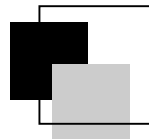


Program of Facilitated Access to
Recreation for People with Disabilities

2008–2009

**Organizations and Municipalities
Component**



Application deadline: March 21, 2008

Postmark Dated

Subject to funding approval by the Conseil du trésor

Managed in cooperation with:



Person Authorized to Answer on Behalf of the Organization

Last name	Work phone Area code () _ _ _ - _ _ _ poste _ _ _ _
First name	Other phone Area code () _ _ _ - _ _ _
Position	Fax Area code () _ _ _ - _ _ _
	Email _____ @ _____

Type of organization

Municipality or borough
 Non-profit recreational organization
 Band council
 Non-profit recreational organization for people with disabilities
 Northern village
 Vacation camp (day camp activities, without accommodation)

What is your organization's **normal attendant service ratio** for people with disabilities without financial support from the program?
 1 for 1 1 for 2 1 for 3 1 for 4 Other _____ None

What is the **requested attendant service ratio** under this program?
 1 for 1 1 for 2 1 for 3 1 for 4 Other _____

Eligible attendant services: **Only attendant services that cannot be provided by the organization as part of its normal mission or services will be considered.**

1. Measures planned or taken by your organization to help integrate the person with a disability

Check all appropriate items.

1.1 Social Integration

Special measures to facilitate the social integration of the person with disabilities

- Yes No Organized activities in public locations (cultural, tourist, sports)
(e.g., festival, public swimming pool, theater, etc.)
- Yes No Integration initiatives with other groups
- Yes No Activities available to the community as a whole (organization or municipality)
(e.g., swimming lessons, hockey lessons, baseball team, painting lessons, ornithological club, etc.)
- Yes No Community day camp (e.g., playground groups, etc.)

1.2 Adaptation

Measures planned or taken to facilitate the participation of the person with disabilities in selected activity

- Yes No Purchase or fabrication of adapted material
(e.g., balls, scissors, utensils, etc.)
- Yes No Adaptation of program
(Program content prepared in light of participant's needs)
- Yes No Adaptation of activities (change in pace of activities, preparation of activities based on participant's physical and/or intellectual abilities)
- Yes No Adaptation of building and facilities
(e.g., access ramp, signage, lift, etc.)

1.3 Attendant Training

Training adapted to the needs of people with disabilities provide by

- ARLPH
- Rehabilitation center
- CLSC
- Other (please specify): _____
- Organization itself
- Staff has specialized training in the field
- No training planned

Reproduce as needed according to the number of participants

3. Cost of Attendant Services

Number of attendants required	X	Number of hours worked per attendant	X	Suggested rate \$12/hr.	=	Total
Participant(s) # _____						
_____	X	_____	X	\$12	=	\$ _____
<small>Number of attendants</small>		<small>Number of hours worked</small>		<small>Hourly rate</small>		<small>Total</small>
Participant(s) # _____						
_____	X	_____	X	\$12	=	\$ _____
<small>Number of attendants</small>		<small>Number of hours worked</small>		<small>Hourly rate</small>		<small>Total</small>
Participant(s) # _____						
_____	X	_____	X	\$12	=	\$ _____
<small>Number of attendants</small>		<small>Number of hours worked</small>		<small>Hourly rate</small>		<small>Total</small>
_____		_____				\$ _____
Total number of attendants		Total number of hours				Total requested

4. Insurance Policy Information

Name of insurance company
Policy number
Insurance policy expiry date
Amount of liability insurance coverage

5. Required Documents*

	Organizations	Municipalities
Evaluation report for organizations that received grants last year	<input type="checkbox"/> Enclosed <input type="checkbox"/> Already sent <input type="checkbox"/> Will follow at end of activity Date: _____ <input type="checkbox"/> No application submitted during the previous year	<input type="checkbox"/> Enclosed <input type="checkbox"/> Already sent <input type="checkbox"/> Will follow at end of activity Date: _____ <input type="checkbox"/> No application submitted during the previous year
Copy of letters patent (first-time applicants) or of a change to their letters patent (except municipalities)	<input type="checkbox"/> Enclosed <input type="checkbox"/> Already submitted	N/A
Copy of the 2007 declaration of registration issued by the Registraire des entreprises du Québec	<input type="checkbox"/> Enclosed	N/A
Description of the organization	<input type="checkbox"/> Brochure	N/A

