

ALSNB Benevolent Fund Guidelines

The objective of the ALS Society of New Brunswick (ALSNB) is to support people living with ALS, their families, and caregivers. To do this we offer all registered clients of ALSNB the opportunity for funding through our Benevolent Fund.

The benevolent fund was created for requests that do not meet requirements of the equipment funding or the Support for Champions fund. Any client of ALSNB can request up to \$1,500.00 annually to support them in achieving a higher quality of life.

Requirements:

All applicants must be registered clients of ALSNB.
If possible, other funding resources must be explored, when appropriate.

Processing:

Please return the application online or to the Executive Director of ALSNB at carol@alsnb.ca. Or mail to:

PO Box 295, Moncton NB E1C 8K9

Please allow up to 10 days for review of your application. You may be contacted via phone, electronic mail, or letter.

Funding:

Funding may be made out directly to a third party agency (where appropriate), such as a drug store or pharmacy. Alternatively, ALSNB may be invoiced directly for approved items.

Availability of funds:

All requests will be considered on a first come, first serve basis, and **as funds are available**.

The maximum funding available through the Benevolent Fund's is, with few exceptions, \$1500. In special circumstances, ALSNB will consider requests greater than \$1500, but these must be unanimously approved by the Executive Committee of the Board. You may be required to provide more information than the Application Form in such a case.

Documentation:

All applicants are required to complete the Benevolent Fund application in its entirety and provide supporting documents where needed (i.e. invoices, bills, quotes, etc)



ALSNB Benevolence Fund Application

PLEASE COMPLETE ENTIRE APPLICATION

Date: _____
Name: _____
Phone: _____
Address: _____
City: _____ Province: _____
Postal Code: _____
Deadline: _____ Amount Needed: _____
Please explain in detail the circumstances which brought about this need.

(If you are requesting a bill payment, please supply the following information)
(for more than one bill, please attach this information for each bill payment)

Company Name: _____
Phone: _____ Contact Person: _____
Address: _____
City: _____ Province: _____
Postal Code: _____
Account Number: _____ Total Amount Due: _____

Do Not Write Below This Line, For ALSNB Use Only

Date application received in this office	
Approved: _____	Approved By: _____
Disapproved: _____	Reason: _____
Payable to?: _____	Amount: _____
Cheque #: _____	
Send to?: _____	
Address: _____	
Date paid: _____	Written by: _____
Additional comments: _____	