



BRIDGING MOBILITY WITH BIONIC TECHNOLOGY

APPLICATION FOR ASSISTANCE FOR ORGANIZATIONS

Bridging Bionics Foundation assists with fundraising campaigns and provides grants of financial assistance to hospitals and rehabilitation centers that are economically challenged and have a significant intake of patients who have suffered a severe motion impairment, so that these individuals may have access to and use gait therapy rehabilitation equipment and a bionic exoskeleton device.

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.

In most cases, Bridging Bionics Foundation will prioritize grants to applying hospitals or rehabilitation centers that are a Section 501(c)(3) tax-exempt organization, or an organization that is owned and operated by a government entity. However, we do recognize that some for-profit hospitals and rehabilitation centers may be able to demonstrate that they are economically challenged, and that they have a compelling need for access to a bionic exoskeleton suit given the nature of their patient population. The Foundation will consider grants to such for-profit organizations, but only under circumstances that will directly further the charitable purposes of the Foundation and align with the Applicant Agreement.

This application will be used by Bridging Bionics Foundation (BBF) to assess if the designated organizational 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. **Before beginning your application**, please read all of the following information to familiarize yourself with the application process and better prepare the required information. Additionally, please add INFO@bridgingbionics.org to your acceptable email address list to avoid having your confirmation email being blocked by SPAM blocker software.

Bridging Bionics Foundation aims to serve 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), your organization is requesting the Foundation to engage in fundraising activities where the Foundation may use some of the resulting donations to provide your organization with a grant of financial assistance. If your organization receives such financial assistance from the Foundation, such financial assistance must be used to purchase a bionic exoskeleton device. The Foundation requires that such device must be used to help the rehabilitation of patients that have suffered a severe motion impairment.



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Grant Application Process:

All grant applications must be downloaded from our website, completed and emailed back to INFO@bridgingbionics.org in PDF format (printed and then scanned if necessary) or as a Word document. Applications are not accepted via fax. *Applicants that have received prior Bridging Bionics Foundation funding must also attach a copy of the final report of their most recent BBF grant to the **END** of the Grant Application.* Please contact our Executive Director with any questions.

Documents

If you would like the Foundation to consider helping with fundraising efforts and making a grant of assistance on your organization's behalf, 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 Bridging Bionics Foundation's mission.

Please submit:

- **Application for Assistance for Organizations**
- **Applicant Agreement**
- **IRS 501(c)(3) Letter of Determination (if U.S. based nonprofit)**

Note: Applications are accepted from organizations outside of the United States.

After Bridging Bionics Foundation's Board of Directors has reviewed and approved your organization's Application for Assistance, Bridging Bionics Foundation will publicize the your organization's history, facts, circumstances and needs 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 your organization.

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 your organization with a grant of financial assistance. Bridging Bionics Foundation offers that comfort. Money raised is sent to Bridging Bionics Foundation with an expressed wish or desire to support your organization. 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.



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Please note that while donors will be able to suggest that Bridging Bionics Foundation use their donations to support your organization the amount and extent of any grant to be made by Bridging Bionics Foundation to any organization will always be at the sole discretion of Bridging Bionics Foundation. Bridging Bionics Foundation will always retain the legal right to choose the organizations that will receive grants, as well as the extent and timing of such grants. Upon receiving sufficient donations where the donor has expressed a wish to assist your organization, 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 chosen by your organization, where such funds will be applied towards your organization's purchase of an exoskeleton or assistive bionic device from that vendor.

Grant Application Project Budget Instructions

Please provide the total amount to be raised for your project in US\$.

Please provide the total funds (US\$) that you are requesting Bridging Bionics Foundation provide as a grant of financial assistance as described above.

Other Sources of Funding: *Complete this section only if funds from other organizations (including your own organization) will be used for this project.*

- In column A, list the name of each organization from which you have received or requested funds for this project. Do not include the funds you are requesting from Bridging Bionics Foundation. If you have requested or received funds from outside your organization, list the name of the other organization. If internal funds (from within your own organization) are being used, enter "internal funds".
- In Column B, list the dollar amount of funds that you have requested or received from each funding source.
- In Column C, state whether the funds have been committed (this includes funds that have been approved even if you haven't actually received the money), or whether the funds are pending (you do not know yet whether or not they will be approved).



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SAMPLE BUDGET TABLE: Other Sources of Funding

A: SOURCE OF OTHER FUNDING	B: DOLLAR AMOUNT	C: IS THIS FUNDING COMMITTED OR PENDING?
Foundation 123	\$10,000	Received
Internal Funding	\$25,000	Received
XYZ Foundation	\$10,000	Pending

BUDGET INFORMATION FOR FUNDS REQUESTED FROM BRIDGING BIONICS FOUNDATION

The information in this section applies only to the funds you anticipate fundraising through BBF or have requested from Bridging Bionics Foundation. Do not include funds you have requested or received from other funding sources.

