



THE MONOCACY FOUNDATION

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), **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, 2018 to Oct. 5, 2018.

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:

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
or fax to 301-663-0476

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