

Andrew's Gift Individual and Family Grant
Application

Following are the requirements broken into two parts to apply for Andrew's Gift assistance. Please review Part I before completing Part 2.

****Please note**** If you have previously applied, you do not need to send additional documentation and proof of an Autism Spectrum Disorder.

PART I

Please read the following before completing Part 2:

*PRIVACY POLICY PUBLICITY AND PHOTO
RELEASE RELEASE AND WAIVER
DOCUMENTS*

Please note that individuals are entitled to one approved grant per calendar year.

Additionally, individual financial information may be requested for approval.

Applicant is **REQUIRED** to submit documentation for proof of an autism spectrum disorder diagnosis. The application **CANNOT** be processed without this information.

ANDREW'S GIFT PRIVACY POLICY

Consent for Use and Disclosure of Confidential
Information

Andrew's Gift is a charitable grant-making organization whose mission is to support persons with autism and their families in their home and community settings. We care

deeply about your privacy.

Whenever you provide information about yourself or your family to Andrew's Gift, you hereby consent to allow Andrew's Gift to view and use the information that you share with us, including but not limited to any confidential information such as financial information or health care information. By acknowledging this Privacy Policy where indicated in the application, you understand and agree that Andrew's Gift will share that information with our directors, officers, employees, volunteers and attorneys as needed to take action on your application. We do not share this information with anyone in our organization, however, who does not need it to process your application. If your application is approved, we may also need to share some portion of your information with third persons in order to fulfill the grant, but we do not share this information with anyone who does not need the information in order to take action to fulfill the grant.

We will not sell or share your information to any third person so that they can independently market their own products or services to you. We may share your information with governmental agencies, regulatory bodies and law enforcement agencies to the extent necessary to comply with applicable laws or valid legal processes.

We may retain your information in our files for internal record-keeping purposes, but we make no commitment to retain or store this information for any purpose whatsoever. Although Andrew's Gift will use reasonable efforts to protect this information from disclosure to unauthorized persons, Andrew's Gift will not be held responsible for unauthorized access by third persons, theft or criminal behavior by third persons or accidental release of this information.

By acknowledging this Privacy Policy where indicated in the application, you are granting permission to Andrew's Gift to call your home or other alternative number and leave a message containing confidential information on a voicemail or in person, may mail or email you in reference to any items that assist the Foundation in carrying out requests for service, payments or any items pertaining to your application for support or the fulfillment of any grant or support provided by the Foundation, including follow up to your clinical care.

By sharing information with Andrew's Gift and by acknowledging this Privacy Policy where indicated in the application, you hereby consent to be bound to the terms of this Privacy Policy. Andrew's Gift may make changes to this Privacy Policy at any time by posting those changes to its website. Any such changes will become effective as soon

as they are posted to the website.

ANDREW'S GIFT PUBLICITY AND PHOTO RELEASE FORM

By acknowledging this Publicity and Photo Release where indicated in the application, I hereby grant to Andrew's Gift the absolute and irrevocable right and unrestricted permission to use the name, likeness, image, voice, and/or appearance of the Applicant as such may be embodied in any photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of Andrew's Gift or its partners and affiliates. I agree that Andrew's Gift has complete ownership of such material and can use said material for any purpose consistent with the mission of Andrew's Gift. These uses include, but are not limited to, videos, publications, advertisements, news releases, websites, and any promotional or educational materials in any medium. I acknowledge that the Applicant will not receive any compensation for the use of such images, video, likeness, etc.

By acknowledging this Publicity and Photo Release where indicated in the application, I hereby release and discharge Andrew's Gift, and its agents, representatives and assigns, from any and all claims and demands arising out of or in connection with the use of the Applicant's name, likeness, image, voice and/or appearance, including any and all claims for invasion of privacy, right of publicity, misappropriation or misuse of image and/or defamation.

By acknowledging this Publicity and Photo Release where indicated in the application, I represent that I am at least 18 years old and that I have read the foregoing and fully understand its contents. If the Applicant is younger than 18 years old, then I hereby certify that I am the parent or legal guardian of the Applicant and do hereby give my consent without reservation to the foregoing on behalf of the Applicant.

By acknowledging this Publicity and Photo Release where indicated in the application, I agree that this release shall be binding upon me and my heirs, legal representatives and assigns (and in the case of an Applicant that is younger than 18 years old, upon the Applicant and his heirs, legal representatives and assigns). This agreement is made and entered into under the laws of the Commonwealth of Pennsylvania and shall be governed and interpreted in accordance with the laws of the Commonwealth. This agreement embodies the entire agreement of the parties. No modification of this agreement shall be of any effect unless it is made in writing and signed by all of the parties to the agreement.

