



## Family Relief Grants

The Vancouver Foundation of Art, Justice and Liberty was founded in 1980 and is dedicated to the advancement of education, social welfare, and youth activities. The Family Relief Grants provide financial assistance to families who are in need. The grants are entirely funded by donations to the Foundation.

Priority is given to single parents, families with children under the age of 12, families with children suffering from the bereavement of a parent or parents, and families coping with disabilities.

Grants are available for the provision of shelter (including utilities and essential home repairs), food, clothing, education, healthcare needs, transportation, community recreational programs and childcare.

### Eligibility for Assistance

Any family residing in the Greater Vancouver area in need of assistance is eligible to apply for a grant. Priority will be given to single parents, families with children under the age of 12, families with children suffering from the bereavement of a primary caregiver, and families coping with disabilities.

Assistance cannot be provided over an extended period but can be offered more than once.

### Application Requirements

The application process includes:

- The completion of the VFAJL Family Grant Application;
- A financial needs verification endorsement;
- If requested, the provision of income as well as justification for claimed monthly expenses that are unusual or higher than average;
- Additional information may be required, such as: specialized medical reports, supplier estimates, other possible sources of funding, etc.

Please keep a copy of the application for your records.

To speak with us about the grant, please email to the Foundation at [info@artjusticeliberty.org](mailto:info@artjusticeliberty.org).

## Residency Requirement

The family must reside in the Greater Vancouver area.

## Approval Process

Every application for a grant is considered on the merits of the applicant's circumstances and demonstrated need. A committee of VFAJL Board members and community representatives reviews each application.

The amount of each grant will be determined by the VFAJL with consideration of the applicant's circumstances, needs, and the Foundation's available funds.

A grant can only be given if the assistance, on its own or in conjunction with funds from other sources, will provide a complete and immediate solution to the situation, or contribute to a plan offering reasonable assurance of a long-term solution. The recommended solution must be the most basic and cost-effective remedy available.

Please allow a minimum of 60 days for review of application; processing time will vary depending on the availability of funds.

## Verification of Endorser

The endorser verifies that without VFAJL assistance, the family would not be able to meet its needs. The endorser acts as an objective third party who is familiar with the family and is in a position to assess the social and economic barriers facing the family.

An endorser can be a professional in social work or family services, a school principal or counsellor, a senior administrator, a bank official, a landlord, accountant, lawyer, engineer, architect, law enforcement officer, registered physician, or a priest or pastor.

Endorsers, other than those listed, may be considered if a written letter from the potential endorser outlining the financial need of the family is included with the application

Endorsers cannot be associated with a supplier or organization for which funds are requested and they cannot be a family member.

## **Notification**

Notification of the status of the application will be sent to the applicant as soon as possible. If the application is approved, a copy of the letter of notification may also be sent to the supplier/organization specified on the application.

## **Grant Distribution**

The grant must be used by the applicant for whom the grant was approved; no portion of the grant can be transferred to someone else.

As a rule, grant payments are made by cheque, payable to the applicant and supplier.

## **Privacy/Confidentiality**

VFAJL respects your privacy. We never sell, trade or loan your information to any other organization. Information provided in this application is being collected for the purpose of administering the Family Relief Grant. This information will only be disclosed to VFAJL committee members who need the information to carry out the responsibilities of their job, and to other organizations who may need to be contacted in order to process the application. By completing this application, you agree to have all collected information stored in our files.

## **Submission**

**The application form must be submitted by email to [info@artjusticeliberty.org](mailto:info@artjusticeliberty.org)**

Section 1: Applicant	
First Name:	Last Name:
Mailing Address:	
City:	Postal Code:
Telephone: (    )	Email:
<input type="checkbox"/> Single Parent/Guardian <input type="checkbox"/> Dual Parent/Guardian	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date (YYYY-MM-DD):
Please select if you are one of the following:	<input type="checkbox"/> Indigenous <input type="checkbox"/> Canadian citizen or PR
Has this family received a VFAJL grant before:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of children in home aged <b>0-12</b> at time of application:	
Number of children in home aged <b>12-17</b> at time of application:	
Section 2: Family Circumstances	
Please describe your family and financial circumstances:	

Section 3: Grant Request		
ITEM ( <i>rent, utility bills, repairs, medical expenses, etc.</i> )	SERVICE PROVIDER ( <i>company/organization name</i> )	AMOUNT
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
	TOTAL:	\$

**Please complete the following section. All boxes must be checked for application to be processed:**

- The information presented in this application is true and complete to the best of my knowledge.
- I give the VFAJL permission to contact me.
- I agree to and understand that while VFAJL may provide funding to cover the fees associated with my needs, I will not hold VFAJL responsible, nor will I take legal action under any circumstance against VFAJL or its members (i.e. injury, etc.).

Signature of applicant:	Date:
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Section 4: Financial Verification Endorser	
First Name:	Last name:
Position:	Organization:
Mailing Address:	
City:	Postal Code:
Email:	Telephone: (    )
<p><b>I have thoroughly read and understand the guidelines of the VFAJL Family Relief Grant and agree this applicant meets the guidelines. I believe the family of this applicant has financial need and a grant from VFAJL is essential to meeting the family's needs. I agree to participate in a brief telephone follow-up if required.</b></p>	
Signature of endorser:	Date: