

MAPS Charities Grant Request Manual

Before you begin the form, review and follow our [Guidelines](#) so you are aware of what is needed to complete a grant request.

The Grant Request Form can be found on our website under the “Grant Request” tab.

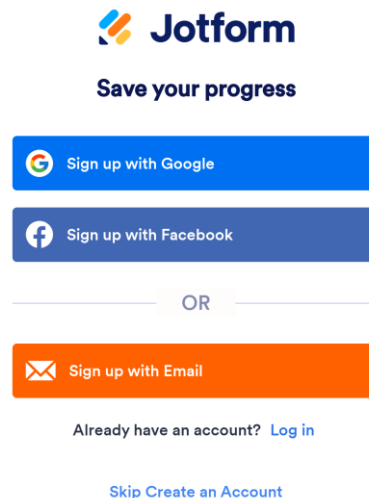


It is important that you do not submit your form without the required documentation. If you realize you are missing something, save the form and return to it later.

To save, scroll to the bottom of the form, click “Save”...



And set up an account with [Jotform](#).



EXAMPLE:

Complete your information...

And the contact details for your agency...

Enter your client information...

Professional Senior Advocate (PSA) and Agency Information

PSA Name *

<input type="text" value="Jane"/>	<input type="text" value="Doe"/>
<small>First Name</small>	<small>Last Name</small>

PSA Title *

PSA Email Address *

example@example.com

Agency Information *

Agency Name

Street Address

<input type="text" value="Glendale"/>	<input type="text" value="California"/>
<small>City</small>	<small>State</small>

Zip Code

PSA Phone Number - Work *

Please enter a valid phone number.

PSA Phone Number - Extension (if any)

PSA Phone Number - Cell

Please enter a valid phone number.

Client Information

Client Name *

<input type="text" value="John"/>	<input type="text" value="Smith"/>
<small>First Name</small>	<small>Last Name</small>

Client Information - continued

Enter information about your client.
(Be sure to include an apartment number, if any.)

The following three questions are **required** for MAPS Charities' funding purposes:

- Gender
- Ethnic origin
- Client Status

Client Status – select all that apply. Perhaps your client is homeless or in risk of homelessness - you can select the corresponding box. If they are also a veteran, you can select this box as well.

Client Address *

4001 ABC Drive

Street Address (INCLUDING APARTMENT NUMBER, IF ANY)

Street Address Line 2 (optional)

Los Angeles

California

City State

90001

Zip Code

Client Phone Number *

(310) 555-5555

Please enter a valid phone number.

Client Date of Birth *

11-15-1947

Client must be over 60 years of age

The following three questions are required for MAPS Charities' funding purposes.

Client Gender (mark only one) *

Female

Male

Other

Client Ethnic Origin (mark only one) *

African American

Asian/Pacific Islander

Hispanic

White

Other

Client Status - Please check all that apply *

Holocaust Survivor

Homeless

Mobility Issues

Veteran

N/A

Other

Client Assessment - please explain the circumstances and needs of your client, and how MAPS Charities can be of service. (The box may turn red until you complete a minimum of 10 words within the text box.)

Types of Requests - these are the grants that MAPS Charities currently provide.

You may select one or more types of requests for your client, but grants may not exceed the maximum lifetime award of \$750.

When you select the box for each grant, you will fill in the information that opens below.

Grocery Card

Select a grocery card in the amount of \$50, \$100, or \$150.

Select the desired amount, and the grocery store that will best suit your client.

Purchase of Item(s)

Enter the name of the item...

The cost of the item - do not use the dollar sign. The cost must include tax, delivery, assembly, installation and haul-away charges.

The best way to tally the additional charges in the shopping cart for your item.

Assessment of Client Needs and Circumstances *

Type here...

