

LETTER OF INQUIRY: Family Independence Fund (FIF)

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

Please complete each of the following sections (any missing information will delay your request)

Contact Information

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

Applicant: (parent/relative) Mr./Mrs./Ms. _____

First Name Last Name

_____ B.C. _____

Address City Postal Code

Telephone Number Fax E-mail

Full Name of the person with disability Birth date: (mm/dd/yr) Age

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

Eligibility Guidelines

Please check the appropriate boxes:

- My family member has a developmental disability and is eligible for Community Living BC services
- My family member with a disability currently resides with me full-time

If not full-time please explain the living arrangement

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 Family Independence Fund. (NOTE: If your LOI is approved, a full application will be sent to you. Applications require a letter(s) of support from appropriate professionals (i.e. doctor, therapist, social worker) and other supporting documentation).

I acknowledge that Community Living BC and/or Ministry of Children and Family Development may be contacted to confirm eligibility.

Grant Applicant's Signature: _____ Date: _____

OVER

Grant Request

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

\$ _____
Your Estimated Total FIF Grant Request

\$ _____
Your Estimated Contribution

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

If yes:

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?)

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

Home Owner OR Tenant (Lease/Rent)

If you are applying for funding for a **vehicle**, where are you planning to purchase the vehicle from?

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 disability

Please Mail or Fax to: Giving in Action, Suite 1200-555 West Hastings St, Box 12132 Harbour Centre, Vancouver, BC V6B 4N6
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