



Contractor Accessibility Agreement

Contractor Name: _____

Name of Contact Person: _____

E-mail: _____ Phone # _____

Corporate Accessibility Policy:

I have received and read the **Clearview Township Corporate Accessibility Policy**. I understand that I am fully responsible for ensuring that all our organization's staff, and subcontractors comply with all necessary rules and regulations outlined therein and with all applicable **Accessibility for Ontarians with Disabilities Act, 2005 (AODA)** Regulations.

AODA - Training

I confirm that all our organization's staff and subcontractors providing goods and services to parties on behalf of Clearview Township have received training on the **Ontario Human Rights Code**, as it pertains with persons with disabilities, and Ontario Regulation 429/07 (**Accessible Standards for Customer Service**) of the AODA, and Ontario Regulation 191/11 (**Integrated Accessibility Standards Regulation**) of the AODA, as it pertains to their duties. Proof of training is attached.

Free training resources include:

- Human Rights Code and AODA: <http://www.ohrc.on.ca/en/learning/working-together-code-and-aoda>
- Customer Service: <http://www.mcsc.gov.on.ca/en/serve-ability/index.aspx>
- Integrated Accessibility Standards: <http://www.accessforward.ca/>

Contractor Signature

Date

Manager Responsible for this Contractor:

Print Name

Signature

Date