SAMPLE BUDGET TABLE: Funds Requested from BBF

Item: Goods or Service	Purpose: One-sentence description of purpose	Funds Requested from BBF
Bionic exoskeleton suit	Partial fund request towards cost of device	\$xxx
Tether system and installation	Safety and fall prevention mechanism for training	\$xxx
Physical Therapist salary	10% of this grant fund request will be used towards the salary for one physical therapist	\$xxx
TOTAL FUNDS REQUESTED		\$xxxx



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Unused Funds and Changes in Grant Objectives or Activities

If the original purpose, project and/or program of the grantee changes, or the grantee ceases to operate or becomes insolvent, the grantee must notify BBF in writing of such facts and circumstances. In such event, BBF shall have the right to approve any further use or transfer of the bionic exoskeleton that was purchased using BBF funds.

Reports

Grant recipients are encouraged to provide periodic progress reports to Bridging Bionics Foundation. In addition, a **final report** detailing the expenditure and outcomes of the grant must be submitted to BBF **one year after the applicant receives the award.**

APPLICATION FOR ASSISTANCE FOR CHARITABLE ORGANIZATIONS

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

Name of Organization/Institution: _____

U.S. EIN #: _____

Additional Applicant Information

Contact Name and Title: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____ **Alternative Phone Number:** _____

Email Address: _____

Program/Project Duration: _____



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Please describe the type of severe motion impairment of your patient population and indicate the number of patients who will be served in the program: _____

Program/Project Description

Please describe how and to what extent a bionic exoskeleton suit would help in the rehabilitation of your patient population who will use the device.

(continue on additional pages if needed)



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Financial Information

Total Program/Project Cost: _____

Fundraising Goal: _____

Total Funding Requested from BBF: _____

BUDGET: Other Sources of Funding

A: SOURCE OF OTHER FUNDING	B: DOLLAR AMOUNT	C: IS THIS FUNDING COMMITTED OR PENDING?

BUDGET: Funds Requested from Bridging Bionics Foundation

Item: Goods or Service	Purpose: One-sentence description of purpose	Funds Requested from BBF
TOTAL FUNDS REQUESTED		

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.



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

Applicant Signature: _____ Date: _____

APPLICANT AGREEMENT FOR ORGANIZATIONS

PERMISSION TO ALLOW BRIDGING BIONICS FOUNDATION TO ACT ON MY BEHALF

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

- Our organization (hospital or rehabilitation center) provides services under economically challenged circumstances and has a significant patient population with severe motion impairment that would benefit from access to a bionic exoskeleton suit.
- Our organization agrees to use grant funds or property in a manner that is demonstrably charitable in nature.
- 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 our fundraising campaign in an effort to generate media coverage and public support. Such information will be approved by our organization before it is made public.



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- I also understand that Bridging Bionics Foundation may post information concerning our campaign on its website (bridgingbionics.org) through emails, and through social media upon receipt of our organization's first donation to allow for online donations from the general public. 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.
- I understand that while donors will be able to suggest that BBF use their donations to support a particular Designated Organizational Grantee, the amount and extent of any grant to be made will always be at the sole discretion of BBF. BBF will always retain the legal right to choose its organizational grant recipients, as well as the extent and timing of such grants.
- I understand that upon receiving sufficient donations in support of our organization, or upon a determination that BBF will use other of its funds to provide a particular grant amount to our organization, it is anticipated that BBF would provide such a grant in the form of a payment to a gait therapy rehabilitation device company or bionic exoskeleton vendor, made on behalf of our organization as the Designated Organizational Grantee. I agree that our organization would supply an amount of its own funds to a chosen vendor when, combined with BBF's funds, will be sufficient to purchase such gait therapy rehabilitation equipment or a bionic exoskeleton from such vendor. It is anticipated that the title and ownership of the bionic exoskeleton would pass directly from the vendor to the organization as the Designated Organizational Grantee. I also understand that our organization will have the ability to choose the vendor from which the bionic exoskeleton will be purchased.
- I agree to provide periodic progress reports to Bridging Bionics Foundation. In addition, a final report detailing the expenditure and outcomes of the grant confirming that the funds have been used for a charitable purpose in accordance with BBF's mission, must be submitted to BBF one year after the award is received by the applicant.
- I agree that BBF has the ability to recover any grant funds not used for charitable purposes in accordance with BBF's mission.

Name of Organization/Institution: _____

Applicant's Name and Title: _____

Applicant's Signature: _____ Date: _____