

Grant Application Submittal Checklist

In addition to the Grant Application, the following documents must also be submitted. An application will not be considered complete unless Building Blocks has received all applicable items on this checklist.

- _____ Completed Building Blocks Foundation Grant Application form.

- _____ Letters (on official letterhead) from the doctor and/or medical specialist giving the recommendation for the treatment/apparatus that is being requested.

- _____ Medical documentation or record of your child's health care history and current condition.

- _____ Evidence of the family's financial situation. Provide a document, written and signed by you, stating your lack of ability to pay and why. Include most recent Federal Income Tax return, copies of past 4 check stubs, etc.

- _____ Letter (on official letterhead) of denial from insurance/Medicaid ***when applicable.***

- _____ Letter from doctor or hospital confirming inability to pay ***when applicable.***

- _____ Cincinnati Children's Release Form ***when applicable.***

- _____ Information on the procedure/apparatus requested. This should include: the cost; if it will be discounted; the name, address and phone number of the company and provider who will receive payment; and how the requested procedure/apparatus will improve the child's quality of life.

- _____ A photo of the child

- _____ Consent/refusal to allow your child's picture, story, and/or name on the Building Blocks website, in our newsletter, or in the media. Note: Consent also allows your child's information be used in our Adopt-A-Child program (See Consent page).

I hereby certify that all above information submitted and the statements I have made are true, and agree that any false information, misrepresentation, or omission of facts may result in cancellation or immediate dismissal of my application and possible prosecution.

Signature: _____

Date: _____

Consent Form

We occasionally like to show our supporters the pictures and stories of children they have helped. If you don't want your child's picture used outside of the application process within Building Blocks, please let us know below. ***Your child's last name will NEVER be used in any external media or print materials.***

_____ I do NOT want my child's picture/name/story used on the website, in the media, or in a Building Blocks newsletter.

_____ You MAY use my child's picture/first name/story on the website, in the media, and/or in a Building Blocks newsletter.

_____ You may use my child's picture and story but please change his/her first name.

_____ You may use my child's name and story but please do not use his/her picture.

Signature: _____

Date: _____

Agreement to Participate in Adopt-A-Child Program

Because of the great demand from families like yours, BBK has formed a program called Adopt-A-Child through which a business, family, church, etc. can choose to fulfill some or all of the need for a specific child that has been *approved pending funds*. This slide show will go to businesses and groups who have expressed an interest in directly making an impact for a particular child. It will also be available on the website.

Once the Grant Committee has approved your application, they decide, based on the request and the funds available, whether to place the request in the Adopt-A-Child program. If funds become available before your child's request is adopted, BBK will complete the request. It is *anticipated* that most requests will be filled within 6 months.

We do ask, should your request be fulfilled through the Adopt-A-Child program, that you would write a thank you note from you and your child (with a picture if possible) to the group who adopted your need and send it to the Building Blocks for Kids office for us to deliver to your donor(s).

You may place my child's picture and story on the Adopt-A-Child Slideshow. I understand that there are no guarantees that my child's request will be funded through this program. I also understand that participation in the Adopt-a-Child program is not required in order to be eligible for a grant from BB4K.

Signature: _____

Date: _____

Building Blocks for Kids Grant Application

The candidate's parent or guardian must complete this application in full before the board will review the case. Please be sure to include all additional documents listed on the Grant Application Submittal Checklist. All information submitted is confidential.

Questions? Please contact: Dynette Clark

513.770.2900 Phone

513.297.0605 Fax

BBKids@BB4K.org

Application Date: _____

Candidate Information

Name _____ Age _____ DOB _____ Sex _____

Family Information

Mother's Name _____ Telephone Number _____

Address _____ Cell Phone Number _____

City _____ County _____ State _____ Zip _____

Place of Employment _____

Occupation _____

Email address _____

Father's Name _____ Telephone Number _____

Address _____ Cell Phone Number _____

City _____ County _____ State _____ Zip _____

Place of Employment _____

Occupation _____

Email Address _____

Siblings - first name(s) and age(s) _____

Primary caretaker of the candidate _____ Annual household income \$ _____

Type of health insurance coverage _____

Out-of-pocket medical expenses in the last year for candidate \$ _____

Do you currently receive funds/assistance from any of the following (please circle all that apply):

BCMH

Social Security

MR/DD

Clinical Information

Name/address/phone number of physician(s) associated with current care

Clinical diagnosis _____ Candidate age at onset of illness _____

Description/history of child's illness or health condition _____

Request

Description of request _____

How will this request improve the child's life? _____

Total amount requested from Building Blocks Foundation \$ _____

Date funding is needed _____ Explain _____

If funding been sought from additional sources, please list from whom? _____

If funding has been received, from whom and in what amount? _____

Any additional information relevant to the request _____

How did you hear about Building Blocks Foundation? _____

Please fill in appropriate information related to your request below. It is only necessary to fill in the relevant categories. Building Blocks requires that money be sent directly to the treatment provider, apparatus company, hospital, etc. and not directly to the recipient family. Please indicate the appropriate third party in each of the relevant categories.

