

## ACCESSIBILITY FUND APPLICATION FORM

### **INSTRUCTIONS**

1. Please read the terms and condition of the Accessibility Fund (AF) before completing this form.
2. Please fill in this application form and the attached Project Information form, and submit it with the supporting documents to:

The Accessibility Fund Secretariat  
Building Plan and Universal Design Department  
Building and Construction Authority  
52 Jurong Gateway Road, #10-01  
Singapore 608550

### **APPLICATION FOR IN-PRINCIPLE APPROVAL OF ACCESSIBILITY FUND**

Name of the Owner/MCST No.	
Name of the Development	
Address	

On behalf of our management, I apply Accessibility Fund for upgrading our above development with accessibility features. We agree to the terms and conditions of the Accessibility Fund (AF) administered by the Building and Construction Authority (BCA).

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Signature of the Applicant

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Date

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Name of the Applicant

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Designation of the Applicant

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Address of the Applicant (Invoicing address)

*(Only forms with the original signature will be accepted)*

For BCA Use:
Registration No:

## ACCESSIBILITY FUND

### PROJECT INFORMATION FORM

DETAILS OF THE DEVELOPMENT/BUILDING			
* Name of the Building/ Development :	_____		
* Address:	_____		
* Year in which the building constructed	_____	Building Plan Number:	_____
* Name of Building Owner / MCST number:	_____		
* Building Type: (Please tick one)	<input type="checkbox"/> Commercial - <input type="checkbox"/> Institution(private): If "Others", please specify: _____		
DETAILS OF THE APPLICANT			
* Applicant's Name:	_____		
* Applicant's contact details:	Telephone (Office DID) : _____ Fax: _____ Hand phone: _____ Email: _____		
* Correspondence Address:	_____		
* Applicant's status: (Please tick one)	<input type="checkbox"/> Building Owner / Lessor <input type="checkbox"/> MCST <input type="checkbox"/> Lessee who carries out upgrading works with endorsement of building owner / lessor. (Documentary evidence of endorsement from building owners shall be attached).		
DETAILS OF THE UPGRADING WORKS			
<b>* Category I:</b> Details of proposed <b>BASIC ACCESSIBILITY FEATURES</b> (Please tick in the appropriate box and specify the correct figures)	<b><u>ACCESSIBLE TOILETS:</u></b> <input type="checkbox"/> Provision of <b>one standalone</b> accessible toilet at level _____ <input type="checkbox"/> Provision of <b>two separate</b> accessible toilets (one for each gender): at level(s) _____  <b><u>RAMPS:</u></b> <input type="checkbox"/> Provision of _____ number(s) of gradual slope / kerb ramp(s) that does/do not require handrails to facilitate wheelchair mobility at the first storey. <input type="checkbox"/> Provision of _____ number(s) of ramp(s) with handrails on both sides from public access point to the main entrance of the building. Length (horizontal run) of the ramps:		
	Ramp 1: _____ Meters	Ramp 2: _____ Meters	
	Ramp 3: _____ Meters	Ramp 4: _____ Meters	
	<input type="checkbox"/> Provision of _____ number(s) of ramp(s) with handrails on both sides to facilitate wheelchair mobility within the first storey. Length (horizontal run) of the Ramps:		
	Ramp 1: _____ Meters	Ramp 2: _____ Meters	

	Ramp 3: _____ Meters	Ramp 4: _____ Meters
	<b><u>SIGNAGES:</u></b> <input type="checkbox"/> Provision of _____ number(s) of indicative/directional signs for finding way to the accessibility features	
<b>Category II:</b> Details of other proposed <b>ACCESSIBILITY FEATURES</b> <b><u>Note:</u></b> <b>Assistive Equipment</b> is permitted only for the situations where ramps are impossible to build due to site constraints.	<b><u>ASSISTIVE EQUIPMENTS:</u></b> <input type="checkbox"/> Provision of assistive equipment. <input type="checkbox"/> Stair lift <input type="checkbox"/> Chair lift <input type="checkbox"/> Platform lift                                      Travel height: _____ Metres <input type="checkbox"/> Provision of a <b>SS550</b> accessible passenger lift. Number of landings/floors: _____ <input type="checkbox"/> Upgrading of existing lift with the following accessibility features: <input type="checkbox"/> Lift button panel <input type="checkbox"/> Braille buttons <input type="checkbox"/> Three grab bars <input type="checkbox"/> Announcing system <input type="checkbox"/> Blinking light system	
<b>Category III:</b> Details of other proposed <b>FRIENDLY FEATURES</b>	<b><u>FAMILY FRIENDLY FEATURES:</u></b> <input type="checkbox"/> Accessible Family washroom <input type="checkbox"/> Lactation rooms <input type="checkbox"/> Lactation rooms <input type="checkbox"/> Child friendly water closets <input type="checkbox"/> Child friendly urinals <input type="checkbox"/> Child friendly wash basins <input type="checkbox"/> Water closet compartment for ambulant disabled and elderly <input type="checkbox"/> <b>OTHERS</b> (Please describe the items): 1. _____ 2. _____	
* Proposed commencement date	_____	* Proposed completion date
Particulars of the proposed contractor	_____	
* Construction Cost	Estimated amount :S\$ _____	
* Name of an additional person to contact (other than Applicant):	Name: _____ DID: _____ Fax: _____ HP: _____ Email: _____	
<b><u>Note:</u></b> <i>* Denotes mandatory fields to be completed by the applicant</i> <i>BCA reserves the right to recover administrative charges from the applicant who obtained in-principle approval for Accessibility Fund, and did not complete the upgrading works within six months from the proposed completion date.</i>		

**SUPPORTING DOCUMENTS TO BE ENCLOSED WITH THIS APPLICATION:**

- (a) A short write up on the purpose of applying the fund
- (b) All necessary drawings showing plans and details of proposed accessibility works;
- (c) A schedule of proposed upgrading works;
- (d) Accessibility route plan;
- (e) Letter of undertaking to complete the works within the time stipulated;
- (f) Declaration on no similar funding obtained for proposed accessibility works under this application;
- (g) Digital photographs of the areas and its immediate surroundings where upgrading works are to be carried out; and
- (h) Detailed estimates including costs break-down by items.