

**CDP Consumer Development Program Application**

**A Program of Canadian Mental Health Association 103-1873 Main Street, Penticton BC V2A 5H2**

**For More information contact Bruce @ 778-559-1832**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**City/Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do You Qualify?**

Funding is provided to consumers for projects/activities that empower those with serious and persistent mental illness to grow stronger, gain new skills and develop their talents so that they are able to do more things, get closer to employment, or encourage and maintain their mental wellness. The projects/activities may be individual or group oriented and must be a component of an established rehabilitative plan as developed with your Mental Health worker or clinician.

**Consumer must be at the meeting to present their Application or can have someone represent them, Example: Program Coordinator, family member, friend, worker etc..**

**Please answer the following questions: (please circle)**

1. As a consumer do you have a mental illness? YES NO
2. Is the activity that your requesting funding for part of YES NO

your rehabilitation?

1. Have you approached and been denied other sources of

Funding {Example: Social Services, College Grant ect…} YES NO

If (YES) Please indicate where you applied for funding

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1. What activity are you requesting funding for? (Example: name of course, Please Indicate if this is a group activity (All participants of the group on a separate page and attach to this request)

**Who does this benefit and why?**

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**Please turn over page and continue your application>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>**

Only pre-approved will be covered. No funds will be issued for or in progress projects.Applications must be received and reviewed prior to event or project**.**

**All applications must be received 3 days prior to a CDP meeting.**

Project or Activity Costs (Example: Materials, books etc… If there is more than one item, please have an itemized list or quote for the committee to review.)

We don’t make cheques payable to the applicant all cheques are paid to the business providing the items for purchase or providing the services.

**Please ask business for the name cheques are to be payable to (Example: City Of Penticton ect…)**

**Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Plus, Taxes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**It is the applicant’s responsibility to include all taxes. Only the amount requested will be paid.**

I give the Consumer Development Committee permission to my Mental Health Worker or Clinician for the purpose of verifying information pertaining specifically to my application for consumer funds. I also understand that as a condition of receiving funding, I am required to submit all original receipts and a brief report about the project or activity to the Consumer Development Committee within 1 month of receiving the funds. I acknowledge that if I do not fulfill these requirements I jeopardize my ability to access funds in the future.

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Applicants Signature Date

My Mental Health Worker or Clinician’s Name is:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Mental Health Worker or Clinician’s Name Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_