

# ANDREW'S GIFT INDIVIDUAL GRANT APPLICATION

## APPLICATION GUIDELINES

Applications may be completed online at <https://www.andrewsgift26.com/applygrant> or downloaded as a PDF to be filled out.

PDF copies of the application and the supporting documentation may be forwarded to one of the following:

- Email to [andrewsgift26@gmail.com](mailto:andrewsgift26@gmail.com)
- Fax to 813-741-6911
- Mail to Andrew's Gift, P.O. Box 6014, Harrisburg, PA 17112

Please note the following:

- individuals are entitled to one approved grant per calendar year
- if you are making requests for multiple children you will need to complete an application for each child
- request one service or item for each application submitted per calendar year (requests for sensory materials may include multiple items)
- payments for services or goods will be made directly to the provider or material vendor

Applications without the following information will be treated as an incomplete application and will not be processed until this information is provided:

- supporting documentation of an autism spectrum disorder diagnosis
- financial information

Through our Individual Grant program, we provide opportunities for individuals with autism to access the following:

### Recreational activities (for example)

fitness, swim lessons, therapeutic horseback riding  
summer camps, social skills camps and groups, Hershey Park passes  
opportunities to trial recreational activity (music, art, dance, gymnastic..)

### Specialized equipment (for example)

sensory equipment, bicycles and adaptive bikes  
technology (laptops, specialized software)

### Basic human needs (for example)

beds, safety gates & window bars

To best maximize your chance of being funded, please be aware that we will not fund:

Fences, swing sets, outdoor trampolines, GPS elopement  
Ongoing therapies (SLP, ABA, OT, music)  
Hyperbolic, supplements, auditory trainings  
Automobile purchases or repairs, transportation passes, rent, utilities  
Service/therapy dogs  
Family or personal vacations

All applications will be notified when an application is received. Grant applications are reviewed quarterly (January, April, July, October). Applicants will be notified of status of grant approval soon after the grant review committee meets.

# **ANDREW'S GIFT INDIVIDUAL GRANT APPLICATION**

## **PART I**

Please read the following documents before proceeding to Part II.

### **PRIVACY POLICY**

#### **Consent for Use and Disclosure of Confidential Information**

Andrew's Gift is a charitable grant-making organization whose mission is to support persons with autism and their families in their home and community settings. We care deeply about your privacy.

Whenever you provide information about yourself or your family to Andrew's Gift, you hereby consent to allow Andrew's Gift to view and use the information that you share with us, including but not limited to any confidential information such as financial information or health care information. By acknowledging this Privacy Policy where indicated in the application, you understand and agree that Andrew's Gift will share that information with our directors, officers, employees, volunteers and attorneys as needed to take action on your application. We do not share this information with anyone in our organization, however, who does not need it to process your application. If your application is approved, we may also need to share some portion of your information with third persons in order to fulfill the grant, but we do not share this information with anyone who does not need the information in order to take action to fulfill the grant.

We will not sell or share your information to any third person so that they can independently market their own products or services to you. We may share your information with governmental agencies, regulatory bodies and law enforcement agencies to the extent necessary to comply with applicable laws or valid legal processes.

We may retain your information in our files for internal record-keeping purposes, but we make no commitment to retain or store this information for any purpose whatsoever. Although Andrew's Gift will use reasonable efforts to protect this information from disclosure to unauthorized persons, Andrew's Gift will not be held responsible for unauthorized access by third persons, theft or criminal behavior by third persons or accidental release of this information.

By acknowledging this Privacy Policy where indicated in the application, you are granting permission to Andrew's Gift to call your home or other alternative number and leave a message containing confidential information on a voicemail or in person, may mail or email you in reference to any items that assist the Foundation in carrying out requests for service, payments or any items pertaining to your application for support or the fulfillment of any grant or support provided by the Foundation, including follow up to your clinical care.

By sharing information with Andrew's Gift and by acknowledging this Privacy Policy where indicated in the application, you hereby consent to be bound to the terms of this Privacy Policy. Andrew's Gift may make changes to this Privacy Policy at any time by posting those changes to its website. Any such changes will become effective as soon as they are posted to the website.

### **PUBLICITY AND PHOTO RELEASE**

By acknowledging this Publicity and Photo Release where indicated in the application, I hereby grant to Andrew's Gift the absolute and irrevocable right and unrestricted permission to use the name, likeness, image, voice, and/or appearance of the Applicant as such may be embodied in any photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of Andrew's Gift or its partners and affiliates. I agree that Andrew's Gift has complete ownership of such material and can use said material for any purpose consistent with the mission of Andrew's Gift. These uses include, but are not limited to, videos, publications, advertisements, news releases, websites, and any promotional or educational materials in any medium. I acknowledge that the Applicant will not receive any compensation for the use of such images, video, likeness, etc.

By acknowledging this Publicity and Photo Release where indicated in the application, I hereby release and discharge Andrew's Gift, and its agents, representatives and assigns, from any and all claims and demands arising out of or in connection with the use of the Applicant's name, likeness, image, voice and/or appearance, including any and all claims for invasion of privacy, right of publicity, misappropriation or misuse of image and/or defamation.

