



2012 GRANT APPLICATION – CHECKLIST

GRANT APPLICATION:

- ☐ MINIMUM CRITERIA HAVE BEEN REVIEWED
- ☐ INSTRUCTIONS HAVE BEEN REVIEWED

MEDICAL ACKNOWLEDGEMENT FORM:

- ☐ COMPLETED BY PRIMARY PHYSICIAN
- ☐ SIGNED & DATED
- ☐ SCANNED IN AS A WORD OR PDF DOCUMENT

ADDITIONAL REQUIRED DOCUMENTATION:

- ☐ COMPLETED
- ☐ SIGNED & DATED
- ☐ SCANNED IN AS A WORD OR PDF DOCUMENT

PUBLICITY/LIABILITY RELEASE FORM:

- ☐ PERMISSION BOX CHECKED
- ☐ COMPLETED, SIGNED & DATED
- ☐ SCANNED IN AS A WORD OR PDF DOCUMENT

SMALL GRANTS CRITERIA

The M.O.R.G.A.N. Project has implemented new criteria for 2012.

Only those items pre-designated as eligible will be considered for grants in 2012.

At this time we are not accepting applications for items that are not on our pre-approved list.

Please choose only one (1) of the following:

Personal Care

Items in this category will include adaptive bath/shower chairs.

The M.O.R.G.A.N. Project has entered into exclusive provider contracts for specific items under each of our eligible categories. Documentation from your primary care physician and your physical therapist as to the appropriateness of this equipment for your child is required. These items have already been pre-determined to meet our funding guidelines and allow us to assist as many families as possible with the limited funding we have available. As we enter into new provider agreements we anticipate expanding the choices available under this program. We will do all possible to meet the individual needs of all approved grant applicants within each category as best we can.

Support Group Travel

*This category will include up to \$500 to off-set the travel expenses of a **first-time attendance** at a disease-specific family support group/medical conference that includes the entire family. Eligible expenses include airfare, hotel, gas, conference fees, etc.*

The M.O.R.G.A.N. Project recognizes that caregiver support is essential and this is intended to offer the family members an opportunity to spend time with other families living with the same disease/disorder. This is for attendance at a sanctioned support group/medical conference that allows both parent/caregivers and affected family members to attend. Documentation from your primary care physician and from the conference host organization that you have already registered to attend with a specific date is required. The maximum of \$500 has already been pre-determined to meet our funding guidelines and allow us to assist as many families as possible with the limited funding we have available. Receipts for expenditures will be required.

Applications will be accepted between May 20, 2012 and June 30, 2012

Please allow 3 weeks for processing of your grant request after the application period has ended.

2012- SMALL GRANTS QUALIFICATION GUIDELINES

ALL PREVIOUSLY ISSUED GRANT APPLICATIONS ARE NOW OBSOLETE.

The M.O.R.G.A.N. Project, Inc. is a non-profit organization providing small grants to the parents of chronically-ill children with life-long **physical disabilities**. We are not a disease-specific organization, and applications will be considered regardless of the underlying disease, disorder or diagnosis that results in the **physical disability** of the child.

*If your child has a diagnosis that qualifies him/her for funding assistance from another organization, you **MUST** provide proof that you have applied to them and been denied before you will be considered for funding through our programs.*

IF YOUR CHILD HAS A DIAGNOSIS OF AUTISM YOU MUST PROVIDE PROOF THAT YOU HAVE APPLIED AND BEEN DENIED BY AUTISM-SPECIFIC FUNDERS IN ORDER TO APPLY HERE.

*Our programs are intended to be funding of last resort for those families that have no other funding opportunities available to their child, and proof of denials are **required** for consideration.*

Grants will be made by providing the necessary tools (product or service) to a parent, with the specific goal of helping the parent to be better able to care for their child, thereby enhancing the quality of life for the child and his/her family at the same time.

The M.O.R.G.A.N. Project is not affiliated with any other organization having similar objectives.

