



Individual Grant Request

Cover Sheet (see attached)

Letters of inquiry should include a cover sheet containing the following information:

- Name of Individual Candidate
- Name and title of the principal contact person, if different from the above
- Candidate and Principal Contact address, phone number and email address

Format

Letters of inquiry must include the following:

- Candidate Bio and Description of Physical Challenges
- Specific grant request for equipment/training/funding
- A brief statement (two or three sentences) of the purpose for your request, including what level of athlete you consider yourself – beginner, intermediate, advanced or elite.
- How an IM ABLE grant award will help serve your above stated purpose
- Describe how awarding you an IM ABLE grant meets the stated mission of our Foundation
- Describe financial hardship that qualifies you for Foundation support, including a statement of annual income and/or a list of your sources for financial support. Please include the number of individuals in your household.
- Describe your willingness to serve as an IM ABLE “Ambassador” at annual Got the Nerve? Triathlon and/or other organization events.

Included with your letter:

- Copy of your most recent tax return or other documentation verifying annual income.
- Three letters of reference along with phone numbers (physician, teacher, peer, coach, family member, etc) with a statement as to why you are a good candidate for a grant and how they believe it would enrich your life. One letter **MUST** be from a medical professional (doctor, physical therapist, occupational therapist, etc.).

IM ABLE considers the following criteria when evaluating each grant application:

- IM ABLE funds those with intellectual or physical disabilities, who require adaptive sports equipment to participate in physical activity.

- Financial Need
- Motivation of grant applicant
- Effort of grant application
- Willingness of grant applicant to “Pay it Forward” by attending IM ABLE events to share with others how receiving the grant has enriched their lives at IM ABLE events.

The Foundation’s Response

We will send you an acknowledgment 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, the Foundation concludes that there is no prospect of IM ABLE funding, we will notify you promptly. Inquiries eligible for grant support will be acknowledged upon receipt at the Foundation; and the formal review process for eligible inquiries will begin.

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

- IM ABLE will forward a letter of agreement which you will be required to sign and return before grant can be completed.
- Participate or attend a minimum of three IM ABLE events for one year, following your grant. IM ABLE will consider the equipment on loan to the grantee during the first year. At the end of the first year, IM ABLE and the recipient will decide whether to transfer ownership permanently.
- Use your grant in accordance with the letter of agreement
- Submit an impact statement and photo or video within three months of receiving your grant, as stated in the letter of agreement.
- Represent IM ABLE and its mission in a positive manner and in accordance with the letter of agreement.
- Participate in annual IM ABLE survey regarding the impact of the program on your physical activity.

Please submit your completed grant application and mandatory documentation to:

IM ABLE Foundation
220 Park Road North
Building 7
Wyomissing, PA 19610



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REQUIRED INCOME DOCUMENTATION

- Originals will not be accepted - ONLY COPIES OF DOCUMENTS WILL BE ACCEPTED!
- For your financial security, please black out or white out any Social Security or bank account numbers prior to submitting documentation.
- Everyone must submit a current year Income Tax Return, Form 1040 or 1040EZ, as filed with the Internal Revenue Service (IRS) Required.
- Two (2) consecutive pay stubs for EACH wage earner, showing gross and net income (if applicable)
- If pay stubs are not available, provide a letter of employment specifying gross salary, signed and dated by employer on company letterhead.

Name _____

Address _____

Home Phone _____ Work Phone _____

Employer Annual Income _____ Supplemental Income _____

Spouse's Annual Income _____ Spouse's Supplemental Income _____

Number of Dependents and Ages _____

I certify that the above information is true to the best of my knowledge, and understand that this information will be kept strictly confidential.

Applicant signature _____

Date _____