Application for Monetary Grant by The ALS Living Fund

The ALS Living Fund (ALSLF)

7454 Fossil Ridge Dr
Frisco, Texas 75034

Tax ID # 30-0761685

 http: //www.thealslivingfund.webs.com

**DATE OF APPLICATION: 1/1/2014**

**[Applicant / Organization name]**

[Applicant Street Address]

[Applicant City, ST ZIP Code]

[Applicant Phone No.]

[Description of Applicant organization]

1. The applicant specified above hereby formally submits this request for charitable funds in the amount of [Enter amount in whole dollars] , beginning 1/1/2014

1. [Replace this text with the detailed purpose and/or objectives to be accomplished with the funds. The purpose must support the mission of The ALS Living Fund. ]

1. [Explain in this box the financial justification and scope of its use. For example: This grant is necessary to provide treatment to patients A and B once per day for six months. They do not have any means to pay for required treatment as ordered by Dr. X
2. Contact information of person managing grant:

Name:
Job Title:
Phone Number: 000-000-0000
Email:

1. If awarded, you understand that your organization will be required to report use and show proof of how the funds were spent as dictated in written notification of the award. Proof may be required in the form of periodic reports, receipts, invoices, patient signature sheets, or other form at the discretion of the ALSLF Board of Directors. The applicant will also be required to get permission from patients allowing the ALS Living Fund access to the patients’ medical records for audit purposes related to any grant award from the ALS Living Fund.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Position **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**