

CP CARES PROGRAM - Funding Request Program / Tech Fund Program

Introduction

Cerebral Palsy Alberta (CPAA) is a registered non-profit society and makes a difference in the community by enriching the lives of people affected by cerebral palsy and other disabilities. Through our programs and services, we promote awareness, acceptance and understanding for persons with disabilities to live a Life Without Limits.

The Funding Request Program assists Albertans with cerebral palsy with supports for daily living (cp diagnosis required). **Through the Funding Request program, we provide funding for items such as adaptive equipment (e. g. lifts, chairs, scooters), programs (e. g. adaptive skiing and camps), therapies, treatments and educational courses.**

The Tech Fund Program assists individuals living with various disabilities (disability diagnosis required). **The Tech Fund Program provides support for electronics and adapted electronic devices (iPads, Laptops, Computers, speech devices, etc.) required to improve quality of everyday life.**

Both programs are funded through the CPAA's own fundraising efforts and from generous donations from members of our community.

Contact Information

If you have questions or would like assistance with this application, please contact:

Funding Request Program
Cerebral Palsy Alberta 12001 44 St SE
Calgary, AB T2Z 4G9
Direct Phone: (403) 219-1574 Toll Free: 1-800-363-2807
Email: fundingrequest@cpalberta.com

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CP Cares Program Application Process

1. Applications are processed to ensure that all pertinent documentation has been included and submitted to the Funding Request and Tech Fund Committees.
2. Incomplete applications will not be submitted.
3. Once approved, a cheque will be issued to the vendor or applicant/designate as a reimbursement (upon providing a receipt).
4. Applicants will be notified by phone and in writing of the committee's decision.
5. Approvals are valid for 6 months from the approval date or until the end of the fiscal year (Jan 31); whichever is first.

Funding Guidelines

Funding is not guaranteed.

The Funding Request / Tech Fund Committees reserves the right to:

1. Request the applicant to seek alternate funding
2. Request the applicant to provide additional information or documentation with regard to any agency or government department that pertains to the request
3. Decline the application based on the CPAA's priorities, requirements, or other considerations
4. Not fund the entire amount requested by the applicant
5. Applications for funding for an item(s) that has already been purchased may not be approved if the item does not meet the funding request criteria
6. Request the applicant to apply for Government of Alberta funding through programs such as Alberta Aids to Daily Living (AADL) if the applicant qualifies, before applying for CPAA funding
 - a. If any funding is available through the government, the Committee requires that the applicant first apply for that funding and wait for a response
7. Request the applicant to include copies of their correspondence to and from the Government and other agencies to which they have applied for funding
8. Request the applicant to include three written quotations per item requested with the application, when possible
9. Applicants can only apply to one funding stream per year

Funding Limits (depends on available funds)

1. **Bicycles:** Funding for bicycles up to \$700 every 3 years
2. **Computers:** Funding for computers and electronics:
 - Up to \$750 every 2 years for Laptops, Computers and bigger priced items
 - Up to \$500 every 12 months for iPads and smaller costs items
3. **Camps:** Funding for camps up to \$500

Client Confidentiality Agreement


All information provided as part of your application for funding will be kept confidential.

Funding Requirements

1. Persons applying for funding must be a member of the CPAA for **at least three months** prior to submitting an application.
2. The individual applying for funding within the **Funding Request Program** must provide proof of CP diagnosis; Tech Fund – disability diagnosis required.
3. If the purchase has already been completed, receipts in full must be provided to CPAA for all equipment, service(s), program(s), and/or item(s). Payment will be made directly to a vendor upon receiving an invoice or to our client upon presentation of proof of purchase.
4. **Applications must be accompanied by a signed letter of support from a neutral party (ie: Doctor, Therapist, Social Worker, Audiologist, etc). The letter must clearly state the applicant's need for the equipment, service or program and explain how it will improve the applicant's quality of life. Letters will not be accepted from product vendors, etc.**

FUNDING REQUEST APPLICATION FORM

Instructions: Please fill out your information below with one of the following options.

- (1) Typing your responses in Adobe Reader, and printing out your completed form.
 Please note that if you close the Adobe form window before printing it or saving the file, your responses will be lost.
- (2) Printing out the blank form and filling in your information (please print legibly).
- (3) Please ensure that all information is complete in this section.

Section 1: Applicant Personal Information

Name of CPAA Member: _____

Date of Birth (MM/DD/YYYY): _____

Mailing Address: _____

City/Town: _____ Postal Code: _____

Phone Number (Home): _____

Phone Number (Mobile): _____

CPAA Membership Number: _____

If the applicant is not the person communicating with CPAA, please provide the following information about the applicant's designate:

Designate's Name: _____

Relationship to the applicant: _____

Phone Number (Daytime): _____

Name of individual or vendor
cheque should be sent to: _____

Mailing Address of individual or
vendor cheque should be sent
to: _____

City _____ Province _____ Postal Code: _____

Section 2: Funding Request Information

1. Amount of Funding
Requested (Exact dollars):

2. Equipment, service(s), program(s), and/or item(s) required:

3. Have you applied to other funders for this request?

Yes

No

If yes, please list. If no, please explain. Please include documentation where available.

4. Has the equipment, service(s), program(s), and/or item(s) been purchased and paid for?

Yes

No

If Yes, please attach a copy of the receipt(s).

5. Do you have private insurance that will cover some or all of the cost for the equipment, service(s), program(s), and/or item(s)?

6. To promote the CPAA and its programs/services, would you, your family and/or organization be willing to participate in public relations activities including, but not limited to, press conferences, interviews, etc.?

Yes No

If Yes, please initial here: _____

7. Have you attached three price quotations? Yes No

If no, please explain.

8. Please provide a testimonial on how will this funding will impact the everyday life of the recipient? What would be changed and how? Attach (an) additional sheet(s) if necessary.

Section 3: Declaration of Applicant/Designate

Declaration

I agree to abide by the requirements set out by CPAA. I declare that the information included in the attached application is true and accurate. I certify that the funds will be used as set forth in this application.

Applicant Signature

Date (DD/MM/YYYY)

Application Checklist

Please check the appropriate response if the stated requirement has been completed

The applicant has been a member of the CPAA for at least three months

Letter of diagnosis of CP (or other disability for Tech Fund only) from a Physician or attending therapist (Doctor, Therapist, Social Worker, Audiologist etc.)

Letter of support (Doctor, Therapist, Social Worker, Audiologist, etc.) stating how the request will enrich the life of the recipient

Three price quotes for requested equipment. (where applicable)

Mail completed forms to: Funding Request Program
Cerebral Palsy Alberta
12001 44 St. S.E.
Calgary, AB T2Z 4G9

Email completed forms to: fundingrequest@cpalberta.com
Attention: Funding Request Program

Questions or concerns: (403) 219-1574, or Toll Free: 1-800-363-2807
fundingrequest@cpalberta.com

CPAA Office Use Only

Date Application Received: _____

Processed on: _____

Processed By: _____

Application complete: _____

Application forwarded to the committee: _____