

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.

Gross 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 19th 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. Assessments and transportation costs are excluded.

Tutoring

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.

Equipment

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.

Equipment Ownership

Equipment funded by the CKNW Kids' Fund becomes the property of the family for whom it was purchased. Where the family no longer requires the equipment, it is requested that the item(s) be made available to others with similar needs. HealthLine Medical Equipment Mobility and Accessibility (HME) administers 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 applications directly 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: _____ Last Name: _____

Birth Date: _____ Age: _____ Female/Male: _____

Name of Parent/Guardian: _____

Full Address: _____

Postal Code: _____

Phone (Home): _____ (Work): _____

Email: _____

Child's Condition/Medical Diagnosis (including limitations to independent and copy of assessment)

Purpose of Request: Tutoring Services at the Learning Disabilities Society

When is funding required (urgency): As soon as possible

Description of item(s)/services excluding taxes:	Quotes:	Amount Request:
Education Services – Tutoring	\$ _____	\$1800
	\$ _____	\$ _____
TOTAL:	\$ _____	\$1800

Are you able to contribute any funds towards this therapy/equipment? Yes No
If yes, what amount? \$ _____

Are you covered under BC Medical/extended medical? Yes No Other: _____

Name of Supporting Health Professional (Therapist, Physician, Teacher, Social Worker, etc.)

Agency/Position: _____ Phone: _____

Address: _____ Fax: _____

Other Resources approached and/or Agencies Currently Providing Services/Equipment for this child:

Other Funders Approached:

Agency/Service Club:	Contact Name/Address/Tel	\$ Request	Approved/denied/pending?
_____	_____	_____	_____
_____	_____	_____	_____

Mandatory Have you attached?

- An introductory letter about your child/family situation?
- Notice of Assessment from Revenues Canada for both parents?
- One or more written quotes from suppliers/service providers?
- Letter of support from child's educational/health/medical/social professional?

Signature of Parents or Guardian: _____ Date Signed: _____

Please MAIL application to:

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Financial Information

Childs Name: _____ Parent/Guardian: _____
 How many members in the family: Adults: _____
 Children: _____

TOTAL FAMILY MONTHLY INCOME			TOTAL FAMILY MONTHLY EXPENSES			
		Self	Spouse/Other			
Gross monthly salary	\$			Rent/Mortgage	\$	
Net monthly salary	\$			Utilities (Hydro, gas, cable, phone)	\$	
(Un)Employment Insurance	\$			Property Taxes	\$	
Income Assistance	\$			Loans Re-payment	\$	
Pension/Disability/WCB	\$			House/Tenant Insurance	\$	
Rentals	\$			Food	\$	
Business Income	\$			Medical	\$	
Investments	\$			Sundries/Clothing/Personal Grooming	\$	
Child Tax Benefit	\$			Vehicle Costs	\$	
Child Maintenance (if any)	\$			Child Care & Babysitting	\$	
Family Bonus	\$			Other	\$	
Other (specify)	\$					
Net Total Monthly						
ANNUAL INCOME		\$		TOTAL EXPENSES		\$
		\$				