



## **Kendyl and Friends Foundation Handicap Accessible Equipment Grant Application**

The Kendyl and Friends Foundation is delighted that you are applying for our Handicap Accessible Equipment Grant. Our mission is to help as many individuals and families as we possibly can. In doing so, we ask that you read all of the following information carefully and fill out the questions completely. When you are finished with the application for financial assistance, you may submit it for review, where it will be discussed at the next monthly board meeting.

Kendyl and Friends Foundation does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, military status, or geographic location in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, election of executive officers or board members, selection of volunteers and vendors, and provision of services. We are committed to providing an inclusive and welcoming environment for all members of our staff, clients, volunteers, subcontractors, vendors, and clients.

Please submit your completed application to:  
Kendyl and Friends Foundation, INC  
140 Grace Court  
Harrodsburg, KY 40330

If you have any questions you may contact:

Crimson Claycomb  
Founder, Executive Director  
[kendylandfriendsfoundation@gmail.com](mailto:kendylandfriendsfoundation@gmail.com)

Please fill out this application completely and include all requested information. Applications and corresponding paper work that are not filled out in their entirety will not be accepted for review.

**\*\*All information requested is for the person using the equipment\*\***



Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_

SS #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

\_\_\_\_\_

Type of Equipment Requested: \_\_\_\_\_

\_\_\_\_\_

Is this equipment covered on your insurance: \_\_\_\_\_

Amount of assistance requested: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Group: \_\_\_\_\_



You must provide three (3) quotes for the equipment you are requesting funding for. Please note that if there is only one (1) company that provides the equipment you are requesting, only one (1) quote is needed. The amount of money awarded by Kendyl and Friends Foundation will be based on the funds available.

Signature of person requesting funding:

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Print Name:

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Relationship to Applicant: \_\_\_\_\_

Date of Application: \_\_\_\_\_

You may be asked to contribute time to fundraising towards the funds for the handicap-accessible equipment that you're requesting financial assistance for, but it won't change the approval or disapproval of the application.

Due to the financial nature of this grant, Kendyl and Friends Foundation requires proof that you are able afford the monthly payments, if there is payments associated with the piece of handicap-accessible equipment, or maintain the piece of handicap-accessible equipment after purchase. You are required to provide three (3) months of bank statements to the Foundation so that this can be determined.



## Release and Waiver of Liability

I, as a parent/guardian, applying on behalf of the client listed below, am aware that travel and/or recreational activities carries a risk of injury or death. I freely assume all such risks both known and unknown, even if injury or death comes as a result of the negligence of others.

I AGREE TO RELEASE, DEFEND, INDEMNIFY, NOT SUE, AND HOLD HARMLESS Kendyl and Friends

Foundation, INC, any and all of its Board Members, Officers, and any and all of its volunteers from ANY and ALL claims, damages, or other financial expenses that may result in the course of the vacation Kendyl and Friends Foundation is helping fund. This includes medical fees and attorney fees.

I AGREE THAT KENDYL AND FRIENDS FOUNDATION IS IN NO WAY RESPONSIBLE FOR ANY

PHYSICAL INJURY, DISABILITY, OR DEATH THAT MAY OCCUR IN THE COURSE OF THE VACATION KENDYL AND FRIENDS FOUNDATION, INC, IS HELPING FUND.

I as a parent/guardian willingly agree to comply with the stated, customary, posted terms, rules, verbal instructions, and conditions provided while in the above stated location(s).

I as a parent fully understand that Kendyl and Friends Foundation, INC is ONLY a financial resource for and that in no way can I hold the Foundation or any of its affiliates responsible for any type of damage, injuries, problems, concerns, issues, etc that may occur when financial assistance is provided.

I as a parent/guardian have carefully read the above Release and Waiver of Liability. I hereby agree to be bound by it or myself and for the person I am requesting funding assistance for and FULLY understand its contents.

Printed Name Of Applicant:

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Signature of Applicant:

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Name of the Client you're requesting funds for:

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Relationship: \_\_\_\_\_ Date: \_\_\_\_\_



## Photography and Video Release

I hereby consent and authorize the use and reproduction of Kendyl and Friends Foundation, INC, any of the Foundation's Officers, and any of the Foundation's Board Members, for any and all videos, photographs, and any other audiovisual material taken of me/my child for promotional printed material, social media, educational activities, and for any other use for the benefit of Kendyl and Friend Foundation, INC through fundraising, marketing, and advertising. I hereby acknowledge and understand that myself nor my child will be paid or compensated for this in any way. I hereby and acknowledge that we are doing this to promote awareness and publicity for Kendyl and Friends Foundation, INC.

Printed Name of Parent: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

Name of person you are requesting funding for: \_\_\_\_\_

Relationship: \_\_\_\_\_

I, as a parent/guardian, applying on behalf of the client listed below, have filled out this application in its entirety and have provided the most accurate information to my knowledge. I am aware that failure to do so could affect the approval or disapproval of my application for financial assistance.

Printed Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Name of Client you are Requesting Funds for: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date: \_\_\_\_\_



## The Story of Your Amazing Journey (OPTIONAL)

One of our greatest missions at Kendyl and Friends Foundation, INC is to promote awareness for many different special needs and disabilities. Without awareness, others will never see the beauty and understand that having a special need or disability does not mean we are not capable of changing the world! To continue promoting awareness, we ask that you share your story with us. This can be as brief or as detailed as you'd like. Please include the diagnosis of your child, a brief or detailed history of their life, struggles they have overcome, and how Kendyl and Friends Foundation, INC can or has helped your child.

I hereby consent and authorize the use and reproduction of Kendyl and Friends Foundation, INC, any of the Foundation's Officers, and any of the Foundation's Board Members, for any and all of "THE STORY OF YOUR AMAZING JOURNEY" of me/my child for promotional printed material, social media, educational activities, and for any other use for the benefit of Kendyl and Friend Foundation, INC through fundraising, marketing, and advertising. I hereby acknowledge and understand that myself nor my child will be paid or compensated for this in any way. I hereby and acknowledge that we are doing this to promote awareness and publicity for Kendyl and Friends Foundation, INC.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of the Client you're requesting funding for: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

**If you choose not to share your story, this will NOT affect our decision to approve or deny your application. This information does, however, help those on our Board to have a better understanding of the need(s) faced by the applicant.**



**FOR OFFICE USE ONLY**

Date Application was filled out by applicant: \_\_\_\_\_

Date Application was received by the Foundation: \_\_\_\_\_

Was the application filled out completely? \_\_\_\_\_

Amount of Assistance Requested: \_\_\_\_\_

Quotes Provided as Requested: \_\_\_\_\_

Does this application meet the criteria of the Grant: \_\_\_\_\_

**NOTES**

Approved or Denied: \_\_\_\_\_

Executive Director's Signature: \_\_\_\_\_

Chairman's Signature: \_\_\_\_\_

Date Recorded: \_\_\_\_\_