



(CYSTIC) *life* GRANT

Please include:

- _____ Completed Application
- _____ “Personal Touch”
- _____ Signed Contract
- _____ Supplemental Materials

Email submission to info@cysticliflife.org or mail to:
CysticLife
3229 S. Danielson Way
Chandler, AZ 85286



CysticLife Grant Guidelines

The purpose of the CysticLife grant is to make an immediate impact in the life of a Cystic Fibrosis (CF) patient. Grants are awarded to CF patients and caregivers with the expectation that a CF patient(s) will ultimately benefit from the grant.

Grant applications can be submitted at any time throughout the course of the year and for any dollar amount. Grants requested will be fulfilled based on available funds and grant committee approval. No partial grants will be awarded.

Grants will be awarded in three categories: activity, medical, and educational. An activity grant will be awarded for any activity that can benefit the physical health of a CF patient. A medical grant can be used for the purpose of any CF-related medical expense, including but not limited to, medical equipment and medicines. An educational grant can be received by a patient or a caregiver for the purpose of being educated or educating others about CF or CF care.

A caregiver can apply on behalf of a CF patient if the CF patient is under the age of 18, with the exception of an activity grant. CF patients over the age of 13 must apply on their own behalf for an activity grant.

An application will only be reviewed once all application components are received. No partial applications will be considered.

An applicant must be a CysticLife.org member. If an applicant is not a member, they can go to www.cysticlife.org to sign up, but must do so prior to submitting an application.

CysticLife will pay the vendor or service provider directly for the requested activity, medical resource or educational resource. Funds will not be paid directly to grant recipients. Exceptions may be made at the discretion of the grant committee.

Upon use of the grant, CysticLife asks recipients to provide an update in the form of a letter accompanied by a picture or a video showing the grant recipient doing the activity, using the medical resources or documenting the educational experience.



Grant Options and Supplemental Requirements

Types of Grants

Activity: An Activity Grant is intended to enable a CF patient to participate in an activity that will improve or sustain their health. We understand that each CF patient is different and their health can be benefitted from a variety of activities. Some examples of activities include camps, gym memberships, fitness classes, and singing lessons.

Medical: A Medical Grant is intended to help provide CF patients and caregivers the necessary medical equipment and medicines to care for their (child's) CF. Examples of these medical supplies include CF-related medicines, nutritional supplements, nebulizer compressors, and oxygen concentrators.

Educational: An Educational Grant is intended to provide CF patients and caregivers the opportunity to become educated about CF and CF care, as well as educate others. Examples of Educational Grant purposes include paying for the costs associated with CF conference attendance, purchasing CF books, and producing materials to educate others.

Supplemental Requirements

Please read the following Supplemental Requirements carefully, as each type of grant requires slightly different supplemental materials to accompany the application.

Activity Grant:

- Doctor Letter - A letter from your CF doctor approving the activity for which you are applying. It must be an original, signed letter on letterhead.
- Support Letter - Find a family member, friend, teacher, boss, or anyone else you can think of to tell us about you.
- Parent or Guardian Letter - If you are applying for a grant and are under the age of 18, have one of your parents or guardians write a letter approving the activity and agreeing to support you in this activity.

Medical Grant:

- Doctor letter - A letter from your CF doctor approving the medical supply for which you are applying. It must be an original, signed letter on letterhead.
- Support Letter - Find a family member, friend, teacher, boss, or anyone else you can think of to tell us about you.
- Parent or Guardian Letter - If you are applying for a grant and are under the age of 18, have one of your parents or guardians write a letter approving the medical supply that the grant is for.

Educational Grant:

- Support Letter - Find a family member, friend, teacher, boss, or anyone else you can think of to tell us about you.
- Parent or Guardian Letter - If you are applying for a grant and are under the age of 18, have one of your parents or guardians write a letter acknowledging the purpose of the grant and agreeing to support you in your educational endeavor.



Personalize Your Application

This is your opportunity to add your own personal touch to your application. For your personal touch you can share anything you want with the committee reviewing the application. At a minimum, we ask that you answer these questions:

- What will the grant money will be used for?
- Why do you need/want the grant?
- What kind of impact it would make on your life?

There are a few formats for your personal touch. You can choose between three options:

Picture and Essay - A 250 word essay accompanied by a photo of you.

Video - A video of you explaining/showing the answers to the above questions.

An Entry of Your Choosing - You can be as creative as you want with your personal touch, but we ask that it answers the above questions and has a visual element.



Application

Applicant Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Gender: M F Date of Birth: ____/____/____

Phone: _____ Email: _____

Patient Information (if different from applicant)

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Gender: M F Date of Birth: ____/____/____

Phone: _____ Email: _____

CF-Related Information

Date of Diagnosis: ____/____/____ *only year is required

Date of Last PFT: ____/____/____ Results: FVC ____% FEV1 ____%

CF Care Center: _____ Phone: _____

CF Center Address: _____

Name of CF Doctor: _____

Grant Request

Please select one:

_____ Activity _____ Medical _____ Educational

Amount Requested: _____

Date by which Grant is Needed (if applicable): ____/____/____



Agreement

Please initial each statement and sign below.

_____ I give my permission for CysticLife to discuss my condition with my doctors and/or other healthcare professionals.

_____ I will use this grant towards its intended purpose and will provide an update as outlined in the CysticLife Grant Guidelines.

_____ CysticLife has my permission to use my name, likeness, photograph and video on the CysticLife website, publications and promotional materials.

I hereby swear that the above provided information is true and accurate to the best of my knowledge and understand that providing misinformation is grounds for the rejection of this application, as well as future applications.

Print Name:

Signature:

If Applicant Under 18

Parent's _____
Name(s): _____

Signature(s): _____

