



## Children's Brittle Bone Foundation/Osteogenesis Imperfecta Foundation IMPACT GRANT APPLICATION

The Children's Brittle Bone Foundation/Osteogenesis Imperfecta Foundation Impact Grant is a grant to support people with OI in need of equipment or services that will improve their quality of life.

### Eligibility

- OI Diagnosis
- Financial need – if application is chosen as a finalist, income verification will be required.
- Request improves the applicant's quality of life.
- Grant must be used within 12 months or less.
- Those receiving an Impact Grant are not eligible to apply for additional funding for one year.

### Allowable Use of Funds

Funds may be used for one of the following:

- Orthotics/braces/walkers
- Manual/electric wheelchairs or scooters
- Prescribed exercise therapy equipment; physical/occupational therapy
- Education related items such as tuition assistance, pre-school to post doctoral support, etc.
- Adaptive technology such as computers, hearing aids, etc.
- Dental intervention (due to OI)
- Vehicle modifications such as lifts, pedal extensions, etc or vehicle purchases
- Travel reimbursement to receive specialized care
- Outdoor ramps that provide access to a home
- Accessibility aides such as reachers, shower chairs, kitchen carts, etc.

### How to Apply

Applications are due to the address below by **January 15, 2010**. Finalists will be notified by **February 12, 2010**. Finalists may be asked to provide additional information about the item they are applying for, or documentation of financial need. Grants will likely range from \$500 to \$20,000, but all requests for funding will be considered. **Please complete the application form thoroughly and legibly. Incomplete applications will not be considered.**

Return completed applications by **JANUARY 15, 2010** to:

OI Foundation

Impact Grant Program

804 W. Diamond Avenue, Suite 210

Gaithersburg, MD 20878

Or e-mail: [impactgrants@oif.org](mailto:impactgrants@oif.org)





**Children's Brittle Bone Foundation/Osteogenesis Imperfecta Foundation Impact Grant  
TERMS & CONDITIONS**

1. **Complete Application.** I certify that all the information contained in this application is true and complete to the best of my knowledge. I hereby authorize the Children's Brittle Bone Foundation/Osteogenesis Imperfecta Foundation and its officers, directors, employees, and agents (collectively, the "Foundations") to review this application and to determine our eligibility for financial assistance. I agree to cooperate promptly and fully in any review of this application. I agree to submit any additional information requested. I agree that the Foundations may contact the creditors listed on this application, credit reporting bureaus, state and federal authorities, and others in order to verify the information provided.
2. **Reporting Changes.** Should a change in the information listed above occur during the application review period or during the grant period (if a grant is approved), I shall immediately notify the Children's Brittle Bone Foundation/Osteogenesis Imperfecta Foundation in writing. Changes must be reported to:
  - OI Foundation
  - 804 W. Diamond Avenue, Suite 250
  - Gaithersburg, MD 20878
  - Attn: Impact Grant
  - Or e-mail: [impactgrants@oif.org](mailto:impactgrants@oif.org)
3. **Financial Assistance Provisions.** The following provisions apply if the Foundations approve financial assistance for the Applicant:
  - a. Financial assistance is approved solely for the Applicant and will be paid directly by the Foundations to a health care provider or company that provides the services or equipment needed. I understand and agree that financial assistance will not be paid to me or the Applicant directly, unless permission is given by the review committee.
  - b. The Foundations are not responsible for payment of any amount other than the specific amount of financial assistance approved by the Foundations based on this application. I acknowledge and agree that financial assistance is awarded only for a specific grant period and that additional applications and reviews will be required to be considered for additional grants.
  - c. The Foundations will retain any funds that remain unspent at the end of the grant period.
4. **Compliance with Foundations' Rules.** I have read and agree to abide by the Foundations' policies and procedures, including but not limited to those listed below. I will read and keep up-to-date with these rules. I agree that I bear the burden of demonstrating and maintaining compliance during the application review period and for the duration of the grant period (if a grant is approved).
  - a. "Eligibility" requirements; and
  - b. "Allowable Use of Funds" policy
5. **Consequences of Noncompliance.** In the event of a violation of the Foundations' rules or of these Terms & Conditions, the Foundations may take one or more of the following actions:
  - a. refuse to approve financial assistance;
  - b. withhold approved amounts;
  - c. demand a refund;
  - d. suspend or terminate its approval of financial assistance;
  - e. declare the Patient ineligible for further financial assistance; and
  - f. take other remedies that may be legally available.
6. **Waiver of Claims & Indemnification.**
  - a. I hereby waive all claims against the Foundations arising out of this application and the receipt of financial assistance (if any), including (but not limited to), (i) claims arising out of any release of information by the Foundations to creditors, credit reporting bureaus, state and federal authorities, and others in order to verify the information provided, and (ii) claims arising out of medical treatment and related activities paid for by the Foundations.
  - b. I agree to indemnify the Foundations for any third-party claims arising out of any action taken pursuant to the policies and procedures of the Foundations with regard to this application and financial assistance (if any).
  - c. The provisions of this Waiver of Claims & Indemnification section do not extend to claims based on the gross negligence, willful misconduct, or intentional misconduct of the Foundations.
  - d. The obligations and rights under this Waiver of Claims & Indemnification section will survive beyond the grant period and remain in full force and effect.
  - e. I acknowledge that the submission of this application does not in any way bind the Foundations to provide assistance, and that the extent and amount of any assistance provided shall be at the sole discretion of the Foundations' review committee.
  - f. I acknowledge that there are risks to using the services and equipment requested. I agree that the Foundations do not assume these risks. I use the goods and services at my own risk.
7. **Sole Agreement.** This document contains the entire agreement between the individuals listed on this application and the Foundations concerning financial assistance from the Foundations. This document supersedes all prior and contemporaneous oral and written understandings. No amendment of these Terms & Conditions will be valid unless in writing and signed by the Foundations and Patient or, if Patient is under 18 years of age, a parent or guardian of the Patient.