



Commonwealth Community Trust's 2015 Charitable Fund Award

Commonwealth Community Trust (CCT) established the Charitable Fund Award to provide funds for equipment, medication, and/ or services to individuals with disabilities who demonstrate a financial need and reside in Virginia. The maximum amount of the award per individual in 2015 is \$1,000.

The application must be completed and verified by a representative from a nonprofit organization or public agency that serves people with disabilities. A maximum of 10 applications will be accepted from one organization or agency.

This program is not intended to pay off a recipient's debts, to fund services that are normally provided at no cost to the recipient, or to provide a general source of income to the recipient or to the applying organization/agency.

Timeline: Applications will be submitted online through the CCT website. The deadline for applications to be submitted is February 27, 2015. The organization representative will be notified by April 15th of the award decision. For funded applications, an award check will be made payable to the vendor noted on the application. Award checks will need to be cashed by August 2015.

Evaluation criteria: A committee of CCT staff and Board Members will review applications based on how the request will impact the recipient's quality of life. Preference will also be given to those requests that:

- demonstrate a lasting impact (versus a short-term benefit),
- are for a one-time expense (versus an ongoing expense), and
- cover the entire cost of the equipment, medication, or service requested.

Before submitting an application, please check the following requirements:

- The recipient lives in Virginia and has a disability that meets the SSA definition of disabled*.
- The recipient meets Federal poverty guidelines** and/or receives SSI and/or Medicaid benefits.
- The application was completed and verified by a representative from a nonprofit organization or public agency that serves people with disabilities.

- The funds being requested are for the purchase of either equipment or medication or services (not paid for by Medicaid, private insurance, or another source of funds) that will increase the Recipient's ability to perform activities of daily living, or to perceive, control or communicate within the environment in which he or she lives.
- A price quote or estimate is attached.
- The vendor will accept a check. This is NOT a third party check. It is made payable directly to the vendor.
- Other sources of funds have been exhausted, denied or are unavailable.

* Disability for adults is defined as the inability to engage in "substantial gainful activity." There must be a physical or mental impairment that can be expected to last at least 1 year. A child must have a physical or mental condition that very seriously limits his or her activities and is expected to last at least 1 year.

** 2014 HHS Poverty Guidelines: <https://aspe.hhs.gov/poverty/14poverty.cfm>

Application

Recipient Information

Recipient Name:

Is the recipient disabled by the SSA definition?

- Yes
- No

Does the recipient meet the Federal poverty guidelines?

- Yes
- No

Does the recipient receive SSI?

- Yes
- No

Does the recipient receive Medicaid?

- Yes
- No

Describe the recipient's disability:

Item or Service Requested

The recipient is requesting:

- Medication
- Equipment
- Service
- Other

Describe the item or service requested:

Total cost of item or service requested:

Amount requested:

If total cost is greater than \$1,000, how will the balance be paid?

Please identify and describe any ongoing costs associated with this request.

Please attach supporting documentation for the amount you are requesting, such as an invoice or quote.

How will this request, if funded, make a difference in the recipient's life?

Payment Information

If this request is funded, a check payable to a vendor that provides this equipment, medication or service will be issued and sent to the applying organization representative for distribution.

Vendor Name:

Vendor Address:

City:

State:

Zip Code:

APPLICATIONS **MUST** BE RECEIVED BY DSANV BY **FEBRUARY 25**. YOU MAY EMAIL THEM TO heathert@dsanv.org

OR MAIL THEM TO OUR OFFICE: 2755 HARTLAND ROAD, STE 200, FALLS CHURCH, VA 22043