

**Instructions**

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

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

**A. Organization information**

|                         |                             |                |
|-------------------------|-----------------------------|----------------|
| Organization category * | Number of employees range * | Reporting year |
| Business or Non-profit  | 50+ employees               | 2020           |

**Business details**

|                                |   |
|--------------------------------|---|
| Organization legal name *      | Number of employees in Ontario * <a href="#">Help</a> |
| Listowel Golf Club Partnership | 60  |

 Business number (BN9) \* [Help](#)

[REDACTED]

 Check if operating/business name is same as legal name

|                                      |  |
|--------------------------------------|--|
| Organization operating/business name | Language preference for communications * |
| Listowel Golf Club Partnership       | English                                  |

 Sector that best describes your organization's principal business activity \* [Help](#)

71 - Arts, entertainment and recreation

|   |  |
|---|--|
| Subsector (if possible)                             | Industry group (if possible)                     |
| 713 - Amusement, gambling and recreation industries | 7139 - Other amusement and recreation industries |

**Mailing address**

Address where letters can be sent to the person responsible for coordinating the organization's AODA compliance activities.

 Country \*  Canada  USA  International

 Type of address \*  Street address  Street address served by route  Other

|             |                 |               |
|-------------|-----------------|---------------|
| Unit number | Street number * | Street name * |
|             | 270             | Shoemaker     |

|             |                  |           |              |
|-------------|------------------|-----------|--------------|
| Street type | Street direction | City *    | Province *   |
| Street      |                  | Kitchener | ON (Ontario) |

Postal code \*

N2E 3E1

**Business address**

(Address at which letters can be sent to the company director/officer accountable for the organization's compliance with the AODA.)

 Check if business address is same as mailing address

 Country \*  Canada  USA  International

 Type of address \*  Street address  Street address served by route  Other

|             |                 |               |
|-------------|-----------------|---------------|
| Unit number | Street number * | Street name * |
|             | 8380            | Fairlane      |

|             |                  |          |              |
|-------------|------------------|----------|--------------|
| Street type | Street direction | City *   | Province *   |
| Road        |                  | Listowel | ON (Ontario) |

Postal code \*

N4W 3G6

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.

|   |                                |                           |     |
|---|--------------------------------|---------------------------|-----|
| Organization category                     | Business or Non-profit         | Number of employees range | 50+ |
| Filing organization legal name            | Listowel Golf Club Partnership |                           |     |
| Filing organization business number (BN9) | [REDACTED]                     |                           |     |

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

### B. Understand your accessibility requirements

Before you begin your report, you can learn about your accessibility requirements at [ontario.ca/accessibility](http://ontario.ca/accessibility)

Additional accessibility requirements apply if you are:

- [a library board](#)
- [a producer of education material \(e.g. textbooks\)](#)
- [an education institution \(e.g. school board, college, university or school\)](#)
- [a municipality](#)

### C. Accessibility compliance report questions

#### Instructions

Please answer each of the following compliance questions. Use the Comments box if you wish to comment on any response.

If you need help with a specific question, click the help links which will open in a new browser window. Use the link on the left to view the relevant AODA regulations and the link on the right to view relevant accessibility information resources.

#### General

1. Does your organization have written accessibility policies and a statement of commitment? \*  Yes  No

[Read Ontario Regulation \(O. Reg.\) 191/11 s. 3: Establishment of accessibility policies](#)

[Learn more about your requirements for question 1](#)

Comments for question 1

2. Has your organization established, implemented and maintained a multi-year accessibility plan and posted it on your organization's website? \*  Yes  No

[Read O. Reg. 191/11 s. 4: Accessibility plans](#)

[Learn more about your requirements for question 2](#)

Comments for question 2

3. Does your organization provide appropriate training on the AODA Integrated Accessibility Standards Regulation and the Human Rights Code as it pertains to people with disabilities? \*  Yes  No

[Read O. Reg. 191/11 s.7\(2\): Training](#)

[Learn more about your requirements for question 3](#)

Comments for question 3

4. Other than the requirements cited in the above questions, is your organization complying with all other applicable requirements in effect under the General section of the Integrated Accessibility Standards Regulation? \*  Yes  No

[Read O. Reg. 191/11 Part 1: General](#)

[Learn more about your requirements for question 4](#)

Comments for question 4

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### Customer Service

5. Is your organization complying with all applicable requirements under the Customer Service Standards? \*  Yes  No

[Read O. Reg. 191/11 Part IV.2: Customer Service Standards](#)

[Learn more about your requirements for question 5](#)

Comments for question 5

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### Information and Communications

