



Love from Margot
FOUNDATION

GRANT APPLICATION

Today's Date: _____

Referring Agency: _____

Applicant Information:

Name: _____

Best Phone Number to reach you: _____

Home Address: _____

Email Address: _____

Date of Birth: _____ Age: _____ Gender: Male/Female

Current Employment Status (Circle): Full-Time/Part-Time

Unemployed/Disability/Medical Leave

Medical Information:

Type of Medical Coverage:

Private Medi-Cal Medicare None Other: _____

What is your medical diagnosis: _____

Date of Diagnosis: _____

Are you currently undergoing treatment: _____

What types of treatment have you undergone or are currently undergoing?

Additional Information:

Do you have reliable transportation: Yes or No, explain: _____

Do you live alone, Yes or No. If no, who lives with you: _____

What is your greatest need right now? _____

Is there anything else you would like us to know? _____

Ethnicity:

Caucasian Hispanic Asian African American Other: _____

I, _____ (print name), hereby acknowledge that financial assistance may be provided directly to me by the Love from Margot Foundation and certify that our total gross family/household income from all sources is \$_____ per year and my family size consists of _____ persons. I hereby certify that the above statement is a true and correct showing our total family/household income from all sources as of today's date.

Employer Information:

Employer: _____ Employment Dates: _____
Employer Contact Name and Phone Number: _____

I AUTHORIZE THE LOVE FROM MARGOT FOUNDATION TO VERIFY MY INCOME WITH MY EMPLOYER LISTED ABOVE. I AUTHORIZE THE ABOVE LISTED EMPLOYER TO GIVE THE LOVE FROM MARGOT FOUNDATION INFORMATION CONCERNING MY INCOME AND EARNINGS.

By submitting a grant application, I consent to use of all of the information I provide for the purpose of promoting the Love from Margot Foundation, soliciting donations, and sharing our work and the need in this area with donors and the public. I consent by submitting the grant application, regardless of whether or not the Love from Margot Foundation is able to fund my grant request. Love from Margot has the right to use my information, including my image, name, age, and city and the right to use all or a portion of my story in all forms and media including advertising and related promotion through the work and in perpetuity. I waive the right to inspect or approve the use of this information. Love from Margot may edit any information I submit for length, content or clarity, in their sole discretion. I waive any and all claims of defamation, invasion of privacy, or infringement of moral rights, rights of publicity or copyright. My consent is provided on behalf of myself, my heirs, successors and assigns.

I Further acknowledge that the medical information I have provided above in this application and any information I may subsequently provide to the Love from Margot Foundation upon request including a doctor's certification, is voluntarily provided for purposes of obtaining charitable financial assistance from the Foundation. I hereby release such information to the Love from Margot Foundation and its affiliates and advisors, including in the event that the Foundation is considered a covered entity under the Health Insurance Portability and Accountability Act of 1996 (aka HIPAA), 42 U.S.C 130d and 45 CFR 160-164. I also authorize the release of my individually-identifiable medical information by the Love from Margot Foundation to third-parties when required by law, or to my duly-authorized agent without restriction.

Signature of Applicant: _____ Date: _____

Thank you completing this application. We are glad you found us and we will contact you within five business days of receipt of the application. Please be aware that funds are limited and based on availability and that submission of application does not guarantee support.

Please ensure to include the following with this application:

- Photo Submission Income Verification (Income Statement/W2)
- Original Diagnosis AND Most Recent Diagnosis

If mailing, please mail completed application to: Love from Margot Foundation at 2740 Broadway, Oakland, CA 94612. If emailing, please send to grants@lovefrommargot.org