

Funding Application

Disability Awareness Week – Legislative Breakfast 2017

Limited hotel rooms and financial support may be available on a first-come-first-serve basis. This assistance must be requested and approved prior to the event.

Funding Criteria

Selection for funding is based on:

- 👤 Representation of all types of disabilities.
- 👤 Individual(s) or organization(s) requiring travel assistance who would otherwise not be able to attend, or send representation, to the event.
- 👤 Having to arrive the day prior to the event and requiring a hotel room.
- 👤 Impact of the individual's and/or organization's participation on their community.

Applications MUST be submitted to the PCSDP office as soon as possible.

If approved by the DAW co-chair, **payment will be available for pickup at the breakfast.** If your request has been approved but ***you are no longer able to attend***, we request being notified as soon as possible so that another individual can be given consideration.

Complete the following

Request Date: _____ Requested by: _____

Organization: _____

Make cheque payable to: _____

Telephone: (506) _____ Email: _____

Assistance requested: Travel Hotel Room(s)

If requesting Travel, indicate **TOTAL** number of **kilometers** traveled (return trip):

If requesting Hotel Room(s), list the individual attendees and indicate who can share a room (as applicable):

_____ Can share

| | |
|--------------------------|--------------------------|
| No | Yes |
| <input type="checkbox"/> | <input type="checkbox"/> |

 with _____

_____ Can share

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

 with _____

_____ Can share

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

 with _____

_____ Can share

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

 with _____

Will accessible rooms be required?

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

 # of rooms needed _____

Return this completed form to the Premier's Council on the Status of Disabled Persons

Email: daw@gnb.ca

Fax: (506) 444-3001

Mail:

**Disability Awareness Week
c/o PCSDP**

**140 - 250 King Street, PO Box 6000
Fredericton, NB E3B 9M9**