



Instructions and Application for Grant Funds

Rise Again, a tax-exempt non-profit corporation, is dedicated to the following mission: Rise Again supports individuals with spinal cord injury or illness to believe and reach beyond expectations. Rise Again will also provide grants to professionals and organizations who focus on improving the quality of life of those affected by spinal cord injury or illness.

Instructions for Financial Assistance Application:

To apply for financial assistance from the Rise Again, please complete and submit the application along with the required documents. Applications for Grant Funds are reviewed by the Rise Again Board of Directors on a monthly basis. Grant funds are awarded based on the availability of funds and at the sole discretion of the Board of Directors of Rise Again. All applicants will be contacted following review of their application.

Eligibility:

- Applicants must be diagnosed with a spinal cord illness or injury.
- Applicants must be U.S. residents.
- All sections of the application must be completed, and all accompanying documents must be submitted prior to the board reviewing the request.
- Assistance may be requested one time during any 12-month period. The next application request we can receive will be 12 months from the date we transfer the funds. Each request for assistance requires a new application submission.

Required Documents:

- If under age 18, the applicant must be the parent or legal guardian of the diagnosed child and the primary caregiver of the child. A photocopy of the child's birth certificate or other evidence of parental or guardian status must be submitted with the application.
- The application must be accompanied by a signed letter from the applicants treating physician on that physician's letterhead stating the applicant's full name, date of birth and diagnosis.
- Provide documentation showing denial from insurance company (if applicable) and your State Vocational Rehab organization.
- Rise Again prefers to disburse grant monies directly to the provider on behalf of recipients. If that is not possible, you will need to include a copy of the receipt(s).
- Please contact Rise Again at 724-790-4818 or Contact@RiseAgainSCI.org if you have any questions concerning the application process.

Please send completed application and accompanying documents by email or mail to:

Rise Again
PO Box 1683

Rise Again Individual Grant Application

Date of Application: _____

Name: _____ Birth Date: _____

Name and relationship of person completing the application:

Address: _____

Email Address: _____

Phone number: _____

Medical Diagnosis/Nature of disability: _____

Indicate type of request: Equipment Travel Alternative Treatment

(More than one type of request can be selected. Fill in the sections below related to your request)

Equipment needed and cost (please provide at least two quotes):

Travel expenses requested: _____

(List to what facility, duration and program. Calculate trips from home to site with mileage per trip needed. We use the IRS guidelines for mileage reimbursement. Include tolls and housing cost.)

Alternative treatment requested: _____

(Include the provider name, type of treatment, cost and duration)

Please list the names of two health care professionals who have worked with the applicant and can verify the need for the requested equipment. We will not contact these individuals without your authorization. In addition, please remember to include a letter from your applicant's treating physician (as requested in the instructions for financial assistance). We also need a copy of the insurance denial if an item could be submitted through insurance.

NAME & AGENCY

PHONE

OCCUPATION

I stipulate that the information included in this application is true to the best of my (our) knowledge. Further, I understand that the presence of inaccurate information in this application could result in the need for the re-evaluation of this application on the part of Rise Again.

Name (Legal Guardian)

Date

(Signature is required of all legal guardians.)

Additional Information

How did you find out about Rise Again?

Have you applied for grants from anyone else? If so, who and what is the status?

Disclaimer:

Part of the mission of Rise Again is to provide funding to help purchase specialized therapy devices and mobility equipment to those suffering from spinal cord illness or injury. Rise Again does not provide equipment, and as such, disclaims any and all liability for property damage and/or bodily injury resulting from the use of the equipment acquired with Rise Again funds. Rise Again disclaims any and all warranties with regard to the equipment acquired with Rise Again funds, including the warranty of merchantability and fitness for a particular purpose. Rise Again is merely a funding source. Rise Again is in no way responsible for reclaiming, disposing of, maintaining or repairing equipment. It is the sole responsibility of the Recipient and/or legal guardian(s) to maintain, repair and/or dispose of the equipment. Any other costs that may be associated with the equipment such as installation, delivery, labor, disposal, etc. that are not explicitly stated on the application are the sole responsibility of the Recipient and/or legal guardian(s). All installations of ramps, lifts, stair glides, electrical supplies, etc. must be in compliance with applicable building codes. Rise Again is in no way responsible for ensuring compliance with any and all ordinances, codes and laws.