1. Grants will be in the form of needed equipment, **not in cash**. The grants will be paid directly to the licensed company, facility, manufacturer, business, service provider or individual that goods or services are provided by. **Provider will be chosen by The M.O.R.G.A.N. Project.**
2. Only those items **pre-designated as eligible** will be considered for grants in 2012. At this time we are **not** accepting applications for items that are not on our pre-approved list. However, **The M.O.R.G.A.N. Project** may substitute comparable items if necessary, and only at our sole discretion.
3. **Under no circumstances** will applications requesting **partial funding** or **reimbursements** for previous purchases be considered.
4. Applications will be accepted only for children **under the age of 21**. However, **The M.O.R.G.A.N. Project** may grant exceptions to this rule at our sole discretion.
5. Applications will be accepted without regard to race, national origin, ethnic background, sex or religion. However, the child must be diagnosed as medically-fragile with a life-long **physically disabling special-need** and meet **all** minimum criteria in order to be considered for a grant.
6. Grants will be made only to parent/caregivers of **physically disabled** special-needs children, on an *individual* basis. Primary beneficiaries of the grants will be natural parents, adoptive parents, and legal guardians. In cases of guardianship, proper documentation must be submitted to **The M.O.R.G.A.N. Project, Inc.**

2012-QUALIFICATION GUIDELINES- pg.2

7. The child's primary physician(s) must verify that the child has a life-long **physically disabling** condition. Parents or guardians will be required to provide a signed *Medical Acknowledgment Form* to submit with the application for consideration.
8. If application is approved, **proof of denial from insurance and all other funding sources, as well as proof of income** must be provided by the parents upon request.
9. To submit a full application for consideration and have your application recommended for approval by our Medical Advisory Committee, the parent(s) will be required to submit a **signed** and **notarized** *Grant Publicity and Liability Release Affidavit*.
10. Grants will **not be intended** to be "stop-gap" measures for everyday expenses or medical needs that can be met elsewhere. (Example: utilities, food, transportation, insurance premiums/co-pays, medical/dental expenses, long-term therapies, prescription costs, etc.)
11. **The M.O.R.G.A.N. Project does not pay** medical bills, insurance premiums or out of pocket expenses, partial funding, nor provide funds for therapy, schooling or emergency assistance.
12. **The M.O.R.G.A.N. Project** has no obligation to consider applications in the order in which they are received; all applications will be considered based on their individual merits and availability of funds.
13. Grant requests must not exceed **The M.O.R.G.A.N. Project's** corporate guidelines for the cost of a grant request, over and above any portion donated by the provider(s). Currently this cap is set at a **maximum of \$500 in services per recipient**, and subject to available funds.
14. Applicants are advised that **The M.O.R.G.A.N. Project** cannot put a time frame on the completion of an approved grant request. After MAC approval each funding cycle, there is normally a period of two to four weeks devoted to obtaining required documentation from the parents who have been approved for the grant. **Total time from applying to final grant approval could be as much as 6 weeks depending on at what point in the funding cycle you have submitted your application.**
15. Only (1) application per applicant family will be considered in any 12 month period. Applications for a second grant will be accepted only under exceptional circumstances. Typically, this second grant would not be considered if the prior grant was approved within the past 24 months.
16. Please be as specific as possible regarding the details of the requested grant and how it will enhance quality of life for the child and family. Include preferred model, size, color and at least one alternate.
17. Questions may be directed to **The M.O.R.G.A.N. Project's** office ONLY by email at: QOL@themorganproject.org. Unfortunately, we cannot take questions by phone during the application process.
18. **Small Grant Applications will only be accepted by utilizing the approved online electronic application system. Requests that are printed and sent in by any other means will not be considered.**
19. Our Medical Advisory Committee has been appointed to review all grant applications, and applicants will be notified in writing of the status of their request within 3 weeks AFTER the application period has closed on June 30, 2012.
20. Specific application funding cycles may be implemented and/or be terminated as funding availability allows.



GRANT APPLICATION

MEDICAL ACKNOWLEDGEMENT FORM

Documentation to be submitted with application from referring physician.