6. Does your organization ensure that its feedback processes are accessible to people with disabilities by providing or arranging for accessible formats or communication supports, upon request, and do you notify the public of this accessible feedback policy? \*  Yes  No

[Read O. Reg. 191/11 s. 11: Feedback](#)

[Learn more about your requirements for question 6](#)

Comments for question 6

7. Does your organization have a process to provide accessible formats and communication supports to people with disabilities in a timely manner and at no extra cost? \*  Yes  No

[Read O. Reg. 191/11 s. 12\(1\): Accessible formats and communication supports](#)

[Learn more about your requirements for question 7](#)

Comments for question 7

8. Does your organization make its emergency procedures, plans or safety information available to the public? \*  Yes  No  
(If Yes, you will be required to answer an additional question.)

[Read O. Reg. 191/11 s. 13: Emergency procedure, plans or public safety information](#)

[Learn more about your requirements for question 8](#)

- 8.a. Does your organization provide its publicly available emergency procedures, plans or safety information in accessible formats to people with disabilities upon request? \*  Yes  No

[Read O. Reg. 191/11 s. 13: Emergency procedure, plans or public safety information](#)

[Learn more about your requirements for question 8.a](#)

Comments for question 8.a

9. Other than the requirements cited in the above questions, is your organization complying with all other applicable requirements in effect under the Information and Communications Standards? \*  Yes  No

[Read O. Reg. 191/11 Part II: Information and Communication Standards](#)

[Learn more about your requirements for question 9](#)

Comments for question 9

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### Employment

10. Does your organization prepare individualized workplace emergency response information for employees with disabilities? \*  Yes  No

[Read O. Reg. 191/11 s. 27\(1\): Workplace emergency response information](#)

[Learn more about your requirements for question 10](#)

Comments for question 10

11. Does your organization develop and have in place a written process for the development of documented individual accommodation plans for employees with disabilities? \*  Yes  No

[Read O. Reg. 191/11 s. 28\(1\): Documented individual accommodation plans](#)

[Learn more about your requirements for question 11](#)

Comments for question 11

12. Other than the requirements cited in the above questions, is your organization complying with all other applicable requirements in effect under the Employment Standards? \*  Yes  No

[Read O. Reg. 191/11 Part III: Employment Standards](#)

[Learn more about your requirements for question 12](#)

Comments for question 12

## Design of Public Spaces

13. Since your organization submitted its most recent accessibility compliance report, has your organization constructed new or redeveloped existing exterior paths of travel that it intends to maintain? \*  Yes  No  
(if Yes, you will be required to answer an additional question.)

[Read O. Reg. 191/11 s. 80.21-80.31: Exterior paths of travel](#)

[Learn more about your requirements for question 13](#)

13.a. Where applicable, do your newly constructed or redeveloped exterior paths of travel meet the technical and general requirements outlined in the Design of Public Spaces Standards? \*  Yes  No

[Read O. Reg. 191/11 s. 80.21-80.31: Exterior paths of travel](#)

[Learn more about your requirements for question 13.a](#)

Comments for question 13.a

14. Since your organization submitted its most recent accessibility compliance report, has your organization constructed new or redeveloped existing outdoor public use eating areas? \*  Yes  No  
(if Yes, you will be required to answer an additional question.)

[Read O. Reg. 191/11 s. 80.17: Outdoor public use eating areas, general requirements](#)

[Learn more about your requirements for question 14](#)

14.a. Where applicable, do your newly constructed or redeveloped outdoor public use eating areas meet the general requirements outlined in the Design of Public Spaces Standards? \*  Yes  No

[Read O. Reg. 191/11 s. 80.17: Outdoor public use eating areas, general requirements](#)

[Learn more about your requirements for question 14.a](#)

Comments for question 14.a

15. Since your organization submitted its most recent accessibility compliance report, has your organization constructed new or redeveloped existing outdoor play spaces? \*  Yes  No  
(if Yes, you will be required to answer an additional question.)

[Read O. Reg. 191/11 s. 80.19-80.20: Outdoor play spaces](#)

[Learn more about your requirements for question 15](#)

15.a. Where applicable, do your newly constructed or redeveloped outdoor play spaces meet the accessibility in design and consultation requirements outlined in the Design of Public Spaces Standards? \*  Yes  No

[Read O. Reg. 191/11 s. 80.19-80.20: Outdoor play spaces](#)

[Learn more about your requirements for question 15.a](#)

Comments for question 15.a

16. Since your organization submitted its most recent accessibility compliance report, has your organization constructed new or redeveloped existing off-street parking? \*  Yes  No  
(if Yes, you will be required to answer an additional question.)

