



BRIDGING MOBILITY WITH BIONIC TECHNOLOGY

APPLICATION FOR ASSISTANCE

This application will be used by Bridging Bionics Foundation to assess if the designated individual grantee [Applicant] is eligible to receive a grant of financial assistance from Bridging Bionics Foundation, to be used for the specific purposes described in this Application.

The mission of Bridging Bionics Foundation is to provide funding, education, and advance the research and development for exoskeletons and bionic technology to augment human mobility and capability.

Bridging Bionics Foundation aims to provide financial assistance to individuals with severe motion impairment due to an accident, illness, or other unexpected scenario, where such impairment has had an adverse, ongoing and significant impact on the individual's life and family. By completing and submitting Bridging Bionics Foundation's Application for Assistance (with requested documentation), you are requesting the Foundation to engage in fundraising activities where the Foundation may use some of the resulting donations to provide you with a grant of financial assistance. If you receive such financial assistance from the Foundation, such financial assistance must be used to purchase a bionic exoskeleton device designed to assist your ability to address your severe motion impairment. Note, we require verification from a physician that the applicant has severe motion impairment and meets inclusion criteria to use an exoskeleton suit or assistive bionic technology from a legitimate vendor who is commercially selling the device.

Procedure:

After Bridging Bionics Foundation's Board of Directors has reviewed and approved the individual's Application for Assistance, Bridging Bionics Foundation may publicize the applicant's facts and circumstances on its web page, through e-mails and through social media. Bridging Bionics Foundation will then accept donations from individuals and organizations, where such individuals and organizations may express a desire that their contributions be used to provide a grant of financial assistance to the individual.

These individuals and organizations need to feel comfortable with the manner in which Bridging Bionics will receive and hold funds that may be used to provide you with a grant of financial assistance. Bridging Bionics Foundation offers that comfort. Money raised is sent to Bridging Bionics Foundation



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with an expressed wish or desire to support a designated individual, and is not deposited in an individual's private bank account. As the nonprofit administrator of the campaign, Bridging Bionics Foundation assures fiscal accountability of funds raised and provides the ability to claim a charitable contribution deduction (to the extent allowed by the tax laws) for contributors who do not have a close connection with the designated individual they wish to support. While donors will be able to suggest that Bridging Bionics Foundation use their donations to support a particular individual, the amount and extent of any grant to be made by Bridging Bionics Foundation to any individual will always be at the sole discretion of Bridging Bionics Foundation. Bridging Bionics Foundation will always retain the legal right to choose its individual grant recipients, as well as the extent and timing of such grants.

Upon receiving sufficient donations where the donor has expressed a wish to assist a particular individual, Bridging Bionics Foundation may determine that it will make a grant from such funds (and other of its funds as determined by the Foundation) directly to an exoskeleton vendor or gait rehabilitation device vendor chosen by the grantee or applicant, where such funds will be applied towards the applicant's purchase of an exoskeleton or assistive bionic or gait rehabilitation device from that vendor.

If you would like the Foundation to consider providing you with a grant of financial assistance, or for an applicant for which you are the parent or legal guardian, the IRS requires that the Foundation collect some information from you in order to confirm that: (1) you have legitimate financial need; and (2) a grant would directly further the Foundation's mission.

Please complete:

- Application for Assistance
- Applicant Medical History Form – to be completed by your physician
- Applicant Agreement

Please submit completed grant Application for Assistance and requested documentation to:

Executive Director
Bridging Bionics Foundation
PO Box 3767
Basalt, CO 81621
United States of America



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Please rest assured that the details of this application would be kept confidential unless the Foundation is required to demonstrate the legitimacy of its grant.

Name of Applicant: _____

Parent/Legal Guardian of Applicant
(Necessary if applicant is under 18 years of age)

Additional Applicant Information

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Alternative Phone Number: _____

Email Address: _____

Gender: _____ Date of Birth: _____ Ethnicity: _____

Marital Status: _____ No. of Dependents: _____ Ages: _____

Are you a legal resident of the U.S.? Check one Yes No



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Background of Need for Assistance

Please describe the applicant’s cause of severe motion impairment, and how using an exoskeleton and/or assistive bionic or gait rehabilitation device would impact the applicant’s life.

(continue on additional pages if needed)



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Individual/Family Financial Information

Please list the following information about all household members:

To maintain the tax-deductibility of contributions to Bridging Bionics Foundation, we are required to certify the financial need of applicants. For this reason, please supply the following personal financial information.