DETAILED SUMMARY OF NEED, please explain the circumstances and needs of the senior client.
0/10

Types of Requests - Review **GUIDELINES** before submitting

[>>> Click here to review GUIDELINES <<<](#)

Choose the Type(s) of Request(s)

- Grocery Card - up to \$150
- Purchase of Item(s) - i.e. walker, shower chair, mattress, etc. If item(s) are over \$200 each, a minimum of two quotes are required. All quotes must include tax, delivery, assembly, installation and haul away. Link(s) must be provided for online purchases. You will be given the opportunity to submit for more than one item.
- Payment Request(s) - Payment of an outstanding bill, i.e. utility or medical bill. Required: Payee and address where check should be mailed, account number and a copy of the bill. A W-9 is required for all bills, except for utility bills. You will be given the opportunity to submit more than one bill.
- Rent Assistance - A lease agreement or letter from the landlord/management company and a W-9 is required. See Guidelines for information needed.
- Home Care or Adult Day Care Assistance - Copy of caregiver agency business license, W-9 and quote for service provided by agency on letterhead is required.

Grocery Card

Grocery Card - Amount

\$50
 \$100
 \$150

Grocery Card - Select preferred store

Ralphs/Food 4 Less/Kroger
 Vons/Albertsons/Pavilions

Purchase of Item(s)

FIRST Purchase Item

Drive Medical Walker

FIRST Item Cost - Include all applicable fees such as tax, delivery, assembly, installation and haul-away charges

45.19

Purchase of Item(s) - continued

Next, you must provide a link for the walker. This is the only way we can be sure that the correct item is being purchased for your client.

To copy a link, have the webpage with the item you need open in a separate tab in your browser.

Highlight the entire link from your browser (see red arrow), select copy, then paste it into your form.

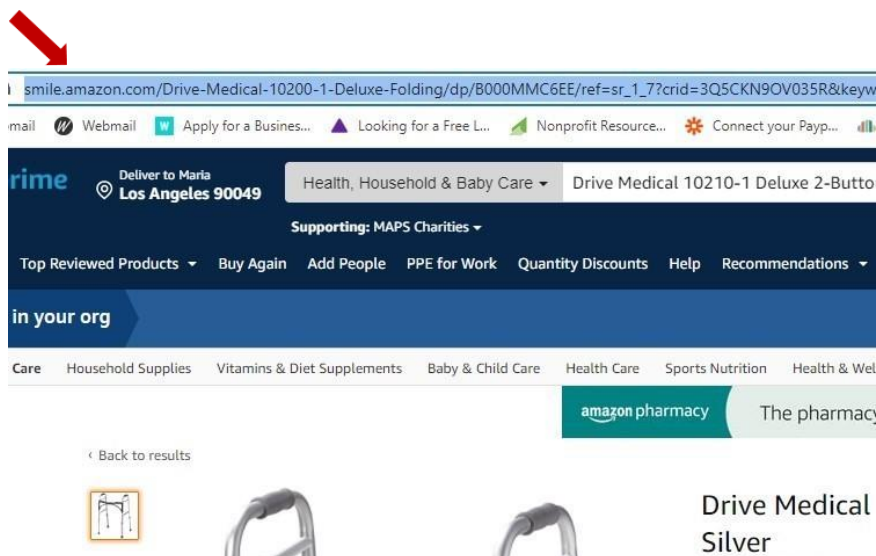
If your item is over \$200, you must include a link for a second option in this box.

Uploading a pdf of your shopping cart helps us see options you have selected - such as installation, assembly or haul away. We can also verify the total cost.

There are two ways to upload a file: drag and drop the file into this box or click to "Browse Files," highlight the document, and select "OpenFile".

When your file is done uploading, you will see it below the browse file box.


You will be asked if you need a second item. If so, click YES and you will follow the same instructions for your second and third items.





FIRST Item Link 1 - Copy Purchase Item link from your browser and paste it here.

FIRST Item Link 2 - If item is over \$200, copy/paste second link here.

FIRST Item - Upload your PDF file(s) of estimate(s), if any (must be clear and legible)



Browse Files
Drag and drop files here

 Smith_Cart with Assembly.pdf 0.2MB 

Do you have a second Purchase Item?

Yes

No

Purchase Item(s) - continued

If you have more than three purchase items – fill in the first three areas for purchase items as indicated. Paste the links for items four or more in the box provided.

Total the cost of items of items 4+ and enter the amount in the box. (Do not use the dollar sign).

Payment Request

If your client needs assistance with a utility bill.

Enter the company name...

The account number...

The amount of the bill you are requesting to be paid...

And upload a pdf copy of the bill.

For any bills that are not utility bills, you will also provide a completed w-9 form for the company receiving payment.

After uploading everything for the first payment request, you will have the option to follow the same process for more than one bill.

Do you have more than three Purchase Items?

Yes
 No

If more than three items are requested, include item name, cost, link(s) for purchase. If a single item is over \$200, include two links for that item.

https://smile.amazon.com/Intimates-Incontinence-Overnight-Absorbency-Protection/dp/B072LY2FT2/ref=sr_1_1_sspa?crd=2RZKXDXYJK8G2P&keywords=tena&qid=1645655684&s=hpc&srefix=tena

https://smile.amazon.com/AmazonCommercial-Reacher-Grabber-Metal-38/dp/B07V38XBMV/ref=sr_1_1_sspa?crd=FMAF8C5OJ8DF&keywords=grabber&qid=1645655736&s=hpc&srefix=gr

Total cost of purchase items (over three) listed above

65.37

Payment Request

FIRST Payment Request - Name of Payee (i.e utility or medical company)

LA DWP


FIRST Payment Request - Enter account number (if no account number is available, enter "N/A")


0000000

FIRST Payment Request - Cost


50.00

FIRST Payment Request - Upload PDF file of Utility Statement or Medical Bill/Estimate (must be clear and legible). A W-9 is required for all bills, except for utility bills.


Browse Files
Drag and drop files here

 LADWP Bill.pdf

12.9KB



Rent Assistance

Enter the amount requested...

The Payee – the name of the landlord or management company whose name will be on the check...

And the address where the check will be mailed.

Include an email for the landlord if available.

Upload:

- Copy of the lease agreement
- Completed w-9 from the landlord

Home Care or Adult Care Assistance

Complete this area for client needs such as caregiver or respite services. (Use the Payment Request option for cleaning services).

Enter the Company or Agency Name...

The amount requested...

Rent Assistance

Please see Guidelines for specific information required.

Rent Assistance - Amount Requested

Landlord/Management Company

Name of Landlord/Management Company. IF LANDLORD, PLEASE GIVE FIRST AND LAST NAME

Street Address (Location where check is to be mailed)


City State

Zip Code





Email Address of Landlord/Management Company

example@example.com

Lease Agreement or Letter and W-9 from the Landlord/Management Company - Upload PDF file



Browse Files
Drag and drop files here

 Smith_Lease Agreement.pdf	12.9KB	
 Smith_Lease Co w9.pdf	12.9KB	

Home Care or Adult Day Care Assistance

Home Care or Adult Day Care Agency Name

Home Care or Adult Day Care Assistance - Requested Amount

Home Care or Adult Care Assistance continued

Upload:

- Company rates on their letterhead
- A copy of the business license
- Completed w-9 form from the company

After entering all needs for your client, you will notice that this box totals the amount of all the requests. **(Requests should not exceed \$750)**

Read, then check the PSA Certification.


If at this point you want to save your form to complete it later, click "Save" and you will set up an account with Jotform.




Otherwise, click "Submit" and your request is complete.

After submission you will receive a copy of your request by email.

You can expect to hear from MAPS Charities about your request within 2-3 business days after the monthly Board meeting.

Upload PDFs of Home Care or Adult Day Care Agency License, Rates on agency letterhead and a W-9


Browse Files
Drag and drop files here

<input type="checkbox"/> Smith_Home Care_Bus...ense.pdf	12.9KB	
<input type="checkbox"/> Smith_Home Care Rates.pdf	12.9KB	
<input type="checkbox"/> Smith_HomeCare Co w9.pdf	12.9KB	

TOTAL Amount of all Requests (this field is auto-filled based on entries above)

547.76

PSA Certification/Electronic Signature - You agree your electronic signature is the legal equivalent of your manual signature on this Request. *

I certify that I have verified, to the best of my ability, that the information on this form provided to me by the Client is true and accurate. The above named Client has authorized me to make this request on their behalf. The Client understands that their name will appear on orders, checks and forms for purposes of identification. Without using the Client's name, MAPS Charities may use this information for promotional purposes or for use in telling the MAPS Charities' story.

If you have a question about this submission, please click the "Save" button below and send your question to office@mapscharities.org.

