#### Completing your accessibility compliance report

You must complete the mandatory fields on each page before you can move to the next page. Mandatory fields are marked with an asterisk (\*).

To start, save the form on your computer. Be sure to open the form with the latest version of Adobe Reader. You can save the form at any point in the process and return to it later. You may distribute the form within your organization for input before submitting.

#### You need the following to file your accessibility compliance report:

- · organization legal name
- 9-digit business number (BN9). This is the number that Canada Revenue Agency uses to identify your
  organization. You can find it on your federal or provincial tax return. If your organization does not have a business
  number (BN9), contact us to receive an AODA identifier to be used in place of a business number (BN9).
- organization category (Ontario Public Service/Ontario Legislative Assembly, Designated Public Sector, Business or Non-profit)

**Note:** If you select the wrong organization category, you may see questions that do not apply to you. You will need to correct the category and enter your data again to successfully submit your report.

- number of employees in your organization in Ontario
- name and contact information of your certifier (a director or senior officer with legal authority to say that the report is complete and accurate)

#### File for up to 20 organizations at once

You can use one form to file a report for up to 20 organizations. To do so, you need each organization's:

- · legal name
- business number (BN9) or AODA identifier
- · number of employees in Ontario
- · address

Each organization must have the same:

- organization category
- number of employees range (e.g. 20-49, 50+)
- certifier
- · answers to all of the accessibility compliance questions

If not, you will need to complete a separate form for each organization.

**Note:** Users of assistive technology should pull up a list of buttons to get a list of the links on the form.

#### Begin your report

Follow these steps to complete your form:

#### 1. Download and save the form

- · Download and save the form on your computer
- Open the form with the latest version of Adobe Reader

#### 2. Enter your organization's information

Enter your organization's information then select Next

#### 3. Understand your requirements

• If you need information about the requirements, select the website link in **section B: Understand your accessibility requirements**. This will bring you to our website where you can see your requirements.

#### 4. Certify your report

- Complete the Certifier Information section
- · The certifier must:
  - make sure all information on the form is complete and accurate
  - check the box to show they have authority to certify your organization
  - enter the certification date or select it from the drop-down calendar
- Enter your organization's primary contact. This is the person to be contacted if more information is needed. This person may be the certifier or a different person.

#### 5. Answer the questions

- The questions on the form are based on the requirements that apply to your:
  - organization category
  - number of employees range
- Select **Yes** (if you are in compliance) or **No** (if you are not in compliance) for each question. You may add comments in the comment box below each question.
- Each report question has links to:
  - the regulation section that is related to that question
  - helpful resources to help you understand and comply with the requirements
- Once you have answered all of the questions, select Save form at the bottom of the page before selecting Next
- Review the accessibility compliance report summary.

#### 6. Submit your report

- You may save the form at any time by selecting the Save form button. When you are ready to submit your
  report, select the Save and Submit button. You will be prompted to save the form on your computer first
  and then it will be submitted.
- Wait for a confirmation prompt with a confirmation number that either confirms submission or indicates any problems.
- Once the report is received, an email will be sent to the Certifier and the Primary Contact. This email will include:
  - a confirmation number
  - an accessible PDF copy of your report

**If you have not received a confirmation number** upon successfully submitting the form or have any questions, please contact the AODA Contact Centre (ServiceOntario) at:

Toll free phone: 1-866-515-2025 TTY Toll free: 1-800-268-7095

Phone: 416-849-8276 TTY: 416-325-3408

## Alternate formats

If you need the accessibility compliance report in an alternate format, please email accessibility@ontario.ca.



## 2023 Accessibility Compliance Report

#### Instructions

All information you provide is subject to the Freedom of Information and Protection of Privacy Act.

If you are a public sector organization with **20 or more employees** that is not designated under the Integrated Accessibility Standards Regulation (IASR) you are to comply with the IASR as a private/not-for-profit organization and complete the appropriate Accessibility Compliance Report. If you are a public sector organization with **fewer than 20 employees** that is not designated under the IASR, you are to comply with the IASR as a small business/non-profit organization and are exempt from the requirement to submit a report.

