# Project 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 – 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 (Select one) (optional):

* Renovation
* New Construction
* Both

#### Amount Requested:

*Please note: Maximum amount not to exceed $250,000. Please be advised, only capital related expenses will be covered. Items such as, but not limited to, design plans, feasibility studies, and applicant salaries are not eligible expenses to be covered. Those types of expenses can be in-kind services or covered by the applicant.*

#### Grant Scope (optional):

#### Is the proposed project identified in the current Self-Evaluation and/or Transition Plan? (optional):

* Yes
* No

#### Cost Estimate (optional):

*Cost estimate of project*

#### Project Timeline: Proposed project schedule or timeline (optional):

*Please be advised, all work must be invoiced no later than June 30*

#### Proposed Use (optional):

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

#### Staffing and Maintenance Plan (optional):

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

#### Renovation and Construction History (optional):

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

#### Additional Funding Sources (optional):

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

### Section 3.2 – Impact Information

#### Impact on People (optional):

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

#### Impact on Access (optional):

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

#### Monthly Usage (optional):

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

#### 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: