



Generously supported by Vancouver Foundation

GRANT ID: \_\_\_\_\_  
For Office Use Only

**LETTER OF INQUIRY: Children & Youth with Special Needs Fund (CYSN)**

ALL fields are required. Your request will not be considered if information is missing.

The Children and Youth with Special Needs Fund supports a child or youth (under 19) who has Special Needs.

Please confirm the following:

- My child/relative has challenges in one or more of the following areas: health, cognition, communication, social, behavioral, self-help.
- My child/relative does NOT have a developmental disability defined as: low IQ, manifesting before the age of 18, and concurrent with impaired adaptive functioning.

(If your child also has a developmental disability, please apply to the Family Independence Fund. Do not use this form.)

**Contact Information**

Note: Only residents of B.C. are eligible for CYSN grants

Applicant: (parent/relative) Mr./Mrs./Ms. \_\_\_\_\_  
First Name Last Name

Address \_\_\_\_\_ B.C. \_\_\_\_\_  
City Postal Code

Telephone Number \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Name of the person with special needs \_\_\_\_\_ Birth date: (mm/dd/yr) \_\_\_\_\_ Age \_\_\_\_\_

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

**Eligibility Guidelines**

Please confirm the following:

- I have read the eligibility guidelines: [www.givinginaction.ca](http://www.givinginaction.ca)
- I have attached the Letter of Support Form, which was completed by an appropriate professional (i.e., doctor, therapist or social worker). Find the form at this link: [www.givinginaction.ca/applicationprocess/letterofinquiry.htm](http://www.givinginaction.ca/applicationprocess/letterofinquiry.htm)
- My family member with special needs currently resides with me full-time.

If not full-time, please explain the living arrangement.

**Grant Request**

Grants from the Children and Youth with Special Needs Fund will represent a contribution, rather than full funding.

How much will you require from Giving in Action? \$\_\_\_\_\_ (Your estimated total CYSN grant request)

Are you able to contribute financially to this project?  Yes  No

If not, how will you fund this project/purchase?

Are you eligible for funding from other sources (e.g. Variety, President's Choice, At Home Program)?  Yes  No

## Grant Request (continued)

Have you applied for funding for this project from other sources (e.g. Variety, President's Choice)?  Yes  No

1) \$ \_\_\_\_\_  
Amount you applied for      Name of the Organization      Status (pending, approved, or declined?)

2) \$ \_\_\_\_\_  
Amount you applied for      Name of the Organization      Status (pending, approved, or declined?)

At the application stage, you will need to provide the dates your application(s) were submitted to other funders.

Yes, I am applying for funding for a home renovation. I am a:

home owner OR  tenant (lease/rent)

Yes, I am applying for funding for a wheelchair accessible vehicle to be purchased from a:

licensed dealer OR  private sale OR  not yet determined

## Proposed Project

Please limit your response to the spaces provided below.

1) What are you requesting the funds for? And how will the purchase/project improve your child/relative's life?

2) Tell us about your child/relative and the nature of his/her special needs.

Please read and sign below

I certify that the 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 Children and Youth with Special Needs Fund.

I acknowledge that the Ministry of Children and Family Development may be contacted regarding this LOI.

Grant Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Mail or Fax to: Giving in Action, Suite 1200-555 West Hastings St, Box 12132 Harbour Centre, Vancouver, BC V6B 4N6  
T 604.683.3157 F 604.683.3134 Toll Free 1-866-523-3157