

**CEREBRAL PALSY ASSOCIATION OF MANITOBA**  
**903 - 213 Notre Dame Ave, Wpg. MB. R3B 1N3**  
**204-982-4842 or 1-800-416-6166**

**GRANT APPLICATION FORM**

**These questions *must* be answered in a letter.**

Date of application - \_\_\_\_\_

1. Name, address and phone number of applicant and contact person: (If different: please print)
2. Date of birth of member with cerebral palsy?
3. Has the applicant/family been a grant recipient in the past?
4. Is the applicant/family a current member of the Cerebral Palsy Association? How many years?
5. Is the applicant/family applying on his/her/their own behalf? if not please state who is?
6. What is the request? State below & attach details of the equipment/item(s) with specific cost(s) including gst & pst if applicable.
7. 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? This can be addressed in your cover letter.  
B. If your life situation stays the same, how will the acceptance or denial of this grant request affect your lifestyle and opportunities?
8. 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?

Office use only - date approved by board of directors by a motion: \_\_\_\_\_

NOTES: -----