



# Possibility Grant Application (Submit by April 30th)

## ICOF Employer Information

Please provide your name, address and contact information.

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Name of ICOF Employer

\_\_\_\_\_

Address

\_\_\_\_\_

City

\_\_\_\_\_

Province

\_\_\_\_\_

Postal Code

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Email Address

\_\_\_\_\_



## AMOUNT OF MONEY REQUESTED: \_\_\_\_\_

You can request up to \$1200, but you do not have to request the full amount!  
If your dream costs less, then request less.

## How do you plan to use the money?

Sharing Your Dreams: Tell Us All About It!

We want to know what drives you and makes your heart race with excitement. Don't hold back, tell us everything about your hopes, including how you plan to use the money. The more you share, the better. We're listening!

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How did you decide on the amount of money you need to fulfill your dream?  
Did you do research?

To determine the cost, what steps did you take? Did you find a price in a flyer or research hotels and other travel expenses? Did you conduct your research on a computer or seek advice from a family member or friend?

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If the Possibility Grant can only cover a portion of your request, do you have other ideas to fund the remaining amount?

Helpful questions to consider when seeking other funds:

- Have you researched other grant opportunities?
- Do you have savings that can be utilized?
- Have you discussed your ideas with your support network or Resource Coordinator?

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Did someone assist you, the ICOF Employer, to complete this form? If yes, please provide their name, email and how you were supported.

This fund is for you! It should be your dream and it is important that the dream comes from your heart. We want to ensure that your voice is heard!

ICOF Employers are encouraged to apply and lead the application as much as possible.

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**Submit:**

Email to: [info@icof-life.ca](mailto:info@icof-life.ca) OR

Mail to:

Innovative Life Options  
Attention: Possibility Grant  
4-120 Maryland Street  
Winnipeg, MB R3G 1L1

