

Grant Application for Members



To enhance the lives of people with Cerebral Palsy in New Zealand

A) Guidelines for Applicants

- The purpose of this grant is to assist people with Cerebral Palsy to obtain items or services that mitigate the effects of living with CP.
- Grants should assist a person's independence and / or quality of life, or in the case of a child, also that of the parents / family.
- Grants up to \$1,500 will be considered. However, applications over this amount are subject to scrutiny.
- Grants are available to people resident in NZ, having NZ citizenship or permanent residency. The grant must benefit a person (or people) with cerebral palsy.
- The recipient of the grant must be a member of the Cerebral Palsy Society. No retrospective funding will normally be considered.
- Items normally funded by Government will not be considered.
- Members who have been members for a longer time will be prioritised.
- Members are requested not to apply for a grant more than once every two years.
- Please complete this form correctly (not just write "see attached").

B) Details of Intended Recipient of Grant

Name _____ Membership Number _____

Date of birth _____ GMFCS **1 2 3 4 5** (see page 3 or the website)

Employment status Not employed Part Time Full Time

Name of person filling out application form _____

(If different from recipient, what is relationship to recipient? _____ Phone _____

C) Contact Information for Queries & Notification Purposes

Mailing Address _____

_____ Phone (_____) _____

Mobile _____ Email _____

D) Eligibility

- 1) Is the intended recipient a NZ citizen or has permanent residency? Yes No
- 2) Does the intended recipient have Cerebral Palsy? Yes No
- 3) Is the intended recipient an financial member of the Society? Yes No

(If you answered 'No' to questions 1, 2 or 3 above, please explain any extenuating circumstances that may result in this application being considered (attach seperate sheet with explanantion)

E) Funding Request

Amount of funding sought: \$ _____ Does amount include GST?: Yes No

Suppliers quotation(s) attached?: Yes No

Explanation of what grant is for and how it will benefit recipient: (use reverse of this sheet if insufficient space below)

F) Trialed or Supported

If your application is for a medical product or piece of equipment, a support letter is required from a suitably qualified health professional.

Letter from a health professional enclosed

Yes

No

If this application is for equipment, has this item been trialed

Yes

No

or it has the support of a professional (ie Physio/OT/etc)?

Yes

No

If No to both, please comment _____

G) Other Funders Approached

Have you applied to other funders for what is being sought in this application?

Yes

No

If Yes, please give details as to whom and how much _____

H) Government Funding

Does the NZ Government normally provide funding for what is being sought?:

Yes

No

Please give details regarding your answer _____

I) Letters of Support

All applications should have two support letters - one should come from a family member or close friend who knows the the applicant's circumstances.

Letter(s) of support attached?: Yes

No

Number of letters attached _____

J) Previous Applications to the Society

Has the intended recipient be given a grant by the Society in the last 24 months?

Yes

No

If Yes, please give brief details/dates _____

K) Permission to share this information

If the Society considers it appropriate to approach other funders to assist with funding this application, does the applicant give permission for the Society to do so, and allow the Society to disclose information in this application?

Yes

No

The Society may wish to share your story on our website or in our review magazine, does the applicant give permission for the Society to do so?

Yes

No

L) Declaration

The intended recipient agrees that the information presented in this application is true and accurate.

The intended recipient agrees that if this application is successful then:

- funds granted will be spent only for that purpose stated in this application.
- if funds turn out to be in excess of requirements, then this excess will be returned.

I, the intended recipient, am in agreement with this declaration:

Signature or mark of recipient (or Power of Attorney. Filling out name electronically below is equivalent to signing)

Dated _____

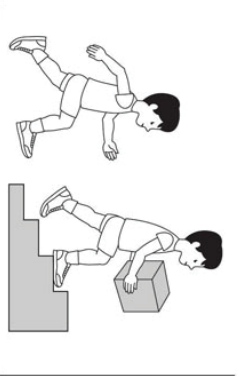
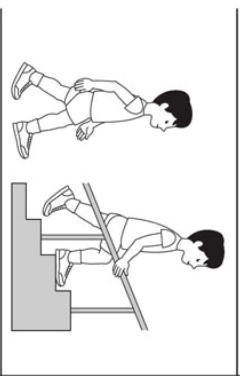
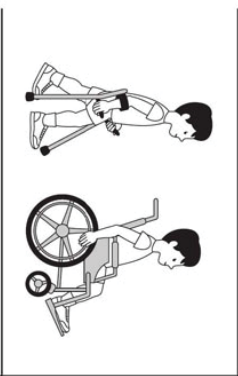
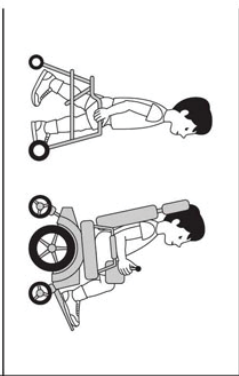
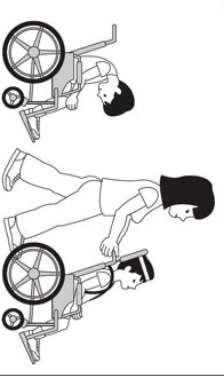
General Information

- Applications are usually considered on a monthly basis, with notification shortly thereafter.
- A maximum of ten applications will be considered every month.
- If successful the Society prefers to pay the supplier directly.
- The Society may specify conditions under which the funding is given. These will be conveyed to the recipient for agreement, prior to funding being given.
- The decision of the Grants Committee is final and no correspondence will be entered into.

