



Bug's Bikes Eligibility and Application

Bug's Bikes Mission

Bug's Bikes, Inc. is a non-profit created to carry out Bug's wish to make sure kids like him are able to have bikes like his. Bug's Bikes goal is to help remove the financial obstacles that so often stand in the way of families raising children with disabilities from buying something as costly as a bike.

- 1) To provide financial assistance through fundraising, grants and solicitation of donations for the sole purpose of purchasing adaptive and therapeutic bicycles, helmets and other accessories for children with special needs.
- 2) To provide educational resources and information necessary for families and therapists to assist with determining the appropriate type and size of adapted bicycle for each child.
- 3) To receive, administer and distribute funds in connection with any activities related to the above purposes.

Bug's Bikes, Inc. is an official non-profit corporation functioning in accordance with all Massachusetts and federal non-profit guidelines and for the sole purpose to carry out the mission listed above.

Eligibility for Funding through Bug's Bikes

To be eligible the following criteria must be met:

1. The applicant child must be between 5 and 21 years of age.
2. The applicant child must reside in the State of Massachusetts.
3. The applicant child must have a physical, intellectual or sensory disability documented by a physician.

4. All applicants must submit a completed Bug's Bikes application in full with all necessary attachments.
5. All applicants' household income must meet the Bug's Bikes income guidelines. Income verification is a requirement of all applicants.
6. Submit a letter from a physician, physical or occupational therapist indicating that an adaptive bicycle would be medically appropriate and therapeutic for the child and that a conventional bicycle would not be appropriate. The letter should also state if the child has successfully trialed an adaptive bicycle and what kind, adaptations necessary, any measurements taken and any other pertinent information. If the child is not regularly followed by a physical or occupational therapist, we can assist with determining an appropriate tricycle.

You must meet the following income requirements to qualify a full Bike grant:

Your gross annual income must be equal to or below the Massachusetts Median Income Levels

Family of 2: \$70,803

Family of 3: \$87,026

Family of 4: \$108,545

*For families in excess of 4 people add \$8100 per additional person.

Apply For A Partial Bike Grant:

Please fill out the application and submit income information. In the section "Tell Us About Your Child's Bike Experience" please let us know if you are applying for a partial grant and how much you can contribute to your child's bike purchase. We will grant partial grants on a case by case basis dependent on available funds.

For families who do not meet the income eligibility but are interested in fundraising opportunities and purchasing a bike at a discounted rate, please contact info@bugsbikes.org.

How to Apply for Funding Assistance:

1. Read the application carefully and complete all information. Please PRINT or TYPE. An application that is not complete will be returned.
2. If you need help completing any part of the application, please contact Kelly De Angelis at 617293-6503 or info@bugsbikes.org
3. Attach copies of proof of all household gross income including any child support, social security disability or other supplemental income, explanation of additional expenses, proof of diagnosis and Referral Letter from a licensed therapist or MD to application. All documents must be current, within 60 days of application date. Do not forget to sign and date your application.

4. Mail completed application to

Bug's Bikes

Attn: Application

5 Maxwell's Green

Somerville, MA 02144

Proof of Household Income Verification Is Listed Below:

1. If a household member is employed: 3 consecutive paystubs from the last 60 days for each person working in the household. If you cannot send paystubs please submit a signed and dated letter from your employer on company letterhead which states the hourly rate, number of regular hours worked per day, frequency of pay and gross pay. Please also be sure to provide bonus and commission information as well. Be sure the employer's phone number and address are included in case there are any questions.
2. If a household member is a seasonal or temporary employee: Indicate the number of months worked during the year and if unemployment compensation is received when not working.
3. If a household member receives Unemployment Compensation: Submit the Notice of Financial Determination award Letter or Check Stubs.
4. If a house member receives Social Security, Survivor's or Disability benefits, retirement, pension, or Worker's Compensation: Submit the most recent award letter

About The Child

Child's Last Name: _____

Child's First Name: _____

Child's Middle Initial: _____

Date of Birth: _____ Age: _____

Street Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

Work/Cell Phone: _____

Best Time To Call: _____

Email Address: _____

School District: _____

School Attends: _____

Primary Insurance:

Secondary Insurance:

Child's Diagnosis _____

Referring MD: _____

MD Mailing Address: _____

MD email address: _____

MD Phone #: _____ Is

the child currently working with a Physical or Occupational Therapist? YES NO

If yes, please list the therapists name(s), organization(s) and phone number(s):

How did you hear about Bug's Bikes? _____

Tell Us About Your Child's Experience with Bikes!

Is the child able to ride a traditional 2 wheel bicycle? YES NO

Has the child ever been on an adaptive bike? YES NO

If Yes, please explain: _____

_____ Are
You Applying for a Full or Partial Grant? (Please Circle One)

How Much Can You Contribute to your Child's Bike? _____

About Your Household:

Please List All People who live in the Child's Household

Name	Relationship	Age	Disability (Yes or No)

Income and Expenses: Please tell us about the income of any child or adult you have listed on this application. You must send us proof of income.

