



**SPINA BIFIDA ASSOCIATION OF WESTERN NEW YORK**

137 Warner Avenue, North Tonawanda, New York 14120

Telephone: (716) 446-5595

**WNY MOPARS ADAPTED BICYCLE FUND APPLICATION**

Date of Application \_\_\_\_\_

Name of Person (with SB, hydrocephalus or related neural tube defect) Requesting Aid:

\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Check One: Child \_\_\_\_\_ Adult \_\_\_\_\_ Date of Birth: \_\_\_\_\_

If child, name of parent requesting grant: \_\_\_\_\_

How long have you been a dues-paying member of the SBAWNY? \_\_\_\_\_

Which SBAWNY Committee or function have you been assisting with? \_\_\_\_\_

Approximate height of requester: \_\_\_\_\_ Approximate weight of requester: \_\_\_\_\_

What kinds of special adaptations does your bicycle need? (Ex. Hand pedals or hand and foot pedals) \_\_\_\_\_

\_\_\_\_\_

Make and Model of Bicycle Requested: \_\_\_\_\_

Vendor/Point of Contact (if you have chosen one): \_\_\_\_\_

Fund eligibility and the amount awarded are solely at the discretion of the fund's administrative committee. The SBAWNY Board of Directors reserves the right to discontinue this fund at any time or if all funds have been depleted.

Please refer to the reverse side of this application for the "WNY Mopars Adapted Bicycle Fund Rules of Operation."

Send this completed application to one of the following WNY Mopars Adapted Bicycle Fund Administrative Committee members:

Primary: Janet Slack  
3515 Drum Road  
Middleport, NY 14105

Alternate: Pam Morris  
137 Warner Avenue  
N. Tonawanda, NY 14120

<b>FOR SBAWNY USE ONLY:</b> Current dues paid? Circle YES or NO Date paid: _____			
Approved by: _____	Date: _____	Amount: \$ _____	
Paid by: _____	Date: _____	Check # _____	

## WNY MOPARS ADAPTED BICYCLE FUND RULES OF OPERATION

Effective January 1, 2008

1. The Spina Bifida Association of Western New York (SBAWNY) Board of Directors reserves the right to amend these rules with approval from WNY Mopars Board of Directors and to discontinue this fund if/when funds have been depleted.
2. All fund recipients are encouraged to be current dues paying members of the SBAWNY.
3. All fund recipients are encouraged to volunteer on a committee or assist with a SBAWNY function or fundraiser. Fund recipients will be added to a volunteer database and they may be called upon occasionally to assist with functions and/or fundraisers.
4. All fund recipients must reside in SBAWNY's service area, which includes only the following New York counties: Erie, Niagara, Allegany, Orleans, Cattaraugus, Chautauqua, Wyoming, and Genesee.
5. Adapted Bicycle Fund awards are made possible through donations from the WNY Mopars Car Club.
6. Completed applications must be submitted to one of the fund's administrative committee members listed below.
7. Bicycles will be awarded to qualifying applicants on a first-come, first-serve basis and solely at the discretion of the fund's administrative committee. Funds are not guaranteed. In the event that an application is denied, the applicant will be notified in writing.
8. Applications may be obtained from the following WNY Mopars Adapted Bicycle Fund Administrative Committee members:

Primary: Janet Slack  
3515 Drum Road  
Middleport, NY 14105  
Phone: (716) 735-9683

Alternate: Pam Morris  
137 Warner Avenue  
N. Tonawanda, NY 14120  
Phone: (716) 694-8567

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