

Alberta SCI Solutions Fund Application Form for Organizations 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 this 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 in AB SCI Active Living Guidelines Document)
- Provide at least one quote for equipment and/or services provided
- Most Recent Annual Financial Statement
- All required Signatures (Section D) (All applications unsigned 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**

SECTION A: CONTACT INFORMATION

1. Name of Organization: _____
2. Contact Person: _____
3. Position Title: _____
4. Address: _____
5. City: _____ Prov: _____ Postal Code: _____
6. Phone: _____ Phone2: _____
7. Fax: _____ Email: _____

SECTION B: SCI SOLUTIONS PROJECT INFORMATION

1. Title of SCI Solutions Project: _____
2. Estimated Total Cost of Project: _____
3. Amount Requested: _____
4. Project Category (select only one):

Personal & Technical Supports	Full Participation	Awareness & Information	Accessibility
<input type="checkbox"/> Assistive devices <input type="checkbox"/> Technology devices <input type="checkbox"/> Disability supports (attendant care, equipment , supplies) <input type="checkbox"/> Active Living & Rehab Equipment	<input type="checkbox"/> Education & skill development <input type="checkbox"/> Employment <input type="checkbox"/> Better Primary Health Care <input type="checkbox"/> Recreation & Active Living <input type="checkbox"/> Transition to Community <input type="checkbox"/> Other	<input type="checkbox"/> Peer Support <input type="checkbox"/> Public Awareness & Education <input type="checkbox"/> Other	<input type="checkbox"/> Infrastructure (Communities, Buildings, etc.) <input type="checkbox"/> Playspace <input type="checkbox"/> Transportation <input type="checkbox"/> Housing and Modifications <input type="checkbox"/> Other

5. Start Date (**Required**): _____
6. Completion Date: (**Required**): _____
7. Purpose of SCI Solutions Project (please provide a description of the proposed project in 200 words or less – use attachment if required, but limit to 200 words or less):

8. Desired Outcomes of SCI Solutions Project (explain the expected impact this project or program will have in improving the quality of life of people with SCI):

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 B 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). Leveraged or matching funding will be considered favourably:

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

12. Sustainability (describe how the project will sustain itself long term):

13. Dissemination Plan (describe your plan to disseminate the information about the project to the public and/or your membership):

SECTION C: SCI SOLUTIONS GRANT PAYMENT INFORMATION

1. Grant Payment to: _____
2. Organization: _____
3. Contact Name: _____
4. Position Title: _____
5. Phone: _____ Phone2: _____
6. Fax: _____ Email: _____
7. CRA Registered Charitable Organization Number or Alberta Societies Act Corporate Access Number (**Required**): _____

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

The Undersigned certifies that all information given in this application is complete and true.

By signing below, the applicant 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 (*please print*)

SIGNATURE OF APPLICANT