



SHIAWASSEE

— COMMUNITY FOUNDATION —

For good. For ever.®



***THE RYAN JONES MEMORIAL FUND
ALS GRANT INFORMATION
AND APPLICATION FORM***

Ryan, who was co-owner of TiAL Products in Owosso, was diagnosed with Amyotrophic Lateral Sclerosis (ALS). He graduated from Corunna High School in 1985 and enjoyed working side by side with his brother, Gregg.

Grants from this fund are to be used to benefit patients who are diagnosed with ALS and to help improve their quality of life. By way of example and not limitation, this may include any of the following:

- Augmentative/alternative communication devices, such as speech-generating devices, electronic communication aids, speech-generating devices, voice amplifiers, dedicated communication devices, thought transference devices (TTD), software and hardware, specialized keyboards, movement and eye-activated switches, teletypewriters (TTY)/telecommunications device for the deaf (TDD), mouth sticks, and other assistive technology
- Comfort measures such as non-invasive positive pressure ventilation (NIPPV) (nasal mask assisted breathing), hospital beds, etc.
- To provide safe mobility options, such as canes, walkers, manual or power wheelchairs, wheelchair ramps, lift chairs, and handicap-accessible transportation
- To provide education and training to patients and caregivers
- To provide counseling, physical therapy, and occupational therapy
- To provide financial assistance to obtain prescription medications or speech therapy to treat or alleviate mental and physical symptoms and pain
- Grants shall not be used to fund ALS research.



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***THE RYAN JONES MEMORIAL FUND
ALS GRANT APPLICATION INSTRUCTIONS***

In order to be considered for a grant from the Ryan Jones Memorial Fund, the following grant application must be completed in full and returned to the Shiawassee Community Foundation with the following required documentation:

- Note from your Physician confirming Amyotrophic Lateral Sclerosis (ALS) diagnosis and date of diagnosis
- The applicant must provide the estimate obtained from the supplier for the cost of the requested equipment, services and/or supplies.

The Foundation is pleased to be able to help patients with ALS in need of assistance. **Please note that grants are paid directly to vendors and are not awarded to individuals.**

If you have any questions regarding the application, please contact Carol Soule at 989-725-1093 or by emailing her at Carol@shiacf.org.

Please send completed application to:

Carol Soule, Executive Director
Shiawassee Community Foundation
Post Office Box 753
Owosso, MI 48867



***THE RYAN JONES MEMORIAL FUND
 ALS GRANT APPLICATION
 (CONTINUED)***

Quote/Cost of Equipment, Service and/or Supplies:	\$
(Please attach a copy of quote)	

Signature of Applicant/Caregiver: _____

Please print name clearly: _____

Date: _____

REQUIRED DISCLOSURES:

Completing and submitting a grant application does not guarantee an award.

All grants will be made on an objective and nondiscriminatory basis based on the criteria of this fund.

Grant amounts vary each year depending on available funding.

All grant application information submitted to SCF is handled in a strictly confidential manner.

Grant Selection Committee members are required to sign a Confidentiality Statement form stating that they will keep all information confidential.

For SCF Office Use Only:

Date Received:	Grant Number:
Amount Approved: \$	
Date Approved by Board:	
Issue Grant Check To:	