



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 - Project Grant

Section 3.1 - Project Request

The type and nature of the project, including description of the project, and whether project is renovation/repair of existing facility or asset or new facility or asset

Grant Type Amount Requested (Required)

Grant Scope

Cost estimate of project

Cost Estimate

Proposed project schedule or timeline

Project Timeline

The proposed use and/or programming for the project, including proposed user fees if any for project

Proposed Use

The proposed operating, staffing and maintenance plans for the project, if applicable

Staffing and Maintenance Plan

Renovation/construction history of the affected facility or asset if applicable

Renovation and Construction History

Any other expected sources of funding, support or participation in project, including Applicant's and third parties

Additional Funding Sources

Section 3.2 - Impact Information

Number of persons with disabilities that will or are expected to be impacted by the project

Impact on People

The impact that the project will have on the overall access to the facility and/or the Projects

Impact on Access

Data or projection regarding the average monthly use of the facility and/or Project

Monthly Usage

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

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

