



## **Quality of Life Grant**

### **Eligibility and Criteria**

- Grants are awarded to those battling paralysis through spinal cord injuries or illness
- Applicants must demonstrate financial need
- Grant applications must request specific equipment or modifications for the residence, vehicle, wheelchair, etc.
- All grants are dispersed directly to the vendor or contractor
- Applicants are required to submit equipment or modification estimates
- Maximum grant allowed is \$20,000

### **Items Not Considered**

- Debt reduction
- Direct medical bills
- Reimbursements

All applications are reviewed by the Board of Directors of the Matt Brown Foundation during monthly Board of Directors meetings. Applicants will be notified soon after. Applicants may be required to submit additional information upon request from the Matt Brown Foundation in certain circumstances.

The Matt Brown Foundation acknowledges confidentiality in regards to applicant and financial information.

Please fill out the Grant Application form below and email it to [grants@mattbrownfoundation.org](mailto:grants@mattbrownfoundation.org)

# Grant Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Level of Injury: \_\_\_\_\_

Description of Injury or Cause of Paralysis:

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Please describe the physical abilities and mobility you have:

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Please tell us about yourself and some of your interests:

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Annual household income post injury: \_\_\_\_\_

Have you received a settlement or compensation due to your injury? \_\_\_\_\_

Fundraising efforts as a financial resource (annual or one-time):

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Equipment or modification request:

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Have you tried to submit through insurance:

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Grant amount request: \_\_\_\_\_

Please provide contact information for vendors or contractors you have reached out to in regards to equipment or modifications:

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