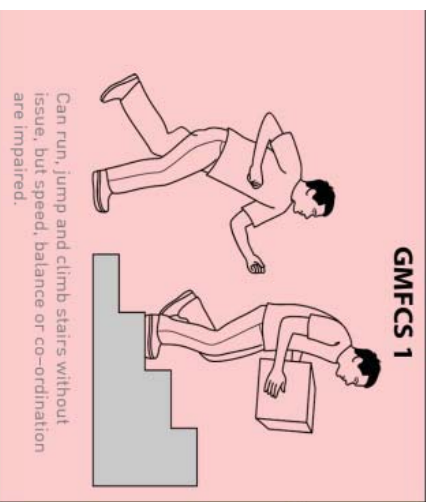
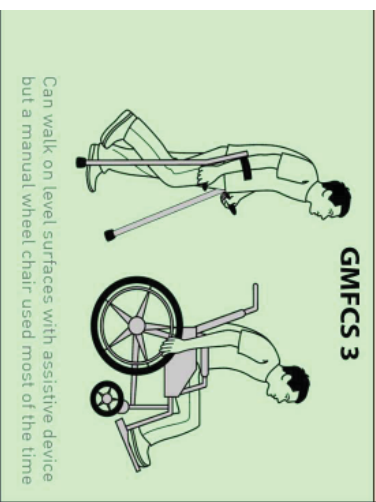
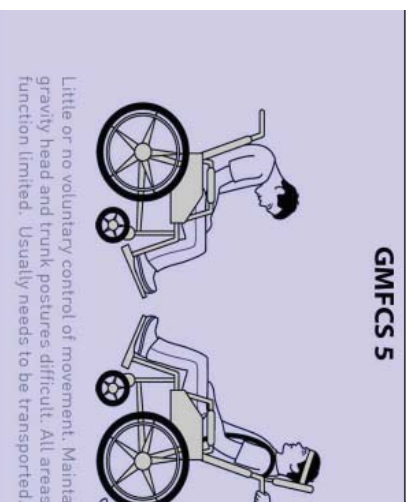
Email or post this form to: Cerebral Palsy Society of NZ, PO Box 24759, Royal Oak, Auckland 1345

0800 503-603 • www.cpsociety.org.nz • cpsociety@cpsociety.org.nz

Children GMFCS Levels

	<p>GMFCS Level I</p> <p>Children walk indoors and outdoors and climb stairs without limitation. Children perform gross motor skills including running and jumping, but speed, balance and co-ordination are impaired.</p>
	<p>GMFCS Level II</p> <p>Children walk indoors and outdoors and climb stairs holding onto a railing but experience limitations walking on uneven surfaces and inclines and walking in crowds or confined spaces.</p>
	<p>GMFCS Level III</p> <p>Children walk indoors or outdoors on a level surface with an assistive mobility device. Children may climb stairs holding onto a railing. Children may propel a wheelchair manually or are transported when traveling for long distances or outdoors on uneven terrain.</p>
	<p>GMFCS Level IV</p> <p>Children may continue to walk for short distances on a walker or rely more on wheeled mobility at home and school and in the community.</p>
	<p>GMFCS Level V</p> <p>Physical impairment restricts voluntary control of movement and the ability to maintain antigravity head and trunk postures. All areas of motor function are limited. Children have no means of independent mobility and are transported.</p>

Adults GMFCS Levels

	<p>GMFCS 1</p> <p>Can run, jump and climb stairs without issue, but speed, balance or co-ordination are impaired.</p>
	<p>GMFCS 2</p> <p>Can walk and climb stairs using a rail but issues with walking on uneven or inclined surfaces or walking in crowds or confined spaces.</p>
	<p>GMFCS 3</p> <p>Can walk on level surfaces with assistive device but a manual wheel chair used most of the time</p>
<p>GMFCS 4</p> <p>Capable of walking with a walking frame but mostly relies on wheeled mobility at home and when out.</p>	<p>GMFCS 5</p> <p>Little or no voluntary control of movement. Maintaining anti-gravity head and trunk postures difficult. All areas of motor function limited. Usually needs to be transported.</p>
<p>GMFCS Gross Motor Function Classification Scale</p> <p>This scale was originally designed to classify children with cerebral palsy according to their gross motor function. The Society has extrapolated this scale beyond children so that information gathered in our research, 'CP through the Life Span', will allow our members to relate the research data for people in a similar GMFCS group to themselves.</p>	