By acknowledging this Publicity and Photo Release where indicated in the application, I represent that I am at least 18 years old and that I have read the foregoing and fully understand its contents. If the Applicant is younger than 18 years old, then I hereby certify that I am the parent or legal guardian of the Applicant and do hereby give my consent without reservation to the foregoing on behalf of the Applicant.

By acknowledging this Publicity and Photo Release where indicated in the application, I agree that this release shall be binding upon me and my heirs, legal representatives and assigns (and in the case of an Applicant that is younger than 18 years old, upon the Applicant and his heirs, legal representative and assigns). This agreement is made and entered into under the laws of the Commonwealth of Pennsylvania and shall be governed and interpreted in accordance with the laws of the Commonwealth. This agreement embodies the entire agreement of the parties. No modification of this agreement shall be of any effect unless it is made in writing and signed by all the parties to the agreement.

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**RELEASE AND WAIVER OF LIABILITY**

**PLEASE READ CAREFULLY!**

**THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!**

This Release and Waiver of Liability (the "Release") is executed as of the application date by the applicant (the "Grant Recipient") or the parent or legal guardian of the Grant Recipient, in favor of Andrew's Gift, a Pennsylvania nonprofit corporation and its directors, officers, employees, and agents. The Grant Recipient has applied for a grant from Andrew's Gift to engage in activities funded through an award by Andrew's Gift (the "Activities"). The Grant Recipient understands that the Activities may include physical activities, exposure to hazardous conditions and other circumstances that may result in personal injuries.

The Grant Recipient hereby freely, voluntarily and without duress Releases Andrew's Gift under the following terms:

1. Release and Waiver. By acknowledging this Release and Waiver where indicated in the application, Grant Recipient does hereby release and forever discharge and hold harmless Andrew's Gift and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, that arise or may hereafter arise from Grant Recipient's Activities with a vendor or service provider funded through a grant by Andrew's Gift.

GRANT RECIPIENT UNDERSTANDS THAT THIS RELEASE DISCHARGES ANDREW'S GIFT FROM ANY LIABILITY OR CLAIM THAT THE GRANT RECIPIENT MAY HAVE AGAINST ANDREW'S GIFT WITH RESPECT TO ANY BODILY INJURY, PERSONAL INJURY, ILLNESS, DEATH, OR PROPERTY DAMAGE THAT MAY RESULT FROM GRANT RECIPIENT'S ACTIVITIES FUNDED THROUGH A GRANT BY ANDREW'S GIFT, WHETHER CAUSED BY THE NEGLIGENCE OR WILLFUL CONDUCT OF ANDREW'S GIFT OR ITS OFFICERS, DIRECTORS, EMPLOYEES OR AGENTS OR OTHERWISE. GRANT RECIPIENT ALSO UNDERSTANDS THAT ANDREW'S GIFT DOES NOT ASSUME ANY RESPONSIBILITY FOR OR OBLIGATION TO PROVIDE FINANCIAL ASSISTANCE OR OTHER ASSISTANCE INCLUDING BUT NOT LIMITED TO MEDICAL, HEALTH, OR DISABILITY INSURANCE IN THE EVENT OF INJURY OR ILLNESS.

2. Medical Treatment. By acknowledging this Release and Waiver where indicated in the application, Grant Recipient does hereby release and forever discharge Andrew's Gift from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Grant Recipient's Activities funded by a grant from Andrew's Gift.

3. Assumption of the Risk. Grant Recipient understands that the Activities may involve work that may be hazardous to the Grant Recipient, including, but not limited to, physical activities, exposure to hazardous conditions, or other circumstances that may result in personal injuries, and transportation to and from the Activities' sites. By acknowledging this Release and Waiver where indicated in the application, Grant Recipient hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases Andrew's Gift from all liability for injury, illness, death, or property damage resulting from the Activities.

4. Insurance. Grant Recipient understands that Andrew's Gift does not carry or maintain health, medical, or disability insurance coverage for any grant recipient. Each Grant Recipient is expected and encouraged to obtain his or her own medical or health insurance coverage.

5. Governing Law; Validity. By acknowledging this Release and Waiver where indicated in the application, Grant Recipient expressly agrees that this Release is entitled to be as broad and inclusive as permitted by the laws of the Commonwealth of Pennsylvania and that this Release shall be governed by and interpreted in accordance with the laws of the Commonwealth of Pennsylvania. Grant Recipient also agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this release, which shall continue to be enforceable.

6. Grant Recipient Under 18. If the Grant Recipient is younger than 18 years old, then the person acknowledging this Release and Waiver where indicated in the application hereby certifies that he or she is the parent or legal guardian of the Grant Recipient and does hereby give this Release and Waiver without reservation on behalf of the Applicant.

