



Grant Application Form

Program Overview

The InfluentiALS Foundation Living with Care & Support Grant provides financial assistance to individuals and families impacted by ALS. The grant supports needs such as home modifications (e.g., ramps, doorway expansions), medical equipment (e.g., assistive technology, medical supplies, oxygen), caregiver support, and ALS-related expenses.

Grants are awarded twice annually:

1. **Spring** (May)
2. **Winter** (December)

Applications are accepted year-round and reviewed according to the following schedule:

1. **Spring Group** – Submit by April 15 to be considered for the Spring Award (May).
 - If not selected, your application will automatically be reconsidered for the Winter Award (December).
2. **Winter Group** – Submit by October 15 to be considered for the Winter Award (December).
 - If not selected, your application will automatically be reconsidered for the next Spring Award (May).

Each application is eligible for review in **two consecutive grant cycles**. After that, a new application must be submitted for further consideration.

Section 1: Applicant Information

1. Full Name (First Last): _____
2. Address: _____
 - a. City: _____ State: _____ Zip: _____
3. Phone Number: _____
4. Email Address: _____
5. Preferred Contact Method:
 - Email
 - Phone
 - Mail

Section 2: Eligibility Verification

1. Are you or a member of your household diagnosed with ALS?
 - Yes No
 - *If yes, please provide proof of diagnosis (e.g., a letter from a physician or their contact information).*

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2. Residency Verification:

I am a resident of: (e.g. Warren, NJ)

Please attach proof of residency (e.g., driver’s license, utility bill)

3. Do you demonstrate financial need?

Yes No

Please attach documentation of financial hardship (e.g., recent tax returns, pay stubs, or benefits statements, medical bills or invoices related to ALS care or associated programs, participation in government assistance programs, unemployment documentation, and/or a letter of support from a social worker, community leader or nonprofit organization stating financial need).

4. Do you own the property where changes are proposed, or have you obtained written consent from the property owner?

Yes No

If yes, please provide proof of ownership or consent documentation.

Section 3: Proposed Use of Funds

1. Describe the purpose of your grant request:

Please provide a detailed description of the project or service, including how it will benefit the individual with ALS, as well as describe how financial circumstances create a need for assistance.

2. Budget for Requested Funds:

Total Amount Requested: \$_____

Provide an itemized budget for the project or need, if applicable:

ITEM	COST	AMOUNT	TOTAL	NOTES

3. Timeline for Completion:



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Estimated Start Date (MM/DD/YYYY): _____

Estimated Completion Date (MM/DD/YYYY): _____

Section 4: Supporting Documents

Please attach/ upload the following documentation with your application:

1. Proof of ALS diagnosis.
2. Proof of residency.
3. Documentation of financial need (please provide at least 2 from the below).
 - 3.1. Recent tax returns or pay stubs.
 - 3.2. Recent medical bills or invoices related to ALS care or associated expenses.
 - 3.3. Proof of participation in government assistance programs (e.g., SNAP, Medicaid).
 - 3.4. Unemployment documentation (e.g., proof of unemployment benefits or layoff letter).
 - 3.5. A letter of support from a social worker, community leader, or nonprofit organization verifying financial need.
4. Proof of property ownership or permission from the property owner if funds requested are for changes to a home or structure
5. Quotes, invoices, or estimates for proposed projects or purchases.
6. Photos or additional supporting materials, if applicable.

Section 5: Agreement and Signature

By signing below, I affirm that the information provided in this application is true and accurate to the best of my knowledge. I agree to:

1. Use any grant funds awarded for the purposes stated in this application.
2. Provide progress reports and documentation as required by the InfluentiALS Foundation.
3. Grant the InfluentiALS Foundation permission to use my name, story, and/or images for promotional purposes as outlined in the Release of Likeness and Permission section of the program's Terms and Conditions.

Name: _____

Signature: _____ Date: _____

Submission Instructions

Please submit this application and all supporting documents by **mail only**.

InfluentiALS Foundation Grant
100 Grandview Ave.
North Caldwell, NJ 07006



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Questions? For questions or assistance with the application, please contact us at:

- Email: info@theinfluentiALS.org
- Phone: 212-685-6016



Grant Application Form Terms & Conditions

Program Overview

The Living with Care & Support Grant, offered by the InfluentiALS Foundation, aims to support individuals and families affected by ALS by providing funding for home modifications, medical equipment, caregiver support, and ALS-related expenses. This program is designed to alleviate financial burdens and enhance the quality of life for ALS patients and their families.

Eligibility Criteria

Applicants must meet the following criteria to be eligible for the grant:

1. Be a resident of the United States of America.
2. Provide documented proof of an ALS diagnosis for the applicant or an immediate family member.
3. Demonstrate financial need that expenses are not covered by insurance or healthcare programs and are an undue hardship to the household.
4. Submit a completed application, including all required documentation, by April 15 or October 15, depending on the desired award timeline.