Fields marked v	with an asterisk (*	) are mand	atory.						
A. Organizatio	n information								
Organization cate				Number of employees range *		Reporting year			
Designated Pub	olic Sector			50+ employees		2023			
Business deta									
Organization legal name * Number of						f employees in Ontario * Help			
Ontario Trillium	Foundation				130				
Business number 108091091	Business number (BN9) * Help Check this box if you have received an AODA identifier from the Ministry for Seniors and Accessibility								
Check if opera	ating/business nam	e is same as	s legal name						
Organization ope Ontario Trillium	erating/business nar Foundation	me							
Sector that best of 91 - Public adm	describes your orga ninistration	nization's p	incipal busines	s activity *	<u>Help</u>				
Subsector (if pos 912 - Provincial	sible) I and territorial pul	blic adminis	stration						
Industry group (if 9129 - Other pr	possible) ovincial and territe	orial public	administratior	1					
Mailing addres	SS								
Address where le	tters can be sent to	the person	responsible for	coordinating the orga	anization's A	ODA compliance activities.			
Country *									
The fields below	will change based o	on your sele	ction.						
Canada	$\bigcirc$ (	USA		◯ Internati	onal				
Type of address	* Street addre	ess	) Street addres	s served by route	Other				
Unit number	Street number * 30	Street nam	ne * n Street West						
Street type	Street direction W (West)		City * Toronto			Province * ON (Ontario)			
Postal code (e.g. M5L 1E2	A1A 1A1) *								
Business add	ress								
(Address at which	n letters can be sent	to the comp	any director/offic	cer accountable for the	e organization	n's compliance with the AODA.)			
✓ Check if busin	ness address is san	ne as mailing	n address			•			

Country *	Country *						
The fields below	will change based o	n your sele	ction.				
Canada	$\bigcirc$ (	JSA	○ Interna	tional			
Type of address	* Street addre	ss (	) Street address served by route	Other			
Unit number	Street number * 30	Street nam Wellington	ne * n Street West				
Street type	Street direction W (West)		City * Toronto		Province * ON (Ontario)		
Postal code (e.g. A1A 1A1) * M5L 1E2							

Use the "Add new organization" button to add additional organizations to which this accessibility report is to be applied (maximum 20).

**Note:** All organizations must have the same organization category, number of employees range, compliance answers and certifier, and have different business numbers, in order to file under the same form.



# 2023 Accessibility compliance report

Organization category Desig	nated Public Sector					
Number of employees range	50+					
Filing organization legal name	e Ontario Trillium Founda	ation				
Filing organization business r	number (BN9) 10809109	1				
Fields marked with an asteris	k (*) are mandatory.					
B. Understand your acce	ssibility requirements	i				
Before you begin your report, yo	u can learn about your acce	essibility requirem	ents at ontario.ca/accessibility			
Additional accessibility requirem  • <u>a library board</u>	ents apply if you are:					
• a producer of edu	cation material (e.g. textboo	<u>ks)</u>				
• an education insti	tution (e.g. school board, co	llege, university of	or school)			
• <u>a municipality</u>						
ii you are a municipality submitt	If you are a municipality submitting this report, and submitting on behalf of local boards, please indicate which boards below.					
C. Accessibility complian	nce report certification	า				
			es that accessibility reports include a statement signed by a person with authority to bind the			
Note: It is an offence under the	Act to provide false or misle	ading information	n in an accessibility report filed under the AODA.			
The certifier may designate a protherwise the certifier will be the		y for Seniors and	Accessibility to contact the organization(s);			
Certifier: Someone who can leg	gally bind the organization(s)	).				
Primary Contact: The person v	ho will be the main contact	for accessibility i	ssues.			
Acknowledgement	Acknowledgement					
✓ I certify that all the information	n is accurate and I have the	authority to bind	the organization *			
Certification date (yyyy-mm-dd)	* 2023-12-11					
Certifier information						
Last name * Gutium		First name Ina	*			
Position title * Vice President	Business phone number * 800-263-2887	Extension 272	Check here if TTY			

