



# Brain Support Network

## Phil & Jackie Myers Family Fund Grant Application

### **Purpose**

This Brain Support Network (BSN) grant program, honoring Phil and Jackie Myers, is focused on easing the burden of caregiving and finding enrichment for the care recipient. BSN will provide at least four PSP or CBD families with grants up to \$1,500, beginning October 2019. Eligible families must be current members of the BSN community and have a financial need.

### **Uses for Grant Funds**

Your family can determine how to best use the funds in a way meaningful to your family. Ideas for uses include—but are not limited to—the following:

#### Easing the burden

- Professional assistance (e.g. psychotherapy, massage therapy, fitness trainer) for caregiver or care recipient,
- Respite for the main caregiver (through in-home care or a short-term stay in a care home for the care recipient),
- Installation of a ramp or chair lift for stairs, or
- Purchase of exercise equipment.

#### Finding enrichment

- Transportation costs to bring someone to visit the care recipient or to allow the care recipient to attend a family reunion,
- Paying for an aide to accompany the care recipient somewhere special,
- Paying for a photographer to take family photographs,
- Paying for a videographer to make a recording of the care recipient, or
- Reproduction costs of the care recipient's history, art, poetry as a family remembrance.

### **Grant Process**

The maximum grant is \$1,500 per family. BSN will begin evaluating applications on October 26, 2019. Grant decisions will be made within two weeks of receipt. We will continue accepting applications and awarding grants until all the funds are disbursed. The grant will be paid to the family within one week of BSN's receipt of documentation of the expense. The expense must be incurred within six months of the grant.

### **Eligibility**

Families meeting the following criteria are eligible to apply:

1. The care recipient has a clinical diagnosis, made by a neurologist or psychiatrist, of progressive supranuclear palsy (PSP) or corticobasal degeneration (CBD or CBS).

2. Caregiver or care recipient is part of the BSN community, which includes those who joined the BSN email list before July 1, 2019, or attended a BSN support group meeting before October 1, 2019.
3. Care recipient resides in Northern or Central California.
4. Family has a financial need such that your family **would not be able to pay** to ease the burden or find enrichment without the grant. This is determined by your family. No separate documentation of need is required.
5. Applicant agrees to share your story (ideally with photos) of the benefit of the grant funds.

### **Case Studies**

In order to continue this program, we need to report its positive impact, both to satisfy donors and to inspire prospective recipients. We want to tell your story, ideally with photos of those whose lives have been impacted by the grant. We expect grant recipients to share their stories within two weeks of receipt of grant funds. Our staff will work with you to write your story for distribution on our website and/or social media channels.

### **Grant Application**

Please complete the simple form for submission to Brain Support Network. The form asks your family to provide:

1. Grant applicant's contact information. (The grant applicant is the family member with whom BSN communicates about the grant.)
2. Name of care recipient with PSP or CBD.
3. Name and affiliation of medical doctor who made the diagnosis.
4. Your family's proposal for how to ease the burden or find enrichment.
5. Details on the cost of your proposal. We will work with you to determine what documentation will be needed to reimburse the expense.

### **Completing and Submitting the Grant Application**

You can complete the grant application electronically, on paper, or in combination:

1. Save the 4-page Adobe Acrobat (PDF) application document to your computer: [https://www.brainsupportnetwork.org/2019\\_Myers\\_Family\\_Fund\\_Grants.pdf](https://www.brainsupportnetwork.org/2019_Myers_Family_Fund_Grants.pdf) Use the Adobe Acrobat Reader to complete the fields of the application. Sign it electronically (using Adobe's "self-signing" mechanism) and return the application to [grants@brainsupportnetwork.org](mailto:grants@brainsupportnetwork.org)
2. Print the document's final two pages. Complete these two pages with a pen. Sign, scan and send by email. Or sign and send by postal mail to Brain Support Network, PO Box 7264, Menlo Park, CA 94026. Or sign and fax to +1 650-233-9278.

**Questions?**

Please contact Brain Support Network via email at [grants@brainsupportnetwork.org](mailto:grants@brainsupportnetwork.org) or call Sharon Reichardt Walker at 650-773-6107.

**Grant Applicant information**

Name of Grant Applicant	Home Phone of Grant Applicant
Street Address of Grant Applicant	Mobile Phone of Grant Applicant
City, State, and ZIP code of Grant Applicant	Email Address of Grant Applicant

**Recipient of Grant Check (if not Grant Applicant)**

Name of Intended Recipient	Street Address of Intended Recipient
Phone of Intended Recipient	City, State, and ZIP code of Intended Recipient

**Information on Care Recipient (Person Diagnosed with PSP or CBD)**

Select one:

PSP

CBD

Name of Care Recipient	Relationship to Applicant
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**Physician Info**

Name of MD who Made Diagnosis	Specialty (Neurology, Psychiatry, etc.)
Clinic Name (eg, UCSF, Kaiser)	Clinic City, State

**Grant Amount Requested**

Grant Amount Requested in \$ (less than or equal to \$1,500)
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**Proposal**

Please describe how you will ease the burden of your caregiver or find enrichment for your care recipient. Please limit your proposal to 500 words. Please describe your proposal below or attach a separate document.

[Large grey rectangular area for proposal text]

**Certification**

\_\_\_\_\_  
Signature of grant applicant testifying to financial need

\_\_\_\_\_  
Date