



What is The Grace Fund?

The Grace Fund is a limited financial fund, made available by application to anyone struggling financially due to unforeseen circumstances. The money is granted as a gift, and repayment is not expected. However, if you are blessed in the future and would like to help someone else, you may repay the gift. It will be used to help someone else in need.

Your request will be reviewed by the Project31 board and you will be contacted if more information is needed. A failure to provide requested information will forfeit your eligibility for benevolence. Upon a decision you will be notified by email.

If your request is approved it may take up to two weeks to receive funding. You are only eligible to receive assistance once every six months. The decision made by the Project31 board regarding financial assistance is final and there is no appeal.

Guidelines and Process for Receiving Assistance from The Grace Fund

Please read and initial each item indicating that you have read and understand the process for approval, how many sessions are allowed, what the standards are for Project31 approved counselors, etc.

_____ I understand that Project31 Grace Fund is for Project31 approved services only.

_____ I understand that all of my confidential information, including my request for benevolence, is protected and kept confidential by Project31 in adherence with HIPPA Standards.

_____ I understand the approved benevolence funds are for me or my immediate family member in our dealing with my breast cancer diagnosis.

_____ I understand that my application must include all information requested before it will be considered by the Project31 board.

_____ I understand that if I would like a copy of my application, I will need to retain a copy for myself before turning a copy in to the Project31 board.

_____ I understand that my completed application will be submitted to the Project31 board, which will review for completeness, eligibility and approval.

_____ I understand that I can expect to receive a response within 7-10 business days.



APPLICATION

Name: _____ Date: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Phone #: _____ Alt #: _____

May we leave a confidential voicemail? _____ If so, at which number? _____

HEALTH INFORMATION

What is your current diagnosis (cancer type? stage? etc.)? _____

Who is your oncologist? _____ Have you started treatment? _____

What form of treatment is your doctor recommending? _____

Do you attend Project31 support groups? _____ If so, which one(s)? _____

Please describe the need you are requesting assistance for: _____

What is the amount requested? _____

Applicant's Signature _____ Date _____

Project31 Representative's Signature _____ Date _____