

Grace Jones Memorial Fund

Mini-Grant Application (2025)

Purpose: To help persons with stroke-related disability and their caregivers.

- Priority will be given to patients and caregivers with disability resulting from stroke.
- However, people with other central nervous system disorders (e.g., traumatic brain injury, cerebral palsy, etc.) and their caregivers can also qualify.

Use: The *Grace Jones Memorial Fund mini-grant* can be used to pay for things such as adult day care, medical equipment (lift chairs, walkers, bath benches, power wheelchairs, scooters, etc.), therapy services (such as PT, OT, or Speech), short-term respite care, education, conferences, and assistive technology.

Management of the fund will be led by the Kentucky Appalachian Rural Rehabilitation Network (KARRN), a collaborative team that advocates to empower communities impacted by disability and is directed by the University of Kentucky, College of Health Sciences, in partnership with the Appalachian Center for Assistive Technology (ACAT), located at the University of Kentucky Center of Excellence in Rural Health.

Please note that the Grace Jones Memorial Fund does not provide payments directly to the recipients. We will send the funding directly to the organization providing your support or to the company providing you with equipment.

Applicant's name: _____

Contact information of the person we will be directly working with:

Please check the statement that describes who you are.

I am the person who will directly use the items/services.

I am a caregiver of the person directly using the item/service.

Other, please specify: _____

Phone number: _____

Address: _____

Email address: _____

What is your diagnosis? _____

Are you insured? Yes No

If yes, what type of insurance do you have? _____

What are you requesting the funding for? Please provide a detailed description.

Are the funds for the person with the condition or the caregivers? _____

Please provide a brief budget for the costs of the services, caregiver respite, equipment, travel, conference, etc., you would like to receive funding for. Please provide specific budget details. (e.g., how many sessions, exact type of equipment, price quotes or links to the item, etc.)

Amount of support you are requesting (maximum of \$1,000): _____

If the item and/or service you are requesting funds for, exceeds the cost of what the Grace Jones Memorial Fund can provide, how will you pay for the remaining costs

UK College of Health Sciences faculty must approve any expenses and reimbursements related to transportation costs to participate in disability support services. College faculty must also approve expenses and reimbursements related to short-term respite care provided by a UK student or non-UK employee. (Respite care provided by UK employees is not an approved expense).

If you are chosen to receive funding from the *Grace Jones Memorial Fund* would you be willing to provide:

A photo of the equipment you received or the renovation that occurred because of the funding we provided. Yes No

Would you also be willing to provide a short quote about how this funding has helped you? Yes No

All applications for support will be due April 4, 2025

Applications will be reviewed by a panel of individuals from the Kentucky Appalachian Rural Rehabilitation Network (KARRN). The reviews will be completed and applicants informed of the decision by **April 25, 2025**.

*** Please respond to your funding notice within 2 weeks, otherwise we will move to another applicant waiting for funds. ***

Please return your application to the address or email provided below.

Grace Jones Memorial Fund contact information:

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