Whose Income is this?

Employer's Name:

How often is the income received?

Does this income change? (For example, overtime, seasonal, etc) If yes, please explain.

Annual income received before taxes and deductions (gross amount):

Other forms of income (Social Security, Child Support, etc.)?

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If yes, please explain.

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Other forms of income (Social Security, Child Support, etc.)?

Please explain any additional expenses/Financial Burdens which play a role in making it difficult to fund your child's bicycle that you would like us to take into consideration. Please attach any supporting documentation:



I (We) stipulate that the information included in this application is true to the best of my (our) knowledge. Further, I (We) understand that the presence of inaccurate information in this application could result in the need for the re-evaluation of this application on the part of Bug's Bikes, Inc.



Parent/Legal Guardian

Date



Parent/Legal Guardian

Date

(Signature is required of all legal guardians)

Release of Liability

In consideration of the receipt of an adaptive bicycle and any accompanying accessories awarded by Bug's Bikes, Inc. ("Bug's Bikes"), _____, him/herself or through his/her parents or legal guardian (collectively, the "Recipient"), hereby knowingly and willingly releases and forever discharges Bug's Bikes, its directors, employees, volunteers, donors and officers from and against any and all claims, of any type, which arise from or are in any way related to:

1. Any alleged or actual malfunction of or defect of the bicycle or accompanying accessories.
2. Any allegation that the bicycle was not appropriate or suitable for the recipient.
3. Any other matter, of any type, related, in any way, to the Recipient's application for, or receipt or use of, the bicycle or accompanying accessories.

Recipient expressly agrees that this Release of Liability is intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Massachusetts, and that this Release of Liability shall be governed by and interpreted in accordance with the laws of the Commonwealth of Massachusetts. Recipient agrees that in the event that any clause or provision of the Release of Liability shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release of Liability which shall continue to be enforceable.

Parent/Legal Guardian

Date

Parent/Legal Guardian

Date

(Signature is required of all legal guardians)



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Parent/Legal Guardian

Date



Parent/Legal Guardian

Date

(Signature is required of all legal guardians)

Disclaimer

The mission of Bug's Bikes, Inc. ("Bug's Bikes") is to help provide funding for the purchase of adaptive bicycles for children 21 years of age and younger. The bicycles do not carry any warranty from Bug's Bikes. The use of the adaptive bicycle, even in the event of malfunction resulting in injury, gives rise to no liability on the part of Bug's Bikes. Bug's Bikes is merely a funding source. Bug's Bikes is in no way responsible for reclaiming, disposing of, maintaining or repairing the bicycle. Any other cost that may be associated with the bicycle such as installation, delivery, labor, disposal, etc. that are not explicitly stated on the application are the sole responsibility of the recipient's Legal Guardian(s).

Before disbursement of any funds to purchase equipment, the legal guardian(s) of the Recipient must have this form signed and returned to Bug's Bikes.

(Parent/Legal Guardian's Name Printed)

(Parent/Legal Guardian's Signature)

Recipient's Name Printed

(Parent/Legal Guardian's Name Printed)

(Parent/Legal Guardian's Signature)

(Recipient's Name Printed)

Authorization to Use Name and Likeness

The Recipient and his/her parents or Legal Guardian hereby acknowledge and agree that acceptance of the adaptive bicycle from Bug's Bikes, Inc. ("Bug's Bikes") may result in publicity. The Recipient and his/her parents or legal guardians hereby irrevocably authorize Bug's Bikes (a) to publicize and use the Recipient's likeness, voice and feature, with or without his/her name, for any publication, promotion, trade or business use, or any other purpose; (b) to photograph, videotape, film and record each recipient in any manner Bug's Bikes chooses; (c) to copyright, convey or otherwise distribute, now or in the future, any such materials involving the Recipient, his/her parents or legal guardians and that said material may be distributed to anyone, for any purpose, including the general public, magazines, newspapers, television, or radio stations; and (d) to publicize, now or in the future, the name of the Recipient including information regarding his/her physical condition and details regarding the adaptive bicycle received from Bug's Bikes.

The Recipient and his/her parents or Legal Guardians agrees that it is not necessary for Bug's Bikes or anyone else to contact them prior to releasing any information authorized by this document. The Recipient and his/her parents or legal guardians hereby releases Bug's Bikes from and against any and all claims, of any type, which arise from or are related to Bug's Bikes' use, distribution or disclosure of any photographs, films, videotapes, electronic recording or other information regarding the Recipient and the award from Bug's Bikes.

Parent/Legal Guardian

Date

Parent/Legal Guardian

Date

(Signature is required of ALL legal guardians)

(Please note that signature is not required on this form for the application to be considered by Bug's Bikes, Inc. However, we do require photos of your child with their awarded bicycle. Please note that we will only publish photos of children authorized by families signing this release form. Other photos will be kept confidential. However, these photos enhance our fundraising efforts to secure additional funding from corporate sponsors, Individual, community foundations to help children with disabilities to continue our programs. Thank you.)

