



## 2025 Golisano Life Enhancement Fund Cover Page

Sender/Requesting Agency Representative: \_\_\_\_\_

Client/Beneficiary: \_\_\_\_\_

- Is your client 18 years or older? Yes  No
- Have you attached an invoice showing the item, cost with taxes and shipping? Yes  No
- Have you included a justification on page 2? We only need three to four sentences. Yes  No
- Have you added your client's SSN and your agency's Tax I.D.? Yes  No
- Have you researched alternative funding sources and listed them on page 2? Yes  No
- Have you included all items (Application, Invoice, Disability Documentation) Yes  No

If you have answered **NO** to any of the above statements:



If you have marked **YES** to all the above statements, please e-mail the application and supporting documents as one file to [golisanofund@futurecareplanning.org](mailto:golisanofund@futurecareplanning.org)



**We will not reimburse items that have already been purchased. We only reimburse agencies that purchase on behalf of the client.**

**Complete applications help to ensure timely review and processing.**

We look forward to reviewing your application