



## ***The Monocacy Foundation***

### ***2019 Grant Application***

The Monocacy Foundation was established in 1995 to provide funds to help bridge the funding gap to Frederick County citizens who have an intellectual/developmental disability. Grants are given to meet medical, educational, and recreational needs or wishes not covered by other funding sources.

#### ***Application Process***

- Complete the application
- Include copies of any requested documents
- Submit 1 copy via website email (applications may also be faxed or mailed)
- Grant applications will be accepted from August 15, 2019 to October 4, 2019
- Grant requests for respite care will not be accepted

#### ***Contact Information***

- **Website**     [www.themonocacyfoundation.org](http://www.themonocacyfoundation.org)
- **Email**        marybethl@themonocacyfoundation.org
- **Fax**            301-663-0476
- **Mail**            The Monocacy Foundation Inc  
Marybeth Leonard  
620-B Research Court  
Frederick MD 21703

<i>Monocacy Foundation Use</i>	
Grant Amount	\$ _____

# The Monocacy Foundation Grant Application for 2019

**SECTION 1 – For person filling out application**

- 1. Name \_\_\_\_\_
- 2. Relationship to grant candidate \_\_\_\_\_
- 3. Best Phone Number \_\_\_\_\_ Home  Cell  Work
- 4. Email \_\_\_\_\_

**SECTION 2 – For person in need of grant**

- 1. Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_
- 2. Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 3. Diagnosis \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 4. Yes  I am submitting the required physician’s diagnosis of disability **OR** copy of current IP

**SECTION 3 – Financial Information**

- 5. Yes  I am submitting proof of income \*(1040 give options here) *If yes, please go to question # 7*

**6. Proof of Monthly Income:**

SSA/VA Benefits Received	\$ _____	Transportation Costs	\$ _____
Rent or Mortgage	\$ _____	Credit Cards	\$ _____
Car Payment	\$ _____	Food/Household	\$ _____
Utilities	\$ _____	Child Care	\$ _____
Student Loans	\$ _____	Insurance	\$ _____
Health Insurance	\$ _____	Other _____	\$ _____
Medical/Dental Bills	\$ _____		
<b>Total</b>			<b>\$ _____</b>

- 7. Annual income \$ \_\_\_\_\_

8. Number of people living in the household: \_\_\_\_\_

9. Please provide any other relevant or important financial information (*loans, contributions, employment, other liabilities or assets, etc*):

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10. Amount of Funds Requested: \$ \_\_\_\_\_

Describe below the intended use of the funds requested and why they are needed.  
*You may use an additional sheet, if necessary.*

11. **Medical Requests:** If this is a request to cover costs of a medical bill or medical equipment, have you applied to your insurance company?

Yes  *If yes, please include copy of denial letter*

No  *If no, why not?* \_\_\_\_\_  
\_\_\_\_\_

**12. Share:**

We want to get to know you! Tell us about the grant applicant; share their story – from accomplishments to challenges and anything else you’d like us to know.

**13. Photo Release:**

*I understand and agree that participation in The Monocacy Foundation grant process may result in publicity. By signing below I grant The Monocacy Foundation the use of photos, video and names for all media (social, website, print and digital).*

\_\_\_\_\_  
*Print name of person completing application*

\_\_\_\_\_  
*Relationship to person needing grant funds*

\_\_\_\_\_  
*Signature of person completing request*

\_\_\_\_\_  
*Date* 2019