



Grant Request

For individuals with spinal cord injuries (SCI) In Berks County and surrounding areas who have received **partial** funding from organization(s) to accomplish home modifications to facilitate independent living. In order to complete the project, the applicant requires additional (referred to as “gap”) funding.

If approved, a Terry’s Legacy (TL) gap funding grant will be awarded directly to the organization leading the home modifications project.

1. **Grant Request Cover Sheet** - The Grant Request Cover Sheet must be completed and the following documentation must be included:
 - a. Project plan and price quote - describing home modifications and all associated costs to complete the project.
 - b. Letter(s) from insurance and/or other organizations providing partial funding for the home modifications project, verifying their involvement, the amount of funding they are providing, and POCs and contact information for each organization. Please indicate the lead organization for the project.
 - c. Amount of funding the applicant/individual with SCI is able to contribute to this project.
 - d. Amount of “gap” funding requested.
2. **Letter of Inquiry** - Your letter of inquiry must include the following:
 - a. Applicant biography and description of SCI (please include date, when and how this injury happened).
 - b. Location of residence being modified, and whether you rent or own.
 - c. Description and anticipated cost of home modifications required so that you can live independently in the residence.
 - d. Amount of gap funding needed, and for what purpose (what parts of the project will be able to be completed, if grant is awarded).
 - e. A brief statement (two or three sentences) about the purpose of this project, i.e., how these modifications will make a difference in your life.
 - f. Describe your willingness to serve as a Terry’s Legacy “Ambassador” at any TL events, as well as your willingness for TL to occasionally share our support for your project on social media and in select marketing materials.
3. **Three letters of reference (2 Personal, 1 Medical)** - your Letters of Reference MUST include the following:



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- a. Two Personal Letters of Reference - The signed letters will include the full name of teacher, peer, coach, family member, or another person with knowledge of your condition with a statement along with a valid phone number and email address. The letters should include why you are a good candidate for a grant and how they believe it will benefit your situation.
- b. One Letter of Reference from a medical professional (doctor, physical therapist, occupational therapist) - The letter must be on letterhead and must be signed by the medical professional.

Terry's Legacy considers the following criteria when evaluating each grant application:

- TL is awarding funding up to \$5,000 per grant at this time.
- Explanation of the financial need and/or hardship
- Explanation about how this grant will provide additional opportunities to live independently
- Willingness of the grant applicant to share the impact of this grant and act as an ambassador for Terry's Legacy

Terry's Legacy's Response

We will send you an acknowledgement through email that your letter of inquiry was received, and we will direct it to the appropriate staff members for review. If, as a result of that review, TL concludes that there is no prospect of TL funding, we will notify you promptly. Otherwise, the formal review process will begin. Grant applications will be reviewed by the Board of Directors as they are received.

If approved for a grant, you will be required to do the following:

- TL will forward a letter of agreement which you will be required to sign and return before the grant can be awarded.
- Ensure that your grant is used in accordance with the letter of agreement.
- Submit an impact statement and a photo within three months of the grant being awarded (or at the completion of the project), as stated in the letter of agreement.
- Represent Terry's Legacy and its mission in a positive manner and in accordance with the letter of agreement.
- Participate in an annual TL survey regarding the impact of the program on your ability to live more independently.

Please submit your completed grant application and mandatory documentation to:

Terry's Legacy

info@terrylegacy.org

Or mail to: Terry's Legacy, (USPS mailing address)



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**INDIVIDUAL GRANT REQUEST
COVER SHEET
REQUIRED INFORMATION CHECKLIST**

_____ 1. Project plan and price quote - describing home modifications and all associated costs to complete the project.

_____ 2. Letter(s) from insurance and/or other organizations providing partial funding for the home modifications project, verifying their involvement, the amount of funding they are providing, and POCs and contact information for each organization. Please indicate the lead organization for the project.

_____ 3. Amount of funding that the applicant/individual with SCI is able to provide _____

_____ 4. Amount of funding being requested of Terry's Legacy and what this funding will specifically cover.

*****Please include the details requested above on a separate sheet/document.*****

APPLICANT CONTACT INFORMATION

APPLICANT NAME: _____

HOME ADDRESS: _____

HOME PHONE: _____

MOBILE PHONE: _____

EMAIL ADDRESS: _____

INSURANCE PROVIDER: _____

I acknowledge that the information provided is true and correct. I authorize Terry's Legacy to verify any information contained in this document for the sole purpose of assessing financial need. I understand that if my financial situation or availability of resources changes, I am required to notify Terry's Legacy of the change for the purpose of being reassessed for this grant.

_____, 2024
Signature of Applicant Date