



La FRAS

N° _____

SUBVENTION REQUEST 2017

Application deadline: April 30th, 2017

If you submit a subvention request to the Foundation, you must :

- Have made other requests to other organizations in your local area;
- Have received a negative answer or a partial amount from those organizations;
- Disclose to FRAS the amount you have received by other organizations.

If you receive a positive answer later, you commit to return the monetary difference to the Foundation.

THE SUBSIDY MUST SERVE EXCLUSIVELY TO RESPOND TO NEEDS FOR WHICH IT WAS GRANTED AND MUST NOT BE USED FOR ANY OTHER ENDS.

1. USER IDENTIFICATION

Last Name:

Date of birth :

Address :

City :

Phone Number (home) :

First Name :

Age :

Sex : F M

Postal Code :

Email :

2. AUTHORIZED PERSON MAKING THE REQUEST

Last Name:

Sex : F M

Address :

City :

Work Phone :

First Name :

Email :

Postal Code:

Phone number (home) :

Household gross income:

Relation with the user making the request :

“I accept that a false declaration or the use of the subsidy for a non-authorized expense will automatically result in the refusal of any future request that I could make to the Foundation.”

AUTHORIZED PERSON'S SIGNATURE:

FOR THE USE OF FOUNDATION

INSTRUCTION FOR THE SUBVENTION

Agree for an amount of _____ \$ In suspense Refused

Details _____

Authorized by : _____ Date : _____

3. SUBVENTION REQUEST FOR :

Shadow support

Other

Specify :

Identify the resource (ex: name of the vacation camp or day-camp):

Main motivation for that request :

To help personal development

Family support

To develop social integration

To improve quality of life

4. CONCERNING THE USER

Type of impairment:

Intellectual

mild

moderate

severe

PDD/autism

without intellectual disability

with mild ID

with moderate ID

with severe ID

Other syndrome

Specify :

Combined with another impairment:

Visual (blindness)

Visual (wearing glasses)

Hearing (deafness)

Hearing (with hearing aids)

Other

Physical : need help for walking

Use a wheelchair

Specify :

5. SELF-CARE SKILLS OF PERSON WITH IMPAIRMENT

Communication

Person :

use a language

spoken

non-verbal

communicate :

easily

with difficulty

Specify :

Eating/Dressing

Person can :

eat

unaided

with help

totally dependent

drink

unaided

with help

totally dependent

dress

unaided

with help

totally dependent

Specify :

Please, specify any SPECIAL conditions that may have a significant impact on family life that you want to inform the selection committee:

**10. DID YOU VERIFY IF THE SERVICE COULD BE PROVIDED FOR A LOWER COST?
(EXAMPLE, BY VOLUNTEERS)**

**11. IF YOU RECEIVE ONLY A PART OF THE SUBVENTION, CAN YOU REALIZE THAT
PROJECT?**

12. IF NOT, WHAT WOULD HAPPEN?

13. DID YOU MAKE AN APPLICATION TO ANOTHER PROGRAM SUBVENTION?

Yes

No

Amount requested: \$

Amount received : \$

Give the name and phone number of the other organizations to whom you have send a request.
What was the answer?

1. Name of the organization :

Phone N° :

Name and title of the resource person :

Answer :

2. Name of the organization :

Phone N° :

Name and title of the resource person :

Answer :

3. Name of the organization :

Phone N° :

Name and title of the resource person :

Answer :

DETAILS OF THE PRICE COST

	X		X		X	\$	=	\$
Number of hours a day		Number of days		Number of weeks		Hourly rate		Cost price*

* Cost price :		
➤ Taxes:	+	\$
➤ Registration	+	\$
Total cost of service :	=	\$
➤ Less family contribution :	-	\$
➤ Less other subvention from another organization :	-	\$
Total requested :	=	\$
Name of the resource or camp:		

If you receive a subvention, the check will be payable to:

Name of the person :

Address :

City and postal code :

IDENTIFICATION OF THE COUNSELLOR/EDUCATOR

Active file with the CISSSMO

Counsellor/Educator :

Passive file with the CISSSMO (1 year and less without service)

Counsellor/Educator :

File closed with CISSSMO (1 year and more without service)

Counsellor/Educator :

IMPORTANT : IF YOU DO NOT RECEIVE SERVICES FROM AN EMPLOYEE OF CISSSMO (SRSOR), YOU MUST ATTACH A COPY OF THE DIAGNOSIS OF THE USER.

