

## FAMILY ASSISTANCE PROGRAM - FUNDING APPLICATION

Name: \_\_\_\_\_ File # (Society use): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name(s) of affected child(ren) or list self if you are an affected adult: \_\_\_\_\_

Is your Society membership current? Yes \_\_\_ Amount of funding requested: \_\_\_\_\_

Please describe what the funds will be used for (please attach a letter if you wish to describe your request in more detail than this space will allow):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will the funds being requested be used to pay for part of a larger project or piece of equipment? (eg. home renovations, wheelchair-accessible van, etc.)  
Yes \_\_\_\_\_ No \_\_\_\_\_

*If you answered yes to the previous question:*

- What is the estimated total cost of the project/equipment? \_\_\_\_\_

Please list other funding agencies you have applied to for funding for this project/equipment, and funds received, if any:  
\_\_\_\_\_  
\_\_\_\_\_

**Estimate(s) included.** (Please refer to the FAP guidelines for required estimate information.)

Will the funds be used for respite? Yes \_\_\_\_\_ No \_\_\_\_\_

*If you answered yes to the previous question, please refer to the respite guidelines.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for submitting your Family Assistance Program funding application. The Executive Director or a member of the Board of Directors will contact you as soon as possible to inform you of the Board's decision regarding your application.

## FAMILY ASSISTANCE PROGRAM - GUIDELINES

### ELIGIBILITY

1. Only parents/guardians of an affected individual or an affected adult who reside in Canada and have an active membership are eligible for funds from the Family Assistance Program (FAP).
2. Whenever possible, applications must be made in advance of costs being incurred. Two (2) estimates must be included with FAP funding applications, and when possible the Society will pay directly for the project/equipment, etc. (Exceptions will be made if applications are submitted within one month following incurred expenses, but original receipts must be included with FAP applications.)
3. Three definitions of costs shall exist under the FAP: **emergency**, **non-critical**, **non-critical capital** and **respite**.
  - I. An emergency cost shall be defined as a one-time extraordinary cost, due to an emergency medical situation, requiring immediate financial assistance. Applications for emergency costs can be made verbally by calling the head office at 1-800-667-1846 and speaking with a member of staff who will then consult with the Society's Family Support Committee. A formal written application must be submitted after the incident.
  - II. A **non-critical cost** shall be defined as a one-time extraordinary cost associated with the affected individual's medical needs that would not be deemed an emergency (Examples are: travel costs related to medical appointments, funeral costs and other financial aid that is deemed appropriate by the board).
  - III. A **non-critical capital cost** shall be defined as a one-time extraordinary cost associated with the affected individual's physical needs. (Examples are: renovations, special equipment and repairs).
  - IV. A **respite** cost shall be defined as an expense that is related to providing a short period of rest or relief for a caregiver of an affected individual. (Examples are: caregiver/babysitter expenses, housekeeping expenses, etc.). *Up to \$500.00 in respite funding will be supplied without estimates/receipts required.*
4. Applicants may submit applications for FAP funding up to a maximum of \$1,500.00 per family per twelve (12) month period. Member families may receive a maximum of \$3,000.00 of FAP funding in a five (5) year period. Other amounts may be granted where the request matches a corresponding funding campaign request.
5. Before a FAP grant will be considered, other funding options must be considered (with the exception of the first \$500.00 of respite funding applied for, for which it is not necessary for applicants to have explored alternate options). Proof of these attempts to secure alternate funding must be provided to the Family Support Committee upon request.

**APPLICATION REVIEW:**

1. Applications will be reviewed within thirty (30) days of the Family Support Committee receiving the applications and supporting documents (estimates or receipts).
2. All applications for funding will be assessed by the Family Support Committee (or, in some cases, the Board of Directors). The Committee's or Board's decisions will be based on a majority vote of the committee/board with each member holding one vote. The chairperson's vote will be used in the event of a tie.
3. The Canadian MPS Society will issue a letter advising the applicant of the funding decision made and the amount of funding, if any, that has been approved
4. Monies will be paid directly to the vendor/supplier when possible. This will require the applicant's supplying two estimates with his or her FAP application form (or receipts, if the FAP is submitted within one month following incurred expense).
5. If monies are not directly paid to the vendor/supplier, member must provide proof of payment to vendor/supplier to the Canadian MPS Society.
6. The Family Support Committee's/Board of Directors' interpretations of the guidelines outlining the FAP and any decisions made by the Family Support Committee/Board of Directors are binding. In the event funding is denied, appeals may be made to the Board of Directors in writing and will be reviewed at the next Board meeting.
7. The Canadian MPS Society requests, following the receipt of Financial Assistance from the Canadian MPS Society, that the family submit a letter outlining how the financial support has impacted the child and/or family.

Please email your application to [kimangel@mpssociety.ca](mailto:kimangel@mpssociety.ca)

or

Mail your application to: Canadian MPS Society  
#218 - 2055 Commercial Drive  
Vancouver, BC V5N 0C7

Strict confidentiality regarding applications, names and funding decisions will be maintained by all involved, including the applicant and The Canadian Society for Mucopolysaccharide & Related Diseases Inc. (Canadian MPS Society). Please contact the Society's head office for a copy of our Privacy Policy, or download it from our website.