



# Mike's Kids

A Becker Family Private Foundation



## GRANT-MAKING POLICY AND PROCEDURES

### OBJECTIVES:

The purpose of Mike's Kids is to provide financial assistance to children with disabilities and their families by:

- Providing direct financial assistance to defray the cost of equipment, education, treatment, medication and/or respite care;
- Sponsoring educational materials and/or seminars for parents of children with special needs relative to maximizing their available resources in their community;
- Sponsoring educational material and/or seminars to medical providers relative to methods to prevent or minimize perinatal morbidity; and
- Providing funding to other IRC §501(c)(3) tax-exempt charities which further the above-stated objectives of Mike's Kids.

### GRANT APPLICATIONS:

The screening and decision-making process of grant applicants to Mike's Kids is conducted by the Board of Directors or a Grant Selection Committee created by the Board of Directors.

Grant recipients are selected primarily based upon their financial condition and their ability to independently provide the necessary equipment, education, treatment, medication and/or respite care for the particular special needs child. However, all other pertinent factors will be considered, including, but not limited to, the level of distress that the child and/or family is experiencing.

Mike's Kids is dedicated to helping as many families as possible who are dealing with the financial strain of a child with disability. As such, we ask that you submit a maximum of one (1) application per year to Mike's Kids up to a maximum of three (3) consecutive years. This will allow us to assist a wider array of families.



42338 Russia Road  
Elyria, Ohio 44035



All applicants must accurately and thoroughly complete the following documentation:

1. Grant Application;
2. Medical Record Release and Authorization Form;
3. Net Worth Statement with corresponding 1040 Federal Tax Return.

Grant applications may be submitted to Mike's Kids at any time, but must be received at least two weeks before a Board Meeting, at which grants will be awarded (April, August, December). Grant applications not received within the specified timeframe will be considered at the next convened Board Meeting at which grants are scheduled to be awarded.

#### **PAYMENT OF GRANTS:**

A comprehensive letter of confirmation will be sent to each successful grant applicant, which will state the precise amount of the grant and all of the special conditions (if any) attached to the grant. Grant funding will be paid directly to vendors for equipment or therapy, the organization which is providing the education, treatment, medication and/or respite care for the special needs child in question. Mike's Kids provide grant funding will NOT be paid directly to the grant recipient.

#### **ELIGIBILITY:**

Eligible applicants include:

1. Any child under the age of eighteen (18) years of age who is physically and/or mentally challenged, including those with learning disabilities; or
2. Any tax-exempt IRC §501(c)(3) organization whose objectives align with the objectives of Mike's Kids.



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## GRANT APPLICATION

To be considered as a grant recipient of Mike's Kids, please be sure that all sections of the Application are accurately and fully completed. You can email the fully-completed Application, along with the Medical Records Release and Authorization and Net Worth Statement with corresponding 1040 Federal Tax Return, to [info@mikes-kids.org](mailto:info@mikes-kids.org) or mail to:

Mike's Kids  
42338 Russia Road  
Elyria, Ohio 44035

All information submitted to Mike's Kids shall remain completely confidential and shall not be released or be disseminated without the express consent of the applicant.

**Child's Name:**

\_\_\_\_\_

First Middle Last

**Home Address:** \_\_\_\_\_

Street City State Zip

**Home Phone:** \_\_\_\_\_ **Best Time to Call:** \_\_\_\_\_

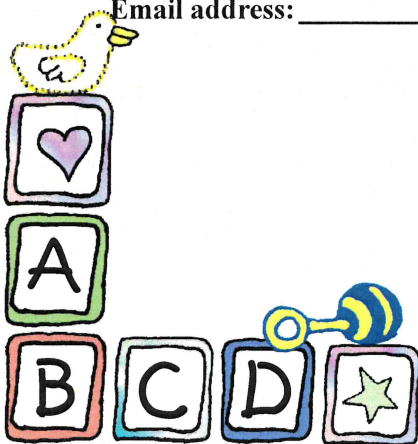
**Work Phone:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Guardian's Name:**

\_\_\_\_\_

First Middle Last

**Email address:** \_\_\_\_\_



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Elyria, Ohio 44035



**Nature of grant request** (please check one):

- medication
- education
- equipment
- treatment
- respite care

**Description of Request:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Estimated Cost:** \_\_\_\_\_

**Describe (in detail) the nature of the child's disability:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current treatment child is receiving:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Please thoroughly review the following and sign where indicated.

Mike's Kids is dedicated to helping as many families as possible who are dealing with the financial strain of a child with disability. As such, we ask that you submit a maximum of one (1) application per year to Mike's Kids up to a maximum of three (3) consecutive years. This will allow us to assist a wider array of families.

