

BELLOWS FUND APPLICATION

To be reviewed for eligibility and submission by UCP Affiliate personnel. PLEASE TYPE

UCP Huntsville & Tennessee Valley, Inc. State: AL Phone: 256-859-4900
Affiliate Contact: Tracy Cieniewicz Email: tracyc@ucphuntsville.org

Bellows Fund Nominee: _____

Amount requested from Bellows Fund: US \$ _____

Parent/Guardian (if applicable): _____

Nominee Contact Address: _____

Phone: _____ Email: _____

Description of assistive technology equipment:

Where will this equipment be used? _____ Cost of equipment: US \$ _____

If cost of equipment is more than funds requested, what additional funding is in place to secure the assistive technology? _____

How will the assistive technology increase the individual's independence and quality of life?

List other funding sources approached:

FOR OFFICE USE ONLY: By signing below, the UCP Affiliate Executive Director/CEO certifies to UCP that the funds requested will be used for the purchase of the assistive technology equipment outlined above, that the nominee has a disability, that the equipment will become property of the nominee, and that the individual has exhausted all other financial resources available.

Executive Director/CEO's Signature: _____

Printed Name: _____ Date: _____

Submit to: tracyc@ucphuntsville.org or FAX 256-859-4332

