***ROB MCLANDRESS MAKE A DREAM COME TRUE FUND***

**2019**

**PURPOSE**

1. To honour the bequest given to Community Living Chatham-Kent by Father James Williams.

2. To honour Rob McLandress.

3. To annually provide two people who have intellectual disabilities the opportunity to fulfill a dream in their lives.

4. Two $1000.00 awards will be presented.

5. To promote inclusive communities.

**CRITERIA**

1. Candidates must reside in Chatham-Kent.

2. Candidates must have an intellectual disability.

3. Candidates do not have the funds to fulfill their dream.

**PROCESS**

1. Applications will be accepted from February 1st to March 31st of each year.

3. A Review Committee will be established to review, prioritize, and make recommendations for funding applications.

4. The Review Committee will consist of one direct support professional, one manager, one person supported by Community Living Chatham-Kent, and one Board member.

**DISCLAIMER:** Confidentiality requires that all personal information (including names and addresses) regarding a person receiving services, or making application to a fund, remains private. Information will not be shared with anyone who is not directly involved with that person.

Applications are held in confidence with Community Living Chatham-Kent for up to two years.

5. All candidates will be notified in April of each year of the outcome.

6. Successful candidates will receive their award during Community Living Month.

7. Recipients will participate in a media event announcing the awards with members of the McLandress Family and/or representatives from Community Living Chatham-Kent.

# How to Send?

Mail: Community Living Chatham-Kent

Rob McLandress Make a Dream Come True Fund

PO Box 967

650 Riverview Drive, Unit 2

Chatham, Ontario N7M 5L3

Fax: 519-352-5459

Electronic File: Visit us at [www.clc-k.ca](http://www.clc-k.ca) to complete an online application and email to tchouinard@clc-k.ca.

**2019 APPLICATION**

***ROB MCLANDRESS MAKE A DREAM COME TRUE FUND***

**DISCLAIMER:** Confidentiality requires that all personal information (including names and addresses) regarding a person receiving services, or making application to a fund, remains private. Information will not be shared with anyone who is not directly involved with that person.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please feel free to add additional pages as required.*

1. What is your dream? Please be as detailed as possible. If required, please feel free to attach an additional page to the application.

2. What plans have you made towards your dream?

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3. How will the money help you to achieve the goals of your project?

 Short-term goals:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Long-term goals:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Have you done anything like this dream in prior years? Yes \_\_\_\_ No \_\_\_\_\_ Please explain.

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5. Applicant Information:

Current Funding Received:

* Assistance for Children with Severe Disabilities (ACSD)
* Special Services at Home (SSAH)
* Respite Funding
* Passport Funding
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social:

* Involved in organized sports
* Involved in a social group
* Involved in arts
* Involved in service clubs
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family:

* # of persons in household, including applicant
* Single parent
* Any other information you would like to share: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Support:

 Do you require assistance to help you participate in your project?

* No
* Yes

 If yes, do you have a paid support staff from a service agency?

* No
* Yes

 If yes, do you have a private worker?

* No
* Yes

6. Budget:

Please see *sample* budget for reference. Please complete the blank budget form and submit with the full application.

## SAMPLE BUDGET

**Sample of Workshop Request: “The Smith Family”**

|  |  |  |
| --- | --- | --- |
| **Budget Item** | **Amount** | **Sub-Total** |
| **Event / Item Expenses** |  |  |
| Toronto City Pass Experience: Entry fees to CN Tower, Casa Loma, ROM, Ripley’s Aquarium, Toronto Zoo | 2 adults @ $72 each |  |
| **Total Event / Item Expenses** |  | **$144** |
| **Personal Expenses** |  |  |
| Hotel Accommodation: Best Western, double room – two night stay | $400 |  |
| Food | $300 |  |
| **Total Personal Expenses** |  | **$700** |
| **Travel** |  |  |
| Gas | $200 |  |
| **Total Travel Expenses** |  | **$200** |
| **TOTAL EXPENSES** |  | **$1044** |
| **Personal Contribution** | $44 |  |
| **TOTAL REQUEST:** |  | **$1000** |

**Sample of Equipment Request: “Joe”**

|  |  |  |
| --- | --- | --- |
| **Budget Item** | **Amount** | **Sub-Total** |
| **Event / Item Expenses** |  |  |
| Driver’s Education course | $800 |  |
| Highway Package | $125 |  |
| Road Test Package | $200 |  |
| **Total Event / Item Expenses** |  | **$1125** |
| **Personal Expenses** |  |  |
| N/A |  |  |
| **Total Personal Expenses** |  | $0 |
| **Travel** |  |  |
| N/A |  |  |
| **Total Travel Expenses** |  | **$0** |
| **TOTAL EXPENSES** |  | **$1125** |
| **Personal Contribution** | $125 |  |
| **TOTAL REQUEST:** |  | **$1000** |

|  |  |  |
| --- | --- | --- |
| **Budget Item** | **Amount** | **Sub-Total** |
| **Event / Item Expenses** |  |  |
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|  |  |  |
| **Section A - Total Event / Item Expenses** |  |  |
| **Personal Expenses** |  |  |
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|  |  |  |
|  |  |  |
| **Section B - Total Personal Expenses** |  |  |
| **Travel** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Section C - Total Travel Expenses** |  |  |
| **TOTAL EXPENSES (Cumulative of A, B, C sections)** |  |  |
| **Personal Contribution** |  |  |
| **TOTAL REQUEST:** |  |  |

# BUDGET