

Funding Request Form

The ECPA provides funding for equipment and home modifications that will directly benefit individuals with cerebral palsy.



Edmonton Cerebral Palsy Association

#102, 11720 Kingsway Avenue

Edmonton, Alberta

T5G 0X5

FAX: 1-866-473-1288



EDMONTON CEREBRAL PALSY ASSOCIATION | Funding Request Form

FUNDING GUIDELINES AND INFORMATION

1. You must be a member of the Edmonton Cerebral Palsy Association. Please fill out our online membership form.
2. Please ensure you completed the entire form. Any omissions may delay the processing of your request.
3. For equipment requests please provide 2 quotes from suppliers and include them with the request form.
4. For home modifications please provide 3 quotes from qualified contractors.
5. If you have applied and have been approved for funding from other agencies please provide their contact information.
6. Once completed send the request form and the quotes to: #102, 11720 Kingsway Avenue Edmonton, Alberta T5G 0X5 or by Fax: 1-866-473-1288
7. Your request may be for equipment that falls under our Lending Program and if so the equipment will remain property of the association. This equipment is to be returned when no longer required. The equipment is not for resale.
8. We provide funding towards the purchase of equipment or home modifications that enhance or aid in daily living. We do not provide funding for programs or therapies.
9. Funding is limited and not guaranteed. The ECPA is not obligated to fund the entire cost of an approved funding request. In addition, funding is contingent and dependent at all times on the availability of funds within the Funding Request Program. The Request Committee reserves the right to require additional information relating to the funding request. Funding will not cover portions of supplies that are eligible for insurance or group benefits.
10. Funding **may** be approved for previously purchased equipment provided that we receive your request within 30 days of purchase. Receipts for the equipment must be included with this request form.
11. Your request will be review at the first Request Committee meeting after the request is received. You will be contacted with our decision by phone, email or by mail.
12. If approved we will deal directly with suppliers whenever possible.
13. If funding is paid directly to you the receipts from equipment purchases **must** be sent to the ECPA office within two (2) weeks after purchasing requested equipment. Please keep a copy of receipt(s) for your records.

APPLICANT INFORMATION (PERSON WITH CEREBRAL PALSY)

Name		Date:
Address:	City:	Postal Code:
Phone:	Cell:	Email:

WERE YOU ASSISTED IN COMPLETING THIS APPLICATION? MAY WE CONTACT THEM ON YOUR BEHALF?

No Yes If yes please provide their name and phone number.

Name:	Phone:
-------	--------

ALTERNATIVE FUNDING SOURCES

Have you applied to any of these sources?	No	Yes but denied	Yes but no reply	Yes Approved	Amount Approved
Easter Seals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Child Ability Fund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
President's Choice Children's Charity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Dawn Land Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Make A Wish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Cerebral Palsy Association of Alberta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

WHAT THE FUNDING REQUEST IS FOR

Brand Name:		Model Number:	
Brief Description:			
Cost: \$	Shipping (if applicable): \$	Total Cost: \$	Amount Requested: \$

