

**EDWIN PHILLIPS FOUNDATION
INDIVIDUAL GRANT PROPOSAL**

Prior to completing this information, please review carefully the "General Information for Grant Application to the Edwin Phillips Foundation." Please be sure to include **ALL** of the requested information. Applications that are incomplete will NOT be considered.

Please provide us with the following information, attach additional sheets if a further explanation is necessary or is requested.

1. CHILD'S NAME:

2. CHILD'S DATE OF BIRTH:

3. CHILD'S ADDRESS:

4. PARENTS' NAME(S):

5. PARENTS' ADDRESS:

6. PARENTS' EMAIL ADDRESS:

7. PARENTS' PHONE NUMBER:

8. PARENTS' OCCUPATION(S):

9. PARENTS' ANNUAL INCOME:

10. AMOUNT REQUESTED:

11. PURPOSE OF REQUEST: Why are the funds needed? How will the funds be used?

12. TOTAL RESOURCES AVAILABLE FOR CHILD:

Attach a summary of all assets of the child and child's parents. Include copies of tax returns for the prior two years. List all bank accounts, trusts, pensions, brokerage accounts and any other sources of funds available to the child or parents.

If you wish, please explain on a separate attachment any non-discretionary expenses or other reasons why you feel these assets do not properly reflect the child's need for the grant request. Please list all other funds, public or private, available to the child for the child's care, including insurance and federal, state and local funding.

13. PUBLIC FUNDING EFFORTS:

If public funding may be available for your grant request, please describe on a separate attachment your effort to obtain such funds.

14. MEDICAL CERTIFICATE:

Attach a letter from a doctor or nurse indicating the child's age and need for the equipment requested.

15. REFERENCES

List one or more references knowledgeable about the child's condition.

16. SOCIAL AGENCIES:

Provide names, addresses and contact persons of any private or social agencies with whom the child has worked or from whom the child has applied for benefits or assistance within the last two (2) years.

17. COST PROJECTIONS:

Please attach two (2) signed estimates from contractors, physicians or suppliers of services or products stating the approximate cost of the item(s) or services requested.

18. CONFLICT OF INTEREST

Does the child have any relationship with the Edwin Phillips Foundation Trustees, the Phillips family or any other contributor to the Foundation?

Yes No (If yes, please explain on a separate sheet.)

STATEMENT of APPLICANT

I have read and completed this grant proposal and certify that the information provided is correct to the best of my knowledge. I certify that I have made a diligent search for other sources of funding for this request and that to the best of my knowledge there are no other resources, public or private available to fulfill this request.

Date: _____

Status: _____

(Signature of parent, guardian or caregiver completing application)

Please MAIL application to:

Edwin Phillips Foundation
P.O. Box 1328
Marshfield, MA 02050

Applications are not accepted via email.