



# 4BOYS FUND

## 4BOYS FUND GRANT APPLICATION (Commencement October 1, 2017)

### GRANT APPLICATION REQUIREMENTS

*Intention: The 4Boys Fund is in memory of 4 AARC graduate boys who passed away in 2014 / 2015. It is intended to provide financial support to any AARC graduate requiring additional funding for specialized addiction and/or mental health treatment. Further, to provide funding for grief counselling for the immediate family of the AARC graduate as necessary. The 4 boys, whom this fund is named after, would be very proud to lend support in this fashion.*

#### Structure:

- Inquiries can be made through [4boysfund@aacr.ab.ca](mailto:4boysfund@aacr.ab.ca).
- Annual budget starting October 1<sup>st</sup> set at \$15,000.00/year. Fiscal year October 1st to September 30<sup>th</sup>.
- Each AARC graduate may receive a grant of up to \$750.00 per fiscal year as reimbursement for services from a qualified practitioner or therapist. Alternatively, all or part of this grant money up to \$750.00 per fiscal year is available for a graduated family who requires grief counselling. Upon request, a successful applicant may receive an additional grant of \$500.00 for additional services from a qualified practitioner or therapist, if needed, in the same fiscal year.
- A completed and signed grant application is required to access funds. The application must be supported by a qualified practitioner or therapist, confirming that the applicant would benefit from the services requested in the application (see *Practitioner Certification*).
- Approval of funding will be made by a 4Boys Fund representative with the assistance of the AARC clinical team as needed. Applications will be reviewed by the end of the month in which they are received.
- Reimbursement is for professional services provided to the AARC graduate and/or graduate family only.
- Reimbursement will occur upon presentation of official receipts from a practitioner or therapist showing the name of the AARC graduate and/or graduate family member(s), date of services, type of service received, name and address of practitioner or therapist and invoice amount.
- Reimbursement, in whole or in part, occurs monthly via cheque or E-transfer up to \$750.00.
- Applicants should be approved for the grant prior to incurring professional services that this grant is to be applied to.

#### Applicants:

- For AARC graduates (or family grief counseling for immediate family of graduate).
- Grants shall be for services for addiction and/or mental health treatment.
- For recent grads with an official AARC exit plan, services should attempt to follow recommendations in the exit plan.

### AARC Graduate Information

Applicant Name: _____	Date: _____
Email: _____	Telephone: _____
Address (including postal code): _____	Reimbursement payable to: _____



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## Intent of Services

(Applicant to briefly describe the intent of services)


## Practitioner Certification

I confirm that the above applicant would benefit by the above-described mental health services (see Intent of Services).

Practitioner Name / Signature: \_\_\_\_\_

Professional Qualifications: \_\_\_\_\_

## Consent

The information provided in this application shall be used by the 4Boys Fund parent group and the AARC clinical team only for purposes of assessing the application. The information presented in support of reimbursement for services provided by a practitioner will be used by the 4Boys Fund parent group and the AARC clinical team only for the purposes of assessing requests for reimbursement and for making such reimbursements. We will destroy all information provided as soon as possible upon completion of reimbursement for the services requested in this application (or after assessment of your application, if unsuccessful).

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

## For Office Use Only

Date Received: _____	Date Awarded: _____
Approved By (print name(s)): _____	Approved By: (signature(s)): _____
Notes: _____	Notes: _____