Income (monthly):

Household Wages: _____

Social Security: _____

Disability: _____

Assets (totals):

Checking Accounts: _____

Savings Accounts: _____

Other: _____

Cost of Living Expenses (monthly):

Mortgage/Rent: _____

Utilities: _____

Telephone: _____

Automobile: _____

Insurance Premiums: _____

Credit Cards (total balance): _____

Other: _____

Total Number Household Members: _____

Estimated Annual Household Income: \$ _____

Is the applicant currently employed: Yes No

Employer: _____ Employer Telephone: _____

Employer Address: _____

Position: _____ How long have you been in this position? _____

Spouse's last or current employer: _____

Last date of employment: _____

Parent/Legal Guardian's last or current employer: _____

Last date of employment: _____



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Insurance Information

Medicare: Yes _____ No _____

Date of eligibility: _____

Medicaid: Yes _____ No _____

Amount of Spenddown Provision (if applicable): _____

Private Insurance: Yes _____ No _____

Insurance Company _____ Monthly Premium _____

Please feel free to include a paragraph on a separate sheet of paper on any circumstances the Foundation should consider in processing your grant request.

Applicant's Proposed Fundraising Goal:

___ \$10,000 - \$25,000

___ \$25,000 - \$50,000

___ \$50,000 - \$75,000

___ \$75,000 - \$125,000

Other _____

I attest that the information contained within this Application for Assistance is accurate and true.

Applicant Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____

(Necessary if applicant is under 18 years of age)



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APPLICANT MEDICAL HISTORY FORM

This form is to be completed by your physician and sent together with your other application materials to Bridging Bionics Foundation.

Information Release

Dr. _____,

Please release the requested medical information regarding my condition to Bridging Bionics Foundation. This information will be used to help determine my eligibility to seek funding assistance.

Applicant's Name (please print): _____

Applicant's Signature: _____

Applicant's Parent or Legal Guardian Signature: _____
(Necessary if applicant is under 18 years of age)

Date: _____

Physician's Name: _____

Type of practice: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____

Fax: _____



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Patient Information:

What is this patient's primary disability? _____

What is the cause of this disability? _____

Are there significant secondary disabilities? _____ () Yes () No

If yes, please describe: _____

Is this disability progressive? _____ () Yes () No

Does this patient use any of the following aids or assistive devices? (Please circle below)

Prosthesis Leg brace Wheelchair- manual Wheelchair- electric

Wrist brace Crutch/cane Walker

Other: _____

Can you recommend this patient use an assistive device such as a bionic exoskeleton suit or other applicable and commercially available gait rehabilitation device? _____ () Yes () No

Has this patient applied for and met the inclusion criteria to use a bionic exoskeleton suit or other assistive gait rehabilitation device from a commercial vendor? _____ () Yes () No

If yes, please name the vendor/company of choice: _____

If yes, please name the bionic exoskeleton suit or gait rehabilitation device of choice:

Physician Signature: _____ Date: _____



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APPLICANT AGREEMENT

PERMISSION TO ALLOW BRIDGING BIONICS FOUNDATION TO ACT ON MY BEHALF

I, _____ give Bridging Bionics Foundation permission to act on my behalf. I have read and completed the Application for Assistance with information that is true to the best of my knowledge.

- In order to be IRS compliant, funds raised through Bridging Bionics Foundation must come to Bridging Bionics Foundation. Failure to send all funds to Bridging Bionics Foundation may result in loss of government support for the applicant and will negate the tax deductibility of a donation. This may have legal implications for the applicant and donors. Funds given directly to the applicant are not considered tax deductible to the donor. Please ensure your fundraising volunteers understand this policy.
- I agree to follow the advice and guidelines provided by Bridging Bionics Foundation concerning the use of printed materials, fundraising activities and handling of the funds.
- I give Bridging Bionics Foundation permission to provide members of the media (including, but not limited to, TV reporters and/or producers, radio, newspapers) information about my fundraising campaign in an effort to generate media coverage and public support. Information disclosed may include facts about my general medical condition, financial need, and progress of my fundraising campaign.
- I also understand that Bridging Bionics Foundation may post information concerning my campaign on its website (bridgingbionics.org) upon receipt of my first donation to allow for online donations. I understand that all requests for funds are reviewed by the Bridging Bionics Foundation Board of Directors, which has final authority concerning distribution of funds based on Bridging Bionics Foundation Application for Assistance Procedures.

Applicant, Parent, Legal Guardian or Power of Attorney Signature: _____

If there is a power of attorney document for this applicant, please enclose or attach it.

Date: _____