



# ACCESSIBILITYWORKS

Abilities Connect Fund

## Blank Application

\* Please note all applications must be submitted online form at  
[www.abilitiesconnect.ca](http://www.abilitiesconnect.ca)

Field	Response
[agree1] Agree to terms as defined above	Agree to terms as defined above
Company's Full Legal Name	
Trading/Operating Name (if applicable)	
Are You Currently a Member of the Ontario Chamber of Commerce?	
Street Address 1	
Street Address 2 (if required)	
City/Town	
Province	
Business Telephone (Ext)	
Website	
First Name of Contact Person	
Last Name of Contact Person	
Title of Contact Person	
Telephone of Contact Person (including extension)	
E-mail of Contact Person	
Please indicate your business/organization entity type (i.e. Corporation, Partnership, Sole Proprietorship, Joint Venture, Not-for-Profit, etc.)	

Field	Response
<p>Please indicate the sector to which you belong. *Please note that the public sector and the broader public sector are not eligible</p>	
<p>Please give a brief description of your organization (i.e. products and services)</p>	
<p>What is your Business Registration Number and date of registration/incorporation?</p>	
<p>Number of Employees</p>	
<p>For organizations with 20 or more employees have you filed an accessibility report as per Accessibility for Ontarians with Disabilities Act (AODA) requirements with the province in:</p>	
<p>Has your organization received or is it currently receiving any public funding from similar programs?</p>	
<p>If yes, please describe the program and funding received.</p>	
<p>Has your organization been a registered company (either federally or provincially) for a minimum of two years?</p>	
<p>Is your organization incorporated under the laws of either Ontario or Canada?</p>	
<p>Is your organization currently established and operating in Ontario for at least two years?</p>	
<p>Is your organization in full compliance with all government laws and regulations (i.e., labour laws, AODA, WSIB, etc.)?</p>	

Field	Response
<b>Is your organization currently receiving funding from other sources, including public funds, towards the activities contained in this application?</b>	
<b>Please check which stream of the Abilities Connect Fund that are applying for:</b>	
<b>Has the potential candidate (employee) been identified?</b>	
<b>Is the potential candidate a college/university student or recent graduate (within four years of graduation)?</b>	
<b>Start Date (MM/DD/YYYY)</b>	
<b>End Date (MM/DD/YYYY)</b>	
<b>Number of months of hire</b>	
<b>Job title</b>	
<b>Number of hours per week</b>	
<b>Hourly rate</b>	
<b>Total wages during eligible training period</b>	
<b>Amount being requested from the program</b>	
<b>Description of externally incurred training (if applicable)</b>	
<b>Cost of the externally incurred training (if applicable)</b>	
<b>Start Date (MM/DD/YYYY)</b>	
<b>End Date (MM/DD/YYYY)</b>	

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Hourly rate	
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Cost of the externally incurred training (if applicable)	
Please describe the role and responsibilities of the employee(s). The position must provide meaningful work experience, i.e. perform work functions that are a regular requirement of the organization. Personal services are not eligible.	
Please provide details of the supervision plan of the employee(s) including the supervisor's contact information.	
Please describe the orientation/training the employee will receive (e.g. workplace safety, training, supports, etc.) If training will be provided by an external third party, please include costs associated with the training.	
If the employee was not hired as a regular full staff, is there an opportunity for the	

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<b>position to become a regular full time position? (Yes/No, please explain)</b>	<p>Please provide the verification and contact information for the reference/third party support, i.e. accredited post-secondary institution, Employment Ontario, Ontario Business Advisory Services, Regional Innovation Centres, and Ontario Disability Support Program (ODSP) Employment Supports service providers (name, title, telephone and email address). If you don't have a reference/third party support please contact Lesley Cole, the Ontario Chamber of Commerce at 416-482-5222 x 2390.</p>
<b>Please describe the type of device(s) and how the assistive device(s) will benefit the employee(s) with a disability(ies) including a short description regarding the "task(s)" that the assistive device would support / facilitate?</b>	
<b>Please describe the specialized training and how it will benefit the employee(s) with a disability(ies) including duration.</b>	
<b>Cost of Device(s)</b>	
<b>Amount being requested from the program for device(s)</b>	
<b>Cost of Specialized Training (if applicable)</b>	
<b>Amount being requested from the program for specialized training (if applicable)</b>	
<b>Cost of the Assessment (if applicable)</b>	

Field	Response
<b>Amount being requested from the program for the assessment</b>	
<b>Total amount being requested from the program for all items listed for both Valuing Ability Employment and/or Valuing Ability Workplace Solutions</b>	
<b>I, (Organization President)</b>	
<b>for (name of Organization)</b>	
<b>i. (name of Organization)</b>	
<b>Agree to terms as above</b>	
<b>I, (Organization President)</b>	
<b>for (name of Organization)</b>	
<b>Agree to terms as defined above</b>	