

1. Applicant Information (information about the person completing this form)

First Name

Last Name

Address

City

Province

Postal Code

Daytime Phone Number

Evening Phone Number

Email

By checking this box, I confirm that I am more than 19 years of age

Initials

2. How did you hear about Labatt Better Together?

Internet / Web Search

Community Agency

Labatt Employee

Other

Labatt Customer

3. Grant Recipient Information

(information about the person who receives the grant/benefits from the grant).

Complete this section if the Recipient is different from the Applicant information above.

First Name

Last Name

Address

City

Province

Postal Code

Daytime Phone Number

Evening Phone Number

Email

Recipient is an employee or immediate family member* of an employee of Labatt.

*Immediate family member = spouse, domestic partner, parents, grandparents, stepparents, siblings, children and stepchildren of the Labatt employee.

Yes

No

4. Recipient Age:

- Less than 5 years 26 - 45 years
- 5 - 15 years 46 - 65 years
- 16 - 25 years 66+ years

5. Is recipient a Canadian resident?

- Yes No

6. Recipient gross annual household income as per Canada Revenue Agency (CRA)

Notice of Assessment in the last taxation year

- Less than \$20,000 \$40,001 - \$60,000 \$80,001+
- \$20,001 - \$40,000 \$60,001 - \$80,000

7. Number of people supported by this household income

8. Request Type (check box)

BASIC ESSENTIALS	Examples (this is not an exhaustive list)
<input type="checkbox"/> To relieve poverty by providing the necessities of life	<p>Clothing & Footwear: Seasonal clothing, boots, shoes, children's clothing, work clothing, outerwear</p> <hr/> <p>Food & Household Needs: Food, blankets, mattresses, cookware, dishes, small appliances, diapers, towels, infant formula, cribs, baby food</p>
<input type="checkbox"/> To promote health by providing medical devices, therapies, support services and assistive devices	<p>Prosthetics, eyewear, medical equipment, special therapies, respite services, Braille materials, physiotherapy</p>
QUALITY OF LIFE	Examples (this is not an exhaustive list)
<input type="checkbox"/> To relieve conditions associated with the aged by providing appropriate support services	<p>Personal care, housekeeping, meals, nursing and transportation</p>
<input type="checkbox"/> To address and prevent problems faced by troubled or disabled youth by providing access to appropriate programs and supplies	<p>Recreation programs, camps, books, art supplies, and athletic programs</p>

9. Requested Grant Amount: \$

\$

This will fully fund your need Yes No

10. Outline the request, providing relevant details on the recipient and/or family situation creating the need for the request.

11. Indicate the ways in which the grant will improve the recipient's quality of life.

12. Provide information on how the grant would benefit the recipient's family, if applicable.

13. If there are ways in which the grant would impact the recipient's community, please describe.

14. Briefly list any other details that are relevant to this grant application.

Confirmation and Consent

- By checking this box, I confirm that everything I have submitted is correct and true, and I agree that if any information provided is found to be false, Labatt Better Together will pursue all rights and remedies available at law or in equity, and I shall pay and reimburse all grants provided and any legal fees Labatt Better Together incurs in pursuing such rights and remedies.

Initials

- By checking this box, I agree that if I or the recipient receive or become eligible for funding of this need through another source, I have an obligation to notify Labatt Better Together and withdraw this application for grant and/or return any grant already awarded.

Initials

- By checking this box, I confirm that I have obtained the consent of the recipient to provide Labatt Better Together the personal information within this submission (including but not limited to financial and medical supporting documentation).

Initials

- By checking this box, I hereby authorize Labatt Better Together to collect, retain, and use the information provided in my capacity as an applicant or potential grant recipient for the purposes outlined herein and as further elaborated upon in the Labatt Better Together Privacy and Use of Information Notice.

Initials

Release and Waiver

I hereby release and indemnify and save harmless **Labatt Better Together** and its subsidiaries, servants, agents, directors, officers, successors, assigns, employees and volunteers from and against any and all expenses related to all claims, demands, liabilities, losses, costs, damages, actions, suits or other proceedings of any nature or kind whomsoever sustained, brought or prosecuted in any manner whatsoever, at law or in equity, relating to this Application for Grant or any resulting funding, including without limitation based upon, occasioned by or attributable to the negligent act or omissions or the wilful or reckless misconduct of the vendor/contractor in the fulfillment of utilizing the funds provided by **Labatt Better Together**.

Labatt Better Together acts solely as a third party funder and as such has no role in prescribing, recommending equipment, selecting a vendor/contractor and in the relationship between the recipient and vendor.

Payment from **Labatt Better Together** is not an acknowledgement that the work or equipment was acceptable. The recipient assumes full responsibility for all risks inherent in accepting funding from **Labatt Better Together**.

- By checking this box, I agree to the Release and Waiver as described above.

Signature Date

Any queries related to the status of your application can be directed to bettertogether@labatt.com
Do not submit this Application for Grant form to the email address.
Application forms will only be reviewed when submitted by mail or courier.

