

Access Support Request Form

Applicant Contact Information	
Name	
Phone	
Email	
Street Address	
City	
Postal Code	

Applicant's Support Person Contact Information	
Name	
Phone	
Email	
Street Address	
City	
Postal Code	

Application ID This should be the ID for the current draft application in SmartSimple (SmS)	
Please confirm that you have added the contact information of your Support Person to your profile in SmS.	I have added my Application Support's information to my profile in SmS. Yes:

What type of support is being provided to overcome access barriers? (examples: translation, computer access, physical typing support, executive function assistance, etc. and approximate support hours)

Estimated cost of this Access Support \$ _____

The EAC can provide up to \$500 in support

*If approved, invoices from the identified support person should be submitted to grants@edmontonarts.ca no later than **ONE WEEK** past the application deadline. Please note this is taxable income for the support person. Information on this request form will be used by finance@edmontonarts.ca to request your banking information for direct deposit.



Please email this form to:
grants@edmontonarts.ca

BELOW – EDMONTON ARTS COUNCIL INTERNAL USE ONLY

EAC Staff
Member
communicating
with Applicant

Signature of _____ Date _____ Amount
Approval _____ Confirmed _____ Confirmed \$ _____

The Program Opportunity application has been submitted, payment may be processed upon receipt of the invoice by EAC Finance.