



MyTurn Project Fund

Purpose

Scott Matzka and the Susan Mast ALS Foundation have partnered together to create the **MyTurn** Project Fund. The purpose of the fund is assist ALS families in West Michigan with the costs of small construction projects.

Grants

In 2018, the **MyTurn** Project Fund Committee will distribute grants (averaging about \$500 each) to ALS families in need of home renovations for their ALS needs. Families interested in receiving a grant will fill out the grant application and submit it to the Susan Mast ALS Foundation. The **MyTurn** Project Fund committee will determine if the application falls within the scope of the project. Applicants will be notified of the status of their grant within 30 days of submission.

Possible grants may include, but are not limited to:

Widening of doors
Ramp Construction
Bathroom re-models

How to apply?

To apply for the **MyTurn** Project Fund, simply fill out the application. Once the application is submitted, you will receive notification of receipt.

Funding

Funding of the **MyTurn** Project will be based on need and available resources. The amount requested may not be fully funded but we will do our best to help with your needs. If the grant is approved, the Susan Mast ALS Foundation will pay the grantee directly upon submission of receipts or an invoice. Please note, we cannot reimburse for projects that were already completed before the application was granted. This is a one-time grant per ALS family.

MyTurn Project Fund Application

Date: _____

Information for person living with ALS

Name:		
Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	
Email Address:		
ALS Clinic Name:	Date of Diagnosis:	
Grant Amount Requested:		
Purpose of the grant?		

Primary Caregiver Information:

Name:		
Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	
Email Address:		
Relationship to Patient:		

- I understand the Scott Matzka Family and the Susan Mast ALS Foundation cannot be held responsible for any accident, damages or injury that may occur during construction. All responsibilities are between the grantee and contracted party.

Applicant of Patient or Caregiver (Print Name)

Date

Signature of Patient or Caregiver

Mail the application to the Foundation at:

Susan Mast ALS Foundation
2500 Waldorf Court
Grand Rapids, MI 49544

Question? Please contact:

Julie Snelling at Julie@susanmastals.org or 616-622-3066

