



Grant Application

General information

The following are general guidelines in making a grant request. Those applicants who have made contact with Ms. Erika Bugbee of Pransky & Associates must receive a referral from her before making the grant application.

We believe that having a desire to be healed is a major step in the process of achieving well-being; therefore, it is the philosophy of JoyfulHope.org that some part of the cost of the counseling process be paid by the applicant, their family or some other source such as health insurance. JoyfulHope.org's grant may only be used toward counseling fees. Other costs incidental to counseling such as travel, food and lodging is the responsibility of the applicant.

JoyfulHope.org is a fund of The Nevada Community Foundation, a public charity that must strictly follow the laws set forth by the Internal Revenue Service. One of the rules that must be adhered to is independence. The family of Michael and Suzanne Lantz created JoyfulHope.org; however, they do not control the decision to approve a grant. Grant approval can only be made by a group approved by The Nevada Community Foundation, therefore, please understand that if your grant is all or partially denied, Michael or Suzanne Lantz did not make that choice.

Instructions

Please completely fill out the grant form and make available other documents as requested. Sign the grant application and forward it along with the requested documents to:

Michael Lantz
JoyfulHope.org
7881 W. Charleston Blvd., Suite 220
Las Vegas, Nevada 89117

The grant request will be processed in a timely manner and JoyfulHope.org will contact you of the results.

Privacy Policy

It is the policy of JoyfulHope.org that all information you submit will be kept confidential and secure. Only those who make the grant decision will have access to that information. At no time will the information be given to a third party unless permission of the applicant is received.

Financial Information

What is your combined family's annual income from earnings? (Salary, wages, bonuses, self-employed net income)	
What are your monthly housing costs? (mortgages, utilities, real estate taxes, insurance)	
How many dependents? (children, spouse, etc)	
Please attach a copy of your last filed income tax return.	
Please attach a copy of your last pay stub or a profit/loss statement from you self-employed business.	
Have you made a request of your health insurance company to pay for all or a portion of the counseling fee?	
Do you have members of your outside family who may be able to help pay some of the counseling? Please describe this situation.	
Would your employer consider paying for a share of the counseling? Please describe.	

Space below may be used to describe your situation:

Signature and waiver

By signing this grant request I affirm the following:

1. I understand that JoyfulHope.org is a fund of The Nevada Community Foundation and must adhere to a strict set of rules as promulgated by the Internal Review Service.
2. I understand that my grant request may be denied all or in part.
3. I understand that the family of Michael & Suzanne Lantz does not make the decision to approve grant requests, that only a group of independent trustees approved by The Nevada Community Foundation has that authority.
4. The applicant or patient/beneficiary will faithfully be engaged in the counseling process at Pransky & Associates and do all in their power to understand and follow the course of treatment set forth by their counselor.
5. I fully understand that the patient/beneficiary may not achieve their desired results and will hold harmless JoyfulHope.org, The Nevada Community Foundation and the family of Michael & Suzanne Lantz from any and all claims that may arise from the counseling process.

Applicant (please print)

Applicant (signature)

Date

For JoyfulHope.org use:

Contacted by Ms. Erika Bugbee. Date _____

App, Pat/Bene initial consultation by Ms. Erika Bugbee. Date _____

Ms. Erika Bugbee referral for counseling. Date _____