



# disentangleAD

[disən'taNGg(ə)l]  
to extricate something or someone from a difficult situation.

**MAIL YOUR APPLICATION:**  
disentangleAD  
c/o Memory Center  
415 South 28th Ave  
Hattiesburg, MS 39401

**SUBMIT APPLICATION ONLINE  
OR FOR MORE INFORMATION:**

**WEBSITE:** [www.disentangleAD.com](http://www.disentangleAD.com)

**PHONE:** (601) 579-5016

**EMAIL:** [info@disentangleAD.com](mailto:info@disentangleAD.com)

Application and accompanying documentation  
are due by December 31, 2016.

## MISSION

disentangleAD is a non-profit organization supporting Alzheimer's care in the Pine Belt region of South Mississippi.

## VISION

To [disən'taNGg(ə)l] is to extricate something or someone from a difficult situation. Our vision for disentangleAD is to become an organization that helps ease the burden of Alzheimer's disease by providing Pine Belt residents with mini-grants designated for small, well-defined projects or services associated with caring for an individual with AD (or other dementia syndromes).

## ORGANIZATION

disentangleAD will operate as a 501(c)(3) non-profit under the umbrella of the Greater Pine Belt Community Foundation. As such, service area for grant funding is typically limited the 13 regional Pine Belt counties. The Executive Board and Advisory Committee are responsible for oversight and implementation of all fund related activities.

# GRANT APPLICATION INSTRUCTIONS

**DEFINITIONS:** For purposes of this application, a caregiver applying for the mini-grant will be considered the “applicant.” As funding is intended to help with caring for someone with Alzheimer’s disease (or related dementia), the patient will be considered the “recipient.”

**FUNDING:** Mini-grants are typically limited in range, \$250-\$1000 per request.

**RECOMMENDED GRANT REQUESTS\*:** Below are representative examples of targeted funding priorities (alternative requests of a similar nature may also be considered):

- Small scope home renovations (e.g. door locks, alarms, ramps)
- Time-limited respite, home care, or counseling
- Transportation grants (caregiver or patient travel)

## REQUIRED DOCUMENTATION:

1. Contact information for applicant (Pine Belt resident)
2. Contact information for recipient (if different from applicant)
3. Physician letter or medical record documenting dementia diagnosis (recipient)
4. Brief description of mini-grant request (what the funds will be used for)
5. Estimated cost of the project or service

# FREQUENTLY ASKED QUESTIONS

## Can the grant applicant reside elsewhere if the recipient resides within the Pine Belt region?

Yes; as long as the project or services are delivered within our region.

## Is a doctor letter or copy of a medical record really necessary?

Yes; fund is obligated to verify that grant recipient does have a dementia syndrome and that the grant request directly relates to the care associated with that diagnosis.

## What is considered acceptable documentation to verify diagnosis?

A simple letter from your doctor stating that recipient has a dementia diagnosis. Alternative documents may include a hospital discharge summary or a copy of an office note/visit.

## When will I know if my application has been accepted and when will I receive the money?

Review process should be complete by first quarter 2017. Funds will be distributed directly to the project vendor or service provider by second quarter 2017. Applicants will not directly receive the funds.

## Is there more than one grant cycle throughout the year?

Currently there is only one grant cycle planned.

## Who is going to complete my project or service request?

Typically, we will assign the grant to an organization from our “Preferred Vendor” list.

## How can someone donate to disentangleAD?

Make check out to the Greater Pine Belt Community Foundation (include disentangleAD on the memo line). Send to: GPCF, 1507 Hardy Street, Hattiesburg, MS 39401. For questions regarding GPCF call 601-583-6180, or visit [pinebeltfoundation.org](http://pinebeltfoundation.org).

## \*Is anything not covered by this type of grant?

Grant requests for medical expenses, prescriptions, or medical equipment (e.g. wheelchairs, hospital beds) will typically not be considered for funding

# GRANT APPLICATION FORM

1. Applicant name (person completing the form):

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email (if available): \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_

2. Recipient name (person to receive assistance):

If same as above, check here:

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email (if available): \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_

3. Physician, hospital, or medical facility providing documentation of dementia diagnosis: \_\_\_\_\_

4. Brief description of mini-grant request (what the funds will be used for and the timeframe within which funds will be needed):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Estimated cost of project or service request:

\_\_\_\_\_

6. How will this grant positively impact your situation?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Applicant hereby fully and voluntarily releases the attached personal health information (PHI) to disentangleAD for the sole purpose of discerning the validity of the instant grant application. It is understood by the applicant that disentangleAD will fully comply with all Federal Privacy & Security Laws during the application process and it is further understood that at the conclusion of the process the tendered PHI will be destroyed and not hereafter retained by disentangleAD.*