***ROB MCLANDRESS MAKE A DREAM COME TRUE FUND* 2023**

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 people who have diverse abilities the opportunity to fulfill a dream in their lives.
4. Three $1000.00 awards will be presented.
5. To promote inclusive communities.

CRITERIA

1. Candidates must reside in Chatham-Kent.
2. Candidates must have a diverse ability.
3. Candidates do not have the funds to fulfill their dreams.

PROCESS

1. If assistance is required completing this form, please contact a family member, friend, or CLC-K staff member.
2. Applications will be accepted from **February 21 to April 14, 2023.**
3. A Review Committee will 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.
5. All candidates will be notified in April of each year of the outcome.
6. Successful candidates will receive their awards during Community Living Month.
7. Recipients, members of the McLandress Family, and/or representatives from Community Living Chatham-Kent will participate in a media event announcing the awards.

DISCLAIMER: *Confidentiality requires that all personal information (including names and addresses) regarding a person accessing 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.

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

Email: Nroeszler@clc-k.ca

2023 APPLICATION

ROB MCLANDRESS MAKE A DREAM COME TRUE FUND

DISCLAIMER: Confidentiality requires that all personal information (including names and addresses) regarding a person accessing 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:

Telephone: Ext. Email:

Medical Diagnosis:

Form Completed by:

Contact Phone: Ext. Email:

Date:

Please feel free to add additional pages as required.

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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:

a)
b)
c)

Long-term goals:

a)
b)
c)

4. Have you done anything like this dream in prior years? Select: Yes ○ No ◉ Please explain.

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:

- ☐ Number 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?

Please select one - Yes ○ No ◉

If yes, do you have a paid support staff from a service agency? Yes ◉ N/A ○

If yes, do you have a private worker? Yes ○ N/A ◉

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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**

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BUDGET

Budget Item	Amount	Sub-Total
Event / Item Expenses		
Section A - Total Event / Item Expenses		$ 0.00
Personal Expenses		
Section B - Total Personal Expenses		$ 0.00
Travel		
Section C - Total Travel Expenses		$ 0.00
TOTAL EXPENSES (Cumulative of A, B, C sections)		$ 0.00
Personal Contribution		
TOTAL REQUEST:		$ 0.00