

## 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:

- 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 <u>Accessibility Granting Guidelines</u> for more information.

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

### 1. APPLICANT INFORMATION

1.1: Basic Information

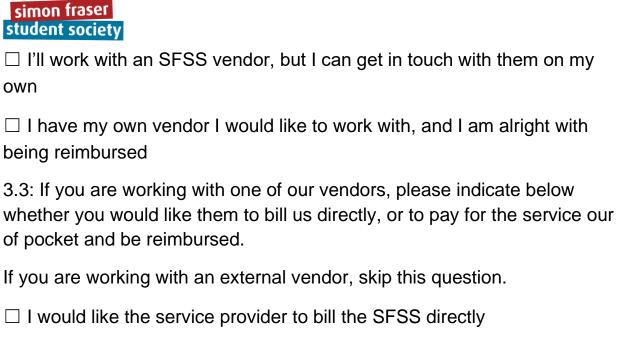
Name:	Student Number:



SFU e-mail:	Phone:
•	ing back to you is by email. If there are you in a more accessible way, please
2. EVENT/PROJECT INFORMA	TION
Fill in all that apply. If you are workin information under event headings. Y location is unconfirmed.	ig on a project, enter relevant ou can still submit an application if the
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 accessibili	ity supports:
☐ For an event I am organizing	☐ For an event I am attending
☐ Other:	☐ For a project I am working



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 <a href="Accessible Event Planning Checklist">Accessible Event Planning Checklist</a> to identify other aspects of your event that can be made more accessible?	<ul><li>☐ Yes</li><li>☐ No</li><li>☐ Not</li><li>applicable</li></ul>		
3.2: The SFSS keeps a list of vendors we work with to provide services. If you work with one of our vendors, we will pay for the directly, unless you would prefer to pay out of pocket and be re-	he services		
Please indicate below whether you'll be working with one of o and whether you need our help getting in touch with them.	ur vendors		
☐ I'll work with an SFSS vendor, and I need help getting in to	uch with them		



☐ 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 ne	ed to request:	
4.2: Please provide any other details you think may be relevant in considering this request.		



For Office Use O	NLY			
PROCESSING TIMELINE				
FROCESSING TIMELINE				
Date received by Acces Designated Assistant or Accessibility Committee Date reviewed by Acces Designated Assistant or	sibility			
Accessibility Committee				
DECISION				
□ Approved				
□ Not approved				
ACCESSIBILITY COMMITTEE CHAIR				
Name	Signature		Date	
ADDITIONAL NOTES:				