**SMILE FROM LACEY FUND**

**Fund Purpose:** *“A Smile From Lacey Fund”* was established in loving memory of Lacey Laskowski by her family and friends. The fund will provide financial assistance to assist families with children who are in need as a result of immediate medical issues related to cancer, major diseases, or major accidents that require extended medical care.

**GUIDELINES**

**Funding Limitations:** One-time grants from the *Smile From Lacey Fund* are limited to a maximum of $500 per family. Additional requests may be considered. Funding may be used for expenses related to gas, lodging and food incurred by the family of a child who is experiencing immediate medical issues as defined above.

**Application Process:** Referrals to the fund may be made by local agencies including but not limited to Wood County Department of Social Services, Riverview Hospital, and UW-Cancer Center Riverview. Requests for grants should include name and residence of the individual in need, a brief description of circumstances leading to the financial emergency, and amount of the request. **The attached GRANT APPLICATION form should be used.** To be eligible, the child receiving medical care/treatment must reside in the greater south Wood County area as defined by Incourage’s geographic service area. Incourage serves six local communities in south Wood County and one in northern Adams County: Nekoosa, Pittsville, Port Edwards, Rome, Rudolph, Vesper, and Wisconsin Rapids which includes Biron, Grand Rapids, and surrounding townships.

**Review of Applications:** Incourage staff will review and forward eligible request to the *Smile From Lacey Fund* Advisory Committee for consideration and recommendation for approval. Incourage staff will have final approval and authorize payment. Staff will rely on the referral organization’s personal knowledge of the applicant’s situation and financial need as well as the agency’s professional judgment that the request is consistent with the intent of the *Smile From Lacey Fund*. Grant approval and issuance of a check would typically occur within 15 business days of receipt of the request.

**Issuance of Check:** Checks will be issued directly to the referring agency.

**Appreciation:** Incourage will forward to the fund donor any letters of appreciation received from fund recipients.

**Contact:** Questions about the Fund and applications for grants should be directed to:

Incourage Grants

478 E Grand Ave, Wisconsin Rapids, WI 54494

phone 715.423.3863 | fax 715.423.3019 | email: hello@incouragecf.org

**GRANT APPLICATION**

**Smile From Lacey Fund**

**Fund Purpose:** *“A Smile From Lacey Fund”* was established in loving memory of Lacey Laskowski by her family and friends. The fund provides financial assistance to families with children who are in need, because of immediate medical issues related to cancer, major diseases, or major accidents that require extended medical care.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** |  | **Grant Amount Requested:** |  |
|  |  ($500 maximum) |
| **Name of Referring Organization:** |  |
| **Address:** |  |
| **City, State Zip:** |  |
| **Phone:** |  |
| **Name of Individual Making Referral:** |  |
| **Title:** |  |
| **Email Address:** |  |
|  |  |
| **Name of Child:** |  |
| **Child’s Address:** |  |
| **City/Town of Residence:** |  |
|  |  |
| **Parent/Guardian Name:** |  |
| **Parent/Guardian Phone:** |  |
| **Parent/Guardian Address:** |  |
| **City/Town of Residence:** |  |
| **Circumstances:** (In a few sentences, describe the circumstances that result in financial need for this individual/family consistent with the intent of the *Smile From Lacey Fund.*) |
|  |

**Check will be payable and mailed to the referring organization.**

**Send completed application to:**

Incourage Grants

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phone 715.423.3863 | fax 715.423.3019 | email: hello@incouragecf.org

Rev 05-13-20