Before disbursement of any funds to purchase equipment, the Recipient or legal guardian(s) of the Recipient must have this form signed, witnessed by a non-family member, and returned to Rise Again.

I have read and fully understand and agree to the above Disclaimer.

I _____
(Applicant Name - if over 18)

(Applicant Signature – if over 18)

I have read and fully understand and agree to the above Disclaimer.

I _____
(First Legal Guardian's Name)

(First Legal Guardian's Signature)

am the Legal Guardian of _____.
(Recipient's Name printed)

I have read and fully understand and agree to the above Disclaimer.

I _____
(Second Legal Guardian's Name) (Second Legal Guardian's Signature)

am the Legal Guardian of _____.
(Recipient's Name printed)

This document has been witnessed by

_____ on this date _____.
(Name) (Date Signed)

Authorization to Use Name and Likeness:

The Recipient and his/her parents or legal guardian hereby acknowledge and agree that acceptance of a grant from Rise Again may result in publicity. The Recipient and his/her parents or legal guardian hereby irrevocably authorize Rise Again:

- (a) To publicize and use the Recipient's likeness, voice and features, with or without his/her name, for any publication, promotion, trade or business use, or any other purpose
- (b) To photograph, videotape, film and record each Recipient in any manner Rise Again chooses
- (c) To copyright, convey or otherwise distribute, now or in the future, any such material involving the Recipient, his/her parents or legal guardian and that said material may be distributed to anyone, for any purpose, including the general public, magazines, newspapers, television, radio stations
- (d) To publicize, now or in the future, the name of the Recipient including information regarding his/her physical condition and details regarding the equipment received from Rise Again.
- (e) The Recipient and his/her parents or legal guardian agree that it is not necessary for Rise Again or anyone else to contact them prior to releasing any information authorized by this document. The Recipient and his/her parents or legal guardian hereby releases Rise Again from and against any and all claims, of any type, which arise from or are related to Rise Again's use, distribution or disclosure of any photographs, films, videotapes, electronic recording or other information regarding the Recipient and the award from Rise Again.

Applicant Name Date

If under age 18 - Legal Guardian Date

(Signature is required of all legal guardians.)

READY-TO-GO CHECKLIST

This checklist is to be used by the applicant to ensure all required documentation to be submitted with the application is ready-to-go. **Applications will not be considered for approval until these documents have been received.** Should you have any questions regarding this checklist, please contact Rise Again at 724-790-4818 or Contact@RiseAgainSCI.org.

Yes	Item
<input type="checkbox"/>	<p>Treating Physician’s Letter</p> <p><i>Must be signed and on physician’s letterhead stating the applicant’s full name, date of birth and diagnosis.</i></p>
<input type="checkbox"/>	<p>Insurance and State Funding Request Denial Documentation (if applicable)</p> <p><i>If the grant request can be submitted through insurance, Rise Again requires documentation stating the insurance company will not cover the request. Also, supply denial from your State Vocational Rehab organization. Every State uses a different name and we can assist you in finding your organization if needed.</i></p>
<input type="checkbox"/>	<p>Price Quote on Provider’s Letterhead</p> <p><i>For equipment requests, please provide at least two quotes. Rise Again will disburse grant monies directly to the provider on behalf of recipients. In order to pay the provider a quote is necessary.</i></p>
<input type="checkbox"/>	<p>Photocopy of Child’s Birth Certificate or other evidence of parental or guardian status (if applicable)</p> <p><i>This requirement only applies to a parent/guardian submitting an application on behalf of a child under age 18.</i></p>