

the MMIHS foundation

www.mmihs.org

admin@mmihs.org

@mmihsfoundation

MMIHS Funds for Families Grant Application

GRANT INFORMATION

The MMIHS Foundation, Inc., is a public 501(c)(3) volunteer organization dedicated to bettering the lives of those affected by MMIHS through the cultivation of a supportive and resourceful community which promotes advocacy, awareness, education, and research.

We know that living with a rare disease can lead to added, unexpected, and astronomical costs for a family and that managing these financial burdens can make an already difficult situation even more challenging. As part of our mission to cultivate a supportive and resourceful community, we have created the MMIHS Funds for Families grant giving program. This program seeks to help families who may find themselves in need of monetary resources to fully fund or reduce the costs of equipment and/or services that are not otherwise covered by insurance.

Coverage varies by location so examples include but are not limited to: Various therapies, Gus Gear Central Line Vest, Hammond Drysuit, Backpacks, adaptive clothing, TPN fridge, coolers, organizational items for medical supplies, chux pads, gloves, sterile pads, alcohol wipes, Mepilex for dressings, etc.

The *MMIHS Funds for Families* program is funded by donations to The MMIHS Foundation, Inc. and is administered by the board of directors on a semi-annual basis.

Rules of Compliance for Families Receiving *MMIHS Funds for Families* Grants

MMIHS Foundation monies must be expended only for those purposes, and at only the location, stated by the applicant in its Grant Application. Whenever possible payments will be made directly to the service or equipment provider. If not possible, a reimbursement directly to the family can be made with proof of a purchase that was made in 2022. No MMIHS Foundation Monies may be shared with or sent to another recipient without explicit, written approval from the MMIHS Foundation Board of Directors. Monies must be used for their purpose within one calendar year or refunded. The applicant must agree to furnish audits and other financial information as outlined in the Application and/or as requested by The MMIHS Foundation. No deviation to or modification of the rules of compliance stated herein is permitted without advance, written approval of the MMIHS Foundation Board of Directors.

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Application Process

1. As funds are available, the foundation will announce an open application window and corresponding submission dates.
2. All applicants will receive acknowledgement upon receipt of application. Applications are subject to an initial screening for eligibility and to ensure all required information has been submitted. Any information not provided could result in a delay of your request or eliminate your request from being considered.
3. The board will review the applications at the board meeting that succeeds the closure of the application window. The date of the meeting will be announced with the application window.
4. Grant awardees will be notified within one week of the board's decision and the allocation process will begin.
5. Monies must be used for their purpose within one calendar year or refunded.
6. If issued an MMIHS Funds for Families grant, you will be required to provide a report describing the use of the funds, expenditure receipts, and any other necessary information within 60 days after receipt of the grant unless agreed upon by the board.
7. In addition we request "picture proof" to be used on our website and social media platforms.

Application Instructions

Application for grants must be submitted on an *MMIHS Funds for Families* Application form. Additional information (brochures, letters, etc.) may be attached to the application.

Any information not provided could result in a delay of your request or eliminate your request from being considered.

Grant applications must be completed, signed, and returned by email (admin@mmihs.org) or by postage to:

MMIHS Foundation, Inc.
ATTN: MMIHS Funds for Families
The MMIHS Foundation
PO Box 186
Willernie, MN 55090

Patient Name: _____ Patient Birth Date: _____

Application Checklist

Please complete this checklist as you work through the application and include it with your final documentation.

- Application Checklist - Pg. 1
- The MMIHS Foundation Funds for Families Allocation Application - Pg. 2-3
- Additional description of the service or equipment requested (if needed) - Pg. 4
- MMIHS Funds for Families Supporting Documentation - Pg. 5
- Signed Agreement - Pg. 6
- Proof of price/cost of requested therapy, services or equipment - (This could be a print out from a website, a copy of an ad, etc.)

Send completed application to:

Via e-mail to:

admin@mmihs.org

or via postage to:

MMIHS Foundation, Inc.
ATTN: MMIHS Funds for Families
The MMIHS Foundation
PO Box 186
Willernie, MN 55090

If the application is submitted via postage, please send an e-mail to admin@mmihs.org notifying us of your submission so we can be sure to collect it in a timely manner.

