



**CEREBRAL PALSY
ASSOCIATION
OF MANITOBA**

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Main line	204-982-4842
Bike Race Coordinator	204-982-4811
Toll free	800-416-6166
Fax	204-982-4844

Grant Application Form

These questions must be answered in a letter.

Date of application YEAR / MM / DD

1. Member's Name

Address

City

Province

Best Phone Number

Email

B) Contact person (if different):

Contact's Name

Address

City

Province

Best Phone Number

Email

2. Date of birth of member with cerebral palsy? YEAR / MM / DD

3. Has the applicant/family been a grant recipient in the past? Yes / No / Unknown

4. Is the applicant/family a current member of the CPMB? Yes / No / Unknown

5. A) Total \$ amount of request. *Please include GST & PST, if applicable.*

B) What is the request?

C) Please attach copies of any quotes here.

6. A) How will this request assist the individual/family in areas of personal, educational and/or social development leading to a more independent and quality lifestyle?

B) If your life situation stays the same, how will the acceptance or denial of this grant request affect your lifestyle and opportunities?

7. A) Please name all other funding sources that you have contacted.

B) What is the response from these funding sources regarding your request(s)? Please be specific.

C) How will you obtain the additional costs not covered by CPMB or other funders?

8. Please attach any additional supporting documentation if applicable.

Office use only—Date approved by Board of Directors by a motion: _____

NOTES: _____