[Read O. Reg. 191/11 s. 80.34-80.37: Accessible parking](#) [Learn more about your requirements for question 16](#)

16.a. Where applicable, does your newly constructed or redeveloped off-street parking meet the requirements outlined in the Design of Public Spaces Standards? \*  Yes  No

[Read O. Reg. 191/11 s. 80.34-80.37: Accessible parking](#) [Learn more about your requirements for question 16.a](#)

Comments for question 16.a

17. Since your organization submitted its most recent accessibility compliance report, has your organization constructed new service counters, (which includes replacing existing service counters)? \*  Yes  No  
(if Yes, you will be required to answer an additional question.)

[Read O. Reg. 191/11 s. 80.41-80.42: Obtaining services](#) [Learn more about your requirements for question 17](#)

17.a. Where applicable, do your newly constructed service counters meet the requirements outlined in the Design of Public Spaces Standards? \*  Yes  No

[Read O. Reg. 191/11 s. 80.41-80.42: Obtaining services](#) [Learn more about your requirements for question 17.a](#)

Comments for question 17.a

18. Since your organization submitted its most recent accessibility compliance report, has your organization constructed new fixed queuing guides? \*  Yes  No  
(if Yes, you will be required to answer an additional question.)

[Read O. Reg. 191/11 s. 80.42: Fixed queuing guides](#) [Learn more about your requirements for question 18](#)

18.a. Where applicable, do your newly constructed fixed queuing guides meet the requirements outlined in the Design of Public Spaces Standards? \*  Yes  No

[Read O. Reg. 191/11 s. 80.42: Fixed queuing guides](#) [Learn more about your requirements for question 18.a](#)

Comments for question 18.a

19. Since your organization submitted its most recent accessibility compliance report, has your organization constructed new or redeveloped existing waiting areas? \*  Yes  No  
(if Yes, you will be required to answer an additional question.)

[Read O. Reg. 191/11 s. 80.43: Waiting areas](#) [Learn more about your requirements for question 19](#)

19.a. Where applicable, do your newly constructed waiting areas meet the requirements outlined in the Design of Public Spaces Standards? \*  Yes  No

[Read O. Reg. 191/11 s. 80.43: Waiting areas](#) [Learn more about your requirements for question 19.a](#)

Comments for question 19.a

20. Other than the requirements cited in the above questions, is your organization complying with all other applicable requirements in effect under the Design of Public Spaces Standards? \*  Yes  No

[Read O. Reg. 191/11 Part IV.1 Design of Public Spaces Standards](#) [Learn more about your requirements for question 20](#)

Comments for question 20

Organization category Business or Non-profit | Number of employees range 50+

Filing organization legal name Listowel Golf Club Partnership

Filing organization business number (BN9) [REDACTED]

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

**D. 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.

**E. Accessibility compliance report certification**

Section 15 of the *Accessibility for Ontarians with Disabilities Act, 2005* requires that accessibility reports include a statement certifying that all the required information has been provided and is accurate, signed by a person with authority to bind the organization(s).

**Note:** It is an offence under the Act to provide false or misleading information in an accessibility report filed under the AODA.

The certifier may designate a primary contact for the Ministry for Seniors and Accessibility to contact the organization(s); otherwise the certifier will be the main contact.

**Certifier:** Someone who can legally bind the organization(s).

**Primary Contact:** The person who will be the main contact for accessibility issues.

**Acknowledgement**

- I certify that I have the authority to bind all organizations specified in Section A of this form, \*
- I certify that all the required information has been included in this report, and, \*
- I certify that the information in this report is accurate. \*

Certification date (yyyy-mm-dd) \* 2021-08-26

**Certifier information**

|                             |                         |              |  |
|-----------------------------|-------------------------|--------------|--|
| Last name *                 |                         | First name * |  |
| Parsons                     |                         | Brenden      |  |
| Position title *            | Business phone number * | Extension    | <input type="checkbox"/> Check here if TTY |
| Director                    | 519-291-2500            |              |  |
| Email *                     | Alternate phone number  | Extension    | Fax number                                 |
| brenden@listowelgolfclub.ca |                         |              |  |

**Primary contact for the organization(s)**

Check if the primary contact is same as the certifier

|                             |                         |              |  |
|-----------------------------|-------------------------|--------------|--|
| Last name *                 |                         | First name * |  |
| Vynckier                    |                         | Kyle         |  |
| Position title *            | Business phone number * | Extension    | <input type="checkbox"/> Check here if TTY |
| Manager, Human Resources    | 519-748-6500            | 362          |  |
| Email *                     | Alternate phone number  | Extension    | Fax number                                 |
| kvynckier@gatemanmilloy.com |                         |              |  |