

Uniquely Me Foundation – Business Grant Application Form

For: Disability Therapy & Adaptive Product Providers

Purpose: To request funding to support your small business to provide services and therapies to families in the limb difference and TAR Syndrome communities.

Note: Funding requests are reviewed by the BOD and are awarded May 1-October 1 of each calendar year or until funds are exhausted.

1. Business Information

Business Name: _____

Contact Person: _____

Title/Role: _____

Phone Number: _____

Email: _____

Website: _____

Business Address: _____

2. Type of Request

- ☐ Therapy Services (e.g., speech, OT, education)
☐ Adaptive Products or Tools (e.g., AAC mounts, adapted utensils, mobility aids)
☐ Other: _____

3. Description of Request

Please describe the specific services or products for which you are requesting funding. Include the target audience and expected impact.

4. Alignment with Mission

Explain how your request aligns with our nonprofit's mission to promote awareness and education about disabilities, including TAR Syndrome and limb differences.

5. Financial Details

Total Amount Requested: \$ _____

Breakdown of Costs:

6. Supporting Materials

Please attach relevant documentation, such as:

- Quotes or invoices for products/services
- Program or service brochures
- Testimonials or case studies (if available)
- * Client need and impact
- * Documentation showing % of spending on overhead and administration

7. Agreement & Signature

I certify that the information provided is accurate and complete. I understand that any funds awarded must be used solely for the purposes outlined in this application.

Authorized Signature: _____
Date: _____

For Office Use Only:

Date Received: _____

Reviewed By: _____

Approved: ☐ Yes ☐ No

Amount Awarded: \$ _____

Notes: _____