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**PART II**

Grant Applicant Name		
First Name:	Last Name:	
Address 1:		
Address 2:		
City:	State:	
Zip Code:	Country:	
Date of Birth:		
<i>Please note that grants are gifted only to those individuals living in Dauphin, Cumberland, &amp; Perry Counties in Pennsylvania</i>		
County of Applicant Residence:		
School District or Name of School (if still in school):		
Name of Parent / Legal Guardian		
First Name:	Last Name:	
Address:		
Phone Number:		
Email Address:		
Name of Individual Completing this Application (complete if different from Legal Guardian)		
First Name:	Last Name:	
Relationship to Grant Applicant:		
Phone Number:		
Email Address:		
Name of individual who can be contacted regarding details of the grant:		
First Name:	Last Name:	
Relationship to Grant Applicant:		
Email Address:		
Phone Number:		
Best days and times to be contacted by phone:		

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**HOUSEHOLD AND FINANCIAL INFORMATION**

*This section must be completed. Applications will not be reviewed without this information.*

**HOUSEHOLD INFORMATION**

Is the applicant an individual living independently or in a supported residence?

Yes

No

Household Information: *(do not complete if applicant is living independently or in a supported residence)*

First Name & Last Name	Relationship to Applicant	Birth Date

**FINANCIAL INFORMATION**

*This application will not be processed if this information is not provided*

Total Household Assets *(Please state things you own, like a car, a house, the amount of money in savings accounts, etc.):*

Total Household Annual Income *(Please state what the total annual income is before your taxes are taken out. This includes all family members earning money for the household):*

**DOCUMENTATION OF AN AUTISM SPECTRUM DISORDER**

*Documentation of an Autism Spectrum Disorder is required (If you have previously applied, you do not need to send additional documentation and proof of an Autism Spectrum Disorder). Documentation could include evaluations reports, individual plans (IFSP, IEP, ISP), or treatment plans. Applications will not be reviewed without this information. Supporting documentation may be attached to this application or forwarded to one of the following:*

- Email to [andrewsgift26@gmail.com](mailto:andrewsgift26@gmail.com)
- Fax to 813-741-6911
- Mail to Andrew's Gift, P.O. Box 6014, Harrisburg, PA 17112

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**DESCRIPTION OF REQUESTED GOODS/SERVICES**

This is where you tell us what it is you want to purchase. Provide the following:

- Description of goods/services
- Name of a service provider and/or vendor
- Contact information for service provider and/or vendor

\*\*\*Request **one** service or item for each application submitted per calendar year (requests for sensory materials may include multiple items)

\*\*\*Those applying for summer programs or park passes need to submit application by the beginning of April

\*\*\*Requests for iPad must be made using our separate iPad Grant Application found at (*include address*)

**Total amount of money requested** (Please note that payment will be made directly to the service provider or goods vendor):

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**DESCRIPTION OF THE GRANT APPLICANT**

This is where you describe the individual who will receive the goods or services. Tell us about:

- Their history
- The things they are good at and enjoy the most
- The things that are difficult for self and others around them
- Their experiences at school, work, & home

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**HOW WILL THE REQUESTED GOODS/SERVICES BENEFIT THE APPLICANT:**

This is where you tell us as specifically as possible:

- The goals you hope to accomplish by using these goods/services
- The current concerns that have caused you to seek out funds for goods/services
- How you think these goods/services will be helpful to the applicant

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**SIGNATURE PAGE**

I understand that my application cannot be processed until I have submitted proper documentation regarding diagnosis. Andrew's Gift cannot proceed with review of the application until proper documentation is received.

- I will submit documentation to Andrew's Gift for proof of an Autism Spectrum Disorder
- I have previously submitted documentation to Andrew's Gift for proof of an Autism Spectrum Disorder

I certify that the Applicant or Legal Guardian has read and is in agreement with the terms and conditions contained in this application.

\_\_\_\_\_ Guidelines of Andrew's Gift Individual Grants (page 1)  
Initial Here

\_\_\_\_\_ Privacy Policy (page 2)  
Initial Here

\_\_\_\_\_ Publicity and Photo Release (page 3)  
Initial Here

\_\_\_\_\_ Release and Waiver of Liability (pages 4 & 5)  
Initial Here

BEFORE APPROVAL OF ANY GRANT, THE PARENT OR LEGAL GUARDIAN OF THE APPLICANT MUST HAVE SIGNED THIS FORM. IF THE PERSON SIGNING THIS FORM IS NOT THE GRANT APPLICANT BUT A LEGAL GUARDIAN OF THE APPLICANT, THE UNDERSIGNED WARRANTS AND REPRESENTS TO ANDREW'S GIFT THAT HE OR SHE IS AUTHORIZED AND/OR INSTRUCTED TO SIGN THIS FORM AFTER REVIEWING THE CONTENTS OF THIS FORM WITH THE APPLICANT WHO UNDERSTOOD ITS MEANING.

By signing this form, I certify that the information contained in this application is true and accurate to the best of the applicant's (or Legal Guardian's) knowledge.

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Parent/Legal Guardian's Name **Printed** Relationship to Applicant

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Parent/Legal Guardian's **Signature** Date

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Applicant's Name Printed