



## **INITIATIVE Explanation and Application**

### **Overview**

In the spirit of providing assistance to those individuals in need, **The Fairview Friends Foundation** will grant financial assistance from time to time to persons afflicted with medical illnesses and liabilities that create times of hardship and desperation, **and/or** provide individuals with support and assistance regarding additional fundraising efforts. Most often referred to as “INITIATIVES” in our business literature and within our online presence, these INITIATIVES are designed as a venue and springboard for those in need, and do not generally represent the entirety of fundraising for most recipients. In addition to offering occasional monetary awards to certain INITIATIVES, the goal of the INITIATIVE creation is to “spread the word” to our extended FFF community, in hopes that the story will spawn additional giving from our ever-growing village of supporters.

### **Process**

While we certainly review all requests that are submitted, we are unable to grant all requests due to financial and logistical realities. We are also of the opinion that our reach would become highly diluted and our messaging limited if we were to become nothing more than a billboard for any and all requests. With this in mind, and after a brief tertiary committee review, The Fairview Friends Foundation Board of Directors ultimately votes and decide on all INITIATIVES. While the selection criteria will certainly vary from case to case, adherence to three general guidelines is stressed:

#### **1. Is there “no fault” by recipient?**

Self-abuse behaviors such as drug addiction, alcoholism, and physical issues related to smoking are not supported. While we have compassion for all, we believe our philanthropic responsibilities lie elsewhere.

#### **2. Is there a true financial need?**

Financials and insurance realities are checked in great detail to ensure a legitimate hardship.

#### **3. Can FFF or our extended community effect change?**



**Applicant's Declaration:**

I affirm that all information I have given above in order to qualify is complete, correct and true to the best of my knowledge. I understand that I may be denied assistance if any of the above is false, and that I may be required to repay any assistance that I get based on false or incomplete information. I also understand by filling out this application does not guarantee any funding at all. The application will be taken under consideration for funding by The Fairview Friends Foundation's Board of Directors. Upon request, I agree to provide The Fairview Friends Foundation with evidence of the information I have given on this application. I understand that this application becomes the property of the granting Foundation when submitted. Furthermore, I understand that The Fairview Friends Foundation may use my name, likeness and or medical condition description in their newsletters, on their web-site and on other promotional materials used in order to promote fund-raising for its charitable purposes and initiatives. By signing below, I hereby give my consent to publish my name, photo and medical condition for said purposes.

**SIGN HERE** \_\_\_\_\_ **DATE** \_\_\_\_\_

The Fairview Friends Foundation Board of Directors will notify you of a decision following a vote. The response time to requests will vary, based on the timing of Board of Director meetings, but meeting.

Please send all requests to: [info@fairviewfriendsfoundation.org](mailto:info@fairviewfriendsfoundation.org)

Or Mail to:

**Fairview Friends Foundation**

**2000 Wadsworth Blvd. PMB 191**

**Lakewood, CO 80214**