Email * IGutium@otf.ca		Alternate pho	ne number	Extension	Fax numbe	r
Primary contact for the org	ganization(s)			-		
✓ Check if the primary contact Last name * Gutium	is same as the certifier	First name *				
Position title * Vice President	' I	Extension [272	Check her	re		
Email * IGutium@otf.ca		Alternate pho	ne number	Extension	Fax numbe	r
D. Accessibility compliar	ce report questions					
Instructions Please answer each of the follow If you need help with a specific of view the relevant AODA regulation	question, click the help links w	hich will open in a	a new brows	er window. U	Jse the link o	•
General  1. Has your organization create accessibility by meeting all a Read O. Reg. 191/11, s. 3 (1): E	pplicable accessibility require	ments in the IASF	₹? *	out your requi	Yes irements for	○ No question 1
question 1  2. Has your organization estab	ished and implemented a mul	ti-year accessibil	ity plan? *		Yes	○ No
(If Yes, please answer additi	,	Las				
Read O. Reg. 191/11, s. 4 (1): A  2.a. Does your organization (If Yes, please answer	n have a website? *	Lea	arn more abo	out your requi	Yes	Question 2  ○ No
Read O. Reg. 191/11, s. 4 (2) Comments for question 2.a	, ,	<u>Lea</u>	arn more abo	out your requi	irements for	question 2.a
	on's accessibility plan posted s. 4 (1): Accessibility plans			te? * t your require	● Yes ements for qu	○ No uestion 2.a.i

	2.a.ii Does your organization provide the accessibility plan in a when requested? *	an accessible format	<ul><li>Yes</li></ul>	○ No
	Read O. Reg. 191/11, s. 4 (1): Accessibility plans	Learn more about your require	ements for qu	estion 2.a.ii
	Comments for question 2.a.ii			
Co	Does your organization update the accessibility plan at least on ad O. Reg. 191/11, s. 4 (1): Accessibility plans omments for estion 2.b	once every 5 years? * <u>Learn more about your requir</u>	Yes  Yes  Yements for quality	○ No uestion 2.b
3. Do	es your organization provide appropriate training on: *			
Read	O. Reg. 191/11, s. 7 (1): Training	Learn more about your requ	irements for o	uestion 3
3.8	. The AODA Integrated Accessibility Standards Regulation? *		<ul><li>Yes</li></ul>	○No
Re	ad O. Reg. 191/11, s. 7 (1): Training	Learn more about your requ	irements for o	question 3.a
	omments for estion 3.a			
3.k	The Human Rights Code as it pertains to people with disabiliti	es? *	<ul><li>Yes</li></ul>	○ No
Re	ad O. Reg. 191/11, s. 7 (1): Training	Learn more about your requir	ements for qu	uestion 3.b
	omments for estion 3.b			
Infor	nation and communications			
tha <b>No</b> on	es your organization have a process for receiving and responding it is accessible to people with disabilities? * te: This requirement is applicable regardless of whether custome your premises Yes, please answer an additional question)		Yes	No
Read	O. Reg. 191/11, s. 11 (1): Feedback	Learn more about your requ	irements for o	uestion 4
4.8	<ul> <li>Does your organization notify the public about the availability of and communications supports with respect to the feedback pro Note: This requirement is applicable regardless of whether cu on your premises. *</li> </ul>	ocess? *	Yes	○ No
Re	ad O. Reg. 191/11, s. 11 (2): Feedback	Learn more about your requ	irements for o	uestion 4.a