ANDREW'S GIFT RELEASE AND WAIVER OF LIABILITY

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

This Release and Waiver of Liability (the "Release") is executed as of the application date by the applicant (the "Grant Recipient") or the parent or legal guardian of the Grant Recipient, in favor of Andrew's Gift, a Pennsylvania nonprofit corporation and its directors, officers, employees, and agents. The Grant Recipient has applied for a grant from Andrew's Gift to engage in activities funded through an award by Andrew's Gift (the "Activities"). The Grant Recipient understands that the Activities may include physical activities, exposure to hazardous conditions and other circumstances that may result in personal injuries.

The Grant Recipient hereby freely, voluntarily and without duress Releases Andrew's Gift under the following terms:

1. Release and Waiver. By acknowledging this Release and Waiver where indicated in the application, Grant Recipient does hereby release and forever discharge and hold harmless Andrew's Gift and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, that arise or may hereafter arise from Grant Recipient's Activities with a vendor or service provider funded through a grant by Andrew's Gift.

GRANT RECIPIENT UNDERSTANDS THAT THIS RELEASE DISCHARGES ANDREW'S GIFT FROM ANY LIABILITY OR CLAIM THAT THE GRANT RECIPIENT MAY HAVE AGAINST ANDREW'S GIFT WITH RESPECT TO ANY BODILY INJURY, PERSONAL INJURY, ILLNESS, DEATH, OR PROPERTY DAMAGE THAT MAY RESULT FROM GRANT RECIPIENT'S ACTIVITIES FUNDED THROUGH A GRANT BY ANDREW'S GIFT, WHETHER CAUSED BY THE NEGLIGENCE OR WILLFUL CONDUCT OF ANDREW'S GIFT OR ITS OFFICERS, DIRECTORS, EMPLOYEES, OR AGENTS OR OTHERWISE. GRANT RECIPIENT ALSO UNDERSTANDS THAT ANDREW'S GIFT DOES NOT ASSUME ANY RESPONSIBILITY FOR OR OBLIGATION TO PROVIDE FINANCIAL ASSISTANCE OR OTHER ASSISTANCE, INCLUDING BUT NOT LIMITED TO MEDICAL, HEALTH, OR DISABILITY INSURANCE IN THE EVENT OF INJURY OR ILLNESS.

2. Medical Treatment. By acknowledging this Release and Waiver where indicated in the application, Grant Recipient does hereby release and forever discharge

Andrew's Gift from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Grant Recipient's Activities funded by a grant from Andrew's Gift.

3. Assumption of the Risk. Grant Recipient understands that the Activities may involve work that may be hazardous to the Grant Recipient, including, but not limited to, physical activities, exposure to hazardous conditions, or other circumstances that may result in personal injuries, and transportation to and from the Activities' sites. By acknowledging this Release and Waiver where indicated in the application, Grant Recipient hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases Andrew's Gift from all liability for injury, illness, death or property damage resulting from the Activities.
4. Insurance. Grant Recipient understands that Andrew's Gift does not carry or maintain health, medical, or disability insurance coverage for any grant recipient. Each Grant Recipient is expected and encouraged to obtain his or her own medical or health insurance coverage.
5. Governing Law; Validity. By acknowledging this Release and Waiver where indicated in the application, Grant Recipient expressly agrees that this Release is entitled to be as broad and inclusive as permitted by the laws of the Commonwealth of Pennsylvania and that this Release shall be governed by and interpreted in accordance with the laws of the Commonwealth of Pennsylvania. Grant Recipient also agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release, which shall continue to be enforceable.
6. Grant Recipient Under 18. If the Grant Recipient is younger than 18 years old, then the person acknowledging this Release and Waiver where indicated in the application hereby certifies that he or she is the parent or legal guardian of the Grant Recipient and does hereby give this Release and Waiver without reservation on behalf of the Applicant.

