



## FUNDING GUIDELINES AND INFORMATION

Please read and follow all the guidelines to ensure your request is processed as quickly as possible.

1. You must be a member of the Edmonton Cerebral Palsy Association. To become a member fill out our online membership form on our web site. <http://edmontoncp.com/membership>
2. Please ensure you completed the entire form. Any omissions will delay the processing of your request.
3. For equipment requests please provide 2 quotes from suppliers and include them with the request form.
4. Check with your insurance company to see if they will cover some or all of the costs.
5. We encourage you to seek funding from other agencies. If you have applied and have been approved from other agencies please provide their contact information.
6. Once completed send the request form and the quotes via email to: [info@edmontoncp.com](mailto:info@edmontoncp.com). **\*\*Do not mail your request forms.**
7. Your request may be for equipment that falls under our Lending Program and if so the equipment will remain property of the association. This equipment is to be returned when no longer required. The equipment is not for resale.
8. We provide funding towards the purchase of equipment or home modifications that enhance or aid in daily living only. We do not provide funding for programs or therapies.
9. Funding **may** be approved for previously purchased equipment provided that we receive your request within 30 days of the original purchase date. Copies of receipts for the equipment must be included with this request form. Please keep the originals.
10. Your request will be reviewed at the first Request Committee meeting after the request is received. You will be contacted with our decision by phone or email.
11. If approved we will deal directly with suppliers whenever possible.
12. If funding is paid directly to you, the receipts from equipment purchases must be sent to the ECPA office within two (2) weeks after purchasing requested equipment. Please keep a copy of receipt(s) for your records. Faxing or emailing receipts is acceptable.

**DISCLAIMER:** ECPA does not provide funding for therapies or programs. Funding is limited and not guaranteed. The ECPA is not obligated to fund the entire cost of an approved funding request. In addition, funding is contingent and dependent at all times on the availability of funds within the Funding Request Program. The Request Committee reserves the right to require additional information relating to the funding request. Funding will not cover portions of supplies that are eligible for insurance or group benefits.

**SUBMIT FORM VIA EMAIL TO: | [info@edmontoncnp.com](mailto:info@edmontoncnp.com)**

**APPLICANT INFORMATION (PERSON WITH CEREBRAL PALSY)**

Name:

Address:

City:

Postal Code:

Phone:

Email:

Cell:

**WERE YOU ASSISTED IN COMPLETING THIS APPLICATION? MAY WE CONTACT THEM ON YOUR BEHALF?**

No ☐ Yes ☐ Name:

Address:

City:

Postal Code:

Phone:

Email:

Cell:

**ALTERNATIVE FUNDING SOURCES | Have you applied to any of the following? \***

You are encourage to apply to the following organizations for funding.

Easter Seals <https://easterseals.ab.ca/accessibility-supports/>

Child Ability Fund <https://www.childrensabilityfund.ca/helping-individuals>

Dawn Land Foundation <https://thedawnlandfoundation.com/about-dawn-land/>

Make A Wish <https://makeawish.ca/refer-a-child/>

Cerebral Palsy Association in Alberta <https://www.cpalberta.com/programs-services>

**Insurance Companies cover a wide range of equipment \***

Have you contacted your insurance company? No ☐ Yes ☐

If yes, how much will they provide? \$

\* Required information | \*\* Requests will only be accepted by email.

**SUBMIT FORM VIA EMAIL TO: | [info@edmontoncp.com](mailto:info@edmontoncp.com)**

**FUNDING REQUEST DETAILS | What is the request for?**

Equipment description:

Brand Name:

Model:

Cost: \$

Shipping (if applicable): \$

Total Cost: \$

Amount requested: \$

**PLEASE PROVIDE A BRIEF DESCRIPTION HOW THIS FUNDING WILL ASSIST YOU**


**EQUIPMENT SUPPLIER INFORMATION | QUOTE #1**

Company:

Address:

City:

Phone:

Sales Agent:

Quote: \$

Web site:

**EQUIPMENT SUPPLIER INFORMATION | QUOTE #2**

Company:

Address:

City:

Phone:

Sales Agent:

Quote: \$

Web site:

\* Required information | \*\* Requests will only be accepted by email.