

Bennett Clayton Foundation for Children with OI Personal Health Grant Application

Child's Name _____ Child's Age _____

Child's Gender _____

Parent/Guardian Name _____

Address _____

City _____ Zip Code _____

Phone () _____ - _____

Email _____

Primary Care Physician Name _____

Primary Care Physician Address _____

Primary Care Physician Phone () _____ - _____

Orthopedist Name (if applicable) _____

Orthopedist Phone _____

Amount of funds requested: \$ _____

Use of grant funds (include name and address of health service provider to which funds will be distributed): _____

Quarterly deadlines for applications: March 31, June 30, September 30 and December 31. Grants will be awarded within thirty(30) days of those deadlines.

Award determinations will be made exclusively by the Foundation Board of Directors.

I declare that recipient is not a “disqualified person” as:

1) I am not a substantial contributor of the Foundation (i.e. have not contributed an aggregate of more than \$5,000.00 to the BCF).

2) I am not an owner of more than 20% of:

a) the total combined voting power of a corporation

b) the profits interest of a partnership

c) the beneficial interest of a trust or unincorporated enterprise

if the corporation, partnership, trust or enterprise is a “substantial contributor” to the Foundation.

3) I am not a manager of this Foundation.

4) I am not a family member of any individual described in 1, 2 or 3 above.

5) I am not a corporation, partnership, trust or estate in which persons described in 1, 2, 3 or 4 above own more than 35% of the total combined voting power, profits interests, or benefits interests, respectively.

6) I am not a government official.

The BCF will not approve grants to a disqualified person as defined in Internal Revenue Code 4946(a)(1).

I declare that all information provided herein is true to the best of my knowledge.

All information provided will be used only by the Bennett Clayton Foundation in the application review process and kept completely confidential.

Parent/Guardian Signature_____

Date _____

Return to: Bennett Clayton Foundation, 36910 County Road 15, St. Peter, MN 56082