

**SASKATCHEWAN ELKS FOUNDATION CORP.
508 12th Street East, Saskatoon, SK S7N 0H2
REQUEST FOR ASSISTANCE GUIDELINES (08)**

1. All requests for assistance must be sponsored by a Saskatchewan Elk or Royal Purple Lodge, District or the Saskatchewan Elks Association.
2. Before the request can be considered, an application form must be completed and signed by two officers of the requesting body. The Foundation may waive this depending on the circumstances.
3. The financial commitment and involvement of 10% of the sponsoring body shall also be stated on the form. This could be waived by the Foundation Investigating Committee.
4. Requests for funding from the Foundation will only be considered at a meeting of the Foundation Directors or by the Investigating Committee. These meetings are held in October, January, April and June. Completed applications must be in the hands of the Executive-Administrator by the first of the month prior to the meeting if they are to be considered at that meeting.
5. Emergency requests will be forwarded to the Investigating Committee of the Foundation and will be considered at that time.
6. Equipment such as computers, wheel chairs, breathing apparatus, etc., will be purchased by the Foundation for an individual or organization. When at such time this equipment is no longer required by that person, the Foundation expects the equipment to be donated to another individual or organization, such as a local hospital or nursing home, which could use the equipment.
7. Personal Assistance Grants shall not exceed \$3,000 in any one case of the fiscal year of the Foundation. **(2006)**
8. Capital assistant requests over the sum of \$5,000 can only be dealt with and approved by the membership at the annual meeting of the Foundation in June of each year. Grants for Capital Assistance on specific projects will be considered only once in any three (3) year fiscal period. Under Capital Assistance, operating costs of a project shall not be considered. **SUSPENDED 2006**
9. That the Lodge(s) submitting the request have a covering letter accompanying the application. That the lodge(s) submitting the request inform the applicant of the decision of the Foundation.
10. If the applicant is applying for assistance for medical related problems, a letter from their doctor is required.
11. That one years Income Tax Assessment forms of the applicant and their spouse be attached. Failure to include these forms will cause the application to be delayed.
12. If assistance is granted, the cheque will be sent to the Sponsoring Lodge for dispersal. **(2003)**

**APPLICATION FOR PERSONAL ASSISTANCE FROM
THE SASKATCHEWAN ELKS FOUNDATION CORP.**

508 12TH STREET EAST, SASKATOON, SK S7N 0H2 (08)

Phone: (306) 665-1333, Fax: (306) 652-1317 e-mail: skprovelks@sasktel.net
(2008)

FAILURE TO PROVIDE ADEQUATE INFORMATION WILL DELAY PROCESSING

Application Date: _____

Name of Lodge: _____ No. _____

Elks Royal Purple Joint

Secretary: _____

Phone Number: _____

Address: _____

Postal Code: _____

Remember* Information obtained for the making of this application is confidential and should not be discussed in open Lodge.

Name of Applicant _____

Date of Birth _____

Name of Spouse _____

Date of Birth _____

Address _____

Phone Number _____

Postal Code _____

Where Applicable - Parent(s) or Guardian:

Name _____

Occupation _____

Address _____

Nature of Distress (Attach confirmation
from medical/professional authority)

Other Dependents _____

What other sources of funding have been applied for:
 _____ PRIVATE INSURANCE
 _____ GOVERNMENT HEALTH PROGRAMS
 _____ CHARITABLE GROUPS
 (ASSOC.SOCIETIES, CLUBS, ETC.)
 _____ OTHER SERVICE ORGANIZATIONS
 _____ NON-INSURED HEALTH BENEFITS
 _____ OTHER (PLEASE SPECIFY)

Funds Required:

- | | | |
|-------------------|----------|-------------------|
| 1) Equipment | \$ _____ | |
| 2) Medical | \$ _____ | |
| 3) Travel | \$ _____ | |
| 4) Accommodation | \$ _____ | No. of days _____ |
| 5) Other: Specify | \$ _____ | |
| _____ | \$ _____ | |
| _____ | \$ _____ | |

Total Funds required: \$ _____

Less: Gov.'t or other assistance available \$ _____

Less: 10% from Sponsoring Lodge \$ _____

(may be waived by Foundation if Lodge has
a difficulty funding this portion)

Total amount being applied for: \$ _____

LIST CONTRIBUTORS:

_____ \$ _____
 _____ \$ _____

Do you receive coverage from a group medical/dental
plan?
Full _____ Partial _____

WHAT PERCENT?

Signature - E.R. /H.R.L.

Signature - Secretary/Invest. Comm.

This application **MUST** be signed by the two members in the above Lodge positions in order to be processed.

MONTHLY FAMILY INCOME

Before Taxes \$ _____
 After Taxes \$ _____
 Child Tax Credit \$ _____
 Employment Insurance \$ _____
 Government Assistance \$ _____
 Other Income:
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
TOTAL MONTHLY INCOME \$ _____

STATEMENT OF ASSETS

Buildings Owned \$ _____
 Land \$ _____
 Machinery \$ _____
 Savings/Bonds/Stocks \$ _____
 RRSP or Other \$ _____
 Vehicle(s) \$ _____
 Recreation Vehicles \$ _____
 Personal Property \$ _____
TOTAL GROSS ASSETS \$ _____

Mortgages or outstanding debt on above assets (please specify):

_____ \$ _____
 _____ \$ _____
 _____ \$ _____

TOTAL NET ASSETS \$ _____

TOTAL MONTHLY EXPENSES

House Payments \$ _____
 Taxes \$ _____
 Rent \$ _____
 Insurance \$ _____
 Loan Payments (including credit cards):
 (State what they are for)
 Bank _____ \$ _____
 Other _____ \$ _____
 _____ \$ _____
 Auto Payments \$ _____
 Auto Insurance \$ _____
 Auto Gas & Oil \$ _____
 Clothing \$ _____
 Food \$ _____
 Utilities & Telephone \$ _____
 Health Insurance \$ _____
 Life Insurance \$ _____
 Medical Expenses (specify):
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 Other Expenses (specify):
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 Entertainment \$ _____
 Child Care \$ _____
 (If not subsidized)
TOTAL MONTHLY EXPENSES \$ _____

STATEMENT OF ACCOUNT:

TOTAL MONTHLY INCOME \$ _____
 LESS TOTAL MONTHLY EXPENSES \$ _____
SURPLUS/DEFICIT \$ _____

****ATTACH A COPY OF THE FAMILIES LAST YEAR (OR MOST RECENT) INCOME TAX ASSESSMENT (S) ****

Certified Correct: _____
 (Signature of Applicant)