# Planning Grant Practice Application: Municipal ADA Improvement Grant

All fields are required unless otherwise noted. Please be as detailed and thorough as possible.

## Section 1: Requestor Information

### Applicant (Name of Municipality):

### Grant Type (Select Project or Planning):

### Contact Full Name:

### Contact Phone:

### Contact Email:

### Contact Address 1:

### Contact Address 2 (optional):

### Contact City:

### Contact State:

### Contact Zip:

### Responsible Employee (ADA Coordinator) Info

#### Responsible Employee Full Name:

#### Responsible Employee Phone:

#### Responsible Employee Email:

#### Responsible Employee Address 1:

#### Responsible Employee Address 2 (optional):

#### Responsible Employee City:

#### Responsible Employee State:

#### Responsible Employee Zip:

## Section 2: Qualification

*Note: Review* [*Step 1: Gather required documentation*](https://www.mass.gov/info-details/apply-for-a-municipal-ada-improvement-grant#1.-gather-required-documentation.-) *on the Apply for a Municipal ADA Improvement Grant page for instructions on uploading documentation.*

### Responsible Employee (Select Yes or No and upload documentation)

### Posting of Non Discrimination (Select Yes or No and upload documentation)

### Grievance Procedures (Select Yes or No and upload documentation)

### Self Evaluation (Select Yes or No and upload documentation)

### Transition Plan (Select Yes or No and upload documentation)

### Duly Established COD (Select Yes or No)

### Member of Community Compact (Select Yes or No)

### Public Accessibility Best Practice (optional)

## 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 (Select all that apply):

* Self Evaluation
* Transition
* Update

#### Amount Requested:

*Maximum amount not to exceed $250,000*

#### Grant Scope (optional):

#### Renovation and construction history (optional):

*Renovation/Construction history of applicant*

#### Applicant history (optional):

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

**Additional planning information (optional):**

*Any other information relevant to the Applicant's request or need for planning monies under this Project. Please be advised, all work must be invoiced no later than June 30*

### Section 3.2 – Impact Information

#### Census Data (optional):

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

### Section 3.3 – Other Information

#### Applicant Team (optional):

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

#### Architectural Board History (optional):

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

#### State and Federal Agency History (optional):

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

## Section 4 – Acknowledgement

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

* Yes
* No

### Contact Name: