



Canadian Deaf Blind Association Alberta Chapter

REQUEST FOR FUNDING APPLICATION

Date of Request: _____

Name of Individual who is Deafblind: _____

Street Address: _____

City: _____ Postal Code: _____

Telephone Number: () _____

Date of Birth: _____

Name of Individual Making Request
(If different from above): _____

Relationship to Deafblind Individual: _____

Was the Deafblindness present at birth? YES NO

If NO, at what age was the Deafblindness identified? _____

Are the Deafblind individual and/or his/her family a member
of the Canadian Deafblind Association - Alberta? YES NO

Purpose or nature of the requested funds (adaptive equipment, workshops or conferences etc.)

Total Purchase Price: \$ _____

Total Amount of Funding Requested: \$ _____

When is the money required by? _____

Intervention requests (list the reason(s) that you are requesting intervention)

Hours requested: _____ hours

Total amount requested \$ _____

If funds required for travel please include the following information with application:

Letter of invitation / copy of registration form
Detail daily schedule

Identify any alternate funding agencies involved or approached:

Government Funding Source: _____

Municipal Social Services: _____

Private Insurance: _____

Service Clubs: _____

Other Agencies: _____

Equipment or Service Supplier Name:

Contact Person: _____

Street Address: _____

City: _____ Postal Code: _____

Telephone: () _____

Fax: () _____

Equipment or Service Supplier Name:

Contact Person: _____

Street Address: _____

City: _____ Postal Code: _____

Telephone: () _____

Fax: () _____

Pre-approval guidelines for requests
Completed by and forwarded to committee: _____

Dated: _____

**Mail to: CDBA-AB
P.O. Box 89006
Calgary, AB. T2Z-3W3**

To be completed by CDBA – Alberta Funding Approval Committee:

Amount Requested: \$ _____

Amount Approved: \$ _____

Date Requested: _____

Date Approved: _____

Reason for partial funding or rejection:

