

**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

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

**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

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

\_\_\_\_\_ Age \_\_\_\_\_  
 Full Name of the person with disability Birth date: (month/day/year)

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.
- 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 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.

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: \_\_\_\_\_

## Grant Request

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

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

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

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

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

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?)

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 disability.

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