 **PTFORALL Grant Application**

PTFORALL will provide grants of up to $5,000 to clinics providing, or planning on providing, pro bono physical therapy (PT) services in California.

Submission deadline November 30. Check disbursement by January 15.

Submission deadline May 31. Check disbursement by July 15.

General information: PTFORALL will provide bi-yearly grants to help support clinics providing pro bono PT services in California. Priority will be given to new clinics that are starting up pro bono PT services for the first time and need help minimizing the cost burden of equipment, supplies, and infrastructure changes. Grants will also be considered to existing clinics that are adding a pro bono component to their current clinic business model.

Our mission is, “To enhance the health and well-being of underserved communities across California by promoting and supporting pro bono Physical Therapy clinics and services.”

Our vision is, “That all persons, regardless of their economic status, receive medically necessary physical therapy services.”

Please fill out the attached application and email the file to: john@PTFORALL.org.

Please send your grant application questions to John Gray at: john@PTFORALL.org.

Thank You for your efforts to provide pro bono PT services to the medically under-served.

Sincerely,

John Yousef

John Gray, DPT Yousef Ghandour, DPT

President & Co-founder Vice President

Physical Therapy For All Physical Therapy For All

 **PTFORALL Grant Application**

Name of contact person:

Title: Phone: Email:

Please select from one of the options below (“X”):

1. Opening a new clinic that will provide pro bono PT services \_\_\_\_
2. Existing clinic will transition 100% to pro bono PT services \_\_\_\_
3. Existing clinic that is adding a pro bono PT component \_\_\_\_
4. Other business model (please explain below) \_\_\_\_

Name of clinic or organization:

Year clinic first became operational or the planned opening date:

Name of Clinic owner or Executive Director:

EIN (Employer Identification Number):

Address:

Business phone:

Do you currently have 501(c)(3) status?

Please list the number of current (or planned) employees you have in each category.

* MD/DO
* DPT
* DC
* PTA
* OT
* OTA
* Aides
* Administrative staff
* Other

**For option #4, please answer these additional questions.**

Please explain your business model, current situation, and your proposal for providing pro bono PT services.

**All applicants must fill out the following.**

Clinic/organization website address:

To whom should check be written (preferably business name):

Will the clinic be run by paid employees, volunteers, or a mix?

Where will the money come from to pay salaries?

Amount requested ($5,000 maximum):

What will the grant be used for?

What types of patients will you serve (ortho, neuro, peds, women’s health, etc)?

How many pro bono PT patients do you expect to see per month/year?

What geographical area will be served?

Please explain your vetting process for identifying patients who have a financial need for

pro bono PT services.

I certify, to the best of my knowledge, that all the above is true and correct. I further testify that I understand any misrepresentations of the above facts will be grounds for legal action

to reclaim the grant.

Please sign and date below.

**Print name** (Owner/Executive Director) **Signature** (e-signature okay) **Date**