	question 4.a		
5.	Does your organization have one (or more) website(s) which it controls directly or indirectly ('controls' means that your organization is able to add, remove and/or	○ Yes ●	No
	modify content and functionality of the website)? * (If Yes, please answer an additional question)		
Re	ead O. Reg. 191/11, s. 14: Accessible websites and web content  Learn more about your	r requirements for	question 5
	5.a. Do all your organization's internet websites conform to World Wide Web Consortium Web Content Accessibility Guidelines 2.0 Level AA (except for live captions and pre-recorded audio descriptions)? In the comments box, please list the complete names and addresses of your publicly available web content, including websites, social media pages, and apps. *	○ Yes	○ No
	Read O. Reg. 191/11, s. 14: Accessible websites and web content  Learn more about your	r requirements for	question 5.a
	Comments for question 5.a		
Cı	ustomer Service		
6.	Does your organization provide training about providing goods, services or facilities to persons with disabilities to the following? *  • Staff and volunteers	Yes	○No
	People involved in developing accessibility policies		
	People providing goods, services or facilities on behalf of the organization		
_	(If Yes, please answer an additional question)		
Re	ead O. Reg. 191/11, s. 80.49: Training for staff, etc.  Learn more about your	r requirements for	question 6
	6.a. Does the training include all of the following: *	Yes	○No
	<ul> <li>A review of the purposes of the AODA?</li> </ul>		
	<ul> <li>A review of the purposes of the Customer Service Standards?</li> <li>How to interact and communicate with persons with various types of disability?</li> </ul>		

How to interact with persons with disabilities who use an assistive device or require the assistance of a guide dog or other service animal or the assistance of a support

How to use equipment or devices available on the provider's premises or otherwise provided by the provider that may help with the provision of goods, services or

What to do if a person with a particular type of disability is having difficulty

Read O. Reg. 191/11, s. 80.49: Training for staff, etc.

facilities to a person with a disability?

accessing the provider's goods, services or facilities?

Learn more about your requirements for question 6.a

Comments for question 6.a

Comments for

<b>7</b> .		your organization provide information in an accessible format? * es, please answer additional questions)		<ul><li>Yes</li></ul>	○ No
Re	ad O.	Reg. 191/11, s. 80.51 (1): Format of documents	Learn more about your	requirements	for question 7
	7.a.	Is the provision of information in accessible format done so in a takes into account the individual's disability? *	imely manner that	Ye	s ONo
	Read	O. Reg. 191/11, s. 80.51 (1): Format of documents	Learn more about your	<u>requirements</u>	for question 7.a
	_	ments for tion 7.a			
	7.b.	Is the provision of information in accessible format at a cost no me the regular cost charged to other persons? *	nore than	Ye	s O No
	Read	O. Reg. 191/11, s. 80.51 (1): Format of documents	Learn more about your	<u>requirements</u>	for question 7.b
		ments for None of our services are for a fee. tion 7.b			
3.	supp	your organization ever require a person with a disability to be accort person when on your premises? * s, please answer an additional question)	companied by a	○ Ye	s   No
		Reg. 191/11, s. 80.47 (5): Use of service animals and persons	Learn more about your r	<u>requirements</u>	for question 8
	8.a.	Does your organization do all of the following before requiring a probability to be accompanied by a support person on your premise.  Consult with the person with a disability?		○ Ye	es ONo
		<ul> <li>Determine a support person is necessary to protect the healt person with a disability or others on premises?</li> </ul>	h or safety of the		
		<ul> <li>Determine that there is no other way to protect the health or with a disability or others on premises?</li> </ul>	safety of the person		
	<u>191/</u>	1, s. 80.47 (5): Use of service animals and support persons	Learn more about your r	<u>requirements</u>	for question 8.a
		ments for tion 8.a			
Er	nploy	rment			
).	indiv	your organization employ any persons with disabilities for whom dualized workplace emergency response information? * s, please answer additional questions)	you have provided	Ye	s O No
	ad O. ormati	Reg. 191/11, s. 27 (1): Workplace emergency response on	Learn more about your r	requirements	for question 9

