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# THE MONOCACY FOUNDATION

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## GRANT APPLICATION



As a natural outgrowth of Community Living's mission, 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.

***GRANT REQUESTS FOR RESPITE CARE WILL NOT BE ACCEPTED.***

### **Application Process**

- Complete the application found on the following pages.
- Submit 1 copy by **email** ([marty@communitylivinginc.org](mailto:marty@communitylivinginc.org)), **fax** (301-663-0476), or **send** hard copy to the following address:

The Monocacy Foundation, Attn: Ms. Marty Young  
c/o Community Living, 620-B Research Ct.  
Frederick, MD 21703

***Grant applications will be accepted from Aug. 15, 2017 to Oct. 6, 2017.***

Monocacy Foundation Use	
Grant Amt:	_____

## The Monocacy Foundation Grant Application

**Name of Person** \_\_\_\_\_ **Birthdate** \_\_\_\_\_  
(in need of grant)

**Home Address** \_\_\_\_\_

Is this a Frederick County address? Yes \_\_\_\_\_ No \_\_\_\_\_

**Best phone number** \_\_\_\_\_

**Email** \_\_\_\_\_

**Diagnosis of person needing grant** \_\_\_\_\_

**\*\*You must submit proof of the disability (physician's diagnosis or copy of an IEP)\*\***

**Proof of Income (Please submit your 1040 OR complete information below.)**

Annual income \_\_\_\_\_ How many people in the household \_\_\_\_\_

Social Security/VA or other benefits received \_\_\_\_\_

Monthly bills:

Rent or Mortgage \_\_\_\_\_

Car Payment \_\_\_\_\_

Utilities \_\_\_\_\_

Student Loans \_\_\_\_\_

Health Insurance \_\_\_\_\_

Dental/Doctor bills \_\_\_\_\_

Transportation costs \_\_\_\_\_

Credit Card \_\_\_\_\_

Food \_\_\_\_\_

Child Care \_\_\_\_\_

Insurance \_\_\_\_\_

Other \_\_\_\_\_

**Total:** \_\_\_\_\_

**Any other financial information we need to be made aware of:**

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**Amount of funds requested:** \_\_\_\_\_

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

If this is a request to cover costs of a medical bill or medical equipment, have you applied to your insurance company? \_\_\_\_\_ If yes, please include a copy of the denial letter.

By signing you understand and agree that participation in The Monocacy Foundation grant process may result in publicity. By signing you are allowing The Monocacy Foundation to use the name, photos, or video of all participants for publicity purpose.

_____	_____
Print name of person completing request	Relationship to person needing grant funds

_____	_____
Signature of person completing request	Date

Send all information to: **The Monocacy Foundation, Attn: Ms. Marty Young**  
**c/o Community Living, 620-B Research Ct.**  
**Frederick MD 21703**

or by email to [marty@communitylivinginc.org](mailto:marty@communitylivinginc.org)  
or fax to 301-663-0476

**Questions: Call Ms. Marty Young 301-639-0248**