



## **Recreational Subsidy Program**

The recreational subsidy program assists persons living with cerebral palsy in Saskatchewan achieve a better quality of life. The program is funded entirely through our own fundraising efforts and donations from generous members of our community. Through this program we provide funding to individuals and their families allowing them access to recreation programs that best support their individual needs.

### **Recreational Funding Application Process**

1. Applications are processed to ensure that all pertinent documentation has been included and submitted to the Funding Request Committee.
2. Incomplete applications will not be submitted.
3. Once approved, a cheque, etransfer, or invoice payment will be issued to the Vendor/designate.
4. Applicants will be notified by phone and in writing of the committee's decision.
5. Maximum approved amount for the Funding Request is \$500.00.
6. Approval is valid for 6 months from the approval date of until the end of the fiscal year; whichever is first.

### **Funding Request Guidelines**

**FUNDING IS NOT GUARANTEED.** The Funding Request Committee reserves the right to:

1. Request the applicant to seek alternate funding
2. Request the applicant to provide additional information or documentation with regard to any agency or government department that pertains to the request.
3. Decline the application based on Cerebral Palsy Saskatchewan's priorities, requirements, or other considerations.
4. Not fund the entire amount requested by the applicant.
5. Deny applications for funding for an item(s) that has already been purchased.
6. Request the application to apply directly for Government funding or alternative funding.
7. Request the applicant to include copies of your correspondence to and from Government and other agencies to which you have applied for funding.
8. Request the applicant to include three written quotations per item requested with the application, where possible.

### **Funding Limits**

1. Maximum funding amount per fiscal year is **\$150.00 (Fiscal is Jan. 1 - Dec. 31)**

## **Funding Requirements**

1. **Persons applying for funding must be a Cerebral Palsy Saskatchewan member for at least 3 months.**
2. The requested funds must be of direct support of a person who has been diagnosed with cerebral palsy as verified by a statement of diagnosis.
3. If the purchase has already been completed, receipts in full must be provided to CP Saskatchewan for all equipment, service(s), program(s) and/or items. Payment will be made directly to a vendor upon receiving an invoice or to our client upon presentation of proof of purchase.
4. Applications must be accompanied by a statement of diagnosis from a physician or other acceptable medical report (Doctor, Therapist, Social Worker, Audiologist, etc) clearly indicating that the applicant is diagnosed with cerebral palsy.

**Do not hesitate to contact us should you require any other information.**

**Please review & complete the attached application. Please email completed application to:**

**[saskcpa@shaw.ca](mailto:saskcpa@shaw.ca)**

## Recreational Subsidy Application

*All information provided as part of your application for recreational subsidy will be kept confidential.*

### Applicant Information

Name of Person With Cerebral Palsy: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number (Home) \_\_\_\_\_ Phone Number (Cell) \_\_\_\_\_

CP Saskatchewan Current Status: New / Renewal / Active: \_\_\_\_\_

Date Membership Renewed: \_\_\_\_\_

If the applicant is not the person with communicating with CP Sask please provide the following information about the applicant's designate:

Designate's Name: \_\_\_\_\_

Relationship to the applicant: \_\_\_\_\_

Phone Number: (Daytime) \_\_\_\_\_

Name of individual or vendor cheque should be sent to:

\_\_\_\_\_

Mailing address of individual or vendor cheque should be sent to:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Funding Request Information

Amount of Funding Requested (Exact dollars)

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Equipment, service(s), program(s) and/or item(s) required:

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Have you applied to other funders for this request? YES/NO If YES, please list. If NO, please explain.  
(Please include documentation where available.)

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Has the equipment, service(s), program(s) and/or item(s) been purchased and paid for? YES/NO If yes,  
please attach copies of receipts.

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Do you have private insurance that will cover some or all of the cost for the equipment, service(s),  
program(s) and/or item(s)?

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To promote CP Sask and its programs/services, would you, your family and/or organization be willing  
to participate in public relations activities including, but not limited to; press conferences, interviews,  
etc?

YES/NO IF YES, PLEASE INITIAL HERE: \_\_\_\_\_

Have you attached three price quotations? YES/NO If no, please explain. \_\_\_\_\_

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Please use this space for any additional information and/or pertinent details you would like to provide. Attach any additional sheets/documentation if necessary. \_\_\_\_\_

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### **Declaration of Applicant/Designate Declaration**

I agree to abide by the requirements set out by Cerebral Palsy Saskatchewan. I declare that the information included in the attached application is true and accurate and does not omit any material facts. I certify that the funds will only be used as set forth in this application.

Applicant Signature \_\_\_\_\_

Date (DD/MM/YYYY) \_\_\_\_\_

