



***Request for Individual Funding***  
***The Fund that Works for Challenged Children Twelve Months a Year***

**From the CKNW Orphans' Fund Constitution:**

*"The object of the CKNW Orphans' Fund is to promote the mental and physical health and welfare of children and certain adults who are disadvantaged and reside in the Province of British Columbia."*

**A Brief History**

In 1945 the orphans of Loyal Protestant Home in New Westminster, BC were given a brighter Christmas through the work of Radio Station CKNW. The appeal to listeners brought in enough contributions to also provide a picnic on Bowen Island, accompanied by CKNW Staff.

While there are no longer "orphans" as we once knew them, the Director's of the Orphans' Fund together with CKNW management and staff, continue the commitment to special needs children.

CKNW AM 980, a division of Corus Entertainment, provides promotional and marketing services to The Orphans' Fund.

↳ Where the Money comes from?

More than half of the Fund's annual income comes from contributions made by devoted CKNW listeners, concerned businesses, organizations, and the remainder through CKNW Radio fundraising events and thoughtful bequests.

↳ Where the money goes?

Over the years we have made life easier and brighter for challenged children and youth by providing specialized equipment and therapies, offering emergency support, funding special needs programs at over 100 institutions, agencies and organizations, entertaining thousands of special needs children at our annual Playland Picnic and granting scholarships and bursaries to Colleges and Universities which help subsidize single parent students.

## 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 Orphans' Fund Application and include:

- Letter of introduction regarding your family situation and need for funding assistance.
- Letter of justification or statement of support from a professional, indicating the need for a specific service or equipment.
- Two quotes (where applicable) for equipment or fees for services.
- 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 Orphans' Fund's consent
- ✓ Honor all equipment warranty and maintenance plans

Applications should be **MAILED** directly to Cathy Hunt, the Fund's Director of Grants (please do not fax or email).

## **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 can be funded for up to a maximum of two consecutive years and applicants must reapply each year.

1. Speech and Language up to \$2,000.00 @ \$100.00 per hour (transportation/assessments not included).
2. Physiotherapy, occupational therapy, horseback riding, music therapy and others up to \$2,000.00.

### **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 \$1,000.00 per individual child (per school year) for up to 2 consecutive school years will be considered.

### **Equipment**

The maximum funding that may be made available annually for any one individual child is \$3,500.00, 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 Orphans 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. The equipment is not to be sold to other families. The Canadian Red Cross Society has established a children's medical equipment recycling and loan program that coordinates the recycling of the equipment throughout BC.



*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 (Include limitations to independence and copy of assessment):

\_\_\_\_\_  
 \_\_\_\_\_

Purpose of Request: \_\_\_\_\_

\_\_\_\_\_

When is funding required (urgency): \_\_\_\_\_

Description of item(s)/services excluding taxes:	Quotes:	Amount requested:
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_____	\$ _____	\$ _____
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_____	\$ _____	\$ _____
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TOTAL:	\$ _____	\$ _____
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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 Founders Approached:

Agency/Service Club:	Contact Name/Address/Tel	\$ Requested	Approved/denied/pending?
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_____	_____	_____	_____
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_____	_____	_____	_____
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**Mandatory** Have you attached?

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

Signature of Parent or Guardian \_\_\_\_\_ Date Signed \_\_\_\_\_

**Please MAIL application to:**

**Cathy Hunt – Director of Grants**  
**CKNW Orphans' Fund**  
Suite 2000 - 700 West Georgia Street, Vancouver BC V7Y 1K9

# Financial Information

Child's Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

How many members in the fam 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	\$						
					<b>TOTAL EXPENSES</b>	\$	