



2012 INDIVIDUAL GRANT APPLICATION

Application must be postmarked by March 31, 2012.

The Different Needz Foundation is a 501(c)(3) charitable organization. The Foundation's primary mission is to provide special needs individuals, families and organizations that support them with money to purchase uninsured medical equipment, therapy devices, adaptive toys and/or services.

Note to applicants: Grants are awarded at the sole discretion of the Different Needz Foundation Board of Directors. If your grant request is approved, the equipment provider or service provider will be paid directly by The Different Needz Foundation. **It is mandatory that you include price quotes, catalog pages or other information that supports the amount you are seeking. Do not use staples to attach documents. Failure to include supporting documentation will disqualify your application.** The Different Needz Foundation strives to help as many people as possible with the available funds. Written notification of the Foundation's determination will be sent to applicants via U.S. mail.

CONTACT INFORMATION (All information is required.)

Applicant's Name:			
SELF	PARENT	GUARDIAN	OTHER
Street Address:			
City:			
State:			
Zip Code:			
Phone Number:			
Email Address:			
Amount Requested:			
Have you received a prior grant from the Foundation?	YES	NO	
If "Yes", please state the amount received and the purpose of the grant:			

GRANT REQUEST

Please tell us about the individual(s) that will benefit from the grant. (If additional space is needed, please continue on a separate page. **Do not use the back of any page.**)

Please tell us about the service or item that you need. Please include a detailed description of the service or item, information about how it will benefit the above-named individual, the provider's name, address and telephone number and the amount of the grant being requested. (If additional space is needed, please continue on a separate page. **Do not use the back of any page.**)

Continue on next page.

You must include supporting documentation as to the service or item and its cost. Failure to include supporting documentation will disqualify your application.

Applicant Signature: _____

Date: _____

Thank you for your application. Notification of the Foundation's determination will be sent to applicants via U.S. mail approximately six weeks from the deadline. We may contact you for further information. Please mail the application and supporting documentation to:

The Different Needz Foundation: PO Box 23423 Chagrin Falls, OH 44023

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Questions? Contact the Different Needz Foundation at (216) 904-5151 or email at info@differentneedzfoundation.org Go to www.differentneedzfoundation.org for additional details.