9.a.		nation for all of the following? *	nergency response	• Yes	○ NO
		hen the employee moves to a different location in the or	ganization?		
		hen the employee's overall accommodation needs or pla	-		
	• W	hen your organization reviews its general emergency po	licies?		
		eg. 191/11, s. 27 (4): Workplace emergency response	Learn more about your red	quirements for	question 9.a
	nments stion 9.				
9.b.	workp	ny of the employees for whom your organization has provolace emergency response information require assistances, please answer additional questions)		Yes	○No
	d O. Remation	eg. 191/11, s. 27 (2): Workplace emergency response	Learn more about your red	quirements for	question 9.k
_	nments stion 9.				
	9.b.i	Has your organization, with the employee's consent, person designates assistance to the employee? *		Yes	○ No
		O. Reg. 191/11, s. 27 (2): Workplace emergency	Learn more about your requ	uirements for qu	uestion 9.b.i
		ments for tion 9.b.i			
	9.b.ii	Was the individualized workplace emergency response soon as practicable after your organization became aw accommodation due to the employee's disability? *		Yes	○ No
		O. Reg. 191/11, s. 27 (3): Workplace emergency inse information	Learn more about your requ	uirements for qu	uestion 9.b.i
		ments for tion 9.b.ii			

Design of public spaces				
<ul> <li>10. Since January 1, 2017, has your orgated following items? * <ul> <li>Outdoor public use eating areas</li> <li>Outdoor play space</li> <li>Off-street parking</li> <li>Service counter</li> <li>Fixed queuing guides</li> <li>Waiting areas</li> </ul> </li> <li>(If Yes, please answer additional queens)</li> </ul>	3	eveloped any of the		No     No
Read O. Reg. 191/11 Part IV.1: Design o	•	Learn more about your	requirements for	or question 10
10.a. Where applicable, do the newly requirements as outlined in the	constructed or redeveloped item Design of Public Spaces Standa		○ Yes	○ No
Read O. Reg. 191/11 Part IV.1: Design standards  Comments for question 10.a	gn of public spaces	Learn more about your	requirements fo	or question 10.a
	year accessibility plan include pro aintenance of the accessible elem nporary disruptions when access	ments in public	○Yes	○ No
Read O. Reg. 191/11, s. 80.44: Main	tenance of accessible elements	Learn more about your	requirements for	or question 10.b
Comments for question 10.b				
AODA				
11. Is your organization a municipality wit (If Yes, please answer additional que		*	○ Yes	<ul><li>No</li></ul>
Read Accessibility for Ontarians with Disa 2005, c. 11, s. 29: Municipal Accessibility		Learn more about your	requirements for	or question 11
11.a. Has your organization establish Section 29 of the AODA? * (If yes, please answer additional)		mittee as described in	○ Yes	○ No
Read Accessibility for Ontarians with 2005, c. 11, s. 29: Municipal Accessibility		Learn more about your	requirements for	or question 11.a
Comments for question 11.a				

11.a.i Is the majority of members in the committee persons v	vith disabilities? *	○Yes	○ No
Read Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11, s. 29: Municipal Accessibility Advisory  Committees	Learn more about your require	ments for qu	estion 11.a.i
Comments for question 11.a.i			
11.a.ii Has the committee provided advice to council about si described in Section 41 of the <i>Planning Act</i> ) as well as requirements and implementation of accessibility stand	advice on the	○ Yes	○ No
Read Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11, s. 29: Municipal Accessibility Advisory Committees	Learn more about your require	ments for qu	estion 11.a.
Comments for question 11.a.ii			



# 2023 Accessibility Compliance Report

Organization category Designated Public Sector

Number of employees range 50+

Filing organization legal name Ontario Trillium Foundation

Fields marked with an asterisk (\*) are mandatory.

## E. Accessibility compliance report summary

Your responses to the questions on your accessibility report indicate that your organization is in compliance with AODA standards. **Your organization may be audited to verify compliance.**