



# Cathy Lane Goodfellow Empowerment Fund Application Guidelines

This fund was created for individuals and families living with fetal alcohol spectrum disorder (FASD) in order to increase their opportunities for growth.

## Areas of Funding

Successful applicants may receive up to \$750 per calendar year (January-December), which may be used for such expenses as:

- Courses and classes (not core education)
- Supplies and tools
- Tutoring
- Employment readiness
- Health and wellness (e.g. transportation, dental costs, counselling, adaptive aids not covered by AISH, OT support, etc.)
- Cultural supports
- Respite care (e.g. summer camps, etc.)
- Housing support (not rent or damage deposit; funds can be used toward costs like moving costs or storage)
- Identification (e.g. driver's license, passport, etc.)

## Guidelines

- Each applicant can receive up to \$750 per calendar year. Applicants may apply more than once per year, but will not be approved for more than \$750 total per year.
- Approved grants must be used in full within the quarter it is given.
- Applicants should apply for the bursary only if they can't receive funding for the activity from other sources.
- Priority will be given to individuals who have not previously been approved for funding
- If an applicant is not successful they are welcome to re-apply at a later date

## Application Process

Fill out the application form and email or mail it to:

**Email:** info@mycfan.ca  
**Mail:** Calgary Fetal Alcohol Network  
Empowerment Fund  
1206, 20 Ave SE, Calgary, AB T2G 1M8



# Cathy Lane Goodfellow Empowerment Fund Application Form

## A: APPLICANT INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Do you give your consent for CFAN staff to contact support staff, caregivers or agencies listed below if we need more information for this application? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Any information will remain confidential.)

Contact Person (if different from above): \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

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

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name of Support Staff (if applicable/different from above): \_\_\_\_\_

Agency: \_\_\_\_\_

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

If successful, who should payment be made to (if different than Applicant):  
\_\_\_\_\_

\* Does applicant have an open file with Child and Family Services? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, is there a contact person from Child and Family Services that CFAN can contact to follow-up with regarding this application? Yes \_\_\_\_\_ No \_\_\_\_\_

Name: \_\_\_\_\_

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

If yes, have you applied for their available funding? Yes \_\_\_\_\_ No \_\_\_\_\_



Has your request been accepted or denied? If denied, explain why. If accepted, explain reason for applying for Empowerment Fund: \_\_\_\_\_

\_\_\_\_\_

\* **Age of Applicant:** \_\_\_\_\_

\* **Has applicant been diagnosed with FASD?** Yes \_\_\_\_\_ No \_\_\_\_\_ In progress \_\_\_\_\_

\* **Does applicant have First Nations /Metis/Treaty Status?** Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

Band Office: \_\_\_\_\_

*\* Please note: This information is for administration purposes only and will NOT affect the application.*

## **B: FUNDING REQUEST**

**1. What is the Money for?(attach a copy of brochure or course description if available)**

**2. How would getting this money make your life better?**



3. **What date do you need the money by?** \_\_\_\_\_
4. **What is the total cost?** \_\_\_\_\_
5. **How much money are you applying for? (No more than \$750)** \_\_\_\_\_
6. **Has applicant applied anywhere else for funding for this activity?** (E.G Supports for Permanence, CFS, Alberta Works, AISH, PDD)

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where did applicant apply? \_\_\_\_\_

Was the funding request been accepted or denied? If denied, explain why. If accepted, explain reason for applying for Empowerment Fund: \_\_\_\_\_

\_\_\_\_\_

If applicant has not sought funding elsewhere, why not?

\_\_\_\_\_

Successful applicants may be asked to provide a verbal or written report about how the bursary was used and how it impacted their lives. Are you willing to provide a report if asked?

Yes \_\_\_\_\_ No \_\_\_\_\_ (*\*Your answer will not affect your application.*)

**Signature of applicant or guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_