



Kendyl and Friends Foundation Travel Expense Grant

The Kendyl and Friends Foundation is delighted that you are applying for our Travel Expense 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

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 living with the disability****



The purpose of this grant is to assist in covering the expenses incurred by repeated travel to and from doctor appointments, hospitals, etc. Kendyl and Friends Foundation will provide financial support to assist in paying for some of these costs, specifically those of gas and lodging costs for overnight trips. Please provide the required information below so that General Board can decide on how much financial assistance to offer.

Kendyl and Friends Foundation will provide reimbursement up to: one hundred dollars (\$100.00) for lodging and fifty dollars (\$50.00) for transport-related costs, ONLY if the application is submitted seven (7) days prior to the overnight visit. Documentation or receipt of purchase for lodging must be submitted for consideration for reimbursement, as well as receipts for transport/fuel-related costs following. If those materials are not submitted in a timely manner, it can affect the status of your application and/or reimbursement.

For emergency circumstances associated with doctor appointments, hospital trips, etc., please contact us using our email (listed above) or the Executive Director, Crimson Claycomb, at 859-325-6075.

Name: _____

D.O.B.: _____

Address: _____ City: _____ ST: _____ ZIP: _____

Phone Number: _____ SS #: _____

Email Address: _____

Diagnosis: _____

Signature of person requesting funding: _____

Print Name: _____

Relationship to Applicant: _____

Date of Application: _____



Due to the medical nature of this grant, Kendyl and Friends Foundation requires a doctor's note, in the form of an excuse or discharge papers, to be submitted in no more than seven (7) days upon return with the other supporting materials (receipts). If the requested paperwork is not turned in the applicant will be disqualified from receiving any grant from the Foundation in the future and may be subject to litigation to recover the funds.

Name of Hospital and/or Doctor's Office: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone Number: _____ Website: _____

Name of Physician: _____ Number of Miles to Destination: _____

How many nights will you spend at said destination: _____



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: _____

Signature of Applicant: _____

Name of the Client you're requesting funds for: _____

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 Friends 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 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: _____