$\left(\left(\left(\left(\left(\left(\left(\left(\left(\left((\left((((ECHO))))\right)\right)\right)\right)\right)\right)\right)\right)\right)$

EMERGENCY CHILDREN'S HELP ORGANIZATION

3041 Veterans Road West . Suite 2 . Staten Island . NY . 10309

Tel: 866-755-ECHO (3246) . Fax: 718-967-9087

Grant Application Page 1

THIS FORM MUST BE NEATLY PRINTED

GRANT F	REQUESTED FOR:	□ MEDICAL EXP	ENSES		CAL EQUIPMENT			DATE:	
	PLEASE GIVE DISCRIPTION								
CHILD'S I	NFORMATION								
Name:					Date of Birth:		Gender:	□ Male □ Female	
Ethnia Oria	First	Middle	Last		7 - Lionania (Latina - E		D Nation /		
Ethnic Orig	in: Asian/Pacific Is	lander 🗆 Black/Africa	an American/Caril	bbean L	J Hispanic/Latino L	☐ Middle East/Near East	□ Native A	American D White/European	
YOU MUST SUBMIT WITH THIS APPLICATION A COPY OF YOUR VALID DRIVERS LICENSE OR PROOF OF ID/ADDRESS									
PARENT (OR LEGAL GUARDIAN	INFORMATION ("PAR	ENT A")	Relationsh	ip to child: Mother	□ Father	□ Other _		
Name:	First	Middle			Last		Marital Si	atus:	
Address:					Home Phone:		Cell Phor	ne:	
	Street								
	City	State		Zip	Work Phone:		Email:		
Employer:							Phone: _		
PARENT	OR LEGAL GUARDIAN	INFORMATION ("PAR		City Relationsh	state ip to child: □ Mother	^{Zip} □ Father	□ Other		
	ion must be complete			_					
Name:		Middle					Marital St	atus:	
	First	Middle			Last				
Address: (If different)	Street				Home Phone:		Cell Phor	ne:	
(il dilerent)					Work Dhoney		Fmaile		
	City	State		Zip		·····			
Employer:			_ Address:				Phone: _		
				City	State	Zip			
PLEASE L	PLEASE LIST OTHER CHILDREN IN THE FAMILY:								
•Name: _		Da	te of Birth:		•Name:			Date of Birth:	
•Name: _		Dat	e of Birth:		•Name:			Date of Birth:	
MEDICAL	INFORMATION								
		T MEDICAL RECORDS AND	OR LETTERS FRO	M PHYSICIA	<u>NS</u>				
Do you ha	ve Health Insurance?	□ Yes □ No	If yes, please	e provide th	ne following informatio	n:			
-					-			State:	
1. Name o	f Child's Physician:			Street	City	State	Zip	Phone:	
2 Name o	f Child's Physician		Address.					Phone:	
2. Name U	- onno o r riyoioldii			Street	City	State	Zip	- HOHO	
3. Name o	f Child's Pharmacist:			_				Phone:	
				Street	City	State	Zip		
0	FOR INTERNAL USE ONLY:								
County	County: 🗅 Richmond, NY 🗅 Bergen, NJ 🗅 Essex, NJ 🗅 Hudson, NJ 🗅 Middlesex, NJ 🗅 Monmouth, NJ 🗅 Ocean, NJ 🗅 Union, NJ								
APPLICAT	'ION #	_ DATE RECEIVE	D		DATE APPROVED/	DENIED	GF	RANT ISSUED	

THIS SECTION MUST BE NEATLY PRINTED

PLEASE GIVE A DETAILED EXPLANATION FOR THE BASIS OF THIS GRANT REQUEST SUCH AS:

(I) HOW DOES THE CHILD MEET WITHIN ECHO'S GENERAL GRANT CRITERIA-

(III) RANGE OF FUNDING BEING REQUESTED.

(II) BASIS FOR FINANCIAL NEED.

