

# **GUIDELINES FOR DISCRETIONARY FUND:**

**Applicants must have a developmental disability**

**Normally, Funds will pay for item(s) costing under \$200**

**Fund will not pay for items to be repaired or replace lost items**

**Fund will not purchase an item that has an on-going cost associated with it**

**Date:** \_\_\_\_\_

**Name of person completing the form:** \_\_\_\_\_

**Contact Information for the person completing the form:**

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

**Email:** \_\_\_\_\_

**Name of individual seeking funds:** \_\_\_\_\_

**Why does the individual need access to the Fund to pay for item?**

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**Have other sources been tried to pay for items? Y/N**

**If yes, please list:** \_\_\_\_\_

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**Do you have invoice/printout for item wanting to purchase? Please attach a copy for us to review.**

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Return form to:

Office Manager

BGC, Inc.

1221 S. Hartmann

Suites I & J

Lebanon, TN 37090

Or: [officemanager@bgc-isc.org](mailto:officemanager@bgc-isc.org)

Review date: \_\_\_\_\_

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

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