



Updated: January 2024

AODA Contractor Compliance Statement Form

Town of Collingwood

P.O. Box 157, 97 Hurontario Street
Collingwood, Ontario L9Y 3Z5
705-445-1030
purchasing@collingwood.ca

Accessible formats and communication
supports available upon request

I/We, certify that we are in full compliance with the Integrated Accessibility Standards Regulation (Ontario Regulation 191/11) under the Accessibility for Ontarians with Disabilities Act, 2005 (AODA) and have provided the necessary training to staff (employees, agents, volunteers, or others for whom we are responsible).

I/We are required to comply with all relevant/applicable and any future additions or modification to legislation as they become enacted to accessibility standards and regulations.

In accordance with the requirements of Section 7 and 80.49 of Ontario Regulation 191/11 the training that I/We provided includes the following content:

- a. A review of the purpose and requirements of the Accessibility for Ontarians with Disabilities Act and the Human Rights Code;
- b. The accessibility standards referred to in the Integrated Accessibility Standards Regulation.

The necessary training will be delivered on an ongoing basis to new staff (employees, agents, volunteers, or others for whom we are responsible) prior to providing goods or services to, or on behalf of, the Town of Collingwood.

I/We shall ensure that training records are maintained, including dates when training is provided, the number of personnel who received training and individual training records.

Further to this, training records will be available to the Town of Collingwood, any time during the Term of the Contract.



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I/We shall only assign those staff who have successfully completed training, in accordance with Section 7 and 80.49 of O. Reg. 191/11, to provide services to, or on behalf of, the Town of Collingwood.

Training resources:

- [Access Forward: Training for an Accessible Ontario](#)
- [Human Rights Code Training](#)

Company Name: _____

Address: _____

Town: _____

Province: _____ Postal Code: _____

Name(s): _____

Title(s): _____

Signature(s): _____ Date: _____

I/We have the authority to bind the Company.