

Charitable Funding Request

Eligibility Requirements for Individual Grants:

- Applicants must suffer from a neurological disorder with preference going to spinal cord injuries.
- Applicants must demonstrate financial need and may be required to provide documentation.
- There is no age requirement.
- Applicants must reside in the United States
- Applicants must request specific modifications or equipment to apply for a Bryon Riesch Paralysis Foundation grant; requests for "anything you can give" will not be considered.
- Partial Payments toward larger items (i.e. vans) will not be considered unless all payments are already in place for the total amount. For example, if requesting \$7,000 toward a \$30,000 van, you must have already obtained \$23,000 to complete the transaction.
- Examples of eligible items include upgrade and maintenance of wheelchairs, vehicle modifications (i.e., hand controls or lifts), small home modifications including ramp and lift installation, computers, and other adaptive equipment.
- If possible be willing to provide a picture of the completed grant request.
- Grants are disbursed directly to suppliers of the desired equipment or modifications. Individuals making the grant application are required to submit estimates from potential suppliers. **Please complete all sections of the application; incomplete applications will not be considered.**

How to Apply For an Individual Grant:

Applicants must complete all questions of the applications in order to be considered for a BRPF Individual Grant, including providing contact information and estimates from at least two (2) suppliers and/or contractors for the equipment or renovations requested in the application; incomplete applications will not be considered.

NO PHONE CALLS PLEASE. Due to the volume of grant applications, we respectfully request no phone calls inquiring about the status of applications. Grant recipients will be notified by phone, email or mail upon approval.

Application Submission Periods and Requirements

In addition to the application, the following supporting documentation must be included. Applications that do not have all of these documents will not be reviewed.

- Written quotes from companies/contractors for modifications.

Please note that all materials submitted are non--returnable.

Applications are accepted year-round and are considered at quarterly board meetings. Grants typically range from \$2,000 to \$7,500; there is no minimum award. Grants are awarded quarterly.

Notifications of awards will be mailed out after the Board has met.

Because of the high number of grant requests you will only be notified if you receive a grant.

All supporting materials should be submitted to the address below.

Mail completed application to:
Bryon Riesch Paralysis Foundation
P.O. Box 1388
Waukesha, WI 53187-1388

Charitable Funding Application

Name: _____ Date: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Fax Number: _____
Email Address: _____
Date of Birth: _____

Nature of Disability: _____
If a spinal cord injury what level? _____ Date of Injury: _____
Amount of Request: _____ Total Amount Required for Purpose: _____

How did you hear about the Bryon Riesch Paralysis Foundation?

Please describe the nature and degree of your neurological disorder, and how it affects your everyday life:

Please give a detailed description of the equipment or modification(s) for which you are applying, including manufacturer's name, model numbers, etc. if applicable:

Please describe your sources of financial support (Please Note: Grant recipients may be asked to provide supporting documentation):

Other factors that you wish to be taken into consideration (health factors, living arrangements, financial or family issues etc.):

Please give a brief explanation of how the equipment or modification(s) for which you are applying would impact your daily life:

Other organizations from which funds have been requested:

Have other funds been secured? No Yes If yes, how much? _____

Additional Comments:

In order to be considered for a Bryon Riesch Paralysis Foundation Charitable Grant, applicants must provide estimates for the cost of the equipment or renovations requested. Incomplete applications will not be considered.

Please provide the names, addresses and phone numbers of **at least two (2) companies and/or contractors** you have contacted and their written estimates for the equipment or modifications requested. Please attach the written quotes:

Company & Contact Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Web Address: _____
Price Quoted: _____

Company & Contact Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Web Address: _____
Price Quoted: _____

Company & Contact Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Web Address: _____
Price Quoted: _____