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| The Sadie McCann Fund Grant Application |

## *Please complete this application and submit with all required attachments. Submission is not a guarantee of funding. Grants are limited based on the availability of funds. Incomplete applications will not be accepted. Submit completed form to* [info@sadiemccannfund.org](mailto:info@sadiemccannfund.org)

## Parent/Guardian Contact Information

|  |  |
| --- | --- |
| First Name |  |
| Last Name |  |
| Street Address |  |
| City |  |
| State |  |
| Zip |  |
| Home Phone |  |
| Cell Phone |  |
| E-Mail Address |  |

## Child’s Information

|  |  |
| --- | --- |
| First Name |  |
| Last Name |  |
| Child’s Website or Care Page (if applicable) |  |
| Date of Birth |  |
| Primary Medical Institution Where Treated |  |
| Name & Phone number of primary physician |  |

## Request Information

|  |  |
| --- | --- |
| Amount Requested ($2,000 maximum) |  |
| Item or Service Requested |  |
| Total Cost of Item(s) or Service Requested |  |
| Is the Item/Service typically covered by insurance? |  |
| If yes, please detail why additional funding is needed. | |

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| Please provide information on how the grant funds will be used. |

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| How will this item or service benefit your child? *(Applicants are strongly encouraged to consult with their medical professionals and therapists regarding equipment and therapies that would be most beneficial for their situation.)* |

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| Please provide additional information regarding insurance or other coverage that may be applicable for this item or service. |

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| If the requested amount does not cover the entire cost of the item or service, what is your plan for obtaining the remainder of the funding? |

## Financial Information *(Please see financial eligibility* *guidelines)*

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| --- | --- |
| Total Annual Household Income |  |
| Number in Household |  |

Please provide additional details about financial need, if applicable:

I heard about The Sadie McCann Fund through the following:

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| --- | --- |
| Aicardi Syndrome Facebook page | Another family |
| Aicardi Syndrome website | Social worker or physician |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

## Certifications (please initial next to each statement)

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| I certify that I am the parent or legal guardian of the diagnosed child and the primary caregiver of the child. |
| I certify that I will use the grant funds only for the purpose outlined in this application. |
| I certify that I have not received a grant from The Sadie McCann Fund within the past 2 years (excluding COVID mini-grant). |
| I understand that any check made payable to myself or a member of my family will be subject to tax liabilities. |
| I understand that by awarding this grant, The Sadie McCann Fund is making no recommendation to the appropriateness or safety of a particular piece of equipment or therapy in treating Aicardi syndrome and associated epilepsies or conditions. SMF and its Board of Directors are not responsible for the safety and use of awarded equipment or therapies. |
| I certify that my child has received an Aicardi Syndrome diagnosis and I allow foundation representatives to contact the above-listed doctor to confirm the diagnosis. |
| I am willing to share my story and photo for publication on The Sadie McCann Fund website and Facebook page (not required for consideration). Award & Payment Information If awarded a grant, the payment should be directed as follows:   |  |  | | --- | --- | | Payable to\*: |  | | Mail to (address): |  | | Additional info to include on the check (i.e., account number, patient name, etc.) |  |   \*We strongly prefer checks be made payable directly to the vendor or service provider. Please note: if the request is for an item or service where the check needs to be made payable to the family member (i.e., travel expenses, etc.), *the grant will be subject to income tax*. |

## Agreement and Signature

### By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am awarded a grant, any false statements, omissions, or other misrepresentations made by me on this application may entitle the Fund to restitution of the grant award.

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| Name (printed) |  |
| Signature |  |
| Date |  |

## Additional Information

### Please include a photo of your child that we can use for the website. (We use only first names and a description of the grant purpose.)

### We recommend submitting additional items to support your grant application, such as cost estimates, quotes, photos, etc. This information can be e-mailed along with this application form to [info@sadiemccannfund.org](mailto:info@sadiemccannfund.org).

## Our Policy

### All applications will be reviewed anonymously, and a final determination will be made based the availability of funds. It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual orientation, age, political affiliation or disability.

***You will be notified via e-mail within 2 months. Please contact info@sadiemccannfund.org with any questions about this application.***