



GRANT REQUESTS FOR ORGANIZATIONS

Mail completed and signed application package to:

Justin Cochran Spinal Cord
Injury (SCI) Foundation, Inc.
P.O. Box 32654
Knoxville, TN 37930



ORGANIZATION GRANT APPLICATION INSTRUCTIONS:

- 1. Completely answer all questions in the application package. Should additional space be required in answering any questions, please do so on an 8 1/2 x 11 piece of blank paper and attach to the completed and signed package.**
- 2. Incomplete applications will not be considered.**

JCSCI FOUNDATION REVIEW PROCEDURES AND POLICIES:

- 1. All information provided will be used for internal purposes only by the JCSCI Foundation. Applicant's information will not be provided to any other outside sources or agencies seeking such information for any purposes, and will not be discussed with any outside sources except in the conduct of business by the JCSCI Foundation to review and possibly award a grant to the applicant.**
- 2. The JCSCI Foundation will strive to provide a timely response to all grant requests. While the Foundation would like to respond to all applicants within fourteen (14) working days, we will definitely strive to respond no later than sixty (60) days after receipt of an application package. If due to unforeseen circumstances a response cannot be provided within sixty days of receipt, the applicant will be so notified in writing and an estimated review/response time will be provided. Based on the number of applications being reviewed at any given time, your application may undergo a two-tiered review process. Under this process the application will be initially accepted along with several other applications and then go through a second review for award determination. At that time, if an award is offered to meet your needs, additional information may be requested to meet specific requirements in accordance with tax code.**
- 3. Should any information submitted in this application package be found to be fraudulent and/or intentionally deceptive, such information will be turned over to the appropriate legal authorities.**



ORGANIZATION'S NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE** _____

POINT OF CONTACT:
NAME _____ **TITLE** _____

CONTACT'S PHONE NUMBER :(_____) _____

CONTACT'S EMAIL: _____

MAY WE CONTACT YOU BY PHONE OR EMAIL? _____

GRANT REQUESTED: \$ _____ **(Stipulate yearly distribution if funds requested will be used over more than one year.)**

HOW DID YOU HEAR ABOUT THE JUSTIN COCHRAN SCI FOUNDATION? _____



1. Is your organization a charitable organization under 501(c)(3) or other tax exempt private foundation, trust or organization? Yes _____ No _____

- a. If you answered no above, please answer all questions below, sign the certification and submit package to the address provided on the cover page of this application.**
- b. If you answered yes above, please answer all questions below except #4, sign the certification and submit to the address provided on the cover page. Include in your application package a copy of your IRS Determination letter evidencing your charitable status.**

2. Please provide a description of the work your organization is involved with. This description should include your mission statement and specific information as to your organization's involvement with spinal cord injuries (SCI) either through research into, or treatment and/or support of SCI survivors.

3. Please provide information detailing how you intend to use the funds requested from the Justin Cochran SCI Foundation, Inc.



4. Please provide financial information (i.e. Balance Sheet, Income Statement), as well as information detailing management practices, past history and experiences which will allow us to assess the future capability of your organization to successfully complete your stated purpose for the funds requested. (You may attach to your completed package.)

5. Are there any additional comments you would like to provide which you believe would be beneficial in assisting the foundation in reviewing your application (you may add additional paper if needed)?

TERMS & CONDITIONS OF THE GRANT

6. As a requirement for receiving funds from the Justin Cochran SCI Foundation, Inc. your organization will be responsible for submitting a year-end report for every year that you receive funds. The report will be brief and will summarize the use of all awarded funds during that fiscal year and the progress of the grant. This report may be submitted by letter to the address of the Justin Cochran Spinal Cord Injury (SCI) Foundation, Inc.



7. If you are awarded a grant from the Justin Cochran SCI Foundation, Inc., you agree that the grant funds shall be used only for the intended purpose(s) stated in your grant application package and agreed to by the Board of Directors of the Foundation. Should it be discovered that the awarded funds are not being used for their agreed to purpose(s), then the Justin Cochran SCI Foundation, Inc. reserves the right to recover the misused funds from your organization, to stop any future payment of funds, and to disallow your organization from being considered for future grant awards.

8. If you become a grant recipient, do you agree not to use any of the funds to influence legislation, to influence the outcome of elections, to carry on voter registration drives, to make grants to individuals or other organizations, or to undertake any nonexempt activity, when such use of the funds would be a taxable expenditure if made directly by our foundation? Yes _____ No _____

CERTIFICATION

My signature below certifies that to the best of my knowledge and ability, the information included in this application is accurate as of the date signed and provides my written agreement with all requirements and conditions for grant receipt as stated herein. Furthermore, I certify as _____ (title), I am an agent, duly authorized to commit _____ (organization) to the terms and conditions, as stipulated above, in order to receive a grant from the Justin Cochran Spinal Cord Injury (SCI) Foundation, Inc.

Name (Printed) _____ Title _____

Signature _____ Date _____