



The Alberta Paraplegic Foundation
305 Hys Centre, 11010 101 Street
Edmonton, AB T5H 4B9
Tel: (780) 424-6312 ext 2227
Email: solutionsfund@paraplegicfoundation.org
www.paraplegicfoundation.org

Alberta SCI Solutions Fund Application Form for Individuals Fall 2011

IMPORTANT INFORMATION:

- Please note that all applications must be completed in full and submitted by the application deadline in order to be considered by the selection committee. Please refer to the Application Guidelines for instructions on completing the application.
- The applicant must understand and agree to the terms and conditions set out in the Grant Agreement.
- Answer each question completely to ensure request is considered.
- Please mail, drop off, courier, fax or email your completed application so that the application is received by the Deadline Date referred to below. All attachments must be included in your application – The APF will not be responsible for incomplete applications that may happen as a result of supporting documents being provided separately.
- If application is being sent via email, subject heading must read, “Application for Alberta SCI Solutions Fund.”

Application Checklist: *(ensure you have included all of the following to ensure your application is considered for funding):*

- Application form completed in full
- Budget Details (See Sample Budget form – Appendix A in AB SCI Solutions Fund Guidelines)
- Provide at least one quote for equipment and/or services provided
- All Required Signatures (Section E) (Applications without signatures will be rejected)

Additional supporting documents may be requested at the discretion of the AB SCISA and/or The APF

Your application can be mailed, dropped off or couriered to:

Solutions Coordinator
The Alberta Paraplegic Foundation
305 Hys Centre, 11010 101 Street
Edmonton, AB T5H 4B9

Fax your application to: (780) 424-6313

Email your application to: solutionsfund@paraplegicfoundation.org

Application Deadline for Spring 2011: **4:00 p.m., Friday, November 18, 2011**

9. Budget Details: (Provide a detailed, itemized budget of the SCI Solutions Project revenue and expenses. If applicable, identify other funding sources either matching fund raised or contributing to this SCI Solutions Project (confirmed and pending) or a fundraising plan and contact information (name, phone/email). Provide at least one quote for equipment and/or services (if applicable). See Sample Budget Form Appendix A in the Application Guidelines.)

10. Leveraged Funding/Matching Grants (provide confirmation (i.e. letter) regarding leveraged or matching funding, including in-kind contributions, the value of the contribution, and contact information (name, phone or email). Refer to Application Guidelines, Section C – 6. Leveraged or matching funding will be considered favourably:

11. Collaboration (describe how collaboration will occur with community partners):

SECTION C: EQUIPMENT DESCRIPTION (mobility devices, beds/mattresses, lifts, elevators, sports equipment, standing frames, portable ramps, etc.)

1. Product Description: (Manufacturer, Make, Model, Size, etc.): _____

2. Cost of Device Including Shipping (in Canadian Dollars) _____

3. Vendor/Supplier Name & City/Prov: _____

4. *You are expected to exhaust all funding sources before you apply to the Solutions Fund.* Are you eligible to receive funding for this product from Alberta Aids to Daily Living (AADL), Residential Access Modification Program (RAMP), private insurance, Motor Vehicle Accident Claims Fund (MVACF) Section B or any other private, charity (Easter Seals, Children's Ability Fund, etc) or government funding agency for this product? (circle one) YES NO

5. If your answer is YES to #4, have you applied for funding? (circle one) YES NO

Who did you apply to? (list all) _____

When did you apply? _____

Were you approved? (circle one) YES NO

If you were not approved, please explain why: _____

6. Is this product replacing an existing product you currently own? (circle one) YES NO

7. *You will be required to trial any requested products!* Do you have experience using or have you trialed this product at a supplier? (circle one) YES NO

8. Please provide any additional information on the product or funding sources you feel the selection committee may find helpful in deciding to fund your project:

9. SECTION D: SCI SOLUTIONS GRANT PAYMENT INFORMATION

- 1. Grant Payment to: _____
- 2. Sponsoring Organization: _____
- 3. Contact Name: _____
- 4. Position: _____
- 5. Phone: _____
- 6. Email: _____
- 7. CRA Registered Charitable Organization Number
or Alberta Societies Act Corporate Access Number
of Sponsoring Organization (**Required**): _____

SECTION E: SIGNATURE OF APPLICANT AND ACCEPTANCE OF TERMS AND CONDITIONS

By signing below, the applicant and/or the grant recipient certifies that all given information in this application is complete and true, understands and agrees to the terms and conditions of the Alberta SCI Solutions Fund granting program and agrees to sign the *Alberta SCI Solutions Fund Grant Agreement*.

DATE

NAME OF APPLICANT

SIGNATURE OF APPLICANT

WITNESS

CONTACT NAME OF SPONSORING ORGANIZATION

SIGNATURE OF SPONSOR ORGANIZATION