

Modest Needs Foundation – Funding Packet Sample

Original Application Information:

Request 38199: Move Car's Gas Pedal
Applicant: Michael McConnell, North Platte, NE 69101
E-mail: msmcconnell@charter.net

Request Details: About a month ago I became a below the knee right leg amputee. I need to move the gas pedal in my car to the left side of the brake. I can't drive until I get this done. My wife has to drive me everywhere I need to go. As soon as I can get the pedal moved I can go back to work full time. Thank you for your consideration of my request.

Amount Requested: \$319.00
Amount Funded: \$319.93

Date Requested: 06/01/2004
Date Funded: 06/07/2004
Check Number: 2106
Paid To: Master's Transportation Inc/Autocare Center

Related Testimonial: A very blessed thank you to all whom have donated to Modest Needs. Thanks to your generosity, Modest Needs has enabled the transformation of the gas pedal in my car from right foot to left, enabling me to have transportation to return to work after my right leg amputation. We intend to support and spread the news of the good work done by Modest Needs, praying that others will follow our lead. Thank you again, Mike, Marge and Michael McConnell

Documentation Requested via offer of assistance:

1. Proof of Identity in the form of a copy of state-issued photo ID
2. Proof of Address in the form of a utility bill, mailed to applicant's address
3. Proof of Employment and Income in the form of applicant's most recent pay stub.
4. Proof of Applicant's Circumstances, in the form of a letter from applicant's physician verifying his condition as a recent below-the-knee amputee
5. Proof of Expense and Amount Needed, in the form of an estimate from a certified mechanic for the parts & labor necessary to replace a right-foot gas pedal with a left-foot gas pedal.

Modest Needs Documentation Package, Page One: Modest Needs' Cover Sheet – For Filing Purposes

Modest Needs - 38199

Page 1 of 1

Modest Needs Foundation

PO Box 330307
Nashville TN 37203-7502
USA
<http://modestneeds.org/>
keith@modestneeds.org

Request 38199 : Move car's gas pedal

Requested by

Alias: FiremanMike (45858)
Email: mrmccornell@charter.net
Name: Michael McConnell
Street: [REDACTED]
Location: North Platte (NE) 69101
Country: USA
Home phone: [REDACTED]

Request details:

Date requested	2004-06-01
Amount requested	\$319.00
Status	Funded
Amount funded	\$319.93
Date funded	2004-06-07
Paid To	Master's Transportation, Inc/Autocare Center
Payment Mode	Check
Check number	2106

Modest Needs Documentation Package, Page Two: Applicant's Fax Cover Sheet

JUN-17-04 THU 4:01 PM B&D OFFICE CITY

FAX NO. 308 534 7534

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38199 - COVER SHEET

FAX COVER SHEET

Michael S. McConnell

North Platte, NE 69101

Send to: Modest Needs	From: Michael S. McConnell
Attention: Dr. Keith P. Taylor	Date: June 17, 2004
Fax number: 718-768-3680	Reference Request Number: 38199

Urgent Reply ASAP Please comment Please review For your information

Total pages, including cover: 6

Comments:

Dr. Taylor:

Please find on the following sheets the documentation you requested.

If you have any questions, please feel free to contact me anytime via E-mail or phone.

Thank you for your time.

Sincerely,



Michael S. McConnell

msmcconnell@charter.net

Modest Needs Documentation Package, Page Three: Applicant's State-Issued Photo ID

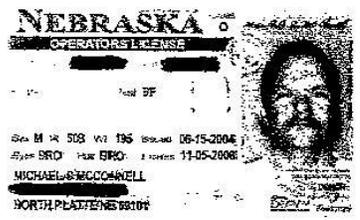
Mr. McConnell's Nebraska State Driver's License, as requested.

38199-
PHOTO ID

JUN - 7 04 PM 4:02 PM REG OFFICE CIV

P.A. No. 308 034 7034

P. 3



Modest Needs Documentation Package, Page Five: Proof of Circumstances Surrounding Request

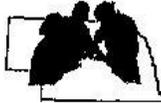
Letter from Mr. McConnell's physician, verifying his status as a recent amputee, as requested:

JUN-17-04 THU 4:03 PM B&D OFFICE CITY

FAX NO. 308 534 7534

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Surgical Consultants of North Platte, LLC
209 McNeel Lane
North Platte, NE 69101-6054



Telephone: (308) 534-6422
Toll-Free: (888) 806-6422
Facsimile: (308) 534-6320

6/16/04

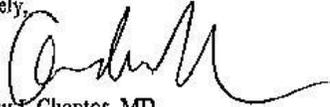
Michael S. McConnell
DOB 11/5/64
#6038

To Whom It May Concern:

Mr. McConnell underwent a below-the-knee amputation for diabetic foot infection. A right below-the-knee amputation was performed 3/23/04.

Mr. McConnell is asking that I dictate this note as documentation for modifications for his automobile. If further questions arise, I am available for comment.

