes/No)       |    |  |  |  |  |
| Expected Date of Project Completion/<br>Purchase |    |  |  |  |  |

## Part C Continued – Access Fund Request Details Reason for Request Information to consider including: • The number of people who use (or will use) the facility/product; • Will the request impact staff, the general public or both; • Explain the expected impact that the accessibility upgrade will have; • Explain why the Access Fund Request is considered to be an accessibility upgrade. • Explain the existing barriers that will be removed with the approval of the Access Fund Request.

Submitted to

| Insert, or indicate if attached, photos of areas affected or product specifications. (Examples include: area of renovation, area where equipment will be placed, equipment specifications.) |                   |  |  |  |  |
|---|-------------------|--|--|--|--|
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| Part E – Accessibility  | v Office Use Only |  |  |  |  |
| Date request received   |                   |  |  |  |  |
| Comments  |                   |  |  |  |  |
|   |                   |  |  |  |  |
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Part D – Photo of Existing Conditions / Product Specifications