



Individual Funding Request Application

Demographic Information			
Name			
SNN/TIN		Date of Birth	
National/Voter ID		Nationality	
Gender	M <input type="checkbox"/>	F <input type="checkbox"/>	Other <input type="checkbox"/>
Marital Status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Other <input type="checkbox"/>
Address			
Cell Phone		Home Phone	
E-mail			
Valid Driver's License Number (If You Have One)			

Picture

Emergency Contact			
Name		Relationship	
Home Address			
Phone		Email	

Why You Need Funding?	
Date Funding Need	
We will ask you for more information, when your application get into review process.	



Individual Funding Request Application

Conflict of Interest Affidavit and Disclosure

- a. "Conflict of interest" means that because of other activities or relationships with other persons, a person is unable or potentially unable to render impartial assistance or advice to the donor organization, or the person's objectivity in performing the contract work is or might be otherwise impaired, or a person has an unfair competitive advantage.
- b. "Person" has the meaning stated in and includes an organization, bidder, Officer, Contractor, consultant, or subcontractor or sub consultant at any tier, and also includes an employee or agent of any of them if the employee or agent has or will have the authority to control or supervise all or a portion of the work for which a project proposal or offer is made.
- c. The beneficiaries warrant that, except as disclosed, below, there are no relevant facts or circumstances now giving rise or which could, in the future, give rise to a conflict of interest.
- d. The following facts or circumstances give rise or could in the future give rise to a conflict of interest (explain in detail—attach additional sheets if necessary):
- e. The beneficiary(es) agree that if an actual or potential conflict of interest arises after the date of this affidavit, the beneficiaries shall immediately make a full disclosure in writing to the procurement officer of all relevant facts and circumstances. This disclosure shall include a description of actions which the beneficiaries has taken and proposes to take to avoid, mitigate, or neutralize the actual or potential conflict of interest. If the project has been awarded and performance of the agreement has begun, the beneficiary shall continue performance until notified by the Our Caring Hands procurement officer of any contrary action to be taken.

I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THIS AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

Applicant Signature

Date: _____



Individual Funding Request Application

Non-Disclosure and Confidentiality Agreement (Beneficiary Individual)

THIS NON-DISCLOSURE AND CONFIDENTIAL AGREEMENT (“Agreement”) is made as of this _____ day of _____, _____, by and between Our Caring Hands Inc. acting by and through its beneficiary (the “beneficiary”), an individual _____, Date of Birth _____.

RECITALS

WHEREAS, the beneficiary has been awarded a funding request Agreement (the “Agreement”) issued under the Our Caring Hands Individual Funding procurement issued by the Department; and

WHEREAS, in order for the beneficiary to perform the work required under the funding request Agreement, it will be necessary for Our Caring Hands to provide the beneficiary (collectively the “beneficiaries Personnel”) with access to certain confidential information regarding _____ (the “Confidential Information”).

NOW, THEREFORE, in consideration of being given access to the Confidential Information in connection with the funding request Agreement, and for other good and valuable consideration, the receipt and sufficiency of which the parties acknowledge the individual do hereby agree as follows:

1. Confidential Information means any and all information provided by or made available by Our Caring Hands to the beneficiary in connection with the project proposal Agreement, regardless of the form, format, or media on or in which the Confidential Information is provided and regardless of whether any such Confidential Information is marked as such. Confidential Information includes, by way of example only, information that the beneficiary views, takes notes from, copies (if Our Caring Hands agrees in writing to permit copying), possesses or is otherwise provided access to and use of by Our Caring Hands in relation to the project proposal Agreement.
2. Beneficiary shall not, without Our Caring Hands’ prior written consent, copy, disclose, publish, release, transfer, disseminate, use, or allow access for any purpose or in any form, any Confidential Information provided by Our Caring Hands except for the sole and exclusive purpose of performing under the project proposal Agreement. Beneficiary shall limit access to the Confidential Information to the beneficiary Personnel who have a demonstrable need to know such Confidential Information in order to perform under the project proposal Agreement and who have agreed in writing to be bound by the disclosure and use limitations pertaining to the Confidential Information. The names of the Beneficiary Personnel are attached hereto and made a part hereof as Exhibit A. Each individual whose name appears on Exhibit A shall execute a copy of this Agreement and thereby be subject to the terms and conditions of this Agreement to the same extent as the Beneficiary. Beneficiary shall update Exhibit A by adding additional names as needed, from time to time.



