



## WDA Grant – Disability Management Program Improvement Application Form

*This Application Form is for organizations located in British Columbia only.*

**PLEASE NOTE: This Application can only be made once a WDMA Benchmark Assessment has been completed.**

### Organization Information

Date of application: \_\_\_\_\_

Name of applicant: \_\_\_\_\_

Title of applicant: \_\_\_\_\_

Name of organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: **BC** Postal Code: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Type of business: Private \_\_\_\_\_ Public \_\_\_\_\_ Not for profit \_\_\_\_\_

Type of business (industry sector): \_\_\_\_\_

Number of employees: \_\_\_\_\_

Does your organization have more than one location in BC? Yes  No

If so, is your disability management program administered centrally? Yes  No

Date when your WDMA Benchmark Assessment was completed: \_\_\_\_\_

Have there been any changes to your organization and/or the DM program since the WDMA Benchmark Assessment was completed? Yes  No

### Program Improvement Grant Application Process



The Workplace Disability Management Assessment (WDMA) Grant Application Process is administered by the National Institute of Disability Management and Research (NIDMAR).

Once a WDMA has been completed, BC employers can apply for a grant of up to \$7,500 for support in implementing the recommendations resulting from their program assessment.

All applications will be reviewed and approved by an Advisory Group comprised of senior level representatives from the various relevant stakeholder groups involved in Disability Management programs.

Please attach to this application form the following:

- A proposal outlining the implementation / improvement proposed for the current disability management program (no more than 500 words). Please include an explanation of how this proposal relates to the findings of the Benchmark Assessment that was undertaken and must include details of activities, costs and timelines.
- A detailed budget for the proposal. Grant funding will not cover wage replacement for staff.

By signing and submitting this Application Form with attachments, the organization agrees that

- All information provided in this application is true and complete.
- Any funds given to the organization will only be used for the implementation or improvement of the disability management program as outlined in this application.
- Financial records will be maintained by the organization regarding the use of these funds.
- The organization will submit a final report (one printed and one electronic copy) including all materials developed under this grant along with a financial reconciliation, itemizing expenditures for each budget item, after which the funds will be released to the organization.
- All project materials developed as part of this initiative will be made freely available under this Grant.

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Signature

Please complete and submit Application Form with attachments as follows:

By email to: [nidmar@nidmar.ca](mailto:nidmar@nidmar.ca)  
By fax to: 778-421-0823  
By mail to: NIDMAR  
4755 Cherry Creek Road  
Port Alberni, BC  
V9Y 0A7