

## BELLOWS FUND APPLICATION

To be completed by Affiliate personnel. Please TYPE.

Affiliate Name	State:	Phone:
Affiliate Contact:		Affiliate Contact Email:
Bellows Fund Nominee:		
Amount Requested from Bellows Fund (in US Dollars)		
Parent/Guardian Name (if applicable):		
Nominee Contact Information:		
Nominee Address:		Nominee Phone:
Nominee Email:		
Description of assistive technology equipment:		

**For items requested over \$5,000.00 a photo and detailed description of the item is required.**

<p>If cost of equipment is more than funds requested what additional funding is in place to secure the assistive technology?</p>
<p>How will the assistive technology increase the individual's independence and quality of life?</p>
<p>In what setting will the individual utilize the equipment/technology (check all that apply):</p> <p>Home      School      Community      Affiliate Program</p>
<p>List of other funding sources approached:</p>

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 sole property of the nominee, and that the individual has exhausted all other financial resources available. The Affiliate is expected to maintain receipt(s) for the equipment/technology purchased for applicant clients receiving Bellows Funds in the event that they are requested during a financial audit. **Only one individual request per application.**

Executive Director / CEO's Signature:	
Printed Name:	Date:

Please submit your request on this form only to: [bellows@ucp.org](mailto:bellows@ucp.org).

Mark Boles, Chair of the Bellows Committee will receive your request.

Revised 10.1.2020