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Individual Funding Request Application

3. If the Beneficiary intends to disseminate any portion of the Confidential Information to non-employee agents who are assisting in the TO Contractor's performance who will otherwise have a role in performing any aspect of the project proposal, the Beneficiary shall first obtain the written consent of Our Caring Hands to any such dissemination. Our Caring Hands may grant, deny, or condition any such consent, as it may deem appropriate in its sole and absolute subjective discretion.
4. Beneficiary hereby agrees to hold the Confidential Information in trust and in strictest confidence, to adopt or establish operating procedures and physical security measures, and to take all other measures necessary to protect the Confidential Information from inadvertent release or disclosure to unauthorized third parties and to prevent all or any portion of the Confidential Information from falling into the public domain or into the possession of persons not bound to maintain the confidentiality of the Confidential Information.
5. Beneficiary shall promptly advise Our Caring Hands in writing if it learns of any unauthorized use, misappropriation, or disclosure of the Confidential Information by any of the Beneficiary Personnel or the Beneficiary former Personnel. Beneficiary shall, at its own expense, cooperate with Our Caring Hands in seeking injunctive or other equitable relief against any such person(s).
6. Beneficiary shall, at its own expense, return to the Department, and all copies of the Confidential Information in its care, custody, control or possession upon request of the Department or on termination of the Beneficiary.
7. A breach of this Agreement by the Beneficiary or by the Beneficiary Personnel shall constitute a breach of the project proposal Agreement between the Beneficiary and Our Caring Hands.
8. Beneficiary acknowledges that any failure by the Beneficiary or the Beneficiary Personnel to abide by the terms and conditions of use of the Confidential Information may cause irreparable harm to Our Caring Hands and that monetary damages may be inadequate to compensate Our Caring Hands for such breach. Accordingly, the Beneficiary agrees that Our Caring Hands may obtain an injunction to prevent the disclosure, copying or improper use of the Confidential Information. The Beneficiary consents to personal jurisdiction in the Maryland State Courts. Our Caring Hands' rights and remedies hereunder are cumulative and Our Caring Hands expressly reserves any and all rights, remedies, claims and actions that it may have now or in the future to protect the Confidential Information and/or to seek damages from the Beneficiary and the Beneficiary Personnel for a failure to comply with the requirements of this Agreement. In the event Our Caring Hands suffers any losses, damages, liabilities, expenses, or costs (including, by way of example only, attorneys' fees and disbursements) that are attributable, in whole or in part to any failure by the Beneficiary or any of the Beneficiary Personnel to comply with the requirements of this Agreement, the Beneficiary shall hold harmless and indemnify Our Caring Hands from and against any such losses, damages, liabilities, expenses, and/or costs.



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Individual Funding Request Application

9. Beneficiary and each of the Beneficiary Personnel who receive or have access to any Confidential Information shall execute a copy of an agreement substantially similar to this Agreement and the Beneficiary shall provide originals of such executed Agreements to Our Caring Hands.

10. The parties further agree that:

- a) This Agreement shall be governed by the laws of the land and Our Caring Hands bylaws;
- b) The rights and obligations of the Beneficiary under this Agreement may not be assigned or delegated, by operation of law or otherwise, without the prior written consent of Our Caring Hands;
- c) Our Caring Hands makes no representations or warranties as to the accuracy or completeness of any Confidential Information;
- d) The invalidity or unenforceability of any provision of this Agreement shall not affect the validity or enforceability of any other provision of this Agreement;
- e) Signatures exchanged by facsimile are effective for all purposes hereunder to the same extent as original signatures; and
- f) The Recitals are not merely prefatory but are an integral part hereof.

Applicant Signature

Date:



Individual Funding Request Application

Execution of Funding Application

I am _____ Date of Birth _____, undersigned,
certify that I agree to the above terms and conditions and acknowledge the Confidentiality of this application
and executed on the,.....day of.....

Applicant Signature

Date:

DO NOT WRITE BELOW THIS LINE			
Approved Amount		Date Disbursed	
Denied: Reason for Denial			
Approved By		Signature	
Date			