



Mini Meet-Up Grant Agreement

Goal

The BOS Foundation will award grants for Mini Meet-Ups yearly for the purpose of enhancing a sense of community and celebrating BOS patients worldwide.

Eligibility

Mini Meet-Up Grants are available to BOS patients and their families residing outside of the United States. Mini Meet-Ups must consist of a minimum of 5 patient families. Mini Meet-Up Grants promote knowledge sharing, communication, and collaboration among the BOS community.

Parameters

Mini Meet-Up Grants are available up to \$1,000 and applications are accepted starting in July every year. Funds must be used for Meet-Up related expenses such as admissions, travel, meals, and hotel accommodation expenses. Funds will be distributed to one person attending the Meet-Up who will be in charge of planning the event. Once received, the person will distribute money to patient families attending. The total amount of grant awarded, not to exceed \$1,000, will be calculated at \$100 per patient family.

Conditions of Acceptance

If you are awarded a Mini Meet-Up grant, you agree to the following conditions:

1. You must contact Taylor Gurganus two months prior to the event to be eligible for a grant. Anything requested beyond that time will not be accepted.
2. Money can only be used for Meet-Up related expenses (i.e. admissions to venue, travel, hotel, refreshments).
3. Knowledge Sharing: Complete a post event survey.
4. Documentation: Comprehensively document your experience, including but not limited to photographs, video, and social media posts; and share your experiences with BOS Foundation to produce documentation media, including but not limited to, written stories, photo, audio, and video recordings.

Failure to meet the conditions of acceptance may jeopardize your eligibility for a 2018 grant.

Direct questions to Taylor Gurganus at taylor@bos-foundation.org or 252-340-1395.

I, _____, have read the requirements and conditions for Mini Meet-Up Grants listed above and understand the process and procedures. I understand that grants are available on a first come first serve basis and are not guaranteed.

Print Name

Signature

Date



Mini Meet-Up Grant Request Details

| | |
|---|--|
| Contact Person and Information (Name, Phone Number, Address) | |
| Date of Event | |
| Venue Name | |
| Location of Event (Address) | |
| Number of Patient Families Attending | |
| Names of Patients Attending | |
| Approx. Total Number Attending | |
| Any Additional Information | |