



Maple Ridge Community Chest Application Form Phase 2

Designated referral agencies, part of the Maple Ridge Community Chest Pilot Project, are eligible to make submissions for the grant.

Please complete this application form, including the eligibility checklist with supporting documents, and fax or email to the pilot project's host agency, Maple Ridge/Pitt Meadows Community Services.

This application form must be signed by the applicant and the contact person for the designated referral agency prior to consideration. Please note that the application will be considered subject to the availability of funds.

Fax: 604.463.2988 or email: krogge@comservice.bc.ca and tcamire@comservice.bc.ca

APPLICATION INFORMATION

Name of Applicant: _____

Telephone: _____

Address: _____

Date of birth: _____

How many adults reside in your home?

How many children reside in your home?

Ages of children in home? _____

Previous application:

No

Yes If yes, when was the application and how much was approved?

In consideration for any assistance delivered through this pilot project; I, the Applicant, provide irrevocable permission for the Maple Ridge Community Foundation and Maple Ridge Community Chest to use my story, with names and contact information removed, for promotional purposes.

Yes Applicant's initials _____

In consideration for any assistance delivered through this pilot project; I, the Applicant, hold harmless and release the Maple Ridge Community Foundation and Maple Ridge Community Chest, including its directors, officers, employees, agents and associated agencies from any and all demands, claims, liabilities, suits and action of any kind what so ever. In no event will the aforementioned be liable to any person or entity whether in contract, tort (including negligence), equity or otherwise for any expenses, costs, damages, losses, injuries or death of any kind for any reason what so ever arising in any way from the provisions of assistance (be it financial, services, goods, or otherwise) delivered as a result of this application.

Yes Applicant's initials _____

Yes I have explored & approached all other sources of funding including: family members, government, ministry, other _____

Applicant Signature _____

Dated _____



Reason for request – Please provide a brief explanation:

Impact and difference to my situation because of the funding:

Shelter

- Rent
- Warmth (hydro, gas, power)

Security of Livelihood

- Appropriate work-related attire
- Transportation (bus fare, car repairs, etc.)
- Access to tools/resources

Safety

- Household repairs that affect safety
- Specialized furniture
- Supplies or materials to ensure health (i.e. dealing with lice or bedbugs)

Health

- Specialty foods required (i.e. diabetes)
- Unfunded medication
- Dental care
- Vision care

Other

Referring Agencies

- | | |
|--|---|
| <input type="checkbox"/> Maple Ridge/Pitt Meadows Community Services | <input type="checkbox"/> Westcoast Family Centres |
| <input type="checkbox"/> Ridge Meadows Child Development Centre | <input type="checkbox"/> Salvation Army |
| <input type="checkbox"/> Family Education and Support Centre | <input type="checkbox"/> Ridge Meadows Association for Community Living |

REFERRING AGENCY INFORMATION

Name of Designated Referral Agent: _____

Frontline Worker: _____

Date: _____

Supporting documentation attached Yes No

Signature of Designated Referral Agent: _____

HOST AGENCY INFORMATION

Host Agency Contact Person: _____

Approval: Yes No

Amount Given: \$ _____

Date: _____

Signature of Host Agency Designate: _____