Applicant fully understands that no promises, assurances, or guarantees whatsoever have been made by Mike's Kids or any representative or agent of Mike's Kids regarding the grant that is being requested.

All information submitted to Mike's Kids will remain completely confidential. Mike's Kids will not use any confidential information in advertising or promotions pertaining to applicant unless it first obtains the express permission of applicant.

Witness: \_\_\_\_\_

\_\_\_\_\_  
Applicant

Date: \_\_\_\_\_



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## Net Worth Statement

The information which you will provide on this New Worth Statement will be used exclusively by Mike's Kids to determine your eligibility for grant funding. Mike's Kids will not disseminate or release the provided information to outside sources without first obtaining your prior express consent.

The following financial information is being submitted by Applicant in consideration of possible grant funding. The figures are accurate as of \_\_\_\_\_.

(Date)

\_\_\_\_\_  
(Applicant's signature)

### I. Assets:

#### A. Liquid Assets:

#### Current Value

Cash on Hand.....	\$ _____
Checking Account.....	\$ _____
Savings Account.....	\$ _____
Money Market Account.....	\$ _____
Certificates of Deposit.....	\$ _____
Money Market Mutual Fund.....	\$ _____
Cash Value – Life Insurance.....	\$ _____
Debts – Owed to Applicant by Others.....	\$ _____
Other Liquid Assets.....	\$ _____
TOTAL.....	\$ _____



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<b>B. Long Term Assets:</b>	<u>Current Value</u>
IRA .....	\$ _____
401(k).....	\$ _____
Deferred Compensation .....	\$ _____
Trust Assets.....	\$ _____
Pension/Profit-Sharing.....	\$ _____
OPERS .....	\$ _____
STERS .....	\$ _____
Stocks.....	\$ _____
Bonds .....	\$ _____
Other Long-Term Assets .....	\$ _____
TOTAL .....	\$ _____

<b>C. Fixed Assets:</b>	<u>Current Value</u>
Equity in Principal Residence.....	\$ _____
Equity in Other Real Estate.....	\$ _____
Fair Market Value of Automobile(s) .....	\$ _____
Fair Market Value of Jewelry / Art / Collectibles.....	\$ _____
Fair Market Value of Other Fixed Assets .....	\$ _____
TOTAL .....	\$ _____

<b>II. Liabilities:</b>	<u>Current Value</u>	<u>Monthly Payment</u>
Student Loans .....	\$ _____	\$ _____
Mortgage (Principal Residence Excluding Real Estate Taxes).....	\$ _____	\$ _____
Other Mortgages .....	\$ _____	\$ _____
Personal Lines of Credit .....	\$ _____	\$ _____
Auto Loans.....	\$ _____	\$ _____
Credit Card Debt.....	\$ _____	\$ _____
Home Equity Loans .....	\$ _____	\$ _____
Investment Loans.....	\$ _____	\$ _____
Real Estate Taxes Due .....	\$ _____	\$ _____
Income Taxes Due .....	\$ _____	\$ _____
Other Liabilities .....	\$ _____	\$ _____
TOTAL.....	\$ _____	\$ _____

## Medical Records Release And Authorization

Ohio and Federal law protects the privacy and confidentiality of an individual patient's medical records. In order for Mike's Kids to access your medical records (as part of its financial assistance application process), a Release and Authorization Form must be executed and submitted to your health care provider(s). Please note that you are afforded the following rights with respect to this Release and Authorization:

- You may refuse to sign the Release and Authorization Form, although you will then be ineligible to receive financial assistance from Mike's Kids.
- You may revoke the Release and Authorization by submitting a written revocation to the health care provider.
- The revocation will be effective upon receipt by the health care provider(s).
- You have the right to receive a copy of this Release and Authorization upon written request.
- You may inspect or obtain copies of all information which Mike's Kids receives pursuant to this Release and Authorization.

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Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ SSN: \_\_\_\_\_

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

I hereby authorize \_\_\_\_\_ to release

(Please list all health care providers)

all health care and billing information regarding my child's treatment to Mike's Kids, 42338 Russia Road, Elyria, Ohio 44035

I specifically authorize the release of all my health care and billing information in your organization's possession.

The purpose of my request is to assist Mike's Kids in determining my eligibility for grant funding.

This Release and Authorization shall expire twelve (12) months from its execution if not revoked prior thereto.

Mike's Kids will not disseminate or release your child's records to any outside source without first obtaining your prior express consent.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient