



APPLICATION FORM

Please read the Application Overview and Eligibility document before completing the Application Form. **Incomplete applications will be returned.**

This is a: Individual/Family application Group application (see Eligibility for definition of a group)

Request being submitted for March 31 deadline September 30 deadline

Previous Choices Fund Grant received: Yes No If yes, in what year: _____

Applicant information: (for group applicants please copy this page for each individual in the group):

First name:	Last name:	Initial:
Gender:	Date of birth:	
Mailing Address:		
City:	Province:	Postal code:
Home phone:	Alternate phone:	
E-mail address:		

Community Living Toronto Staff support for applicant:

First name:	Last name:
Title:	
Relationship to the individual applicant:	
Community Living Toronto Regional/Site affiliation:	
Business phone:	Cell phone:
E-mail address:	

Community Living Toronto Staff members completing applications on behalf of individuals must have sign-off from their Managers/Supervisors.

Name and Title (Manager/Supervisor) Signature Date

THE FOLLOWING INFORMATION PERTAINS TO ALL APPLICANTS

What Community Living Toronto services or program does the applicant(s) currently receive or attend?

- | | | |
|--|---|---|
| <input type="checkbox"/> Adult Protective Services (APS) | <input type="checkbox"/> Literacy | <input type="checkbox"/> Behaviour Services |
| <input type="checkbox"/> Employment Training Services | <input type="checkbox"/> Early Childhood Services (ECS) | <input type="checkbox"/> Respite Services |
| <input type="checkbox"/> Family Support | <input type="checkbox"/> Supported Home Share | <input type="checkbox"/> Home Management |
| <input type="checkbox"/> Supportive Independent Living | <input type="checkbox"/> Residential Supports | <input type="checkbox"/> Summer Day Respite |
| <input type="checkbox"/> Adult Development Program | <input type="checkbox"/> Employment Supports | |
| <input type="checkbox"/> Other (please list) _____ | | |

What funding does the applicant(s) currently receive outside of Community Living Toronto?

- | | |
|--|--|
| <input type="checkbox"/> ODSP (Ontario Disability Support Program) | <input type="checkbox"/> Trust funding (i.e.: Henson Trust) |
| <input type="checkbox"/> SSAH (Special Services at Home) | <input type="checkbox"/> Assistive Devices Program (ADP) |
| <input type="checkbox"/> Passport | <input type="checkbox"/> Ontario Works |
| <input type="checkbox"/> Flex Funding | <input type="checkbox"/> ACDS (Assistance for Children with Severe Disabilities) |
| <input type="checkbox"/> Other (please list) _____ | |

All applicants must be current members of Community Living Toronto

- I am a current Member.
- Attached is a photocopy of my membership card.
For group applications, a photocopy of the membership card for each individual must be attached
- I am not a Member

Applications without current membership information attached to the application will be marked incomplete and returned to the applicant.

To renew or become a member contact the Membership Coordinator in your region:

Central Region: 647.729.1210	Etobicoke/York Region: 647.729.0445
North York Region: 647.729.3627	Scarborough Region: 647.729.1635

Or send an email to membership@cltoronto.ca.

What will the money be used for? Use a separate sheet if needed.

If successful, how will this grant make a difference? Include as much detail as possible. Use a separate sheet if needed.

What steps have you taken so far to make this dream/goal happen?

This can include any of the following and demonstrates your partnership in the Choices Fund process.

- Money that has been saved or fundraised by the family/individual/group
- Money that has been fundraised from other sources
- Current funding supports listed in this application
- Applications to other funding sources that may/may not have been approved yet
- Other contributions by the family/individual/group such as travel, meals, accommodation that will be covered and not outlined in this request
- In-kind contributions such as a donation of equipment or service, luggage for a trip, a class fee that has been waived or a donated uniform for school, work or a sports team.

Be as detailed as possible. Use a separate sheet if needed.

Budget:

The budget worksheet **MUST** include an official copy of one or more of the following documents as appropriate: registration, application form or vendor quote.

