



Generously supported by Vancouver Foundation

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LETTER OF INQUIRY: Family Independence Fund (FIF)

Please note: Only residents of B.C. are eligible for FIF grants

The Family Independence Fund supports a child/relative who has a **developmental disability***, defined as:

- Low IQ
- Manifests before the age of 18
- Concurrent with impaired adaptive functioning

Applicant:(the parent/relative of the individual) Mr./Mrs./Ms.

Address: _____ **City:** _____ **B.C. Postal Code:** _____

If you are applying for funding a home renovation, please check **one** that applies to you:

Home Owner **OR** Tenant (Lease/Rent)

Tel: _____ **Fax:** _____ **E-mail:** _____

Full name of the person with disability: _____

Birth date: (mm/dd/yy) _____ **Age** _____

Relationship: (*son, daughter etc. If different surname, please clarify*): _____

Please check the appropriate boxes:

I have read the eligibility guidelines (<http://www.givinginaction.ca>)

The family member with a disability currently resides with me full-time. If not full-time, please explain.

This grant would be used to increase accessibility to home and community for my child/relative (home renovations and/or expenses related to wheelchair-accessible vehicle)

Grant Request

Grants from the Family Independence Fund will represent a contribution, rather than full funding.

Please complete EACH of the following sections:

Estimated Total Request \$ _____ Your Contribution \$ _____

I have applied for funding for this project from other sources (i.e. Variety, President's Choice, At Home Program)

Yes **No** If yes: I applied for \$ _____, from _____ I have received: \$ _____

I applied to the Victoria Foundation's Community Living Restructuring Fund

Yes **No** If yes: I received \$ _____, for _____

Proposed Project

Please limit your response to the spaces provided below

Please provide an outline of your project containing the following information:

1) How will the grant be used?

2) How will the grant enhance the life of your child/relative long-term?

3) Tell us about your child/family member and the nature of his/her disability.

4) Please read and sign below

I certify that this information in this Letter of Inquiry (LOI) is true and complete to the best of my ability.

I understand that this LOI determines fund eligibility and is **NOT** an application to the Family Independence Fund. If a full application is requested, a letter of support from an appropriate professional (i.e. doctor, therapist, social worker) will be required.

I acknowledge that for the purpose of determining funding eligibility Community Living BC may be contacted.

Grant Applicant's Signature: _____

Date: _____