Andrew's Gift Individual/Family
Grant Application PART 2

Grant Applicant

Name

Address

Date of Birth

County of applicant's residence

School District or Name
of School (if still in school)

Number of
siblings

Name of individual completing this application

Relationship to Grant
Applicant

Phone Number

Email

Name of Legal Guardian

Address

Phone
number

Email

Name of individual who can
be contacted regarding details of the
grant

Relationship to Grant
Applicant

Phone Number

Best days & times to be contacted

Total
Assets

Annual Income

1

Andrew's Gift Individual/Family
Grant Application PART 2

Applicant is required to submit documentation for proof of diagnosis for an Autism Spectrum Disorder. The application cannot be processed without this information. Forward required documentation to one of the following: • Email at andrewsgift26@gmail.com • Fax 813-741-6911 • Mail to P.O. Box 6014, Harrisburg, PA 17112

Description of Goods/Services you are requesting

This is where you tell us what it is you want to purchase. Provide the following:

- description of goods/services • name of a service provider and/or vendor
- along with • contact information for service provider and/or vendor

****Those applying for summer programs need to submit applications at least 2 months prior to the start of a program*

****iPads are gifted 3 times a year at our iPad Days. Those receiving iPads make a commitment to attend an iPad Day and stay the entire day before leaving with the iPad. For those who need to leave early, your iPads will be held for you until the next iPad Day.*

2

Andrew's Gift Individual/Family Grant Application PART 2

Description of the Grant Applicant

This is where you describe the person who will receive the goods or services. Tell us about

• their history • the things they are good at and enjoy the most • the things that are difficult for self and others around them • their experiences at school, work & home

If you are requesting goods/services to help support communication/choice please give us detailed information about how the grant applicant currently communicates

Andrew's Gift Individual/Family Grant Application PART 2 **Have you sought or are receiving other funding for this request?**

This is where you tell us . the name of other organizations that you have asked for financial help to get the requested goods/ services . how much, if any, money they are providing to help pay for the requested goods/services

How will these goods/services benefit the applicant?

This is where you tell us as specifically as possible • the goals you hope to accomplish by using these goods/services • the current concerns that have caused you to seek out funds for goods/services • how you think these goods/services will be helpful to the applicant

How did you decide to request the specific goods/services?

This is where you tell us about

- past experiences that tell you that your request will be helpful
- if you are currently working with a professional who will be helping you use the goods/services
- how the goods/services will help to support any long-term goals

Please provide us with any further information or provide any supportive documentation

This is where you provide us with notes of endorsement from professionals who helped you arrive at the decision to request the specific goods/services on this application...send all supportive documentation to any of the following

- Email at andrewsgift26@gmail.com
- Fax 813-741-6911
- Mail to P.O. Box 6014, Harrisburg, PA 17112

Andrew's Gift Individual/Family
Grant Application PART 2

*****If you are requesting a specialized application (such as ProLoQuo2Go, LAMP Words for Life...) for your iPad, complete the following:**

Name of application you are requesting

Name of application developer

Forward a letter of endorsement from a professional who is currently working with the Grant Applicant. Include the name of the professional, credentials & contact information, and a response to the following questions • What do you want the user of the app to be able to do with this app? • How is the applicant currently using the application? • What features of this application are important for this user? • What other apps were considered? • Was there a trial use of other apps? If yes, why were they not a good fit?

Send letter of endorsement to any of the following

- Email at andrewsgift26@gmail.com
- Fax 813-741-6911
- Mail to P.O. Box 6014, Harrisburg, PA 17112

Andrew's Gift Individual and Family
Grant Application Signature Page

Please initial each section
below

____ I certify that applicant has read and understands the guidelines of Andrew's Gift
(as outlined on the cover page of this application)

____ I certify that the information contained in this application is true and accurate to the best of
applicant's knowledge

____ I certify that applicant agrees to cooperate with the Board of Directors or the Grant
Committee Representative regarding this grant application by providing additional information
that may be required, including financial information.

_____ I certify that applicant understands that the activities funded by the grant may involve hazards to the applicant. Although Andrew's Gift may fund these activities, Andrew's Gift does not prescribe, approve or supervise the activities in any way. Applicant expressly and specifically assumes the risk of injury or harm in any activities, and releases Andrew's Gift from all liability for injury, illness, death, or property damage resulting from the activities

_____ Legal Guardian. If the person acknowledging this Release and Waiver is not the Grant Recipient but a legal guardian of the Grant Recipient, the undersigned warrants and represents to Andrew's Gift that he or she was authorized and/or instructed to sign this Release and Waiver after reviewing the contents of this form with the Grant Recipient who understood its meaning.

_____ I certify that applicant agrees with the terms and conditions contained in Part I.

Publicity and Photo Release

Release and Waiver of

Liability Privacy

I understand that my application cannot be processed until I have submitted proper documentation regarding diagnosis. Andrew's Gift cannot proceed with application until proper documentation is received.

I will submit documentation to Andrew's Gift for proof of an Autism Spectrum Disorder I have previously submitted documentation and proof of Autism Spectrum Disorder

Signature of Legal Guardian:

Name

Date