



GRANT APPLICATION FORM

CHILD INFORMATION

Name _____ Date of Birth _____

FAMILY INFORMATION

Parent/Legal Guardian Name _____

Address _____ City _____

State _____ Zip Code _____

Telephone Number _____ E-mail Address _____

ABOUT THE CHILD

Please provide any information you feel is important regarding the child on whose behalf you are making this application.

GRANT FUNDS

Please explain what the grant funds will be used for, why they are needed, and include the estimated cost.

ADDITIONAL INFORMATION

Along with this completed application, please provide: (1) a letter from the child's treating physician, on letterhead, confirming the child's diagnosis; (2) a photograph of the child (the "Photo"); and (3) proof of the undersigned's New York State residency (acceptable forms of proof

include, but are not limited to, a New York State driver's license, ID card, a utility bill or bank statement issued within the last ninety (90) days, etc.).

PUBLICITY AUTHORIZATION

The undersigned gives permission for Believe in a Cure, Inc. ("BIAC") and/or its representatives to use the Photo in publications, slides, videotapes or on the Internet, and agrees to provide a written testimonial about how the grant has helped your family (together with the Photo, the "Information"). The undersigned understands the Information will be used to inform families, volunteers, media outlets and the general public about BIAC's programs, services and events.

RELEASE

In consideration of BIAC reviewing this application and, if it so determines, granting any amount of the grant funding request, the undersigned, on behalf of his/herself, the child for whom this application is made, and its and their heirs and assigns, hereby irrevocably releases and agrees to hold BIAC and its officers, directors, employees, and volunteers harmless for, from and against any and all liability, damage and claims of any kind or nature, known and unknown, which may be connected with, result from, or arise out of the consideration, preparation, and fulfillment of the grant funding request in this application.

The undersigned acknowledges reading and understanding this Authorization and Release. The undersigned agrees that this Authorization and Release fully and accurately expresses his/her understanding and cannot be revoked unless done so in writing and provided to the email address below. The undersigned further acknowledges that grants provided hereunder are taxable and that the undersigned will receive a Form 1099 from BIAC in connection with any grants made.

Parent/Legal Guardian Signature _____

Date _____

APPLICATION SUBMISSION INFORMATION

Please send completed applications to: info@webelieveinacure.org with the subject line "Grant Request." Completing this application does not guarantee funds will be awarded. If you have any questions, please contact us!