simon fraser student society

SFSS ACCESSIBILITY GRANT APPLICATION FORM

The SFSS Accessibility Grant is used to **make events more accessible** or **implement accessibility projects**. These funds can be spent on:
- one-time purchases,
- accessibility services, and
- short-term accommodations.

When you apply for the grant, provide information on:
- the event or project you're organizing or attending,
- what accessibility services or funding is needed, and
- how much you expect it to cost.

You have two (2) choices on how to use the funds:
1. Receive services from one of our suggested service providers (You can either have SFSS pay these service providers directly, or pay them yourself and get reimbursed afterwards.)
2. Work with an external service provider and get reimbursed afterwards.

Please note that the SFSS requires at **least 10 working days (excluding submission and event day)** to process Accessibility Grant requests.

Retroactive reimbursements (submitting a request for funding **after** an event has happened) **are not possible**.

Please refer to the SFSS Accessibility Granting Guidelines for more information.

Please email your completed application or any questions to accessibility@sfss.ca

1. APPLICANT INFORMATION
1.1: Basic Information

Name:	Student Number:

SFU e-mail:	Phone:

1.2: Our default method of responding back to you is by email. If there are any ways we can communicate with you in a more accessible way, please list them here.

2. EVENT/PROJECT INFORMATION

Fill in all that apply. If you are working on a project, enter relevant information under event headings. You can still submit an application if the location is unconfirmed.

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 an event I am organizing   ☐ For an event I am attending

☐ Other: _____   ☐ For a project I am working on

2.3: Please provide a brief description of the event or project. Include any barriers or concerns that you are trying to mitigate.

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 unconfirmed, list them anyway)

3. ACCESSIBILITY GRANT REQUEST DETAILS

3.1: For event organizers: have you consulted the Accessible Event Planning Checklist 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. If you work with one of our vendors, we will pay for the services directly, unless you would prefer to pay out of pocket and be reimbursed.

Please indicate below whether you'll be working with one of our vendors and whether you need our help getting in touch with them.

☐ 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 on my own

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

3.3: If you are working with one of our vendors, please indicate below whether you would like them to bill us directly, or to pay for the service our of pocket and be reimbursed.

If you are working with an external vendor, skip this question.

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

☐ I would like to pay out of pocket and be reimbursed

3.4: Please indicate the supports and services you will be requesting. For a list of suggested accommodations, refer to the Accessible Event Planning Checklist.

Please include documentation of the projected costs with your application. If you need multiple 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 relevant in considering this request.

[ ]

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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: