

THE MIKEL FOUNDATION - DISCRETIONARY GRANT APPLICATION 2019

STATEMENT OF PURPOSE

Founded in 1997 in honor of Mikel William Danielson, The Mikel Foundation is a non-profit organization dedicated to helping other children with genetic disorders. The Foundation will provide financial assistance to and otherwise improve the lives of children with genetic disorders, as well as provide funding for genetic research.

GUIDELINES TO APPLICANTS

Scope of Grants

The Mikel Foundation will consider grants to:

- Research facilities which make proposals for specific projects relating to research for further knowledge of a genetic disorder and related services.
- Families having a child with a genetic disorder who demonstrate a financial need for the purchase of wheelchairs, orthotics and necessary supplies or educational related materials.

Amount of Grants

The size of permissible grants is subject to the resources of The Mikel Foundation and the needs of the specific project or individual.

Grant Procedure

Applicants are required to complete the attached application for a Discretionary Grant. The Mikel Foundation will consider all requests received.

- Complete the attached application form.
- Provide a list of names and addresses including insurance companies with identification and group numbers, vendors, physical therapists and physicians, if applicable.
- Attach a brief personal statement of need.
- Detail type of equipment, supplies or materials, etc. wanting to purchase and amount and source of available funding.
- If a research facility, submit a detailed proposal for the project outlining goals, methods, personnel required, expense budget and approximate timing of project.

Email the completed application and requested materials to the following address:

themikelfoundation@gmail.com

Should you have any questions regarding this application, please email The Mikel Foundation at themikelfoundation@gmail.com.

We would like to report to our contributors the projects/grants their donations have funded. Please sign below if you agree to be included in future newsletters to The Mikel Foundation contributors detailing grants and/or featured on The Mikel Foundation Website.

Name _____ (Please print)

Signature _____

Date _____

THE MIKEL FOUNDATION - INDIVIDUAL GRANT APPLICATION

PLEASE PRINT OR TYPE CLEARLY

DATE OF APPLICATION ____/____/____

Identification of Applicant

Name of Grant Recipient/Applicant _____

Parent or Legal Guardian _____

Date of Birth of Applicant _____

Address _____

Telephone _____ email _____

Please briefly describe the applicant's genetic disorder: (Attach a separate sheet, if necessary)

Please provide a brief statement of financial need and potential insurance coverage:

Please provide a description of equipment, materials or supplies you may need to purchase with the assistance of the Mikel Foundation.

Cost _____

Vendor _____

Vendor Address _____

Vendor Telephone# _____ Vendor FAX _____

Please provide any applicable insurance information:

Company _____

Identification# _____

Group# _____

Address# _____

Telephone# _____ FAX# _____

Please provide names and phone numbers of applicable therapists and physicians we may contact for references:

Name

Address

Phone Numbers

Name

Address

Phone Numbers

Name

Address

Phone Numbers

Grant Request

Amount of Funds Requested (approximate if not known)

Please sign this application:

Print Name _____

Signature _____ Date _____