

Grand Central Park Residential Association, Inc.

Children's Catastrophic Fund Instructions for Completing CCF Grant Application

Thank you for your interest in the Children's Catastrophic Fund ("CCF") which has been adopted by the Grand Central Park Residential Association, Inc. ("Association") to provide monetary assistance to Grand Central Park families challenged with the financial stress of caring for a child with a chronic, debilitating illness or birth defect. This monetary assistance is funded via Grand Central Park foundation fees. Grand Central Park foundation fees were established, in part, to invest in the future of Grand Central Park by benefiting families in the community for many generations to come. This application focuses specifically on **Children's Catastrophic Fund Grants**.

Please note the following:

- All Grand Central Park owner/occupant families (i.e., applicant owns a Lot within Grand Central Park that is his/her primary residence) with children under 18 years of age who have been diagnosed with a catastrophic health condition are eligible to be considered
- Families do NOT need to demonstrate financial need to be considered
- Grants can be for any amount up to a maximum of \$1,500.00 (in increments of \$250.00) per calendar year
- A CCF Grant may be applied for once every calendar year

Please read the following instructions carefully. Incomplete information may cause a delay in grant review. The Grand Central Park Foundation Committee and the Association Board of Directors reserve the right to request further information, if deemed necessary, to permit a thorough understanding of the grant request and the requesting family. **All efforts will be made to keep the information provided on this application confidential.**

- 1) Complete the CCF Grant Application (Please print clearly and legibly).
- 2) Please include a signed statement regarding child's illness/diagnosis from treating physician.
- 3) Please list items to be funded in the order of importance to your child and your family. Attach as much information as you deem to be applicable to your family's circumstances.
- 4) All grant applications must be submitted to:
syd@lead-inc.com
Grand Central Park Residential Association, Inc.
Attn: Grand Central Park Foundation Committee
13231 Champion Forest Drive, Suite 112
Houston, TX 77069
- 5) An Association Staff Member, on behalf of the Board, will provide a written reply concerning the status of the CCF Grant Application within thirty (30) days after the Association Board meeting in which the application was officially reviewed and considered.
- 6) Please direct all questions regarding this CCF Grant Application to: Syd Talley, syd@lead-inc.com

For Association Use Only:

This CCF Grant Application was approved denied
(check applicable box) by the Board of Directors on the
day of _____, 20__ .

Grand Central Park Children's Catastrophic Fund Grant Application

Child's Name and Age _____

Child's Diagnosed Disease/Condition _____

Doctor's Name _____

Mailing Address _____

Doctor's signed statement regarding child's illness/diagnosis attached- **YES** or **NO** _____

Estimated Yearly Out-Of-Pocket Expense _____

Parent/Legal Guardian Name(s) _____

Mailing Address _____

Telephone #1 _____ Fax # (if applicable) _____

Telephone #2 _____ Telephone #3 _____

Email Address _____

1) Please provide a brief history of your child's diagnosis

2) Please list the ongoing out-of-pocket expenses: (List each item's description, quantity and cost in order of priority to your family. Attach separate page if necessary.)

Description of Item:	Qty:	Unit Price:	Total Cost:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____

Total Amount of All Items (including attachments): _____

3) Date by which grant funding is needed:

4) Check should be made payable to: _____

I have read and understand the instructions stated herein and I understand that there is only one grant of this type allowed per year/per family. I understand that CCF Grant Applications need to be submitted for each calendar year. I understand that there is no guarantee that a CCF Grant will be approved. If this CCF Grant is approved, I understand that it does not mean a subsequent CCF Grant will automatically be approved. I am authorized to request this grant on behalf of the minor child listed on the application.

Signature of Applicant

Printed Name of Applicant

Date

For Foundation Committee Use Only:

CCF Grant Applicant: _____

Check Statement that Applies:

- The Foundation Committee has reviewed this CCF Grant Application and has determined that it complies with the Grand Central Park CCF Guidelines and Procedures. As such, the Foundation Committee recommends that the foregoing CCF Grant Application be **approved** by the Board of Directors of the Grand Central Park Residential Association, Inc.
- The Foundation Committee has reviewed this CCF Grant Application and has determined that it does not comply with the Grand Central Park CCF Guidelines and Procedures. As such, the Foundation Committee recommends that the foregoing CCF Grant Application be **denied** by the Board of Directors of the Grand Central Park Residential Association, Inc.
- The Foundation Committee has reviewed this CCF Grant Application and has determined that it is lacking sufficient information in order to determine compliance with the Grand Central Park CCF Guidelines and Procedures. As such, the Foundation Committee recommends that the applicant resubmit the CCF Grant Application, to address the following:

This recommendation may be signed in multiple counterparts and when taken together shall be considered one document, with the effective date being the date last subscribed by a Foundation Committee member.

GRAND CENTRAL PARK FOUNDATION COMMITTEE:

By: _____
 Print Name: _____
 Date: _____

By: _____
 Print Name: _____
 Date: _____

By: _____
 Print Name: _____
 Date: _____