



## Criteria for TKO Strong Foundation, Inc. Emergency Support Grant 2020

This criteria serves as a checklist for potential applicants for the TKO Strong Foundation Emergency Support Grant 2020. An applicant, or their designee, who meets the criteria stated in this document should complete the application form. TKO Strong Foundation, upon receipt of the application, will review each applicant's form. It is expected that applicants will adhere to the guidelines set forth in the criteria, as well as uphold the spirit in which it was intended, should they receive a grant. Grant funds are limited and approval, distribution, and modifications remain at the discretion of the TKO Strong Foundation Board of Directors.

<b>Grant Criteria</b>	
1.	The <b>TKO Strong Foundation, Inc. Emergency Support Grant 2020</b> was created to provide financial support for MVID families/individuals, should they experience significant financial hardship due to the Coronavirus pandemic of 2020.
2.	Only MVID applicants, or their designees (parent/grandparent), may apply for a <b>TKO Strong Foundation, Inc. Emergency Support Grant 2020</b> .
3.	The MVID applicant must be under the care of a physician for MVID medical care. The application form will request MVID applicant's provider information (primary MVID care physician /medical facility).
4.	Recipients of a <b>TKO Strong Foundation, Inc. Emergency Support Grant 2020</b> may not apply for a second emergency grant. Additionally, recipients may not apply for a <b>TKO Strong Foundation, Inc. Family Grant</b> within the same calendar year.
5.	Applicants must relate the financial support request to their MVID status. How will this grant protect/assist the applicant medically? The applicant's request does not have to be strictly medical in nature - but the applicant's MVID status is crucial for consideration.
6.	Financial support may be used, by the MVID/designee recipient of a <b>TKO Strong Foundation Emergency Support Grant 2020</b> , to cover specific expenses related to the welfare of the MVID patient. The grant guidelines identify what items are appropriate for coverage.
7.	<p><b>TKO Strong Foundation Emergency Support Grant 2020 Guidelines for allowable expenditures:</b></p> <ol style="list-style-type: none"> <li>1) Treatment: Clinical procedures, medicine, therapy, prosthesis, etc...</li> <li>2) Equipment: Wheelchairs, assistive technology equipment, care devices, hearing aids, etc...</li> <li>3) Vehicle modifications: Lifts, ramps and transfer boards</li> <li>4) Fuel (housing/auto): For transportation of the MVID applicant and/or heating costs of the MVID applicant's primary dwelling.</li> <li>5) Housing: Mortgage or rent payment for the MVID applicant's primary dwelling.</li> <li>6) Food: Food items intended to be consumed by the MVID patient/family.</li> <li>7) Utilities: Expenses related directly to electric/gas/water usage.</li> <li>8) Emergency Child Care</li> <li>9) Copays or deductibles related to medical care</li> </ol>



**Grant Criteria Continued...**

8.	<b>TKO Strong Foundation Emergency Support Grant 2020</b> <b>Guidelines for prohibited expenditures:</b> <ol style="list-style-type: none"><li>1) Home modification projects</li><li>2) Alternative or experimental drugs, treatment or therapy where there is controversy in the medical community</li><li>3) Wheelchair-accessible van purchases</li><li>4) Requests for research funding, mass population grants or other not-for-profit organizational grants</li><li>5) Requests for debt reduction/past medical bills</li><li>6) Alcohol, cigarettes, tobacco items, recreational drugs, vaping and all related paraphernalia</li><li>7) Purchase of a vehicle or car payments</li><li>8) Gifts to individuals</li></ol>
9.	Applicants must complete the <b>TKO Strong Foundation Emergency Support Grant 2020</b> application form. Form must be completed in its entirety.

**Submission of Application:**

**TKO STRONG FOUNDATION, INC.**

**P.O. BOX 245**

**Malverne, NY 11565**

**OR**

**Email: [tkostrongfoundation@gmail.com](mailto:tkostrongfoundation@gmail.com)**



## TKO Strong Foundation Emergency Support Grant 2020

Patient Name \_\_\_\_\_

Patient Address \_\_\_\_\_

Town/City, State, Zip Code \_\_\_\_\_

Patient/Guardian Phone Number \_\_\_\_\_

Patient/Guardian Email \_\_\_\_\_

Have you or a dependent been diagnosed with Microvillus Inclusion Disease?  Yes  No

Please list the gastroenterologist/physician caring for you or your dependent, and their hospital affiliation:

Physician's name: \_\_\_\_\_

Hospital affiliation: \_\_\_\_\_

Physician's phone number: \_\_\_\_\_

Please describe the financial hardship you are experiencing during the current Coronavirus Pandemic 2020. Make sure to include how this grant will support/assist the applicant's medical status related to their Microvillus Inclusion Disease diagnosis.

By signing this document I agree to the terms and conditions listed. I have completed this form to the best of my ability and the information that I have provided is true. The completion of this application is not a guarantee of payment/funds, however, it is part of the process to determine eligibility for this grant. I understand that the TKO Strong Foundation, Inc. will review my application and I will receive a response within 15 business days to determine my eligibility for this grant. If I am selected to receive this grant, which I understand is a one time grant, I will be contacted by the TKO Strong Foundation, Inc. at the address/phone number I have provided on this form. All approved requests will be dispersed via check.

\_\_\_\_\_  
Name of Patient or Guardian

\_\_\_\_\_  
Signature of Patient or Guardian