The MMIHS Foundation Funds for Families Allocation Application

Please note: All information provided on the following application will be kept confidential amongst the MMIHS Foundation Board of Directors and shall not be disclosed to any third party without the prior consent of the applicant. All participating members of the board will sign a confidentiality agreement prior to reviewing the submitted applications. A copy of the signed confidentiality agreements is available upon request.

Family Information

Patient Name: _____ Patient Birth Date: _____

Primary Contact

Parent/Guardian's Name (if different from patient): _____

Address: _____

Telephone: _____ E-mail: _____

Number of persons in household: Adults _____ Children under 18: _____

Medical Information

Patient's Diagnosis: _____

Primary Physician: _____

- Clinic/Hospital: _____

Other physicians (if applicable): _____

- Clinic/Hospital: _____

Therapist: _____ Facility: _____

Therapist: _____ Facility: _____

Therapist: _____ Facility: _____

Other: _____ Facility: _____

Funds Requested

1 Type of Services or Equipment:

Make payment to:

Cost:

Amount insurance will cover:

Amount of funds requested:

2 Type of Services or Equipment

Make payment to:

Cost:

Amount insurance will cover:

Amount of funds requested:

Total Amount:

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Description - Please describe the service or equipment in detail, an attachment is available if more room is needed:

Please explain the need for the service or equipment:

If you receive a grant, please detail the time frame or schedule for use of the funds:

Please attach any additional documentation you feel would be helpful if needed and check the following box:

See attachments for more information

MMIHS Funds for Families Supporting Documentation

REQUIRED DOCUMENT

This document is to be completed by and an applicable medical professional (i.e. physician, physician assistant, nurse practitioner, Physical, Occupational or Hand Therapist, social worker or other Healthcare Specialist, etc.) substantiating the need for the requested equipment and/or services.

Name of Medical Professional: _____

Occupation: _____

Employer: _____

Relationship to Applicant: _____

Length of time you have known the applicant: _____

Professional explanation as to why the requested equipment and/or services are necessary for the applicant:

To my knowledge, the requested equipment and/or services are not covered by insurance. Please check one:

Correct

Incorrect

I don't know

Contact Information:

Phone: _____

E-mail: _____

Signature: _____

Date: _____

Agreement

The MMIHS Foundation Board of Directors will review and discuss this application and requested attachments in the decision process for fund allocation. Any information not provided, could eliminate the request from being considered. Funds will be disbursed on a pro-rated basis to qualified applicants, based on available dollars.

Without explicit, written approval of the MMIHS Foundation Board of Directors, MMIHS Foundation monies must be expended only for those purposes, and at only the location, stated by the applicant in its Grant Application. Without explicit, written approval of the MMIHS Foundation Board of Directors, no MMIHS Foundation Monies may be shared with or sent to another recipient.

The applicant must agree to furnish audits and other financial information as outlined in the Application and/or as requested by The MMIHS Foundation. No deviation to or modification of the rules of compliance stated herein is permitted without advance, written approval of the MMIHS Foundation Board of Directors.

Monies must be used for their purpose within one calendar year or refunded. A detailed report describing the use of the funds, expenditure receipts, and any other information to illustrate funds usage must be submitted within 60 days after utilizing the funds.

Photographs of utilization should also be submitted along with a brief statement detailing your use of the service or equipment. Submissions of such information implies permission for The MMIHS Foundation to make use of the photos on their website and/or social media platforms. Failure to agree could eliminate your request from being considered.

Are you willing to comply with the requirements?

Yes

No

Signatures

I hereby agree to the terms and conditions stated above. I affirm and certify that all the information and answers to questions herein are complete, true and correct to the best of my knowledge and belief. I understand that any misrepresentation, falsification, or omission of any facts called for in the application may render this application void and disqualify me from any future grants given by The MMIHS Foundation.

Signature of Applicant

Date

Signature of MMIHS Foundation President

Date