# **Grant Application Guidelines**



# **Qualifications for Funding:**

- 1. Children whose needs/circumstances have been assessed and recognized by a medical/health/social/educational professional and for whom an application is supported by a brief statement indicating the problem/condition and recommendations by such assessors.
- 2. Children who don't qualify for existing services provided by government-sponsored funding, or are on an extensive waiting list, have exhausted other sources of financial assistance, or who do not meet all of the government criteria.
- 3. Children who are financially at risk. This definition does not exclude those children who have medical/social/educational impacts brought about by poverty.

<u>Gross</u> family income will be used to consider all requests and the Revenue Canada Notice of Assessments will be used as a guideline. Also considered will be family demographics such as the sources of income (a one or two parent income, the number of siblings, expenses associated with the treatment/therapy/equipment over income), unavailability of private or public health plans, inability of extended family assistance, etc.

(Children are defined as birth up to their 19<sup>th</sup> birthday)

# **Requirements:**

Regardless of the amount of money requested, parents/guardians must complete and sign the CKNW Kids' Fund Application and include:

- Letter of introduction from a parent regarding the family situation and need for funding assistance.
- Letter of justification or statement of support from a professional (other than the actual service provider), indicating the need for the specific service or equipment.
- A written quote and contact information from the service or equipment provider.
- Most recent Notice of Assessment from Revenue Canada (both parents when applicable)
- Current record of monthly income and expenses.

A signed application denotes applicant will agree to approval subjects, if any, such as:

- ✓ Provide follow-up or progress reports over the duration of a grant and monitor therapy or service provisions
- ✓ Not sell or profit from the sale or disposition of equipment
- ✓ Not dispose, transfer, or store equipment without the CKNW Kids' Fund's consent

# **Granting Process:**

✓ Families and suppliers of the service/equipment will be advised in writing of approval.

- ✓ Services/purchases of equipment etc. are not to be undertaken until a letter of approval is received.
- ✓ Upon receiving an invoice or original receipts/proof of purchase etc., payments will be made to reimburse the supplier or service provider within a reasonable period of time.

# **Funding Fields**

# **Therapies**

Therapies including speech, occupational, physio, music, equine and others may be funded up to a maximum of \$2,500.00. Requests will be accepted for three consecutive years with an updated application required each year. Costs associated with assessments are excluded. Children on the Autism Spectrum will be considered for therapy grants after their seventh birthday.

# <u>Tutoring</u>

Tutoring subsidies may be provided up to a maximum of \$1800.00. Requests will be accepted for three consecutive years with an updated application required each year.

# **Bursaries**

Bursaries for special needs students attending independent provincially approved special education facilities may be provided. The individuals may apply with supporting documentation by the attending school. A current limit of \$1,500.00 per individual child (per school year) for up to 3 consecutive school years will be considered.

# <u>Equipment</u>

The maximum funding that may be made available annually for any one individual child is \$5,000.00, subject to consideration of special circumstances or hardship. Cost sharing or partnerships with other organizations will be encouraged. Typical types of equipment are items that allow and support life, mobility, communication, or independence.

# <u>Equipment Ownership</u>

Equipment funded by the CKNW Kids' Fund becomes the property of the family for whom it was purchased. When the family no longer requires the equipment, it is requested that the item(s) be made available to others with similar needs. HealthLinc Medical Equipment Mobility and Accessibility (HME), administer the Children's Medical Equipment Distribution Service (CMEDS) which loans and recycles equipment for the Ministry of Children and Family Development's Medical Benefits program.

Please mail application to: Cathy Hunt – Director of Grants CKNW Kids' Fund 7850 Enterprise Street Burnaby BC V5A 1V7

Please do **not** fax or email applications.



The Fund that Works for Challenged Children Twelve Months a Year

# **REQUEST FOR INDIVIDUAL FUNDING**

Date of Application:		
First Name of Child/Youth: La	st Name:	
Birth date: Age: Fema	ale/Male:	
Name of Parent/Guardian:		
Full Address:		
P		
Phone (home):( work):		
Email:		
Child's Condition/Medical Diagnosis (include limitations to		
Purpose of Request:		
When is funding required (urgency):		
Description of item(s)/services excluding taxes:	Quotes:	Amount requested:
	\$	\$
	\$	\$
TOTAL:		\$

Are you able to contribu	te any funds towards this therapy	/equipment?	Yes	□No			
If yes, what amount? \$_							
Are you covered under H	3C Medical/extended medical?	Yes 🛛 No Othe	er:				
Name of Supporting Hea	alth Professional (Therapist, Phys	sician, Teacher, S	Social Worker,	, etc):			
Agency/Position:		Phone:	Phone:				
Address:		Fax:					
Other Resources approac	ched and/or Agencies Currently I	Providing Servic	es/Equipment	for this child:			
Other Funders Approach	ed:						
	Contact Name/Address/Tel		Approved/de	1 0			
Mandatory Have ye	ou attached?						
	An introductory letter about yo	ur child/family s	ituation?				
	Notice of Assessment from Rev	venue Canada fo	r both parents?	1			
	A written quote from supplier/s	ervice provider?	,				
	Letter of support from child's e	ducational/healt	h/medical/socia	al professional?			
Signature of Parent or G	uardian	Date Signe	ed				
	Please MAIL appli	cation to:					

Cathy Hunt – Director of Grants CKNW Kids' Fund 7850 Enterprise Street, Burnaby BC V5A 1V7

		Finar	ncial Int	forma	tion		
Child's Name:				Parent/Guardian:			
How many members in the	fam	i Adults:					
		Children:					
TOTAL FAMILY MONTHLY INCOME		TOTAL	FAMILY	MONTHLY	EXPENSES		
		Self	Spouse/other				
Gross monthly salary	\$			Rent/Mort	tage	\$	
				Utilities		<u>م</u>	
Net monthly salary	\$				cable, phone)	\$	
	•						
(Un) Employment Insurance	\$			Property 7	Faxes	\$	
Income Assistance	\$			Loans Re-	-payment	\$	
Pension/Disability/WCB	\$			House/Te	nant Insurai	nce \$	
Rentals	\$			Food		\$	
Business Income	\$			Medical		\$	
Investments	\$			Sundries/C	Clothing/Per	sonal \$	
				Grooming			
Child Tax Benefit	\$						
Child Maintenance (if any)	\$			Vehicle co	osts	\$	
Family Bonus	\$			Child Care	e & Babysit	ting \$	
Other (specify)	\$						
Net Total Monthly		\$		Other:		\$	
ANNUAL INCOME		\$					
				TOTAL I	EXPENSES	5	\$