



United Spinal Association

Greater Boston Chapter

B2N Vehicle Modification Grant Application

Overview

The B2N (Back to Newport) Grant Program assists persons who have paraplegia or quadriplegia, paralysis due to a spinal cord injury, to obtain necessary vehicle modifications. Applicant must demonstrate financial need, with documentation to qualify. Grants are disbursed directly to suppliers of the desired equipment or modifications. Individuals making the grant application are required to submit estimates from potential suppliers. All sections of the application must be completed; incomplete applications will not be considered.

Please Note:

- 1.** Paralysis must be due to a spinal cord injury, either traumatic or non-traumatic; paralysis due to other causes, such as MS or spina bifida, are not eligible.
- 2.** Funds are paid directly to the supplier.
- 3.** The Greater Boston Chapter, United Spinal Association has the sole discretion to modify the terms of this grant at any time without prior notification.
- 4.** Grant applications are reviewed by the Board of Directors on a rolling basis. Notifications will be send via email.

Eligibility Requirements

- Documented spinal cord injury
 - Demonstrated financial need
 - Applicants must be Massachusetts residents.
 - There is no age requirement.
 - Applicant must request specific vehicle modifications to apply for a grant; requests for "anything you can give" will not be considered.
 - Examples of eligible modifications include: hand controls - either removable or permanent, floor lowering on vans, automatic ramps and doors, power chair locking systems, car top wheelchair carriers.
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Procedures

1. The Greater Boston Chapter, United Spinal Association will review each grant request and make specific recommendations to the Board of Directors for approval. Applications are accepted year-round on a rolling basis.
2. Applicant must complete all questions of the application to be considered for a grant, including providing contact information and estimates from at least two (2) suppliers for the modifications requested in the application; incomplete applications will not be considered.
3. Grants cannot exceed \$2,500; there is no minimum award.
4. NO PHONE CALLS PLEASE. Due to the volume of grant applications, we respectfully request no phone calls or emails inquiring about the status of applications.
5. Grant awards and declinations will be notified by e mail.
6. Incomplete applications, including incomplete supporting documentation, will not be considered.
7. Please note that all application materials submitted are non-returnable.
8. In addition to the application, the following supporting documentation must be included:
 - Two (2) photos of yourself (JPEGs). Please try to include high-resolution photos when available (to be potentially used for media and promotional purposes)
 - Two (2) reference letters – one needs to be a doctor's note verifying the qualifying spinal cord injury
 - Proof of income - please black out Social Security number - Examples of acceptable documentation include:
 - Copy of your last two paychecks
 - W2 wage and tax statement form
 - SSI or SSDI statements
 - Last two tax returns

Grant application and all supporting documentation should be submitted to sciboston@aol.com
Or mailed to:

Greater Boston Chapter, United Spinal Assoc.
c/o NE Rehabilitation Hospital
2 Rehabilitation Way
Woburn, MA 01801

B2N VEHICLE MODIFICATIONS GRANT APPLICATION

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone Number: _____ Alternate Number: _____

Email Address: _____

Date of Birth (MM/DD/YYYY): _____


Male _____ Female _____

Date of injury: _____

Level of injury: _____

Cause of injury: _____

How did you hear about grant? _____



Please describe the degree of your disability and how it affects your everyday life.

Other factors that you wish to be taken into consideration (health factors, living arrangements, financial or family issues etc.).

Please give a detailed description of the equipment or modification(s) for which you are applying, including manufacturer's name, model numbers, etc. if applicable.



Please an explanation of how the modification(s) for which you are applying will impact your daily life.

Vehicle and/or modification Supplier Information:

- To be considered for a grant, applicant must provide estimates for the cost of the equipment or modifications requested. Incomplete applications will not be considered.
- Please provide the names, addresses and phone numbers of at least two (2) companies and/ or dealers you have contacted and their estimates for the vehicle and/or modifications requested.
- Please attach the two estimates you have received:

Company & Contact Name: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Phone: (_____) _____ Web Address: _____

Price Quoted: _____

Company & Contact Name: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Phone: (_____) _____ Web Address: _____

Price Quoted: _____

B2N Grant Application Financial Statement for Income

You **MUST** provide financial information and proof of income to be considered for a grant. Financial information may only be used to help determine need for support. All information provided is confidential; however, cross out SSN or personal information. You can also attach additional information such as household budgets, assets and income if desired.

Please check which proof of income you are including with this application (copies accepted).

- Last two Tax Returns
- Last two paychecks
- W-2
- Social Security Disability Insurance (SSDI)/(SSI) Statement

Last 2 years of Annual Gross HOUSEHOLD Income (income before taxes)

Source of Income: please include ALL HOUSEHOLD INCOME (parent, step-parent, spouse, domestic partner, etc.)

Annual Gross Income:

1. \$ _____

2. \$ _____

Monthly household living expenses (Please attach additional information, if necessary)	Amount
Rent/Mortgage	\$ _____
Utilities	\$ _____
Loans (car, personal, etc.)	\$ _____
Food/General Living	\$ _____
Childcare	\$ _____
Medical	\$ _____
Real Estate Taxes and Insurance	\$ _____
Transportation (gas, maintenance)	\$ _____
Other	\$ _____
Total Monthly Expenses	\$ _____

Is applicant currently employed?

Yes _____ No _____

Who is your employer? _____

Is applicant currently a full-time student?

Yes _____ No _____

If yes, where? _____

I certify that, to the best of my knowledge and ability, the information included in this application is accurate as of the date signed below. I also acknowledge that I am aware that if I receive a grant, my name/image may be used by the Greater Boston Chapter, United Spinal Association for media and/or promotional purposes.

Signature: _____

Date: _____

Name of person filling out form (if different than applicant) _____

Signature: _____

Date: _____