Note: Additional eligibility requirements may apply as outlined in the full program description.

Grant Details

1. Funding Amount: Grants will be awarded in amounts ranging from \$250.00 - \$10,000.00 per recipient.
2. Eligible Expenses: Grant funds awarded by the InfluentiALS Foundation must be used solely for the purpose(s) described in the recipient's approved application. Eligible expenses may include, but are not limited to:
 - 2.1. Home modifications (e.g., ramps, widened doorways).
 - 2.2. Assistive technology or medical equipment.
 - 2.3. Accessibility enhancements
 - 2.4. Transportation to ALS-related wellness appointments
 - 2.5. Caregiver support

Use of funds for any purpose outside the approved scope requires prior written approval from the InfluentiALS Foundation.

3. Exclusions: Grant funds may not be used for:
 - 3.1. Repayment of personal debts or loans.
 - 3.2. Non-medical travel or vacation expenses.
 - 3.3. Projects unrelated to ALS-related needs.

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4. Grant Period: Funds must be utilized within 12 months from the award date unless an extension is approved in writing by the InfluentiALS Foundation.

Grant Award Timeline & Rolling Review Process

The InfluentiALS Foundation accepts applications year-round and awards grants twice annually:

1. Spring Award – issued in May

- Applications submitted between October 16 and April 15 will be considered for the Spring Award.
- If not selected, the application will automatically be reconsidered for the Winter Award of the same year.

2. Winter Award – issued in December

- Applications submitted between April 16 and October 15 will be considered for the Winter Award.
- If not selected, the application will automatically be reconsidered for the Spring Award of the following year.

Each application is eligible for review in a maximum of **two consecutive award periods**. After that, a new application must be submitted for further consideration.

Key Deadlines:

- **Spring Award Deadline: April 15**
- **Winter Award Deadline: October 15**

Review & Notification Timeline:

- Applications are reviewed within 4 weeks of each deadline.
- Grant award notifications are issued approximately 4–6 weeks following the review.

Application Process

1. How to Apply: Interested applicants must complete the Grant Application Form, which includes the following sections:
 - 1.1. Applicant Information (Name, Address, Contact Info).
 - 1.2. Proof of Eligibility (ALS Diagnosis, Financial Documentation, Residency).
 - 1.3. Proposed Use of Funds (Detailed Description and Budget).
 - 1.4. Supporting Documents (e.g., contractor quotes, invoices, cost-estimates, photographs of the project area).

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2. Submission: **Applications must be submitted by mail only.** To be considered for the Spring Award, submit by April 15. To be considered for the Winter Award, submit by October 15.

Mail completed applications to:

InfluentiALS Foundation

100 Grandview Ave.

North Caldwell, NJ 07006

3. Review Process: Applications will be reviewed by a committee of staff and the Board of Directors based on:
 - 3.1. Financial Need.
 - 3.2. Feasibility of Proposed Project.
 - 3.3. Expected Impact on the Applicant's Quality of Life.

Grant Recipient Obligations

Reporting Requirements:

1. Recipients must submit a status report within 60 days of the project completion and/or grant funds being engaged, including:
 - 1.1. A summary of how funds were used.
 - 1.2. Copies of receipts, invoices, or other proof of expenditures.
 - 1.3. Photographs or other documentation demonstrating the completed project.
2. Fund Misuse Clause: Recipients found to have misused funds must return the awarded amount in full.

Release of Likeness and Permission

By participating in the InfluentiALS Foundation Living with Care & Support Grant, recipients grant the InfluentiALS Foundation and its representatives the irrevocable, worldwide, and perpetual right to use their name, likeness, voice, story, and other personal characteristics for promotional and educational purposes.

This includes use in:

1. Digital Media (websites, social media, advertisements).
2. Broadcast Media (television, radio, streaming).
3. Print Media (brochures, newsletters, press releases).
4. Any other current or future medium.

No Compensation: Recipients acknowledge that they will not receive compensation for such use.

Consent for Minors: For minors involved, the recipient certifies that they are the legal guardian and can authorize this release.



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Compliance and Liability

1. Legal Compliance: Recipients are responsible for ensuring all projects comply with local, state, and federal laws, including permits, building codes, and inspections.
2. Liability: The InfluentiALS Foundation assumes no liability for injuries, damages, or disputes arising from funded projects.
3. Ownership or Permission: Recipients must certify ownership of the property where funds will be used or provide written permission from the property owner.
4. Revocation: The Foundation reserves the right to revoke the grant if terms are violated.

Contact Information

For more information or questions about the grant program, contact:

- Bryan Brady, Board Secretary via email bryan@theinfluentiALS.org with Subject: Grant Inquiry or telephone +1 212 685-6026