



CHARGE Family Regional Events Funding Requests

The CHARGE Syndrome Foundation is pleased to offer families and organizations the opportunity to apply for financial support for regional family events. To be considered for financial support, requests must be submitted a minimum of 60 days prior to the event. You will be notified within 10 business days (via email) if you have been approved for funding.

Important Information

Because the mission of the CHARGE Syndrome Foundation is “A Better World For People With CHARGE Syndrome,” funding will only be considered for events that are centered around families of individuals with CHARGE syndrome and the professionals who work with them.

As a Foundation, we have a limited amount of money annually to support regional family events, so clearly demonstrating on your application how you plan to use the funds and the outcomes you hope to achieve is very important in increasing your chances of receiving financial support.

Please keep in mind that funds received from the Foundation **cannot** be spent to purchase alcohol.

If funded, the CHARGE Syndrome Foundation must be acknowledged as a sponsor for your event. When completing the application, please let us know how you plan to publicize that we are sponsoring the event.

Once approved for support, we will work with your organization to determine how to provide the funds - whether directly to a vendor or to the person organizing the event.

If for some reason the event is cancelled, the CHARGE Syndrome Foundation requires that 100% of the money be returned to the Foundation so it can be used to support another event.

Receipts for what the Foundation covered need to be emailed to the Foundation within 30 days of the event along with the following:

- **A brief description of the event: a few paragraphs about what you did, approximately how many people attended, and why it was successful**
- **A few photos of the event**
- **Permission to use photos** (attached or use your own document) **for all individuals featured in the photos supplied.** We ask this so that we can highlight your event in our newsletter, website and social media.

We look forward to receiving your application. If you have any questions, please don't hesitate to contact us at: info@chargesyndrome.org.

CHARGE SYNDROME FOUNDATION

318 Half Day Road #305, Buffalo Grove, IL 60089 • Phone: 800-442-7604 • Fax: 888-317-4735



REQUEST FOR FUNDING

REGIONAL CHARGE EVENTS

The CHARGE Syndrome Foundation is pleased to offer families and organizations financial support for regional CHARGE family events.

Date of Event _____ Date of Application _____

Name of Person Submitting Application _____

Email _____ Phone _____

EVENT INFORMATION

Event Title *(if any)* _____

Sponsoring Organization/Family _____

Contact Person _____

Email _____ Phone _____

Location of Event _____

Agenda *(attach program information or link)* _____

Invited Speakers *(if any)* _____

Expected Outcome _____

Expected Attendance: Family Members _____ Professionals _____

Amount of Funding Requested _____

Total Budget for Event _____

Other Funding Sources _____

How will funds be used? *(Please attach an itemized list if necessary)* _____

How will The CHARGE Syndrome Foundation be acknowledged as an event sponsor?

**REQUESTS FOR FUNDING ACCEPTED THROUGHOUT THE YEAR
APPLICATION DEADLINE: 60 DAYS IN ADVANCE OF THE EVENT**

Submit via email to: info@chargesyndrome.org or by mail or fax to:

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PHOTO/VIDEO RELEASE

The CHARGE Syndrome Foundation requests your permission to use photos/videos/audio recordings of you and/or your child as part of our online outreach, awareness and fundraising activities. The purpose of these efforts is to educate, inform, support and inspire families living with CHARGE. Your photos/videos/audio recordings might be used on our website, in social media, in conference presentations, and in publications (electronic and print).

By signing below, I understand and acknowledge that:

- No payment shall be made to me or my child for the use of the photos/videos/audio recordings;
- My permission is given without coercion or duress;
- This permission remains in effect until such time as I notify The CHARGE Syndrome Foundation in writing that I wish to revoke it for future projects;
- I release The CHARGE Syndrome Foundation from any and all liability and claims, including libel and invasion of privacy, and from any and all personal property rights resulting from the use of the photos/videos/audio recordings;
- I am the person named below, and/or I am the parent/guardian of the person named below;
- Educational materials produced by The CHARGE Syndrome Foundation can be shared as long as the authors and the Foundation are given appropriate credit.

I give permission to The CHARGE Syndrome Foundation for use of photo, video, and audio recordings as described above.

Name _____

Signature _____ Date _____

Name _____

Signature _____ Date _____

Name _____

Name _____

Name _____

Parent/Guardian Signature _____ Date _____

Email Address _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Please sign and return the form by mail, fax, or email to:
318 Half Day Rd. #305, Buffalo Grove, IL 60089 • Fax: 888-317-4735 • Email: info@chargesyndrome.org

*If you have any concerns or questions, or wish to change previously granted permissions,
please email info@chargesyndrome.org*