

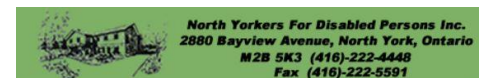


Guidelines for Completing Member Group L.E.A.F. Application 2017 - 2018

The mission of OFCP is to address the needs of people with cerebral palsy in the province of Ontario.

In support of this initiative it pleases us to provide the opportunity for our current Member Groups to apply for the OFCP Member Group Life Enriching Activity Fund.

Life Enriching Activity Fund



Member Group LEAF

Frequently Asked Questions for Member Group LEAF Application 2017 – 2018

In order to reach as many of our members as possible within the province, OFCP developed the Member Group LEAF funding criteria and eligible expenses for approval within the Member Group LEAF funding application.

What is Member Group LEAF?

The purpose of the Member Group LEAF is to provide financial support to OFCP Member Groups in Ontario for activities which directly improve the quality of life and wellbeing of persons with cerebral palsy. The Member Group Life Enriching Activity Fund is an opportunity for Member Groups to access financial assistance to enrich, enhance or augment an activity their clients currently participate or are interested in.

For example.....

- Are you planning a field trip, but there are extra costs involved?
- Are your clients involved in arts or crafts and need hobby supplies to participate?
- Are your clients enrolled in sports but need sports equipment (modified or custom)?
- Do your members enjoy a leisure activity, but lack equipment (tricycle)?
- Are your clients interested in activities – yoga, swimming, martial arts, dance, sailing, horseback riding, etc. – that require program fees?
- Are your clients interested in learning enrichment activities – literacy, art, music, singing, computer classes – that require program fees?
- Are your clients going to a camp, but extra excursion or activity costs are not included?
- Accommodation (while on vacation/activity)
- Transportation
- Individual passes to an event – concert, amusement park, sporting event



Member Group LEAF

Frequently Asked Questions for Member Group LEAF Application 2017 – 2018

When can we apply?

OFCP Member Group LEAF will accept applications from **March 21, 2018 to June 1, 2018** based on availability of funds.

When will we know if our request has been approved?

Within 4 weeks of your application

What is not eligible?

- Ongoing costs or monthly rental fees
- Therapies and medical expenses
- Physical support services provided by family relatives
- Payments or contracts with family members
- Programs currently funded by government

Below is the application process for the Member Group LEAF program

- 1) Complete and submit a Member Group LEAF application form by postal mail, fax, or email, and include all support documentation.
- 2) OFCP Member Group LEAF Program Committee will review your application for approval.
- 3) You will be notified of the status of your funding approval and the amount (please allow a minimum of 4 weeks after application submission for written approval – no verbal approval)
- 4) Submit the relevant invoice to OFCP within one month of completing your activity.
- 5) You will receive one funding cheque from OFCP approximately 4-6 weeks after submitting your invoice.

OFCP Member Group LEAF Application Form 2017 – 2018

Complete this application form in full.
Attach all required documentation.
Print in pen, submit to OFCP by postal mail,
fax 416-244-6543 or email families@ofcp.ca

Date: _____
Year/Month/Day

*Please keep attached Member Group LEAF
Guidelines for your reference when accessing funds.

Member Group Information

Name of Organization: _____

Address: _____

City: _____ Postal Code: _____

Bus. Phone: _____ Ext. _____

Email: _____ Fax: _____

Contact Person

Name of Contact Person: _____

Title (E.D., President, etc.) _____

Bus. Phone: _____ Email: _____

Member Group LEAF Funding Request Summary

The OFCP will consider one LEAF request per Member Group per funding year, up to a maximum of \$2,500.00.

Life Enriching Activity

Project – Activity – Title: _____

Description of Project or activity that is to be considered for funding assistance: _____

Duration of Activity From: _____ to _____
Year / Month / Day Year / Month / Day

1. Please outline the benefits of the activity to your members/clients and number of clients that will directly benefit.

2. Please provide a description as to how the proposed activity will enrich your clients. _____

3. Is this activity/program a new venture for your organization? _____

4. Has your organization applied or received funds from OFCP in the last three years?

Yes _____ Date: _____ Amount: _____

No _____

5. Please provide the number of clients/members that you currently serve in all of your locations _____ and the number of clients/members who have cerebral palsy _____.

Member Group LEAF will be accepting funding applications from OFCP Member Groups during the period of March 21, 2018 – June 1, 2018, based on availability of funds.

Estimated Cost of Activity

Please include the budget below and the breakdown of expenses that you expect to incur. Please include copies of current price quotations.

Cost of Activity _____

Funding Provided from Other Sources _____

Total Remaining _____

Total Requested from OFCP _____

Please refer to Member Group LEAF Guidelines before completing application form.

Do we have permission to use your activity events in our promotional material (facebook, newsletter, etc.)? YES _____ NO _____

If you require additional space, please attach your extra information to this application.

Indemnity

I hereby indemnify and save harmless the Ontario Federation for Cerebral Palsy, its officers, directors, employees and agents from and against any and all claims, demands, liabilities, losses, costs, expenses, damages, actions, suits and other proceedings arising out of the activity described in this application. I understand that the Ontario Federation for Cerebral Palsy acts as a third party funder and as such has no role in choosing, recommending or selecting an activity and that any payment from OFCP LEAF program is not an acknowledgement that the activity is acceptable for the purposes intended.

Privacy

The OFCP collects, uses and discloses personal information related to this application only for the purposes of assessing, processing and administering this application and may exchange such information with the above-mentioned contact person, vendors, medical professionals and other agencies. I consent and (as applicable) confirm the user's consent to this collection, use, disclosure and exchange of personal information. For additional information regarding the OFCP's personal information protection privacy practices, please refer to our Privacy Policy on the OFCP website.

Certification

I certify that the information provided in this application is true, correct and complete to the best of my knowledge.

By providing your signature below, as the primary contact for this application from the organization, you are giving permission to OFCP staff to process your application accordingly.

I confirm that I have read and understand all of the OFCP Member Group LEAF Program criteria & guidelines.

Signature: _____ Date: _____

Title: (E.D., President, Etc.) _____

If you have any questions please contact:

Ontario Federation for Cerebral Palsy
416-244-9686 ext: 224 or toll free 1-877-244-9686 ext: 224
Email: families@ofcp.ca
Website: www.ofcp.ca

Return the completed form by email (families@ofcp.ca), fax (416-244-6543), or postal mail
to: Ontario Federation for Cerebral Palsy - Member Group LEAF Program
1630 Lawrence Avenue West, Suite 104, Toronto, Ontario M6L 1C5