Last Name of Counsellor :

First Name :

Function :

Work Phone :

Address :

City and postal code :

If the selection committee agrees to your request, you will be asked to sign a declaration stating that you have not received any other subvention besides this one, for the above-mentioned project.

If you receive any other subvention from another corporation, who will pay totally or a part of this project, you will repay the Fondation des Ressources Alternatives du Sud-Ouest for that amount .

IMPORTANT :

THE SUBVENTION MUST BE USED ONLY TO RESPOND TO NEEDS FOR WHICH IT WAS GRANTED AND NOT FOR ANY OTHER END

Application request must be mailed at the latest on April 30th, 2017 to:

FONDATION DES RESSOURCES ALTERNATIVES DU SUD-OUEST
 30 St-Thomas #200 Salaberry-de-Valleyfield (Qc) J6T 4J2
 E-mail : info@lafra.com Web : www.lafra.com Phone : (450) 371-4816 Ext. 209



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SUBVENTION REQUEST

CRITERIA AND CONDITIONS

The request must be :

- Made for a person with **an intellectual impairment or a pervasive developmental disorder (PDD/autism)**- living in the territory of one the following CSSS : Jardins-Roussillon, Haut St-Laurent, Vaudreuil-Soulanges and Suroît;
- The person is older than 5 years old and lives with her natural family; people living alone in apartment or in RI, RTF or RAC are not eligible;
- The household gross income is less than \$70 000;
- To help the development of that person and her social integration;
- To give a family support and to improve the person's quality of life;

The family must contribute as much as possible to this project.

The subvention cannot serve for recurring services and is not renewed automatically.

We do not accept requests to purchase objects or make renovations. Therapeutic activities, training, outings, and equipment financing are not eligible.

That project must be done during the year that the subvention is accorded. For the summer camp, day camp and shadow support, the project must be done during summer, from June to August inclusively.

Any subvention request must be presented to the Foundation after other organizations, governments and communities have refused. The FRAS is the last resource.

THE SUBSIDY MUST SERVE EXCLUSIVELY TO RESPOND TO NEEDS FOR WHICH IT WAS GRANTED AND MUST NOT BE USED FOR ANY OTHER END. ANY UNUSED SUMS MUST BE RETURNED TO THE FOUNDATION.

However, the selection committee will consider any special situation.

DOCUMENTS REQUIRED :

- Form for subsidy duly completed and signed by the relative or the tutor.
- Documentation confirming that the household gross income, as shown on line 150 of the Canada Revenue Agency (CRA) Notice of Assessment, is less than \$70,000.
- If you do not receive services of an intervenant from CISSSMO, you must join a copy of the doctor's diagnosis explaining the deficiency of the person concerned by the request.



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I have read and understood the criterias and conditions listed above and I commit myself to respect them. A misrepresentation or omission to declare sums received from other sources will involve the radiation of any future request made to the Foundation.

IN CASE OF A CHANGE OF RESSOURCE FOR WHOM I GOT A GRANT, I AGREE TO OBTAIN THE APPROVAL OF A FRAS REPRESENTATIVE TO MAKE SURE THAT I CAN USE THE MONEY GRANTED TO ANOTHER END.

Also, once the request is accepted, I commit myself to provide in the six months following the service a receipt, a copy of invoice or a proof of spent, written by the company or the person which provided the service. IN THE CASE OF A SHADOW SERVICE, THE PERSON EMPLOYED MUST SIGN AND MENTION ITS ADDRESS, TELEPHONE NUMBER AND ITS SOCIAL SECURITY NUMBER.

Authorized person's signature