BRIGANCE BRIGADE FOUNDATION
FIGHTING ALS

Brigance Brigade Foundation - PALS Grant Program Application

Thank you for your interest in the Brigance Brigade Foundation (BBF) People living with ALS (PALS) Grant Program. Please ensure that all information in the following application is fully and accurately completed.

At this time, we are only considering applications from residents of Maryland and/or patients of Houston Methodist ALS clinic.

To ensure we can help as many people as possible in the ALS community, we will continue to prioritize first-time applicants.

For more information, please visit brigancebrigade.org

If you have any questions, please do not hesitate to reach out to our staff by emailing grants@brigancebrigade.org

PALS Information

PALS Full name			
Address	City	State	Zip
Date of Birth / Phone Number	Email Address		

Is the applicant a veteran?

☐ Yes ☐ No

Is the applicant registered with the ALS Association?

☐ Yes ☐ No

Relevant diagnosis ☐ ALS ☐ PLS ☐ Other _____	Date of diagnosis

PALS Household Information

Full name	Relationship	Caregiver?	Over 18?
		☐ yes ☐ no	☐ yes ☐ no
		☐ yes ☐ no	☐ yes ☐ no
		☐ yes ☐ no	☐ yes ☐ no
		☐ yes ☐ no	☐ yes ☐ no

PALS Health Insurance Coverage Information

☐ None ☐ Medicare ☐ VA ☐ Medicaid ☐ Private insurance: _____

Additional information about PALS health insurance coverage status:

PALS Medical Support Team Information

☐ The following individuals have been informed of my intent to submit this grant application

☐ A social worker has signed this application

☐ By checking this box, I give permission to the Brigance Brigade Foundation to speak to the following individuals about details enclosed in this application

Role	Phone	Email	Organization/Relationship
Primary Caregiver			
Physician/Nurse			
Social Worker			
Other (i.e. child, parent)			

Financial impact: please describe current or predicted impact of ALS on your financial status (i.e. employment status, impact of COVID-19, etc.)

Have you applied for financial assistance from other organizations? If so, please list and indicate if awarded.

PALS Health Status	
Mobility	
Please select one: ☐ Independent ☐ Assisted by cane/walker ☐ Assisted by wheelchair ☐ Other: _____	Additional comments about PALS' mobility status:
Communication	
Please select all that apply: ☐ Speaks ☐ Uses partner assisted communication (letter board, blinking, writing, etc.) ☐ Assisted by smartphone or tablet ☐ Uses Speech Generating Device	Additional comments about how PALS communicates:
Breathing	
Please select one: ☐ Breathes independently ☐ Uses CPAP, BiPAP or other non-invasive breathing machine ☐ Uses ventilator or other invasive breathing machine	Additional comments about PALS' breathing status:
Activities of Daily Life (ADLs)	
Please select one: ☐ Completes ADLs independently ☐ Requires some assistance to complete ADLs ☐ Requires total assistance to complete ADLs	Additional comments about PALS' ADLs:

PALS Grant support category request worksheet

Greatest need *	Support Category	Funding Request	Required documentation to attach to application
☐	**Caregiver respite or In-home healthcare** BBF is eager to consider support requests up to $5,000 to grant recipients for caregiver respite or in-home healthcare from an independent contractor or care agency, not covered by insurance.	$_____	☐ Proposed care plan including approximately how many hours per week care will be utilized ☐ Selection of care agency or independent contactor ☐ Quote for hourly rate from care agency or independent contractor
☐	**Equipment & supplies** BBF is eager to consider support requests up to $5,000 to grant recipients for prescribed equipment purchase or rental from an equipment vendor, not covered by insurance. This includes equipment installation, supplies, and maintenance plans for equipment that assists PALS with mobility, communication, and breathing.	$_____	☐ Quote from an equipment vendor
☐	**In-home accessibility** BBF is eager to consider support requests up to $5,000 to grant recipients for in-home accessibility completed by a licensed contractor.	$_____	☐ Quote from contractor
Total *Please note: PALS grant applicants may mix and match support categories, for a total grant request up to $5000*		$_____	☐ I have attached required documentation from each applicable support category

**please check one box to reflect your greatest need, if mixing and matching multiple support categories.*
We encourage applicants to share more information about this choice in the open-ended questions below.

Open-ended questions for PALS

Thank you for including BBF as a part of your personal journey. We wish to celebrate your life by sharing more stories from those who have been touched by ALS as we build a sustainable future for the Brigance Brigade Foundation. Please answer questions as completely as possible to give us a wholistic view of applicants' experiences.

The information shared in this section may be utilized in BBF communications materials to PALS, CALS, donors and advocates.

Tell us about yourself

We recognize that you are more than your diagnosis. We want to hear about what makes you, you. Feel free to use the following questions as inspiration.

What is your family like? What hobbies have you enjoyed throughout your life? What is your professional experience? What is your educational experience? What are you passionate about?

What is your ALS story?

Feel free to use the following questions help to tell your story, if needed.

What were the immediate days after your diagnosis like? How did you share this news with loved ones? How did your family and friends respond? What has been most challenging for you? What inspires you?

Why would a BBF PALS Grant be meaningful to you?

Please elaborate on how/why a BBF PALS Grant would be meaningful to you. Why did you select specific the support categories in your application? How will receiving a grant for in-home care, equipment, or home accessibility help you and your support team thrive with purpose and passion?

Open-ended questions for Caregivers of people living with ALS (CALS)

Thank you for including BBF as a part of your personal journey. We recognize that ALS is a devastating illness to both people living with ALS and their caregivers. We value the time you've taken to share more about the backgrounds, experiences, and viewpoints of CALS.

The information shared in this section may utilized in BBF communications materials to PALS, CALS, donors and advocates.

Tell us about yourself

We want to hear about what makes you, you. Feel free to use the following questions as inspiration for articulating who you are.

What is your family like? What hobbies have you enjoyed throughout your life? What is your professional experience? What is your educational experience? What are you passionate about? How do you know your PALS? What is your relationship like? Share a favorite memory of your PALS.

How has being a caregiver changed your life?

Feel free to use the following questions to help tell your story, if needed.

What was the most surprising thing you've learned about life with ALS? What scares you? What inspires you? How has your community supported you? In what ways would you like your community so support you more? What is your favorite form of self-care?

What programs do you hope to see from BBF in the future?

Have you been able to participate in any of our Chanda's Caregiver Corner programing? We are continually looking to elevate and evolve our programs to better meet the needs of PALS and CALS. We'd like your input as we develop new programs. What challenges has ALS presented that you've struggled to address? What services would help you in your everyday life? What items on your daily to-do-list seem to consistently be left uncompleted?

Is there anything else that you'd like to share with us?
How did you hear about the Brigance Brigade Foundation PALS Grant Program?

Photo Submission

We require all applicants to include at least one photograph with their application. This can be a recent selfie, a family photo, a photo from a special occasion (wedding, graduation, birthday, etc.) or any photo that you feel supports the story you've told in the open-ended questions. We prefer that these photos are the highest quality image as possible.

The BBF PALS Grant Committee is also delighted to accept optional supplemental materials to aid in sharing your story. Should you choose to submit a short video, it can help our Grant Committee understand your story in your own words. This is not required, but an optional format for you to share your life and journey with the PALS Grant Committee.

Please review application to ensure that every section is complete. Email pdf applications to grants@brigancebrigade.org. Be sure to attach a photograph of the applicant and documentation outlined in the patient grant support request charts along with your application.

_____ _____
Signature of patient or patient representative Date

_____ _____
Signature of social worker Date