Sincerely,



Andrew J. Chontos, MD

38199 - PROOF OF CIRCUMSTANCES
SURROUNDING REQUEST

Modest Needs Documentation Package, Page Six: Proof of Expense Amount

Estimate from Master's Transportation/Autocare Center for installation of left-foot gas pedal, as requested:

CUSTOMER NAME		PART NO. - DESCRIPTION		AMOUNT
1		3570	Left Foot Gas Pedal	210.00
				
MASTER'S TRANSPORTATION, INC. NAPA TRUCK SERVICE CENTER 6430 EAST HWY. 30 KEARNEY, NE 68847 1-308-236-6363				
NAME: <u>Michael McConnell</u>		DATE: <u>6/14/84</u>		A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>
ADDRESS: <u>North Platte NE 69101</u>		SAVE PARTS TO BE REUSED <input type="checkbox"/>		ALL PARTS RETURNED TO BE REUSED <input type="checkbox"/>
YEAR AND MAKE: _____		TYPE OF LABEL: _____		CUSTOMER ORDER NO. _____
MILEAGE IN: _____	MILEAGE OUT: _____	LICENSE NO. _____	PRELUBED <input type="checkbox"/>	PHONE HOME <input type="checkbox"/>
ORIGINAL ESTIMATE NO. _____	CUSTOMER APPROVAL _____	AUTHORIZED ADDITIONS _____	DATE/TIME _____	AUTHORIZED BY _____
OPEN NO. _____	LABOR INSTRUCTIONS			AMOUNT
1. Install Left Foot Gas Pedal				1.25 HR. 81.25
CITY: _____	SUBLET: _____	AMOUNT: _____		
TOTAL SUBLET				
WE RECOMMEND THE FOLLOWING SERVICES THEY ARE LISTED BY THEIR URGENCY				
LUBRICATION <input type="checkbox"/> CHANGE OIL <input type="checkbox"/> OIL FILTER <input type="checkbox"/>				
Gas. Oils <input checked="" type="checkbox"/>				
Gas. Oil <input checked="" type="checkbox"/>				
Gas. Trans. Fl. <input checked="" type="checkbox"/>				
Lbs. Grease <input checked="" type="checkbox"/>				
TOTAL				
				Freight 12.00
				Total Labor 81.25
				Total Parts 20.00
				Total Sublet
				Environment Charges
				Shop Supplies
				Gas, Oil, Grease Trans. Fl.
				Sub Total 303.25
				TAX 16.68
				TOTAL AMT. 319.93

I hereby authorize the repair work herein set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control or the original dealer's control. The availability of parts is subject to shipments by the supplier or manufacturer. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or repair. All repairs performed by me to be fully acknowledged on above vehicle to ensure the amount of repair charges.

PEACE OF MIND WARRANTY
 90 - MONTHS / 10000 - MILES
 180 - MONTHS / 20000 - MILES
 REPAIR PAID WITH PAYMENT VISA
 LAST 4 DIGITS _____

Customer Signature _____

JOB 17-105 - RU 4:04 PM NEW VEHICLE SALES
 38173 - INVOICE FOR REPAIR
 JAM RW 309 315 7/29
 P. 0

Modest Needs Documentation Package, Page Seven: Copy of Funding Check

A copy of the actual Modest Needs Foundation check which was sent to Mr. McConnell, made payable to Master's Transportation, to facilitate installation of his left-foot gas pedal. Sensitive information has been deleted for obvious reasons. Note the endorsement of 'Master's Transportation.'

38122 - ACTUAL FUNDING CHECK

Modest Needs Foundation
Charitable Disbursements

PO Box 330307
Nashville, TN 37203

Bank Of America
Nashville, TN 37203

2106

87-2640 T
15E

Pay to the Order of Master'S Transportation Inc.

Master'S Transportation Inc.
NAPA Truck Service Center
6430 East Hwy 30
Kearney NE 68847

Exactly

Three Hundred Nineteen And 93/100 *****
Dollars

6/21/2004

*****319.93

Memo: 38199 - Michael S. McConnell

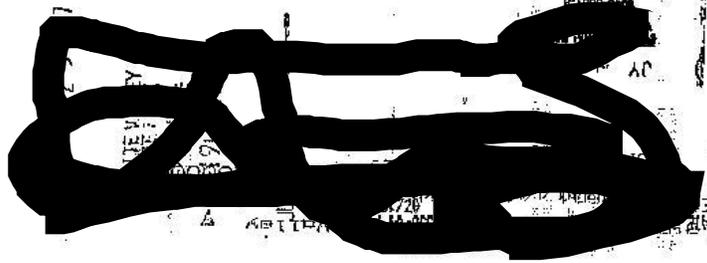


[REDACTED]

PLEASE RECORD WITH

For Deposit Only
MASTER'S TRANSPORTATION
#129-881-1

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE



BOB DYLAN
AC