



# 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. Following the success of successful fundraising events, CPSN is able to offer its members the opportunity to apply for grants of up to \$500. The purpose of the grants are 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.

The CPSN would like to extend the opportunities to our members to benefit from these grants. To encourage sponsorship and further grant opportunities, successful grant recipients must be willing to have their story used in promotional material, sponsorship proposals etc.

### 2009 GRANT APPLICATION GUIDELINES

**First round Grant applications open on the 1st September and close on 31st October 2009.**

Decisions will be made by 30 November 2009. All applicants will be notified of the outcome of their application by 18th December 2009.

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

- Applicants must be an individual with, or parent/guardian applying on behalf of an individual with cerebral palsy.
- Applicants must be a member of the Cerebral Palsy Support Network.
- 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 to be funded under the Victorian Aids and Equipment Program are not eligible for this grant.
- Payments by the CPSN will be only made directly to the supplier /service provider.

- 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 brief report on the use of these funds. This may 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 Committee members and or panel members 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 or email.

# CEREBRAL PALSY SUPPORT NETWORK MEMBERS TRUST FUND: 2009 APPLICATION FORM

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

## SECTION 1

Name of person completing this application:

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

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

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 disability and how does it affect you? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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Tell us what you would like to spend up to \$500 on and how it would enhance your life?

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### 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 used in promotional material, sponsorship proposals etc.

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:

**Kim.Henderson@cpsn.info  
Subject: 2009 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: cpsn@cpsn.info**