GRANT APPLICATION

OUR MISSION

Calvin's Legacy Foundation strives to raise awareness and acceptance of special needs individuals so they can thrive in our society, like Mr. Calvin Dean Curtis after whom Calvin's Legacy Foundation was named.

OUR OBJECTIVES

To **ENRICH** the lives of special needs individuals by providing access to a variety of life experiences.
To **ASSIST** those with special needs to complete the activities of daily living.
To **PROMOTE AWARENESS** and acceptance of those with special needs as our fabulous community did and continues to do for Mr. Calvin Dean Curtis.
To **PROVIDE ASSISTANCE** in overcoming the obstacles faced by special needs persons through fundraising and community activism.

GRANT PURPOSE

Calvin's Legacy Foundation has set aside grant funding for special needs individuals, of any age, with a congenital or permanent disability, in order to pay for durable medical goods or home modifications that are deemed needed by a doctor or therapist, and/or reimbursement for travel to/from medical appointments.

GRANT ELIGIBILITY

- Grant funding will only be awarded to special needs individuals and their families. The Board of Directors and their immediate families (parents, children and siblings) are not eligible for grant funding.
- Household income must not exceed 250% of the federal poverty level.
- Grant funding will not be awarded to cover insurance deductibles.
- Grant funding for home modifications will only be awarded for housing owned by the special needs individual or his or her family where he or she resides.
- Travel reimbursements may include lodging and mileage and will be calculated using Google Maps and paid at the IRS rate.
- Households may only receive one grant however, should a Grant Application be turned down, the household is welcome to reapply.

GRANT SPECIFICS

- Priority for grant funding will be given to special needs individuals and their families who are living in eastern Nebraska or western Iowa.
- After a Grant Application is preliminarily chosen to receive grant funding, the Applicant will be required to provide proof of residency, quotes from vendors and a letter from a doctor or therapist (on letterhead) recommending the durable medical good or modification and/or confirming the appointment before the grant will be funded.
- The amount of grant funding may not be the amount requested in the Grant Application. If a durable medical good or modification is not fully funded, the Applicant must provide proof that the rest of the funding is secured before the grant funding is be paid.
- Grant funding for durable medical goods or modifications will be paid to vendors directly.
- Grant funding for travel reimbursements will be paid to the Applicant after receipts are provided.

HOW TO APPLY

Grant Applications will be considered throughout the year by the Board of Directors and will be accepted at any time.

Completed Grant Applications may be submitted for consideration as follows:

BY MAIL: Calvin's Legacy Foundation
P.O. Box 94
Ashland, NE 68003

BY E-MAIL: phsatc@gmail.com

CONTACT INFORMATION

APPLICANT'S FULL NAME (FIRST, MIDDLE, LAST)

NAME OF SPECIAL NEEDS INDIVIDUAL AND RELATIONSHIP TO APPLICANT (IF NOT APPLICANT)

DESCRIPTION OR NAME OF CONGENITAL OR PERMANENT DISABILITY OF SPECIAL NEEDS INDIVIDUAL

HOME ADDRESS

CITY STATE ZIP

EMAIL

PRIMARY TELEPHONE NUMBER SECONDARY TELEPHONE NUMBER

HOUSEHOLD INFORMATION

Is the home where the special needs individual resides owned by the special needs individual, his or her immediate family and/or the Applicant? Additional information may be requested to support the answer provided.

□YES □ NO

DISCLAIMER: The following information is collected in order to determine whether the household income exceeds 250% of the federal poverty level for the current year. Additional information may be requested to support the answers provided.

What is the gross annual income of the household where the special needs individual resides? $ _____

Outline the other individuals residing in the household with the special needs individual. Please include their name, relationship to special needs individual, age and whether they are disabled.

NAME	RELATIONSHIP	AGE	DISABLED? YES OR NO

GRANT REQUEST

What is your grant request? Please describe the durable medical good, home modification or travel reimbursement requested.

DURABLE MEDICAL GOOD	APPROXIMATE COST
DURABLE MEDICAL GOOD	APPROXIMATE COST
TYPE OF HOME MODIFICATION	APPROXIMATE COST
TRAVEL TO/FROM: LOCATION MILES	APPROXIMATE COST

Additional information supporting the grant request may be requested after initial review of the Grant Application.

STORY BEHIND GRANT REQUEST

Why should this Grant Application receive funding? Please share the story of the special needs individual, describing the need behind the grant request described above and how the grant funding will assist the special needs individual in his or her activities of daily living.

The story may be shared in a variety of ways: through 500 words (or less), a video less than 5 minutes in length, or 5 to 10 photos—or a combination of all three. Space is set forth below however, attachments are acceptable and encouraged.

CONSENT AND RELEASE

The undersigned understands that:

- Submission of a Grant Application is not a guarantee that a grant will be awarded;
- Grant funding that is awarded may be less than that applied for;
- False or misleading information on this Grant Application may result in denial of grant funding or losing grant funding that has been awarded. The undersigned acknowledges that by providing false or misleading information, grant funding that has been distributed may be required to be returned and/or other actions may be taken against the undersigned to recover grant funding;
- Additional documentation may be requested in order to determine whether grant funding will be awarded. It is the undersigned's responsibility to timely supply any documentation requested;
- Grant funding for durable medical goods or modifications will be paid to vendors directly.
- Grant funding for travel reimbursements will be paid to the Applicant after receipts are provided.
- Calvin's Legacy Foundation is not responsible for any unforeseen expenses, replacement, installation or maintenance of durable medical goods or home modifications.

The undersigned hereby declares that the information furnished on or with this Grant Application, including attachments, is true and correct to the best of their knowledge.

The undersigned hereby indemnifies and holds harmless Calvin's Legacy Foundation and its agents and representatives from all claims, demands and causes of action resulting from the use of grant funding or from the use of any durable medical goods or home modifications paid for by any grant funding.

The undersigned has read and understand the above Consent and Release. The undersigned affirms he or she is at least 18 years of age, or, if he or she is under 18 years of age, the consent of the parents/guardians has been given, as evidenced by the signatures below.

PRINT APPLICANT'S NAME	SIGNATURE	DATE
PRINT SPECIAL NEEDS INDIVIDUAL'S NAME	SIGNATURE	DATE
PRINT PARENT/GUARDIAN NAME	SIGNATURE	DATE
PRINT PARENT/GUARDIAN NAME	SIGNATURE	DATE

MEDIA RELEASE

The undersigned hereby grants Calvin's Legacy Foundation, its agents and representatives, permission to use photographs, videos and names of the special needs individual and his or her household and/or immediate family in written or electronic publications, news releases, online, and in other communications without payment or other consideration.

The undersigned hereby indemnifies and holds harmless Calvin's Legacy Foundation and its agents and representatives from all claims, demands and causes of action resulting from the use of said photographs, videos and names.

The undersigned affirms he or she is at least 18 years of age, or, if he or she is under 18 years of age, the consent of the parents/guardians has been given, as evidenced by the signatures below.

PRINT APPLICANT'S NAME	SIGNATURE	DATE
PRINT SPECIAL NEEDS INDIVIDUAL'S NAME	SIGNATURE	DATE
PRINT PARENT/GUARDIAN NAME	SIGNATURE	DATE
PRINT PARENT/GUARDIAN NAME	SIGNATURE	DATE
PRINT IMMEDIATE FAMILY NAME	SIGNATURE	DATE
PRINT IMMEDIATE FAMILY NAME	SIGNATURE	DATE
PRINT IMMEDIATE FAMILY NAME	SIGNATURE	DATE
PRINT IMMEDIATE FAMILY NAME	SIGNATURE	DATE
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