IF YOU ARE REQUESTING A GRANT FOR FINANCIAL ASSISTANCE DUE TO YOUR CHILD'S MEDICAL CONDITION, YOU MUST SUBMIT WITH THIS APPLICATION A LETTER FROM YOUR CHILD'S PHYSICIAN STATING HIS OR HER DIAGNOSIS, PROGNOSIS, TREATMENT PLAN AND OR THE REASON FOR ANY MEDICAL EQUIPMENT NEEDED. YOU MUST ALSO SUBMIT A COMPLETED HIPAA FORM.

PLEASE PROVIDE THE FOLLOWING ADDITIONAL INFORMATION THE INFORMATION PROVIDED WILL BE USED SOLELY FOR THE PURPOSE OF QUALIFYING THE APPLICANT FOR A GRANT FROM ECHO AND WILL BE KEPT STRICTLY PERSONAL AND CONFIDENTIAL

SECTION A: RESIDENCE		SECTION B: ASSESTS	; ;	SECTION C: LIABILITIES				
Do you own a home? □ Ye	s 🗆 No	Bank Account Balances \$			Credit Card Balances \$			
If yes, Enter the value of your home:	\$	Investment Balances \$			Personal Loans \$			
-	·	Other\$			Other	\$		
Deduct your outstanding Mortgage Balance	\$()	Other \$			Other \$			
Total Section A	\$	Total Section B	\$		Total Section C	\$		
		CALCULATE YOUR NE	T WORTH					
	Enter th	e amount you listed in Section (A) above: \$						
	Enter th	e amount you listed in Section (B) above: \$						
	Add you	r amounts from Section (A)	amounts from Section (A) and Section (B):					
	Deduct	the amount you listed in Se	ction C above:	\$ <mark>(</mark>)			
	THIS IS	YOUR NET WORTH		\$				
COMBINED HOUSEHOLD MONTHLY INCOME: HOUSEHOLD MONTHLY EXPENSES: MONTHLY EXPENSES RELATED ONLY TO MONTHLY Enter the amount you pay each month, excluding medical expenses. YOUR MEDICAL / LIVING EMERGENCY								
Net Salary/Wages: \$	Mortgage	e/Rent: \$	E-Z Pass:	\$	Medical Bills:	\$		
Public Aid: \$	Gas/Hea	iting: \$	Medical Insurance:	\$	Medical Equip	ment: \$		
Pension: \$	Electric:	\$	Medical Bills:	\$	Co-Pays:	\$		
Disability: \$	Water:	\$	Co-Pays:	\$	Prescriptions:	\$		
Grants: \$	Telephor	ne: \$	Prescriptions:	\$	Lodging:	\$		
Food Stamps \$	Cable T	/: \$	Groceries:	\$	Gas (Car):	\$		
Other Assistance: \$	Cell Pho	ne: \$	Credit Cards:	\$	Parking:	\$		
Other Income: \$	Car Payı	ments: \$	Personal Loans:	\$	E-Z Pass:	\$		
	Car Insu	Irance: \$	Other	\$	Other	\$		
	Gas (Ca	ır): \$	Other	\$	Other	\$		
TOTAL \$	Parking:	\$	TOTAL	\$	TOTAL	\$		
How did you hear about ECHO?								
Internet Search Advertisement: (Please specify) (Please specify) (Please list name and phone number)								
Have you received financial assistance from any other organization? If so, please list name of organization, date of assistance and amount received.								
REFERENCES:								
PLEASE LIST 3 REFERENCES. PLE	ASE INFORM THE REFER	RENCES THAT THEY WILL RECE	VE A PHONE CALL FRO	OM ECHO'S STA	FF TO VERIFY YOUR APPLIC	ATION		
(1) Name		(2)			(3)			
Phone Phone Phone								
FOR INTERNAL USE ONLY: REFERENCE VERIFICATION								
REFERENCE (1) VERIFIED - DATE		REFERENCE (2) VERIFIED - D	ATE.	R	REFERENCE (3) VERIFIED - DAT	TE.		

