



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:	Age:
Mailing Address:		
City:	Province:	Postal code:
Home phone:	Alternate phone:	
E-mail address:		

Did a Community Living Toronto Staff Member support you with this application? Yes No

If yes, please provide their contact details:

First name:	Last name:
Title:	
Relationship to the individual applicant:	
Community Living Toronto Program 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

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.
- A copy of my membership card is attached.
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 visit www.cltoronto.ca/membership or contact fundraising@cltoronto.ca

Choices that can Change Lives Fund provides small grants to help pursue their dreams and goals when all other resources have been exhausted.

- 1. Tell us about the goal you've been working on. How will a grant from the Choices that can Change Lives Fund help you meet that goal and how would you use the money if granted. Use separate sheet if needed.**

- 2. If granted, what would receiving a grant from the Choices that can Change Lives Fund mean to you. Include as much detail as possible. Use a separate sheet if needed.**

- 3. What have you done so far towards reaching your goal? Use a separate sheet if needed. This can include any of the following and demonstrates that this is a planned goal that you've been working towards.**

- Money that has been saved or fundraised by the family/individual/group
- 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 that would help you meet your goal, 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.

Budget Worksheet

The budget worksheet **MUST** include a copy of documents that verify the costs you are including in your budget. This can include application forms, vendor quotes, screen shots, or estimates.

Complete the table below outlining all of the costs associated with your goal. Be sure to include all other sources of funding and in-kind contributions to give us the full picture of your goal.

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

Items or services needed:	What do they cost?
	\$
	\$
	\$
	\$
	\$
	\$
Total cost of request (A)	\$

2. **What steps have you taken towards realizing the goal outlined in this application?**

Other sources of funding currently receiving or have applied to:	\$ amount requested	What was the result of the request?	\$ amount received to help with the cost of the goal outlined in this application
<input type="checkbox"/> Easter Seals Society	\$		\$
<input type="checkbox"/> March of Dimes	\$		\$
<input type="checkbox"/> Jennifer Ashley 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) (B)			\$

3. **What is the total amount of this request?**

Total cost of request (A)	\$
Minus Total contributions (B)	\$
Total being requested (C)	\$

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:

As an applicant to the Choices that can Change Lives Fund, I 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 agree to provide testimonials, be photographed, be interviewed and be included in marketing and recognition opportunities
- if successful, I will be asked to review and sign a Funding Agreement
- I 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 your completed application 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: fundraising@cltoronto.ca

For Office Use Only:	
Date Received:	Received By:
Application Complete:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, Date returned to Applicant with a copy to staff support:	

Application Attachments and Components

Please ensure that you've completed all of the components of the application and have included the necessary attachments. Incomplete applications will be returned.

- 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
- Copies of quotes, estimates or registration forms that pertain to the request
- A minimum of two letters of recommendation. These letters can be from an employer, teacher, placement provider, support worker, agency staff, medical professional, social worker or other agencies and must indicate why they would recommend that the applicant be approved for funding for the specific goal they are applying for
- Copy of current Membership Card
- Signed Statement of Understanding