



EMERGENCY Funding for Essential Business for Member Group LEAF Application 2020



Helping Kids with
Physical Disabilities
Succeed

Holland Bloorview

Kids Rehabilitation Hospital Foundation

PHTPA Participation House Toronto Parent Association

Life Enriching Activity Fund



GUELPH
Independent LIVING




Harmony Place
SUPPORT SERVICES

PEGASUS



Capability Support
Services Inc.
Thrive Group

 North Yorkers For Disabled Persons Inc.
2880 Bayview Avenue, North York, Ontario
M2B 5K3 (416)-222-4448
Fax (416)-222-5591



OFCP Emergency Member Group LEAF Application Form 2020

Complete this application form in full.
Attach all required documentation.
Print in pen, submit to OFCP by
Email only, to lynn@ofcp.ca

Date: _____
Year/Month/Day

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: _____

Emergency Member Group LEAF Funding Request Summary

OFCP will consider one EMERGENCY LEAF FUNDING request per Member Group up to a maximum of \$5000.00.

Emergency Funding Item(s)

Description: _____

FUNDING

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

2. 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 _____

Estimated Cost of Items

Please include the budget below and the breakdown of costs that you expect to incur.

Total Cost of Items

\$ _____

Please provide receipts.

Estimated \$ amount requested from OFCP

\$ _____

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 Emergency Member Group LEAF Program criteria.

Signature: _____ Date: _____

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

If you have any questions please contact:

Ontario Federation for Cerebral Palsy
416-244-9686 ext: 231 or toll free 1-877-244-9686 ext: 231
Email: lynn@ofcp.ca
Website: www.ofcp.ca

Note: Return the completed form by email only to lynn@ofcp.ca