

Rotary Club of Grand Manan Island
130 Route 776, Unit 5
Grand Manan, NB E5G 4K9

2009-2010 Rotary Year

Re: Grand Manan Rotary Club Major Medical Assist Application

Dear Applicant,

Thank-you for inquiring about the Rotary Club of Grand Manan's Major Medical Assist Fund Application process. Please find attached an application form. This form must be completed in its entirety and returned to the club at the above address, or forwarded to the Rotary President, or a member of the Major Medical Assist Committee. At the present time, that is Robert Griffin, Andrew Jones and Hallie Bass.

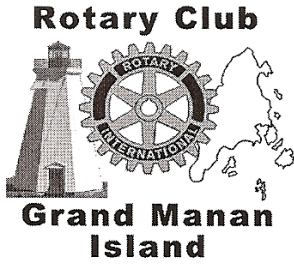
On April 28, 2009, the following policy statement was adopted by the Executive of the Grand Manan Rotary Club:

- A. The major medical assist committee can approve projects as deemed appropriate, for 25 percent of the cost of a major medical assist project, up to and including \$1000. As an example, a project costing \$1000, could receive \$250 from the fund. A project costing \$4000, could receive \$1000. A project costing \$10 000 would only receive \$1000—the maximum recommended under the present policy
- B. In addition, where possible, cheques will be made out to the institution or company supplying the medical assist service, rather than the applicant or recipient. As an example, if a recipient requires a wheel chair, the Rotary cheque would be issued to the company from which the chair is to be purchased.

We thank you for your request. Please return the application form, and we shall respond as quickly as possible. Our goal is to respond within 30 days.

Yours truly,

Robert A. Griffin
Committee Chair



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Application for Major Medical Assist

The Rotary Club of Grand Manan has established a major medical assist fund to help Islanders meet extra-ordinary medical cost not covered by conventional means. The club will fund a portion of projects based on availability of funds, to a set limit to be determined by the club periodically. Applications will be reviewed as they come in, and a response can be expected within 30 days.

Date of Application: _____

Name of Person Making this Application (**Applicant**) _____

Person for whom Assistance is being requested (**Recipient**) _____

Contact Information for Applicant:

Telephone No: _____ e-mail: _____

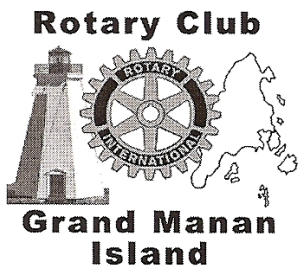
Address: _____

Contact Information for Recipient:

Telephone No: _____ e-mail: _____

Address: _____

Describe the project:



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Brief Project budget: Include things such as travel, cost of equipment, materials, equipment rentals, extra-ordinary prescriptions (such as chemo therapies):

Total Cost of Project: _____

Amount requested from Rotary: _____

Other groups, government agencies and organizations that have been approached for this project:

	Name:	Amt Requested:	Amt Approved:
1.	_____	\$ _____	\$ _____
2.	_____	\$ _____	\$ _____
3.	_____	\$ _____	\$ _____
4.	_____	\$ _____	\$ _____
5.	_____	\$ _____	\$ _____

Who is the coordinator of the project?

To whom should the monies be payable if project is approved?

For Committee use only:

Date application received: _____ **Date Reviewed:** _____

Committee members who reviewed application:

Amount Approved: _____ **Request Rejected:** _____

Comments:
