



**BELLOWS FUND APPLICATION**

*To be completed by Affiliate personnel. Please TYPE*

UCP of Maine State: ME Phone: 207.941.2952  
Affiliate Contact: Andrew Lohman E-mail: andrew.lohman@ucpofmaine.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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 the 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: E-mail: andrew.lohman@ucpofmaine.org or FAX: 207-941-2955

