Nebraska Ataxia

Let's Go Steady

GRANT APPLICATION

Please complete the first page in its entirety. Then complete the categories relevant to your request.
If the information requested is unknown or doesn't apply, please write in unknown or NA.

Application Date _____

First Name _____ Last Name _____

Address _____ City _____ State _____

Zip code _____ Email _____ Telephone _____

Has the applicant been diagnosed with ataxia? Yes ◯ No ◯ When? _____ /_____ /_____

If known, what specific type of ataxia? _____

Location and name of doctor that gave diagnosis _____

Do you participate in Nebraska Ataxia's Support Group and its activities? Yes ◯ No ◯

Are you a member of the National Ataxia Foundation? Yes ◯ No ◯

Your household income:

- ☐ $0 - $15,000
- ☐ $15,001 - $25,000
- ☐ $25,001 - $35,000
- ☐ $35,001 - $50,000
- ☐ $50,001 - $75,000
- ☐ $75,001+

Number in household: _____

Applicant Signature _____

(Or Signature of Parent, Guardian or Legal Caregiver)

Submit completed application to: Nebraska Ataxia, Inc., PO Box 24214, Omaha, NE 68124-0214
or email a completed PDF or a scanned application to: grants@nebraskaataxia.org

Funds requested from Nebraska Ataxia are not guaranteed. All applications are verified and then reviewed bimonthly by Nebraska Ataxia's Giving Board. If approved, requested funds may not be granted in their entirety. Monetary assistance is not paid directly to the applicant, but to the business or person providing services. Fund availability is dependent upon capital raised by Nebraska Ataxia, Inc., a 501(c)(3) organization.

THERAPY APPLICATION

Amount requested _____

Do you have insurance? Yes ◯ No ◯ Insurance provider _____

Have you attempted to get coverage for this therapy through your insurance provider? Yes ◯ No ◯

If so, when? _____ What was the result of that request? _____

Have you requested funds from another organization or source? Yes ◯ No ◯

If so, what organization or source? _____

Was your request granted? Yes ◯ No ◯ If so, how much? _____

Has a medical professional recommended this treatment? Yes ◯ No ◯

If so who, and when? _____

Company or provider name _____

Contact name (first & last) _____

Address _____ City _____ State _____

Zip code _____ Email _____ Telephone _____

Dates of therapy _____ Costs per session _____

General summary of treatment:

CONSTRUCTION APPLICATION *(Please provide a copy of the estimate)*

Amount requested _____

Have you requested funds from another organization or source? Yes ◯ No ◯

If so, what organization or source?_____

Was your request granted? Yes ◯ No ◯ If so, how much?_____

Company or provider name _____

Contact name (first & last) _____

Address_____ City_____ State _____

Zip code _____ Email _____ Telephone _____

Is this a licensed contractor? Yes ◯ No ◯

Is this contractor bonded and insured? Yes ◯ No ◯

Does this provider have experience making modifications for handicapped accessibility? Yes ◯ No ◯

Have all permits been acquired for this project? Yes ◯ No ◯

What is the timeline for this project?_____

General summary of construction modifications:

If funds are allocated to this project, Nebraska Ataxia must receive a copy of the contract with the provider before said provider is paid. Depending upon the contract, some funds may be paid only upon completion of project milestones.

EQUIPMENT APPLICATION

Amount requested _____

Have you requested funds from another organization or source? Yes ◯ No ◯

If so, what organization or source?_____

Was your request granted? Yes ◯ No ◯ If so, how much?_____

Company or provider name _____

Contact name (first & last) _____

Address _____ City _____ State_____

Zip code _____ Email _____ Telephone _____

Costs of equipment:

Item_____ Cost_____

Item_____ Cost_____

Item_____ Cost_____

Item_____ Cost_____

Item_____ Cost_____

Item_____ Cost_____

Item_____ Cost_____

General summary on use and benefit of equipment:

TRAVEL OR CONFERENCE APPLICATION

Amount requested _____

Have you requested funds from another organization or source? Yes ◯ No ◯

If so, what organization or source? _____

Was your request granted? Yes ◯ No ◯ If so, how much? _____

Reason for travel _____

_____

_____

Dates of travel _____ Number of people in party _____

Means of travel _____

Will you need lodging? Yes ◯ No ◯

How many nights? _____

Cost per night? _____ Number of people in party _____

Are you attending a conference? Yes ◯ No ◯

If so, name of conference _____

Dates of conference _____ Location of conference _____

Is there early registration for this conference? Yes ◯ No ◯

Early registration deadline _____ Early registration fee _____

Regular registration deadline _____ Regular registration fee _____

Number of people attending _____

Is membership required to attend this conference? Yes ◯ No ◯

If so, cost of membership _____

Additional information: