



TOGETHER WE MOVE

Motion Project Foundation, Inc.
(Formerly Wheels With Wings Foundation, Inc.)
Grant Application

Application Eligibility:

Applicants must have experienced a spinal cord injury resulting in paraplegia or quadriplegia and such injuries have resulted in substantially interfering with personal independence. A letter from a physician or other medical practitioner verifying the nature (type) and cause of your injury will be required.

Applicants must demonstrate a financial need. Documentation **will be required**. It must be shown that the financial need is due to necessity not covered by other sources such as health insurance, community resources, through agencies or programs or any other means. Proof of denial from other sources **will be required**.

Applicants must be specific in their request. Requests for “anything you can give” will not be considered. Grant requests must be limited to one specific need. Grant awards will be limited up to \$5,000. Payment will only be made to the vendor or third party recipient, NOT the individual recipient.

Applicants must reside in one of the 17 counties that comprise the Western New York Region of New York State. <http://www.westernny.com/regions.html>

There is no age requirement for applicants.

Eligibility **DOES NOT** guarantee any entitlement to a grant (award).

Applicants must submit estimates from potential suppliers when completing the application/grants.

Use of Grants:

Motion Project Foundation grants may be used to obtain and/or repair equipment such as wheelchairs, standers, FES bikes, vehicle modifications (i.e. hand controls or lifts), small home modifications to include ramp or lift installation, adaptive equipment to aide in personal independence, as prescribed by a licensed medical professional. **Please note that grants are not available towards the purchase of a new or used van/car**; funds are available for vehicle modifications. Due to the number of applications we receive for items of necessity, we do not accept grants for recreational equipment. If you are looking for recreational equipment, you may wish to try the Kelly Brush Foundation at www.kellybruchfoundation.org.

Motion Project Foundation grants may be used for various types of rehabilitation programs under the supervision of a licensed doctor, physical therapist or other medical professional.

Note: This includes but not limited to physical therapy, occupational therapy, integrative manual therapy, or alternative & holistic treatments.

How to Apply:

Applicants must complete all questions of the application in order to be considered for a Motion Project Foundation Quality of Life Grant, including providing contact information and estimates from at least three (3) suppliers and/or contractors for the equipment or renovations requested in the application. Applicants **must print, sign and submit the checklist** included with the application. **Incomplete applications will not be considered.**

Applications are accepted year-round and are considered at quarterly Grant Committee meetings. Grants awarded will be considered based on necessity, and cost of the applicant's request and financial need. There is **NO** minimum award. Grant awards will be limited up to \$5,000. Grants are awarded quarterly and recipient will be notified by email, phone or mail upon approval. All paperwork submitted including the application will not be returned.

A recipient of a grant may not re-apply within a year of their award.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

NO PHONE CALLS PLEASE. Due to the volume of grant applications, we respectfully request no phone calls or emails inquiring on the status of your application. Grant recipients will be notified by email, phone or mail of the decision.

The Grant Committee of the Motion Project Foundation will review each completed request quarterly and make specific recommendations to the Board of Directors for approval. The Board of Directors meets quarterly to authorize and approve grant awards. Notifications, of both awards and declinations, will be emailed out after the Board has met. All supporting materials should be submitted to the address below.

Note: Motion Project will disburse awards based on those who are most in need. Requests will be assessed according to the criteria set forth in the Foundation's distribution policies, including potential benefit, need for support and personal and outside resources available. Awards will be subject to availability.

Once approved as a recipient of a grant, you may need to complete some additional paperwork. The paperwork will indicate the provider you have chosen and the specifics of the goods or service to be provided. The provider must submit an invoice to Motion Project Foundation for the goods or services rendered. Upon receipt, a check will be issued directly to the provider within 2 to 3 weeks. **No award will be paid directly to the applicant.**

Denied applicants may re-apply at any time. A new application will be required.



MOTION PROJECT FOUNDATION
INDIVIDUAL GRANT APPLICATION

Name Social Security Number

Date of birth Birth city
(Please attached a photocopy of birth certificate, US Passport or valid driver's license)

Address

City State Zip code

Home phone Cell

Email address

Date of Injury Level of Injury

Cause of Injury

Marital Status Children Ages

Are you employed If so, name of Employer

Primary Insurance Secondary Insurance

Were you injured on the job If so, are you collecting workers compensation?

Name of workers compensation carrier

Contact information for workers compensation carrier

What was your occupation prior to your injury?

What is your level of education?

What is your current living situation (i.e. on your own, with parents)?

What is your current monthly income from all sources: ? Please submit proof of such income. (SSI, SSDI, W2, tax return)

How did you hear about Motion Project Foundation (formerly Wheels With Wings Foundation)?

Please describe the degree of your disability and how it affects your everyday life:

Four horizontal lines for describing the degree of disability and its effects on everyday life.

Other factors that you may wish to be taken into consideration (health factors, living arrangements, financial or family issues etc.):

Give a detailed description of the services and/or equipment or modification(s) for which you are applying, including the provider's names, manufacturer's name, model numbers etc. if applicable:

Give a brief description of how the services and/or equipment or modification(s) for which you are applying would affect your daily life:

Please provide the names, addresses and phone numbers of at least (3) providers and/or contractors you have contact and their prescribed treatment with potential outcomes and estimates for equipment or modifications requested Please attach any written quotes, if any, you have received: *Materials submitted are non-returnable.*

Therapist/Rehabilitation Facility or Provider

Contact Name

Address

City, State, Zipcode

Phone No.

Web address (if any)

Quote

Therapist/Rehabilitation Facility or Provider

Contact Name

Address

City, State, Zipcode

Phone No.

Web address (if any)

Quote

Therapist/Rehabilitation Facility or Provider

Contact Name

Address

City, State, Zipcode

Phone No.

Web address (if any)

Quote

Additional comments _____

In order to be considered for the Motion Project Foundation Quality of Life Grant, applicants must provide estimates for the cost of services and/or equipment or modifications requested.

Print, sign and return the attached checklist along with all the necessary documentation requested in the grant application.

Incomplete applications will not be considered.

I certify that, to the best of my knowledge and ability, the information included in this application is accurate as of the date signed below. By my signing this application, I give permission to Motion Project Foundation to obtain medical records related to my injury and to the therapy, I have done. I also acknowledge that I am aware if I receive a Motion Project Foundation Quality of Life Grant, Motion Project Foundation may use my name/image for media and/or promotional purposes:

Signature of Applicant: _____ **Date:** _____

Signature of person filling out on applicants behalf: _____

Relationship: _____

Mail completed applications to:

Motion Project Foundation, Inc.
ATTN: Mary Lynn Barnhard, Foundation Coordinator
P. O. Box 975
Cheektowaga, New York 14225





**MOTION PROJECT FOUNDATION
QUALITY OF LIFE GRANT CHECKLIST**

Please print this checklist, sign and date and return with completed application. Be sure to include all documentation as incomplete applications will not be considered.

- Completed Grant Application**

- Birth certificate, US Passport, or valid driver's license**

- Physician letter indicating level of injury and diagnosis**

- Proof of income, i.e. SSI, SSDI, W2, tax return**

- Three (3) quotes**

- Denial letters from insurance or other sources for grant request**

Signature of Applicant: _____ **Date:** _____

Signature of person filling out on applicants behalf: _____

Relationship: _____

Grant application and all submitted documents are for the sole use of Motion Project Foundation Grant Committee for awarding Quality of Life Grants and will be kept strictly confidential.