



CMCD Foundation 2022 Grant Application

The Cortical Malformation & Cephalic Disorder (CMCD) Foundation, founded in 2014, is a non-profit organization dedicated to improving the quality of life of patients and their families who have been affected by the diagnosis of a cortical malformation or a cephalic disorder. The CMCD Foundation was founded by a mother of a child diagnosed with both of these conditions after she found herself with very little information and support after receiving her son's diagnosis. Cortical malformations and cephalic disorders are both rare neurological conditions that are often caused by a disturbance that occurs early in the development of the fetal nervous system. Given the rarity of these disorders, families who are faced with one of these diagnoses often have limited information and support, even within the medical community. Often, these disorders result in developmental disabilities, epilepsy, and other medical complications, only furthering the challenges that patients and their families face. Through this grant program, the CMCD Foundation hopes to alleviate some of the financial challenges faced by those with these disorders.

Grant Eligibility: Grants are limited to individuals with one of the following diagnoses:

Anencephaly	Lissencephaly
Colpocephaly	Megalencephaly
Focal Cortical Dysplasia	Microcephaly
Hemimegalencephaly	Polymicrogyria
Heterotopia	Porencephaly
Holoprosencephaly	Schizencephaly
Hydranencephaly	Tuberous Sclerosis
Iniencephaly	

Grant Criteria:

- Completion of following application with signature of primary care doctor or neurologist.
- Letter of medical necessity from physician. A letter from appropriate medical professional (OT, PT, Speech Therapist) also acceptable.
- Grants will be awarded up to \$2500. Grants over \$1000.00 may be asked to submit current income tax return or other information. There is also a \$2500 cap per applicant per calendar year. Applicants can apply more than once but for not more than \$2500.
- Grants will be reviewed and awarded by the Board of Directors four times per year. Deadlines for each meeting will be posted on our website and on our Facebook page.
- Grants can be awarded either as reimbursement for purchase (if deemed appropriate) or paid directly to vendor.
- Application must be submitted with photocopy of receipt or vendor information for purchase.

Follow up Requirements: The CMCD Foundation asks that you contact us with an update on how the grant positively impacted your life within 45 days or receipt of grant. The CMCD Foundation will post Grant Awards on website, Facebook, or in printed materials. Please specify if you do NOT want information shared.



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Personal Information

Applicant Name:

Age:

Parent/Guardian's Name:

Address:

Daytime phone #:

Evening phone #:

Email address:

Describe your medical condition and the hardships.

Describe the item(s) you are seeking funding or reimbursement for. In what ways will this contribute to an increased quality of life for the applicant or family?



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Describe how this item is being used or will be used (how often, medically necessary or medically convenient, etc.)

Grant amount requested: \$ _____

Patient/Parent signature: _____

Name printed: _____

Date: _____

Pediatrician/primary care doctor/social worker signature: _____

Pediatrician/primary care doctor/social worker name printed: _____

Pediatrician/primary care doctor/social worker contact phone number: _____

Date: _____

Applicant's Checklist:

Please make sure to include the following:

- Completed application with signature of pediatrician/primary care doctor or social worker
- Doctor's prescription and/or letter of medical necessity
- Receipts of purchased items OR vendor information for item to be paid directly by CMCD Foundation