

Organization category [Business or Non-profit](#)

---

Number of employees range [20-49](#)

---

Filing organization legal name [ByWard Family Health Team](#)

---

Filing organization business number (BN9) [852986389](#)

---

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.**