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	vith an asterisk (*)) are manda	atory.							
A. Organizatio	n information									
Organization cate	• .		I	Number of employee	s range *	Reporting year				
Business or No	siness or Non-profit 20-49 employees				2023					
Business deta										
Organization lega	al name *				Number of	Number of employees in Ontario * Help				
BFL CANADA (Consulting Service	es Inc.			29					
Business number	(BN9) * Help			e received an AODA						
859057028		from the	Ministry for Seni	ors and Accessibility						
✓ Check if opera	ating/business name	e is same as	s legal name							
•	rating/business nar									
	Consulting Service									
Sector that best of 52 - Finance an	lescribes your orga <mark>d insurance</mark>	nization's pr	rincipal business	activity *	<u>Help</u>					
Subsector (if pos	,									
	carriers and relat	ted activitie	es							
Industry group (if 5242 - Agencies	possible) s, brokerages and	l other insu	rance related a	ctivities						
Mailing addres	SS									
Address where le	tters can be sent to	the person	responsible for c	oordinating the orga	nization's A	ODA compliance activities.				
Country *										
The fields below will change based on your selection.										
O CanadaO USAO International										
Type of address	* OStreet addre	ss C) Street address	served by route	Other					
Unit number	Street number *	Street nam								
1700	181	University								
Street type	Street direction		City *			Province *				
Avenue			Toronto			ON (Ontario)				
Postal code (e.g. M5H 3M7	A1A 1A1) *									
Business address										
(Address at which	letters can be sent	to the compa	any director/office	r accountable for the	organization	n's compliance with the AODA.)				
Check if busin	ess address is sam	ne as mailing	g address							

Country *							
The fields below will change based on your selection.							
Canada	Canada OUSA I						
Type of address	* OStreet addre	ss (Street address served	by route	Other		
Unit number 2200	Street number * 2001	Street nan					
Street type Avenue	Street direction		City * Montreal			Province * QC (Quebec)	
Postal code (e.g. H3A 1G1	A1A 1A1) *						
Business deta	ils						
Organization lega	al name *				Number of	employees in Ontario * Help	
First Lion Holdin					34		
Business number 894521038	r (BN9) * <u>Help</u> [_	nis box if you have received Ministry for Seniors and				
✓ Check if opera	ating/business name	e is same a	s legal name				
•	rating/business nar	ne					
First Lion Holdin				di.			
52 - Finance an	•	nization's p	rincipal business activity	•	<u>Help</u>		
Subsector (if pos							
	carriers and relat	ed activitie	es				
Industry group (if	possible)						
5242 - Agencies	s, brokerages and	other insu	ırance related activitie	S			
Mailing addres	ss						
Address where le	tters can be sent to	the person	responsible for coordinate	ating the orga	nization's A	ODA compliance activities.	
Country *							
The fields below	will change based o	n your sele	ection.				
● Canada○ USA○ International							
Type of address			Street address served	by route	Other		
Unit number 1700	Street number * 181	Street nan University					
Street type	Street direction		City *			Province *	
Avenue			Toronto			ON (Ontario)	
Postal code (e.g. A1A 1A1) * M5H 3M7							
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 *							
The fields below will change based on your selection.							
● Canada○ USA○ International							
Type of address	* OStreet addre	ss (Street address served	by route	Other		
Unit number 2200	Street number * 2001	Street nan					
2200	2001	INICOIII CC	nicge				

City * Province *
QC (Quebec) Street type Street direction Montreal Avenue

Postal code (e.g. A1A 1A1) *
H3A 1G1



2023 Accessibility compliance report

Organization category Business or Non-profit						
Number of employees range 20-49						
Filing organization legal name	e BFL CANADA Consultir	ng S	ervices Inc.			
Filing organization business r	number (BN9) 859057028	8				
Fields marked with an asteris	k (*) are mandatory.					
B. Understand your acces	ssibility requirements					
Before you begin your report, yo	u can learn about your acce	ssibi	lity requirements at ontario	o.ca/accessib	ility	
Additional accessibility requirem • <u>a library board</u>	ents apply if you are:					
• a producer of edu	cation material (e.g. textbool	ks)				
• an education instit	cution (e.g. school board, col	lege	, university or school)			
• <u>a municipality</u>						
C. Accessibility complian	nce report certification)				
Section 15 of the <i>Accessibility for Ontarians with Disabilities Act, 2005</i> 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 all the information is accurate and I have the authority to bind the organization *						
Certification date (yyyy-mm-dd) * 2023-12-15						
Certifier information						
Last name * Iscove			First name * Debra			
Position title * Manager, Human Resources	Business phone number * 416-644-3520	Ext	tension Check here if TTY			
Email * discove@bflcanada.ca			Alternate phone number	Extension	Fax number	
Primary contact for the organization(s)						
Check if the primary contact Last name * Dominski	First name * Janelle					

Position title Other	*	Position title other * HR Advisor	Business phone number * 416-849-3104	Extension	□ 0	eck here TY		
Email * jdominski@	bflcanada.ca		Alternate phone number	Extension	Fax numbe	r		
D. Access	ibility complia	nce report questions						
Instruction	s							
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.								
Customer	Service							
persons vStaff aPeoplPeopl	People providing goods, services or facilities on behalf of the organization							
-		dditional question) Training for staff, etc.	Learn more abou	ıt vour requi	rements for	nuestion 1		
	Read O. Reg. 191/11, s. 80.49: Training for staff, etc. 1.a. Does the training include all of the following: * Learn more about your requirements for question 1 O Yes							
 A review of the purposes of the AODA? A review of the purposes of the Customer Service Standards? How to interact and communicate with persons with various types of disability? 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 person? 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 facilities to a person with a disability? What to do if a person with a particular type of disability is having difficulty accessing the provider's goods, services or facilities? 								
Read O.	Reg. 191/11, s. 80	.49: Training for staff, etc.	Learn more abou	<u>ıt your requi</u>	rements for	question 1.a		
Commen	ts for							

question 1.a

2.	If there is a temporary disruption of goods, services or facilities used to disabilities, does your organization give a notice of the disruption to the (If Yes, please answer an additional question)		Yes	○ No
Re	ad O. Reg. 191/11, s. 80.48 (1): Notice of temporary disruptions	Learn more about your	requirement	s for question 2
	 2.a. Does the notice of the disruption include all of the following? * The reason for the disruption? Its anticipated duration? A description of available alternative facilities or services (if a description) 	any)?	Yes	○ No
	Read O. Reg. 191/11, s. 80.48 (2): Notice of temporary disruptions Comments for question 2.a	Learn more about your	requirement	s for question 2.a
3.	Does your organization ever require a person with a disability to be act a support person when on your premises? * (If Yes, please answer an additional question)	ccompanied by	○Yes	No
	ad O. Reg. 191/11, s. 80.47 (5): Use of service animals and	Learn more about your	requirement	s for question 3
<u>su</u>	pport persons			
	 3.a. Does your organization do all of the following before requiring a disability to be accompanied by a support person on your premi Consult with the person with a disability? Determine a support person is necessary to protect the heal person with a disability or others on premises? 	ses: *	○ Yes	○ No
	 Determine that there is no other way to protect the health or person with a disability or others on premises? 	safety of the		
	Read O. Reg. 191/11, s. 80.47 (5): Use of service animals and support persons	Learn more about your	requirement	s for question 3.a
	Comments for question 3.a			

2023 Accessibility Compliance Report

Organization category Business or Non-profit

Number of employees range 20-49

Filing organization legal name BFL CANADA Consulting Services Inc.

Filing organization business number (BN9) 859057028

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.**