



CEREBRAL PALSY SUPPORT NETWORK

strength through connection

CEREBRAL PALSY SUPPORT NETWORK MEMBERS TRUST FUND

The Cerebral Palsy Support Network (CPSN) is an incorporated statewide, self-help public benevolent institution. A Board of Management administers the Cerebral Palsy Support Network Inc. Board members are volunteers who have Cerebral Palsy themselves, have a family member with Cerebral Palsy or have an interest in Cerebral Palsy. CPSN is able to offer its members the opportunity to apply for grants of up to \$500. The purpose of the grants is to directly support an individual with Cerebral Palsy. Members are encouraged to apply for something that would enhance their life. The CPSN would like their members to be creative with this funding.

Requests could include for example, drama lessons, sporting equipment; musical instruments- the possibilities are endless.

To encourage sponsorship and further grant opportunities, successful grant recipients must be willing to have their story used in promotional material, sponsorship proposals via power point or video etc

2010 GRANT APPLICATION GUIDELINES

**Grant applications open on the
1st September and close on 31st October 2010.**

Decisions will be made by 30 November 2010.

All applicants will be notified of the outcome of their application by 18th December 2010.

Applications to the Cerebral Palsy Support Network (CPSN) should meet the following criteria:

- Applicants must be a member of the Cerebral Palsy Support Network and have joined at least 12 months prior to opening of grant applications.
- Applicants must be an individual with Cerebral Palsy or a parent/guardian applying on behalf of an individual with Cerebral Palsy.
- Priority will be given to applicants who have not received funding in the previous year.
- Grants from the Cerebral Palsy Support Network (CPSN) must be spent in Australia.
- All grant recipients must be Australian citizens or have permanent residency.
- Items eligible for funding via the Victorian Aids and Equipment Program are not eligible however gap funding may be considered.
- Payments by the CPSN will be only made directly to the supplier /service provider or as a reimbursement of costs incurred by the applicant or individual upon presentation of an original receipt. An estimation of the cost of the item/service is required to be provided with the application.
- Items must be purchased after approval has formally been received in writing
- The grant process does not require documentation from professionals such as doctors or therapists.
- Funding will be provided to individuals only. No funding will be provided to groups, charities or Associations.
- The Cerebral Palsy Support Network (CPSN) will require a brief report on the use of these funds. This must include a photo and a paragraph on the benefits to the applicant.
- All applicants will be informed of their success or otherwise, and the timing of grants is completely at the discretion of the Cerebral Palsy Support Network (CPSN).
- Lobbying of Board members, panel members, or staff will result in automatic disqualification of the application.
- All decisions are final and no correspondence will be entered into regarding the status of applicants during and after the application process.
- Applications may be submitted by mail, email or fax.

CEREBRAL PALSY SUPPORT NETWORK MEMBERS TRUST FUND: 2010 APPLICATION FORM

All information provided in submissions is considered confidential and will be handled in line with the CPSN Privacy Policy. Members may contact the office if they have any questions or need assistance in completing their application.

SECTION 1

Name of person completing this application:

First Name: _____ Surname: _____

Applicant - ***Please go to section 2***

If completing on behalf of the applicant - ***Please complete details below***

Relationship to applicant: _____

Are you this person's legal guardian: Yes No

Your contact details Email: _____

Telephone: () _____ Mobile: _____

SECTION 2

PERSONAL DETAILS:

Name of Intended Recipient: First Name: _____

Surname: _____

Date of Birth: ____ / ____ / ____

Address: _____

_____ State: _____ Postcode: _____

Telephone: () _____ Fax: () _____

Email: _____

What is your diagnosis and how does it affect you? _____

Tell us what you would like to use your grant money for and how it would enhance your life?

I AGREE TO THE FOLLOWING:

- To abide by the decision of the CPSN.
- To be contacted by a member of the panel for further information to assist with the selection process.
- If successful in this application, to be willing to have my story and image used in promotional material, sponsorship proposals etc.

CHECKLIST

- Membership before 31st August 2009
- Estimate or quote for cost of purchase
- Contact details complete

SIGNED: _____

PLEASE PRINT NAME: _____

DATE: ____ / ____ / ____

If the applicant is under 18 years or is unable to sign, the guardian is required to sign on behalf of the applicant.

SENDING APPLICATIONS

MAIL:

Address your application to:
**Cerebral Palsy Support Network (CPSN)
Grant Applications
86 Herbert Street
Northcote VIC 3070 Australia**

EMAIL:

mtf@cpsn.info
Subject: 2010 Grant Application

FURTHER INFORMATION:

Application forms and guidelines are available from the Cerebral Palsy Support Network website - **www.cpsn.info**

**Cerebral Palsy Support Network (CPSN)
86 Herbert Street
Northcote VIC 3070 Australia**

**Ph: (03) 9445 7488
Fax: (03) 9445 7489
Email: mtf@cpsn.info**

Office Use Only	Yes/No
ELIGIBLE APPLICANT	
PAST RECIPIENT (YEAR)	
FURTHER INFORMATION REQUIRED. IF YES, DETAILS	
SUCCESSFUL	
APPLICANT INFORMED	