Complete the table below outlining all of the costs associated with this application. Be sure to include all other sources of funding and in-kind contributions that will help make your application successful.

What do you need? Use a separate sheet if needed.

Items or services needed:	What it/they cost
	\$
	\$
	\$
	\$
	\$
	\$
Total cost of request	\$

What steps have you taken towards realizing the goals/dreams outlined in your application?

Other sources of funding I/we are currently receiving or have applied to:	\$ amount requested	Result of request for this goal/dream or currently being used for other needs	\$ amount received
<input type="checkbox"/> Easter Seals Society	\$		\$
<input type="checkbox"/> March of Dimes	\$		\$
<input type="checkbox"/> Jennifer Ashley Children’s Charity	\$		\$
<input type="checkbox"/> President’s Choice Children’s Charity	\$		\$
<input type="checkbox"/> Flex Funding	\$		\$
<input type="checkbox"/> Passport	\$		\$
<input type="checkbox"/> SSAH	\$		\$
<input type="checkbox"/> Fundraising activities/Donations	\$		\$
<input type="checkbox"/> Family/friend contributions	\$		\$
<input type="checkbox"/> PG&T	\$		\$
<input type="checkbox"/> Personal contributions (savings)	\$		\$
<input type="checkbox"/> In-Kind contributions	\$		\$
<input type="checkbox"/> Other (please list all other sources)	\$		\$
<input type="checkbox"/>	\$		\$
<input type="checkbox"/>	\$		\$
Total contribution(s)			\$

What is the total amount of this request?

Total cost of request (from above)	\$
Minus Total contributions (from above)	\$
Total being requested	\$

Note: Individual or family requests will only be funded to maximum of \$1,000. Group requests will only be funded to a maximum of \$500 per individual or \$5,000 total for larger groups

Statement of Understanding:

Use a separate sheet for each individual listed on a group application.

I/we hereby apply to the Choices that can Change Lives Fund and understand that:

- receiving a grant from the Choices Fund will not affect other funding applications
- there is no guarantee that my application will be funded
- if I don't receive funding this time, I/we can apply again
- if funded, I/we agree to provide testimonials, be photographed, be interviewed and be included in marketing and recognition opportunities
- if successful, I/we will be asked to review and sign a Funding Agreement prior to receiving any of the grant money
- if the grant I/we receive is not spent within the time frame outlined in the Funding Agreement any funds received must be returned to Community Living Toronto
- I/we may not transfer this grant to anyone else
- Any monies received will be used for the grant requested and approved

Applicant(s):

Name of Applicant (please print): _____

Signature of Applicant: _____ Date: _____

Legal Guardian (if applicable):

Name of Legal Guardian (please print): _____

Signature of Legal Guardian: _____ Date: _____

Submit completed application(s) with the Application Attachments/Components checklist to

Choices that can Change Lives Fund Grant Review Committee

20 Spadina Rd.

Toronto, ON M5R 2S7

By e-mail: mdasilva@cltoronto.ca

By Fax: 416.968.7320

For Office Use Only:

Date Received: _____ Received By: _____

Application Complete: Yes No

If No, Date returned to Applicant with a copy to staff support: _____

Application Attachments and Components

This checklist must be included as part of the application.

Applications without the necessary attachments and components will be marked incomplete and returned.

- Goal planning document (Person directed plan or age appropriate plan)
- Copies of letters or applications to any other sources of funding for this specific goal or dream
- Clear outline of the steps taken or by the individual/family or group members or contributions made towards making this dream or goal happen prior to applying to the Choices Fund
- Completed budget worksheet(s)
- Copies of quotes, estimates or registration forms that pertain to the request
- A minimum of two letters of recommendation per applicant
These letters can be from an employer, teacher, placement provider, support worker, agency staff, medical professional, social worker or other agencies and should indicate why they would recommend that the applicant be approved for funding for the specific goal or dream they are applying for
- Copy of current Membership Card(s)
- Signed Statement of Understanding