If you are listing needs in more than one program area, please number those needs in order of importance and/or urgency.

Therapy for Kids (\$5000 max) ~ Allows for needed therapy.

Type of therapy/treatment _____

Purpose _____

Number of treatments/visits _____ Cost per treatment/visit \$ _____

Will doctor/organization participate with Building Blocks through a discount? _____

If grant is awarded, who will receive payment? Name _____

Address _____ City _____ State _____ Zip _____

Hearing & Communication for Kids ~ Devices and programs that help a child interact with the world.

Type of device _____ Estimated life of device _____

Cost of device \$ _____ Is a used device an option? _____

If grant is awarded, who will receive payment? Name _____

Address _____ City _____ State _____ Zip _____

Medical Equipment for Kids ~ Equipment/supplies needed to sustain or improve the quality of life for a child.

Equipment Request

Type of equipment _____ Estimated life of equipment? _____

Cost of equipment \$ _____ Is used equipment an option? _____

If grant is awarded, who will receive payment? Name _____

Address _____ City _____ State _____ Zip _____

Supply Request ~ special formula, medication, etc.

Name of formula/medication _____

Purpose _____

Size (if applicable) _____

Number of months needed _____ Cost per month \$ _____

Will provider participate with Building Blocks through a discount? _____

If grant is awarded, who will receive payment? Name _____

Address _____ City _____ State _____ Zip _____

Caring for Kids ~ Miscellaneous needs that improve the quality of life for children with special needs.

Description of Need _____

Purpose _____

_____ Cost \$ _____

Will a doctor/organization/business participate with Building Blocks through a discount? _____

If grant is awarded, who will receive payment? Name _____

Address _____ City _____ State _____ Zip _____

Type of equipment _____

Estimated life of equipment? _____ Is used equipment an option? _____

Displacement Request

If displacement funding is provided, the receipts must be provided to Building Blocks verifying how the funding has been utilized. The funding will be paid directly to a third party whenever possible. Please note that funding will only be granted to the candidate and one parent/guardian. In addition, a letter will be required from the doctor or medical specialist recommending the treatment be handled outside of the child's city of residence.

Transportation

Purpose of travel _____

Travel between which cities _____

Method of transportation (please fill in the appropriate information):

Plane

Number of individuals _____ Number of roundtrips _____ Cost/adult \$ _____ Cost/child \$ _____

Car

Number of roundtrips _____ Estimated roundtrip mileage _____

Train

Number of individuals _____ Number of roundtrips _____ Cost/adult \$ _____ Cost/child \$ _____

Public Transportation

Type of transportation _____ Number of individuals _____ Number of roundtrips _____ Cost/trip \$ _____

If grant is awarded, who will receive payment? Name _____

Address _____ City _____ State _____ Zip _____

Lodging

Number of nights _____ Type of lodging _____

Cost per night \$ _____ Is charitable housing an option? _____

If grant is awarded, who will receive payment? Name _____

Address _____ City _____ State _____ Zip _____

Building for Kids (\$5000 max) ~ Modifications to a child's home environment.

****Please include any contractor quotes you have gotten as well as copies of drawings, if applicable.**

Description of Need _____

Purpose _____

_____ Cost \$ _____

Will contractor participate with Building Blocks through a discount? _____

If grant is awarded, who will receive payment? Name _____

Address _____ City _____ State _____ Zip _____

Mobility for Kids ~ Transportation assistance required for a child's medical needs to be met.

\$7500 max for vehicle and equipment. \$5000 max for vehicle only or equipment only

Equipment (lifts, tie downs, etc)

Description of Need _____

Purpose _____

_____ Cost \$ _____

Will provider participate with Building Blocks through a discount? _____

Type of equipment _____

Estimated life of equipment? _____ Is used equipment an option? _____

If grant is awarded, who will receive payment? Name _____

Address _____ City _____ State _____ Zip _____

Vehicle

****Please note that grants for vehicles are limited each year. New vehicles are not an option.**

Description of Need _____

Maximum amount of cash that family can give as a down payment \$ _____

Maximum amount family can give for 12 – 18 monthly payments \$ _____

Description of Need _____

We would like a vehicle with no more than _____ miles on it.

Description of Need _____

I hereby release, hold harmless and indemnify Building Blocks Foundation, its directors, trustees, officers, employees, volunteers and agents from and against all claims, liabilities, losses, costs, damages or expenses, including reasonable attorney fees and litigation expenses, resulting from or in connection with any treatment, medication, apparatus, transportation, lodging or other benefit that is awarded to me by Building Blocks Foundation pursuant to my grant request. In addition, I certify that all of the information that I have submitted and all of the statements that I have made in support of this grant request are true, and I agree that any false information, misrepresentation or omission of facts by me may result in the cancellation or immediate dismissal of my application and that Building Blocks reserves the right to take any necessary action to recover any benefits, or the value of any benefits, awarded to me in reliance upon such false information, misrepresentation or omission of facts.

Signature: _____

Date: _____