



KELLY PACKOWSKI MS FOUNDATION GRANT PROCESS

MISSION STATEMENT

The Kelly Packowski MS Foundation was established in 2002 to aid in the fight against Multiple Sclerosis. Working tirelessly to increase awareness of the effects of Multiple Sclerosis, we will raise funds to directly impact the lives of those fighting this insidious disease and to enhance our community's understanding of Multiple Sclerosis in the New England area. By changing one life at a time, we will improve the quality of life for those courageous families battling Multiple Sclerosis.

PURPOSE

The Foundation's objective is to provide financial assistance to families that are facing hardship situations in meeting their day-to-day needs as a result of burdens from this disease. We want to ease the stress and concerns of those families by providing funding for ***childcare, assistive devices, exercise programs, transportation, counseling and other needs***. Note: we are unable to process requests for reimbursement of any medications. To assist as many families as possible, we are limiting grants to a maximum of \$1,500 per family per annum.

ELIGIBILITY

The Foundation is seeking New England based families that are suffering financial hardships as a result of the cost of caring for a family member with MS. The family should identify specific needs that the Foundation can assist with through the payment for the services or delivery of assistance. When necessary, the Foundation will be pleased to work with the family to secure specific assistive needs devices and provide other guidance for related services and assistance.

We expect that grant recipients will be applying for assistance in obtaining products or services that they would otherwise have to forego if not for the Foundation's funding. If approved, applicant will be responsible for submitting written estimates from vendors for any services requested, i.e. home build out, cleaning services, etc. Grants cannot be processed otherwise.

ADVISORY BOARD

The program is administered by an Advisory Board led by Ms. Kelly Packowski. This Board will review all grant applications, select awardees, provide guidance to the awardees and ensure that the program meets its goals.

SUBMISSION PROCESS

We request that all eligible participants submit a letter outlining their situation and intended purpose of the funds, and a letter from their attending physician confirming their situation. We have prepared the attached application to simplify the admission process.

All information requested must be submitted with application to the following address:

Kelly Packowski MS Foundation
P.O. Box 601
Newton, MA 02456

The Advisory Board will review all applications on the 15th of each month and notify the applicant soon thereafter by mail.

After notification of acceptance, the Foundation will contact the applicant within two weeks by phone to coordinate the payment of the expenses related to the applicant's request or assist in securing and delivering the requested item(s). If the applicant does not respond or provide the necessary information within 60 days of the initial call, the approval of grant will expire. If application is declined, applicant may re-apply for a grant one year from the date of notification letter.



The Kelly Packowski
MS Foundation
Changing One Life at a Time™

KELLY PACKOWSKI MS FOUNDATION GRANT APPLICATION

Name: _____

Address: _____ Apt. No.: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Gender: _____ Date of Birth: _____ Date of Diagnosis: _____

Please state the purpose of your funding request. The Foundation can provide financial assistance for projects, the purchase of specific items, transportation, general assistance with care and other necessities that can improve your quality of living. Include the estimated cost of your request.

Background: Please provide a brief description of your history

Attending Physician: Contact Information

Submit your application along with a letter from your attending physician to:

Kelly Packowski MS Foundation
P.O. Box 601
Newton, MA 02456

I certify that the costs associated with my grant request are not covered by insurance or otherwise reimbursed from any other sources.

Signature: _____ Date: _____

The Foundation will contact you to discuss your application and background.