



THIS FORM MUST BE NEATLY PRINTED

GRANT REQUESTED FOR: [ ] MEDICAL EXPENSES [ ] MEDICAL EQUIPMENT [ ] OTHER \_\_\_\_\_ DATE: \_\_\_\_\_ PLEASE GIVE DISCRPTION

CHILD'S INFORMATION
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: [ ] Male [ ] Female
Ethnic Origin: [ ] Asian/Pacific Islander [ ] Black/African American/Caribbean [ ] Hispanic/Latino [ ] Middle East/Near East [ ] Native American [ ] 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 ("PARENT A") Relationship to child: [ ] Mother [ ] Father [ ] Other \_\_\_\_\_
Name: \_\_\_\_\_ Marital Status: \_\_\_\_\_
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
City State Zip Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_
Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_
City State Zip

PARENT OR LEGAL GUARDIAN INFORMATION ("PARENT B") Relationship to child: [ ] Mother [ ] Father [ ] Other \_\_\_\_\_
(This section must be completed)
Name: \_\_\_\_\_ Marital Status: \_\_\_\_\_
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
City State Zip Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_
Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_
City State Zip

PLEASE LIST OTHER CHILDREN IN THE FAMILY:
•Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ •Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
•Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ •Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

MEDICAL INFORMATION
WE RESERVE THE RIGHT TO REQUEST MEDICAL RECORDS AND OR LETTERS FROM PHYSICIANS
Do you have Health Insurance? [ ] Yes [ ] No If yes, please provide the following information:
Name of Insurance carrier: \_\_\_\_\_ Name of Policy Holder: \_\_\_\_\_ State: \_\_\_\_\_
1. Name of Child's Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Name of Child's Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_
3. Name of Child's Pharmacist: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

FOR INTERNAL USE ONLY:
County: [ ] Richmond, NY [ ] Bergen, NJ [ ] Essex, NJ [ ] Hudson, NJ [ ] Middlesex, NJ [ ] Monmouth, NJ [ ] Ocean, NJ [ ] Union, NJ
APPLICATION # \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_ DATE APPROVED/DENIED \_\_\_\_\_ GRANT ISSUED \_\_\_\_\_





**PLEASE READ AND ACKNOWLEDGE BY INITIALING EACH PARAGRAPH AND SIGNING AT THE BOTTOM. THIS FORM MUST BE ALSO BE SIGNED BY WITNESS.**

- \_\_\_\_\_ 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 herein 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.

_____ <b>Signature of Parent or Legal Guardian ("Parent A")</b>	Witnessed 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.

\_\_\_\_\_

**Signature of Parent or Legal Guardian ("Parent A")**                      Date