

EMPOWER^{FL}

FUND



Muscular
Dystrophy WA

mdwa.org.au

Muscular Dystrophy WA is committed to empowering the lives of our community by providing them the practical help they need now.

One of the ways in which we aim to facilitate this is through the Empower Fund.

Through an application process, funds can be applied for by community members in support of them being able to live our brand beliefs.

Prior to filling in this application form, please read the Guidelines to Applying for a Grant document.



Empowering
full lives



GRANT APPLICATION FORM

The purpose of the Empower Fund is to provide funding to our community, whereby you can apply for a grant for money towards an item that cannot ordinarily be funded or supplied via the NDIS, government agencies, other not for profits or other charitable organisations. It also allows members of our community to enjoy life experiences that they wouldn't have otherwise been able to.

Given some of the significant challenges faced by many of our community, we believe it is important for you to reach your full potential and lead a life as fulfilling as those without the condition.

To apply for an Empower Fund Grant, please complete the application form in full and email it to empower@mdwa.org.au or post to PO Box 680, Nedlands WA 6909.

All applicants will receive a phone call from MDWA once we've received your completed application. Our team will run through any extra information that is required and help you through the process.

If your application is approved by our Empower Fund Grants Committee, you will be notified in writing.

We look forward to helping you reach your goals and in making a life-changing impact on your life. If you have any questions, please do not hesitate to contact us on 9380 3400.

CONTACT DETAILS

FIRST NAME:	<input type="text"/>	SURNAME:	<input type="text"/>
D.O.B.:	<input type="text"/>	PHONE No.:	<input type="text"/>
ADDRESS:	<input type="text"/>		

ARE YOU AN INDIVIDUAL WITH A NEURO MUSCULAR CONDITION? IF NOT, PLEASE SPECIFY THE RELATIONSHIP YOU HAVE TO THE PERSON YOU ARE APPLYING ON BEHALF OF & THEIR DETAILS

YES NO: SPECIFY RELATIONSHIP

FIRST NAME:	<input type="text"/>	SURNAME:	<input type="text"/>
D.O.B.:	<input type="text"/>		

WHAT TYPE OF NEURO MUSCULAR CONDITION DO YOU OR THE PERSON YOU ARE APPLYING FOR HAVE?

GRANT DETAILS

WHAT TYPE OF GRANT ARE YOU APPLYING FOR?

EMPOWER GRANT HARDSHIP GRANT

TOTAL FUNDING REQUEST \$

HAVE YOU APPLIED FOR AN EMPOWER FUND GRANT WITH MDWA IN THE LAST 12 MONTHS?

YES NO

GRANT DETAILS continued

PLEASE EXPLAIN THE ITEM YOU ARE REQUESTING FUNDING FOR:

eg. a) hoist hire costs associated with a holiday

b) new tyres on the primary vehicle used to transport someone with a neuromuscular condition

WHAT WILL THE BENEFIT OF THE GRANT BE TO THE RECIPIENT:

HAVE YOU APPLIED FOR, OR CONSIDERED FUNDING FROM OTHER SOURCES (our team can help you with this if not)

YES, IF SO PLEASE FILL IN DETAILS BELOW

NO, IF SO CONTINUE TO THE NEXT QUESTION

a) NAME OF SOURCE/S:

HAVE YOU RECEIVED FUNDING FOR THE SAME ITEM YOU ARE APPLYING FOR HERE, VIA ANOTHER SOURCE?

YES, IF SO PLEASE FILL IN DETAILS BELOW AT a) AND b) NO, IF SO CONTINUE TO THE NEXT QUESTION

a) NAME OF SOURCE

b) REASON WHY YOU ARE SEEKING FURTHER FUNDING FOR THIS ITEM:

TOTAL HOUSEHOLD INCOME INFORMATION (INCLUDE ALL SOURCES OF INCOME & PENSIONS):

NAME OF 1st PERSON RECEIVING HOUSEHOLD INCOME	1st PERSON MONTHLY INCOME
<input type="text"/>	\$ <input type="text"/>

NAME OF 2nd PERSON RECEIVING HOUSEHOLD INCOME	2nd PERSON MONTHLY INCOME
<input type="text"/>	\$ <input type="text"/>

TOTAL MONTHLY INCOME

\$

HOUSEHOLD EXPENSES

MONTHLY HOUSING COSTS (rent/mortgage)
\$

MONTHLY UTILITIES COSTS (water/gas/electricity/rates)
\$

MONTHLY FOOD COSTS (average)
\$

MONTHLY MEDICAL EXPENSES (average)
\$

MONTHLY EDUCATION & RECREATION (average)
\$

MONTHLY CHILD CARE (average)
\$

MONTHLY INSURANCE FEES (average)
\$

TOTAL MONTHLY EXPENSES
\$

Grant Criteria Understood

I have read and understood the Muscular Dystrophy WA Empower Fund's Guidelines for Grants and that my application is subject to the grant funding criteria.

True and Correct Declaration

I declare that the answers I have given in this application and the documents I will provide are true and correct to the best of my knowledge and belief. I declare that I have read and understood the application instructions, declarations and all information related to this application.

Information use acknowledged

I acknowledge that if my application is successful I will be required to complete a Successful Applicant Agreement, Public Relations and Media Consent Form and supply a current photograph of the applicant.

APPLICANT SIGNATURE

DATE