- By signing below, I certify and represent that the information that I have provided for this Grant Application is true, accurate, complete, and not misleading.
- _____ I/We authorize Emergency Children's Help Organization (ECHO) and its Agents to independently investigate and authenticate the truth and accuracy of any and all information provided.
- Investigation and verification shall include but not be limited to, all information provided on the Grant Application, supporting letters, bank statements, invoices, primary resources, and field investigation with report thereof.
- Additionally, I/we understand, agree, and consent to ECHO reviewing and discussing my Grant Application with supporting documentation to such third parties as ECHO determines necessary for the purpose of evaluation, investigation, and confirmation of the contents therein. Such third parties may include, but not be limited to ECHO's Executive Committee, Board of Directors, accountant(s) and/or attorney(s).
- Additionally, I/We understand, agree, and consent to ECHO, at its sole and absolute discretion, reporting or disclosing the contents of an investigation to a third party for the well-being of any individual involved.
- _____ I/We hereby indemnify and hold ECHO harmless from any and all claims relating to ECHO's investigation of any aspect of the Grant Application and the Grant Application process.
- I/We further understand, acknowledge, and agree that ECHO's issuance of a grant is within its sole and absolute discretion. ECHO reserves the right to deny any Grant Application for any reason in its sole and absolute discretion. Each Grant Application shall be evaluated on the information provided. Previous grants do not guarantee or ensure the approval of a future grant. An individual(s) can only apply for one grant at a time and apply for only one grant during any consecutive twelve (12) month period.
- _____ Except as provided for herin and required by law, the ECHO Grant Application process is confidential.
- Any funds received from the ECHO will be used for the specific reason stated and represented on the Grant Application. If personal items or medical items/supplies are purchased with funds received from the ECHO, I/we agree to indemnify and hold ECHO harmless from any negative effects thereof.
- _____ I/We consent to ECHO performing a criminal background check and performing a credit check, which shall include the ability to obtain a credit report.
- I/We agree to provide ECHO with additional documentation which supports the information set forth in my/our application and understand that knowingly, willingly, and voluntarily. Providing ECHO with inaccurate information may result in ECHO's commencement of legal actions against me/us to recover any grant which I/we receive along with ECHO's costs of collection and reasonable attorney fees.
- _____ I/We have read and understand all of the aforementioned statements and representations.
- _____ I/We understand that I/we have the right to review all of the statements and representations contained herein with legal counsel. I/We have either taken the opportunity to so review with counsel, or have waived such right.
- _____ I/We knowingly, willing, and voluntarily agree to all of the aforementioned statements and proceed with the Grant Application and ECHO Application Process.
 - To expedite the Grant Application, scanned signature(s) or electronic signature(s) may be used instead of original signature(s). My/our scanned or electronic signature(s) and/or initial(s) will be deemed binding on me/us. I/We intend to be bound by such scanned or electronic signatures(s), and waive any defenses to the enforcement of the provisions of this Grant Application based on such scanned or electronic signature(s).
 - Any funds awarded under this Grant Application must be used within a period of twenty-four (24) months from the Approval Letter date ("Allocation Period"). In the event that the awarded funds are not fully used within the Allocation Period, any remaining funds shall revert back to ECHO. Upon the expiration of the Allocation Period, the applicants shall be required to re-apply for a new grant if they wish to obtain funding from ECHO for the same project or purpose. ECHO shall not be obligated to award a subsequent grant to any applicant who has failed to use the funds within the original Allocation Period.

V Signature of Parent or Legal Guardian ("Parent A")	Vitnessed by: Signature	Address		
Date	Print Name	City	State	Zip
	Date			

MEDIA PERMISSION

By submitting this application to ECHO I understand and agree that my and my co-applicant's name, image and/or likeness may be provided and/or disclosed to third parties, such as newspapers and other media organizations, for their publication and broadcast. I expressly authorize ECHO to provide and/or disclose my and my co-applicant's name, image and/or likeness to third parties, including media organizations, for their use and dissemination to the general public and agree to indemnify and hold ECHO harmless from any claims and damages arising there from.

Date