**MUST BE SIGNED AND DATED
BY CHILD'S PHYSICIAN**

As the attending physician for:

Child's Name _____

Age _____

Date of Birth _____

DIAGNOSIS: _____

I am familiar with the medical history of the above named child. I am of the professional opinion that this child's diagnosis **will result in a life-long physical disability**. I am aware that the child's parent/caregiver has submitted a grant application to **The M.O.R.G.A.N. Project, Inc.** for the following:

☐ BATH/SHOWER CHAIR

☐ FAMILY SUPPORT GROUP/MEDICAL CONFERENCE

and in consideration of the child's **physical** disability I feel this request is medically appropriate, and to the best of my knowledge, **not** considered "medically necessary" nor covered by insurance or Medicaid.

Physician's Name (Please Type or Print Clearly) _____

Physician's ME Number _____

State _____

Address _____

City _____

State _____

Zip Code _____

(_____) _____ - _____
Physician's Phone #

(_____) _____ - _____
Physician's FAX #

Email Address _____

Physician's Signature (certified electronic signature permitted) _____

_____ - _____ - 2012
Date



GRANT APPLICATION

PROFESSIONAL RECOMMENDATION FORM

*Supporting documentation to be submitted with application from physical therapist.
REQUIRED FOR ALL BATH/SHOWER CHAIR REQUESTS.*

Name of Child: _____

Medical Term of Disorder/Disease: _____

Common Term (if different): _____

Grant Request: ☐ Bath Chair or ☐ Shower Chair w/stand

Any special requirements, concerns, contraindications, or comments?: _____

Your Name: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email Address: _____

Professional Association: _____

License #: _____

Why do you believe approval of this grant will assist the parent/caregiver to care for their child and/or improve their quality of life?

Signature (certified electronic signature permitted)

____ - ____ - 2012
Date

GRANT LIABILITY/PUBLICITY RELEASE

The undersigned _____,

PLEASE PRINT NAME OF APPLICANT

the parent and/or guardian of _____ (the "Child")

PLEASE PRINT CHILD'S NAME

1. Hereby represents that I have requested that **The M.O.R.G.A.N. Project, Inc.**, a Florida non-profit corporation, consider approval of my grant request on behalf of the child above named. I further represent that I have the sole and unconditional authority to execute all legal documents on behalf of, and am the legal guardian of, the above named child.
2. As evidenced by my signature set forth below, and in consideration of **The M.O.R.G.A.N. Project** approving this grant application, I understand and agree that **The M.O.R.G.A.N. Project, Inc.**, its agents, assigns and employees are not responsible for any claims, judgments, causes of action or damages arising out of or relating to the receipt, use, or enjoyment of this grant, and I hold them harmless from any such claims and agree to indemnify same in the event of any claim, judgment, or action. This agreement shall apply to all claims, which are made in the future by any third party as a result of the use and enjoyment of this grant.
3. I hereby represent that I have read, understand and agree to the Grant Guidelines that have been provided to me, and certify that the information contained in the attached Grant Application is true and correct.
4. I give my consent for representatives of **The M.O.R.G.A.N. Project, Inc.** to use my child's name and/or picture for the purposes of raising funds to approve this grant application; to contact television, radio and newspaper media to do stories about my child's grant for the purpose of increasing public awareness of their programs, goals and fundraising needs; I understand that my willingness to allow my child's name and picture to be used for publicity may help to facilitate the arrangements for our grant. However, my refusal to participate in **The M.O.R.G.A.N. Project's** publicity campaign will not determine whether **The M.O.R.G.A.N. Project, Inc.** decides to approve or disapprove our grant request; I understand that this publicity agreement in no way affects my child's right to participate in the publicity campaign for any other organization; I am aware that videos and photographs may be taken during fulfillment of a grant by the parents/guardians or by representatives of **The M.O.R.G.A.N. Project, Inc.** or by news stations and press, individually and on behalf of the family members listed below, and consent to be photographed and filmed without compensation. Photographs may be used for news articles, press releases, newsletters and/or on the website **The M.O.R.G.A.N. Project, Inc.**

Signature of Applicant

Sworn to before me this _____ day of _____ 2012

Notary Public: _____ (Please Print)

State: _____

Signature: _____

