

## PERSONAL ASSISTANCE APPLICATION

Foundation File # \_\_\_\_\_

### LODGE REQUIREMENTS

#### Foundation Regulations Appendix A

#### 4. Personal Assistance Applications

- a) It is the responsibility of the Lodge Charities Chair (or Committee) to conduct a complete investigation of each case submitted. If, after investigation the Lodge does not see a need, the application process need not proceed any further.
- b) Include a letter from a doctor or other medical professional giving a detailed estimate of cost and duration of required assistance as well as confirmation of need. When asking professionals for confirmation of diagnosis, advise them that this information will be held in confidence.
- c) Include information on whether any part of the expenses could be met from other sources (such as medical plans or group benefits). Also, have they applied for funding from any other sources not mentioned.
- d) When suppliers or professional people are involved, **Lodge** payment should be made directly to them, with a receipt being obtained and kept for the records. Lodges must receive confirmation of expenditures through receipts with copies being sent to the Foundation Office.
- e) Due to Alberta Gaming Liquor and Cannabis (AGLC) regulations, the Foundation **cannot support travel and accommodation requests**.
- f) Applications for assistance should be submitted to the office before any Lodge assistance is granted. The Lodge should not commit themselves until they have received word from the Foundation. Note: If there is urgency, phone the Foundation Secretary and express the concerns.
- g) In arrangements for publicity, the Foundation shall be acknowledged for their contribution and in cases where publicity is not possible, the recipient shall be informed of the Foundation's contribution.
- h) On each request, the Lodge shall inform the applicant of the decision of the Alberta Elks Foundation Trustees. **Cheques** are made payable from the Foundation to the **Lodge**.

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### PROCESSING TIME FOR APPLICATIONS

If prior approval to use gaming funds is required, AGLC approval time is 5 – 7 business days.

Once the application and **all required information is received** the Secretary will send the information to the Trustees for review.

Once the application is approved or denied the Lodge will be notified by email, the cheque and letter will be mailed.

LODGE INFORMATION	
Lodge Name & Number:	
Mailing Address:	
Contact Name & Phone Number:	
Email:	
GRANT INFORMATION	
Name of Applicant(s):	
Address of Applicant(s):	
Brief description of assistance requested:	
Expected benefit:	
Name of Recipient or Supplier:	
Address:	

## PERSONAL ASSISTANCE APPLICATION

### FINANCIAL REQUEST INFORMATION

Total Donation: \$		Lodge Contribution: \$	
Amount Requested from Foundation:			\$
<input type="checkbox"/> Yes	Lodge Contribution: \$	Foundation Contribution: \$	

### LODGE INVESTIATION REPORT

Medical or Group Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No		How Much: \$
Other Funding: <input type="checkbox"/> Not Available <input type="checkbox"/> Other Funding (complete below): <input type="checkbox"/> Sought <input type="checkbox"/> Acquired <input type="checkbox"/> Pending		
From	Amount	Confirmed Donation
1.	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
2.	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
3.	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
4.	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending

- ☐ Investigation completed by Lodge
- ☐ Letter/Form from Medical Professional confirming need, cost, and duration of treatment
- ☐ Letter authorizing Publication of Grant by Foundation and Lodge
- ☐ Declaration & Agreement Form from Applicant
- ☐ Declaration & Agreement Form from Lodge Officers

An Applicant for Personal Assistance to be made by a Lodge, except where the Applicant is a Lodge Member. In such case the Applicant may apply to the Lodge or directly to the Foundation who will conduct the investigation. All information is considered confidential as provided by any Applicant be it within the Lodge, within the Lodge Committee or at the Foundation Executive.

Date Submitted to Lodge: \_\_\_\_\_

Date Reviewed by Lodge: \_\_\_\_\_

Approved by Lodge: \_\_\_\_\_

***\*\*Please attach any supporting documents you feel pertinent to this application. (Doctor's reports, supplier quotes, etc.)***

## PERSONAL ASSISTANCE APPLICATION

### DECLARATION AND AGREEMENT - LODGE OFFICERS

**LODGE OFFICERS:** We the undersigned hereby make application for financial assistance from the Alberta Elks Foundation as attached and declare:

1. That we have faithfully and diligently conducted our investigation of the Applicant's request and verified that he/she needs Personal Assistance as requested.
2. That any assistance awarded will be used only for the purposes as stated in the application.
3. That we accept all the conditions governing awards as established by the Trustees of the Alberta Elks Foundation.
4. That we make this declaration conscientiously believing it to be true and knowing that it is the same force and effect as if made under oath.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Exalted Ruler/Honoured Royal Lady Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Secretary or Secretary/Treasurer Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

### DECLARATION AND AGREEMENT - APPLICANT

**APPLICANT:** I, the undersigned hereby make application for financial assistance from the Alberta Elks Foundation as attached and declare:

1. That I have faithfully, honestly, and diligently make this request for assistance assuring that the information I have provided is true.
2. That any assistance awarded will be used only for the purposes as stated in the application.
3. That I accept all the conditions governing awards as established by the Trustees of the Alberta Elks Foundation including permission for the Lodge and the Alberta Elks Foundation to publicize their donation as they see fit, within the limits of protecting my/our personal information.
4. That I make this declaration conscientiously believing it to be true and knowing that it is the same force and effect as if made under oath.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Applicant (or for the Applicant): \_\_\_\_\_

Print Name: \_\_\_\_\_

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