

## 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 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





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:**

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

## 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	\$	