

## Intertech Foundation Application Form

### Grant Information

Grants are intended to help families who have children who are critically ill to provide for emergencies that cannot be met by another organization/service. To be eligible, families need to be a current resident at the *Ronald McDonald House in Minneapolis, Minnesota (RMH)*.

The application must be filled out in full to be considered. Each grant is for up to \$750.00. A recipient can receive up to two grants per calendar year. A billing receipt must have been submitted (with attached receipts) for previously approved grants before applying for a new grant.

After you have filled out the grant application, please submit your application to a staff member of the RMH. They will forward your application onto the Grant Committee.

### Contact Information

For questions or more information, please contact the Grant Committee toll free at 1-800-866-9884 or [Foundation@Intertech.com](mailto:Foundation@Intertech.com)

Intertech Foundation  
1020 Discovery Road, Suite 145  
St. Paul, MN 55121

**I. Family Information**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Diagnosis and date of diagnosis: \_\_\_\_\_

Parent or Guardian Name(s): \_\_\_\_\_

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

City / State / Zip: \_\_\_\_\_

Phone 1: \_\_\_\_\_ ( Cell  Home  Other \_\_\_\_\_)

Phone 2: \_\_\_\_\_ ( Cell  Home  Other \_\_\_\_\_)

E-mail address: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Dates of stay at the Ronald McDonald House: \_\_\_\_\_

**II. Please share other information on patient's condition:**

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Please share why you are in need of help at this time, please be specific. (The intent of this grant is to cover incurred expenses.)

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Please share additional comments or extenuating circumstances:

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Please enclose a copy of a bill, an invoice, or an estimate that you would like assistance with. The bills, invoices, or estimate must be directly related to your child's medical condition. Grants from the Foundation will be in the form of a check made out to the billing parties submitted. Please see grant policies and procedures.

### III. Funding Information

Are you currently receiving similar funding from other sources? If yes, please complete below:

Total in past 12 months = \_\_\_\_\_

	Source	\$ Amount	Date Received	Purpose of Assistance
1				
2				
3				
4				

Have you submitted or contact other organizations about this request? If yes, please complete the information below:

	Organization Name	Phone #	City / State
1			
2			
3			

To the best of my knowledge and belief, the information I provided above is true, correct, and complete. I have read the Intertech Foundation Grant Program Policies and Procedures and agree to abide by the requirements as noted.

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
(Print) Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Patient

\*Policies and Procedures are subject to change.

\*\*You may be responsible for paying taxes on grant monies received. Please consult your tax professional or the IRS for more information.

Below is for Intertech Foundation use

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

## **Policies and Procedures\***

The Intertech Foundation helps families who have children who are critically ill by providing for emergency needs. Grants are intended to cover incurred expenses; checks will not be made out to individuals.

The Intertech Foundation assumes no responsibility for direct or indirect patient care. Grants will be awarded in the amount of up to \$750.00 each. Individuals may receive up to two grants per year.

***After receiving a grant from this program, applicants must re-apply to be considered for additional grants.*** Grants will be awarded based on the number of applications received and available funds. Applications will be selected based on need and prior selection status. The Intertech Foundation's Grant Committee will score all applications to determine the grant recipients and grant amounts.

Applications that are not chosen will be considered the following quarter. If application is denied a second time, a new application must be re-submitted to be considered for the grant again.

## **Eligibility**

The patient's parent/guardian must be or have been a resident of the Ronald McDonald House located at 621 Oak St SE, Minneapolis, MN 55414. The applicant must establish need for assistance. Applicant must sign and date this application and agree to the Policies and Procedures.

Mail or fax the application to:

Intertech Foundation	651-846-5666 (fax)
Attn: Grant Committee Chair	800-866-9884 (toll free)
1020 Discovery Road, Suite 145	651-994-8558 (phone)
St. Paul, MN 55121	

*If faxing, only page 2 & 3, plus any invoices/bills you would like to be considered need to be included.*

Grant applicants will be notified in writing of the Grant Committee's determination. After the grant is confirmed, grant recipients may choose to receive direct reimbursement\*\* or they may arrange for payments to be made directly to a product/service provider.