



Municipal Grant Application



For Preparation Purposes
Only! Do Not Submit.

Commonwealth of Massachusetts

Office on Disability

The **Applicant** portion under this section refers to the person submitting the grant application and will be the person contacted in all matters related to this grant. The **Responsible Employee (ADA Coordinator)** portion under this section refers to the person specifically designated to coordinate the 5 Administrative Responsibilities under Title II of the Americans with Disabilities Act. Please see the Application Instructions and Addenda materials for further information.

Section 1 - Requestor Information

Applicant <small>(Required)</small>	Grant Type <small>(Required)</small>	
<input type="text"/>	<input type="text"/>	
Contact Full Name <small>(Required)</small>	Contact Phone <small>(Required)</small>	Contact email <small>(Required)</small>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Address 1 <small>(Required)</small>	Contact Address 2	
<input type="text"/>	<input type="text"/>	
Contact City <small>(Required)</small>	Contact State <small>(Required)</small>	Contact Zip <small>(Required)</small>
<input type="text"/>	Massachusetts <input type="text"/>	<input type="text"/>

Responsible Employee (ADA Coordinator) Info Same as Contact

Responsible Employee Full Name <small>(Required)</small>	Responsible Employee Phone <small>(Required)</small>	Responsible Employee email <small>(Required)</small>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Responsible Employee Address 1 <small>(Required)</small>	Responsible Employee Address 2	
<input type="text"/>	<input type="text"/>	
Responsible Employee City <small>(Required)</small>	Responsible Employee State <small>(Required)</small>	Responsible Employee Zip <small>(Required)</small>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 2 - Qualification

Responsible Employee <small>(Required)</small>	<input type="text"/>
Posting of Non Discrimination <small>(Required)</small>	<input type="text"/>
Grievance Procedures <small>(Required)</small>	<input type="text"/>
Self Evaluation <small>(Required)</small>	<input type="text"/>
Transition Plan <small>(Required)</small>	<input type="text"/>
Duly Established COD <small>(Required)</small>	<input type="text"/>
Member of Community Compact <small>(Required)</small>	<input type="text"/>
Public Accessibility Best Practice	<input type="text"/>
Matching Funds <small>(Required)</small>	<input type="text"/>

Section 3 - Planning Grant

Section 3.1 - Planning Request

The type and scope of the proposed Planning Grant. Please select the appropriate grant type and please describe the specific request under the Grant Scope section

Grant Type Self Evaluation Transition Update Amount Requested (Required)

Grant Scope

Renovation/Construction history of applicant

Renovation and Construction History

History of Applicant's prior planning efforts related to disabilities or access, if any

Applicant History

Any other information relevant to the Applicant's request or need for planning monies under this Project

Additional Planning

Additional Planning Information

Section 3.2 - Impact Information

U.S. Census microdata or other projection that provides estimates of the number of persons with disabilities residing in the applicant municipality, district or region, if any

Census Data

Section 3.3 - Other Information

Applicant's planning grant submission team and contact information, including any persons with disabilities involved in application process

Applicant Team

Applicant's history of interactions with the state's Architectural Access Board, if any

Architectural Board History

Applicant's history of interactions with any state and/or federal agencies with regards to accessibility related issues

State and Federal Agency History

Section 4 - Acknowledgement

Confirmation (Required)

By selecting "YES", you certify that the information in this form is truthful and accurate

Contact Name (Required)

Same as Contact Full Name in Section 1

Upload Attachments

Submit

