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**Wheels for Jacquie Foundation Grant Guidelines**

“The Road to Independence is Yours”

The Wheels for Jacquie Foundation was started in 2020 with a desire to help people with disabilities obtain accessible transportation that works for them. Depending on the dollars raised, this grant is designed to either help pay for or entirely pay for an accessible vehicle, including the needed equipment.

We will be working toward granting one vehicle per year and past applicants/nominees who were not grant recipients are encouraged to apply again. If the individual or family you are nominating has received funds from the Wheels for Jacquie Foundation in the past, you are not able to nominate them again. Applications are confidential and will be reviewed by the Board of Directors. Recipients will be notified in December. \*Please Note: Nominees do not need to be residents of Vermont to be nominated for this grant.

Official Guidelines to Apply

Nominators are asked to provide nominees' basic personal information along with a brief essay of 500 words or less to describe how the grant would help them in the future.

Individual Grant nominees must meet the following eligibility criteria:

* Nominees must have a physical disability that prevents them from driving a standard car.
* Nominees must have a professional assessment of their driving needs done by a Driver Rehabilitation Specialist with their State of residence.
* Nominees must be over the age of 18.
* Nominees must have no existing financial net to cover the request.
* Nominees must be legal residents of the United States.
* Applications must be submitted by July 1st.

Family Grant nominees must meet the following eligibility criteria:

* Families must have at least one individual in their immediate family who has a physical disability that prevents them from using a traditional vehicle.
* The individual in the family who will be driving the vehicle must be over the age of 18.
* Nominees must have no existing financial net to cover the request.
* Nominees must be legal residents of the United States.
* Applications must be submitted by July 1st.

If the nominee is selected to receive a grant, the Wheels for Jacquie Foundation will reach out by phone or email to notify the nominee. We will require nominees to grant the Foundation the right to use their name and photograph for promotional purposes associated with the grant. Additionally, nominees will be required to sign a waiver of liability. If the nominee does not agree to allow the Foundation to use their name and photo for promotional purposes and/or does not sign the waiver of liability, the nominee will not be eligible to receive a grant from the Foundation.

Submit your completed application to wheelsforjacquiefoundation@gmail.com. You may submit your application either as a PDF or a Word Document.

\*I have read and I understand the Wheels for Jacquie Grant Application Guidelines. I certify that I am eligible to apply for a grant.

Signature: Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 2 of 4**

**Wheels for Jacquie Foundation Grant Application**

Please complete the required (\*) fields below. If you have any questions, please reach out to wheelsforjacquiefoundation@gmail.com or call us at 802-238-0186.

Nominator's First and Last Name, Email Address, Phone Number, and Relation to the Nominee.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Is the Nominee an Individual or a Family? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Individual Nominee’s First and Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are nominating a family, please provide us with the name of the individual we should contact if they are chosen to receive a grant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Nominee’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Nominee’s City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Nominee’s State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Nominee’s Zip: \_\_\_\_\_\_\_\_\_\_ \*Nominee’s County: \_\_\_\_\_\_\_\_\_

\*Nominee’s Day Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nominee’s Alternate Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Nominee’s Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Date of Birth (If you are nominating a family, please provide us with the DOB of the individual/ one of the individuals who will be driving the vehicle.): \_\_\_\_\_\_\_\_\_\_\_\_

\*May we leave a detailed message about this application on your voicemail or with another household member if you are not available? *Circle one.*  Yes No

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**Essay**

\*In 500 words or less, explain how the Wheels for Jacquie Foundation Grant would help the nominee in their life. We would love to get to know the individual or family a bit in this writing and are truly interested in their story. You are welcome to add an image to your document but it is not required. You may write your response directly into this application or you may attach it as a separate document.

**Section 4 of 4**

**Sign and Date Your Application**

\*I certify that the facts contained in this application are true and complete to the best of my knowledge, and I authorize verification of all statements contained herein.

Signature: Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_