*For your application to be eligible, you must submit all of the above mentioned documents. If one of these documents is missing, your application will not be processed

6. Responsibility of the Organization

We hereby certify that the participants identified on this form contacted our organization or municipality to obtain financial assistance to pay for the cost of attendant services required for a recreational activity. We further certify that the information provided on this form is accurate. Furthermore, if our organization or municipality receives the financial assistance requested, we promise to use these funds for the purpose for which they were intended and to comply with the requirements of the program.

Name (please print)

Authorized person's position

Authorized person's signature

Date

NOTE: The organization or municipality must send a duly completed and signed form, along with the required supporting documents, to the Association regionale pour le loisir des personnes handicapées or the Unité regionale de loisir et de sport in its region (see list below).

Applications must be mailed.
Applications submitted by fax or email will not be accepted.

Region 01 - Bas St-Laurent

- URLS Bas St-Laurent
38, rue Saint-Germain Est, bureau 304
Rimouski (Québec) G5L 1A2

Region 02 - Saguenay-Lac-Saint-Jean

- ARLPH Saguenay-Lac-Saint-Jean
371, rue Racine Est
Chicoutimi (Québec) G7H 1S8

Region 03 - Capitale-Nationale

- ARLPH de la Capitale-Nationale
14, rue St-Armand
Québec (Québec) G2A 2K9

Region 04 - Mauricie

- URLS Mauricie
260, rue Dessureault
Trois-Rivières (Québec) G8T 9T9

Region 05 - Estrie

- ARLPH Estrie
5182, boul. Bourque
Sherbrooke (Québec) J1N 1H4

Region 06 - Montréal

- AlterGo (ARLPH)
525, rue Dominion, bureau 340
Montréal (Québec) H3J 2B4

Region 07 - Outaouais

- URLS Outaouais
394, boul. Maloney Ouest, bureau 102
Gatineau (Québec) J8P 7Z5

Region 08 - Abitibi-Témiscamingue

- ARLPH Abitibi-Témiscamingue
330, rue Perreault Est
Rouyn-Noranda (Québec) J9X 3C6

Region 09 - Côte-Nord

- URLS Côte-Nord
859, rue Bossé, local 218
Baie-Comeau (Québec) G5C 3P8

Region 10 - Nord-du-Québec

- Commission loisir et sport de la Baie James
179, 5^e avenue
Complexe Vinette, bureau 121
Chibougamau (Québec) G8P 3A7

Region 11 - Gaspésie-Îles-de-la-Madeleine

- URLS Gaspésie-Îles-de-la-Madeleine
8, boul. Perron Est
C.P. 99
Caplan (Québec) G0C 1H0

Region 12 - Chaudière-Appalaches

- ARLPH Chaudière-Appalaches
6600, boul. de la Rive-Sud
Lévis (Québec) G6V 9H4

Region 13 - Laval

- CRÉ Laval
1555, boul. Chomedey, bureau 220
Laval (Québec) H7V 3Z1

Region 14 - Lanaudière

- ARLPH Lanaudière
200, rue De Salaberry, bureau 305
Joliette (Québec) J6E 4G1

Region 15 - Laurentides

- ARLPH Laurentides
300, rue Longpré, bureau 100
Saint-Jérôme (Québec) J7Y 3B9

Region 16 - Montérégie

- Zone Loisir Montérégie (ARLPH)
150, rue Grant, bureau 227
Longueuil (Québec) J4H 3H6

Region 17 - Centre-du-Québec

- ARLPH Centre-du-Québec
59, rue Monfette, bureau 236
Victoriaville (Québec) G6P 1J8