Supporting Documentation

Enclose COPIES of the supporting documentation, as applicable, outlined below.

Please do not submit originals, and remove/black-out any irrelevant personal information (e.g. including SIN) from the documentation.

Required documentation:

- The recipient's Canadian birth certificate or permanent residence card.
- The most recent year's Canada Revenue Agency (CRA) Notice of Assessment (include the Notice of Assessment for all income earners in the household).

Optional documentation:

A letter from a third party (eg. teacher, social worker therapist that knows the recipient) supporting the request.

Required where applicable:

- A dated copy of a medical doctor's letter confirming diagnosis of the recipient's disability, psychological issue, assessment, etc.
- Two estimates from the vendor(s)/service provider(s)/program provider(s) for the cost of the item(s) for which financial assistance is being requested.
- Proof that the recipient has exhausted health insurance coverage or completion of the following certification:

By checking this box, I confirm that the recipient has no health insurance to cover the cost of the item.



Application Criteria

- Applicant must be 19+ years of age
- Recipient must be a Canadian resident
- Recipient must be an individual or family in need of financial assistance related to the types of items supported by Labatt Better Together
- For the Basic Essentials grant type, recipient annual household income must be at or below the “low Income Cut Off before tax” level as defined by Stats Canada (<http://www.statcan.gc.ca/pub/75f0002m/2012002/tbl/tbl02-eng.htm>)
- For the Quality of Life grant type, recipient annual household income must be at or below the “median total income in their province or territory” as defined by Stats Canada (<http://www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/famil108a-eng.htm>)
- Labatt Better Together will provide grants for the following types of needs:

BASIC ESSENTIALS		Examples (this is not an exhaustive list)
To relieve poverty by providing the necessities of life	Clothing & Footwear: Seasonal clothing, boots, shoes, children's clothing, work clothing, outerwear	
	Food & Household Needs: Food, blankets, mattresses, cookware, dishes, small appliances, diapers, towels, infant formula, cribs, baby food	
To promote health by providing medical devices, therapies, support services and assistive devices	Prosthetics, eyewear, medical equipment, special therapies, respite services, Braille materials, physiotherapy	
QUALITY OF LIFE		Examples (this is not an exhaustive list)
To relieve conditions associated with the aged by providing appropriate support services	Personal care, housekeeping, meals, nursing and transportation	
To address and prevent problems faced by troubled or disabled youth by providing access to appropriate programs and supplies	Recreation programs, camps, books, art supplies, and athletic programs	

These are examples only. List is not exhaustive. Grants typically range from \$200 to \$4,000 in value.

Labatt Better Together will not support the following:

- Paying the fee requirement in support of an award application
- Endowments of any kind or multi-year pledges
- Tuition fees
- Price discounts or in-kind donations
- Products of Labatt
- Conferences, banquets, seminars, etc. for groups or individuals
- Religious programs or political organizations or campaigns
- Membership to fraternal clubs, athletic clubs and social clubs or their programs

These are examples only. List is not exhaustive. Grants typically range from \$200 to \$4,000 in value.

Grant Policies

- Recipient must have a permanent residence in Canada.
- Labatt Better Together will not provide grants to the same recipient in consecutive years.
- The level of funding assistance may vary based on the cost of the item and the availability of funds at the time the request is received. Funds available are based on donations received.
- The ability to fund all eligible applications received is conditional on the availability of funds.
- The Application for Grant form and all supporting documentation must be submitted and approved prior to the award being granted.
- If any information is missing or the application is incomplete, it will be returned for completion resulting in a delay in evaluating the request.
- If missing documentation is not provided within **four weeks** of the request from Labatt Better Together, the application will not be processed and will be closed.
- Applications will not be processed without proof of annual household income. If you do not have your most recent Canada Revenue Agency Notice of Assessment contact CRA at 1-800-267-6999, or review <http://www.cra-arc.gc.ca/tx/ndvdl/tpcs/ncm-tx/ssmnt-eng.html>.
- No additional funding for the same piece of equipment will be provided after funding is approved even if: other agencies have not fulfilled their approved funds or changed their funding criteria; items were missed in the quote; increase in size of item; additional items are required for equipment.
- It is the recipient's choice of which vendor is selected. If the services provided cost more than the amount of the grant, the recipient is responsible for paying the difference.
- The recipient is responsible for ordering the equipment or scheduling the service after receiving written approval from Labatt Better Together.
- Payment is made to the vendor, not the applicant/recipient.
- Labatt employees and family members are eligible for grants, under the same conditions as any other applicant.
- **Grant decision-making is a committee process:** Applicants are vetted for eligibility, then eligible applicants follow a review process that includes a committee, Labatt Better Together staff, and oversight by the Grant Allocation Committee of the Board of Directors.
- Grant decision-making typically occurs within **90 days** of the receipt of the Application.
- Funding approval is valid for **six months** from the date of approval.
- Granting policies are subject to change at any time without notice.
- Applicant agrees that the decisions of **Labatt Better Together** are final and that Labatt Better Together accepts no liability in such regard.