



Request for Funds Application
Friends of Jacob Foundation
Attn: Allocations Committee
200 Kirts Blvd.
Suite D
Troy, MI 48084

Mission: A charity dedicated to providing financial support and a network of support to families with special needs children.

Request for Funds Application

The Friends of Jacob Foundation is a 501c3 non profit organization committed to providing monetary support to families with children who have Autism and other Pervasive Developmental Disorders (PDD). The Friends of Jacob Foundation was founded by Keith and Jodi Malec in dedication of their son Jacob, who has autism. Through the loving support of family and friends, Keith and Jodi provide a solid environment to meet the needs of their son. As with other families of children with special needs, they continue to encounter the difficult challenges.

The Foundation was established in 2008 to help similar families who have children with autism and other PDD's cope with the challenges.

Research has demonstrated the extensive financial challenges families encounter when raising a child with autism or other special needs. Necessary therapies and special adaptive equipment are very costly. Without additional support, families cannot afford to meet the needs of these children.

The Friends for Jacob Foundation seeks to minimize the financial challenges that these families encounter by making a one time gift.

The Friends of Jacob Foundation will:

Provide monetary gifts for therapies, activities, adaptive equipment, and respite care. Such gifts will be paid directly to the organization and/or medical facility providing the service or equipment. Families that have children diagnosed with Autism or Pervasive Developmental Disorder (PDD) and exhibit financial need may qualify for these gifts.

DIRECTIONS: Please fill out all sections of the application. In addition, please submit two letters of reference as well as your W-2 forms from the past two years. Failure to fill out the application completely will delay the application process or eliminate you from consideration. Submitting this Request for Funds application does not guarantee that you will receive financial assistance.

1. Complete and submit the Request for Funds Application.
2. The Allocations Committee and the Executive Director will review your application to determine if you qualify for financial assistance.
3. If approved for monetary assistance, the Friends of Jacob Foundation requires that our Fund Agreement Plan be completed, signed and returned.
4. As you receive bills from your agency or organization, forward them to Friends of Jacob Foundation. After verifying the expense, we will send that agency a check. Friends of Jacob Foundation will not pay bills for amounts greater than the grant you have been awarded.

Mother's Name		Father's Name	
Full name of child		Gender of child	
Child's birthday		Other siblings (please list their ages)	
Address		City, State, Zip Code	
Home Phone		Cell Phone	
Mother's Occupation		Father's Occupation	
Mother's Work Address		Father's Work Address	
Mother's Work Number		Father's Work Number	
Mother's email address		Father's email address	
Mother's income last year (provide copy of the first 2 pages of your tax returns for the last 3 years)		Father's income last year (provide copy of the first 2 pages of your tax returns for the last 3 years)	
Mother's expected income this year.		Father's expected income this year.	
Disorder	<input type="checkbox"/> Asperger's Syndrome <input type="checkbox"/> Autism <input type="checkbox"/> Rett's Syndrome <input type="checkbox"/> Childhood Disintegrative Disorder <input type="checkbox"/> Pervasive Developmental Disorder Not Otherwise Specified (PDDNOS) <input type="checkbox"/> Other <i>please list:</i> _____		

Submitting this request form does not guarantee that you will receive a scholarship.

What is the amount of money you are requesting?	
What will the funds be used for?	
Please describe your family. Provide as much detail as possible.	
Please describe the nature of your son's/daughter's diagnosis.	
What current therapies/activities is your child involved in?	
Please list cost of all expenses related to child's treatment and development.	
Are there any current financial obligations that may impact your financial information?	

Please Include:

- Two (2) letters of reference from individuals not related to you
- The first 2 pages of your tax returns for the last 3 years
- Two (2) most recent pay stubs
- Receipts, invoice, or bills you wish The Friends of Jacob Foundation to review for funding
- Provide a copy of your child's medical diagnosis

Failure to sign this application or provide any of the necessary documentation will result in your application being delayed or denied.

MAIL RETURN COMPLETED FORM TO:

Friends of Jacob Foundation
200 Kirts Blvd., Suite A, Troy, MI 48084
Attention: Keith Malec

By signing this document, I authorize that all the information above is accurate to the best of my knowledge.

Mother's Signature

Father's signature

Date

Date

Friends of Jacob Foundation agrees to maintain and preserve the integrity and confidentiality of all such information and property of the families in exchange for Foundation monies. Friends of Jacob Foundation shall abide by all rules, regulations, and laws respecting the use and disclosure of confidential information including, but not limited to, HIPPA and the Family Education Rights and Privacy Act (FERPA). Friends of Jacob Foundation is not responsible for gathering such included information. Families must take every effort to provide such information to the Foundation. All information, regardless of medium, obtained directly or indirectly from or through Friends of Jacob Foundation that is proprietary information, personal information, business confidential information, and / or information from which circumstances, in good faith and conscience, will be treated as confidential. If Request for Funding is denied, documents will be shredded immediately.