



Kendyl and Friends Foundation Vacation Grant

Kendyl and Friends Foundation is delighted that you are applying for our Vacation 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(s) living with a disability****



The Kendyl and Friends Foundation Vacation Grant will provide the following for approved vacation grants:

- One (1) prepaid VISA Gift Card in the amount of \$1,400.00. This gift card must be used for ONLY the following: lodging and food. The applicant may choose how this money is divided between lodging and food.
- Two (2) \$50.00 gas cards for travel to and from the destination.

Receipts must be turned in within no more than seven (7) days of your return. If receipts are 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.

The applicant is required to attend a planning session with members of Kendyl and Friends Foundation's Board to discuss the desired vacation.

Name: _____ D.O.B.: _____
Address: _____ City: _____ ST: _____ ZIP: _____
Phone Number: _____ SS #: _____
Email Address: _____

Signature of person requesting funding:

Print Name:

Relationship to Applicant: _____
Date of Application: _____



Lodging

Please state below which type of lodging is more beneficial to your family and the person(s) living with special needs:

Hotel

Cabin

Lodge

Will you need the lodging facility to accommodate any special needs such as ramps, handicap parking, etc. _____ If yes, please indicate details below.



Criminal Background Check

Kendyl and Friends Foundation works extensively with special needs children. As such we are responsible for their safety and wellbeing. Every adult (age eighteen, 18, and over) in the home of the client(s) is required to submit \$15.00 (non-refundable) to Kendyl and Friends Foundation for a criminal background check AND EVERY ADULT ATTENDING THE VACATION. Please list below the name and Social Security number of every adult living in the home with the client(s) the application is being filed for.

Checks must be payable to "Kendyl and Friends Foundation" and money associated with criminal background checks are NON-REFUNDABLE, even in the event the applicant is not selected to receive financial assistance, which is decided at the discretion of the board.

All information will be held on file for a period 1 year from date of submission, and will remain confidential. However, any information discovered in the criminal background check may impact the approval of the grant and is at the discretion of the board.

Print Name	Social Security Number	Signature
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____

I, _____, hereby release the above information for every name listed for the required criminal background check for Kendyl and Friends Foundation.



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 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 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: _____