

The Lane Family Foundation, Inc.
18 Geneva St., PO Box 104
Gaines, PA 16921
570-439-4698
lanefamilyfoundation@aol.com
lanefamilyfoundation.org

Grant Application

Applicant Name _____

Applicant Address _____

Applicant Primary Phone _____

Patient Name _____

Patient Address _____

Patient Primary Phone _____

Equipment Needed _____

Cost of the equipment _____

**Portion, if any, of equipment cost covered by insurance or other funding sources.
Please explain.**

Equipment Supplier _____

Primary Physician _____

Patient Diagnosis _____

Terms and Conditions of this grant application

The Lane Family Foundation, Inc. may request a confirmation/proof of diagnosis and statement of need for the equipment from the patient's primary physician. Applicant/patient will be responsible for obtaining said confirmation/proof/statement. Applicant/patient affirms the information in this application is true and correct.

Applicant/patient acknowledges there is no guarantee of assistance, financial or otherwise. The applicant/patient will be considered for a grant pending review of the application by the Lane Family Foundation, Inc. If a grant is approved, the applicant/patient will be notified. Grant payment will be made directly to the supplier of the equipment, not the applicant/patient. The applicant/patient agrees to donate said equipment to the Lane Family Foundation, Inc. for their loaner program once no longer in use and if still in good condition.

The Lane Family Foundation, Inc. makes no representations or warranties, expressed or implied, regarding the potential grant or Equipment. Applicant/patient assumes all risks associated with use of the Equipment. Applicant/patient and patient's heirs, successors, assigns and personal representatives hereby forever release, indemnify and hold harmless the Foundation, and its officers, directors, employees and agents, from and against any and all damages, injuries, claims, liabilities, actions or causes of action whatsoever, at law or in equity, that arise out of or relate to this possible grant and Equipment or use thereof. By signing below, applicant/patient agrees to these terms and conditions.

Applicant Signature

Date

Patient or Authorized Representative's Signature

Date

Please mail completed grant application (all pages) to:

**The Lane Family Foundation, Inc.
PO Box 104
Gaines, PA 16921**

Or email to:

lanefamilyfoundation@aol.com