



Commonwealth Community Trust's 2016 Charitable Fund Award
Provided for Informational Purposes Only – Subject to Change

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 2016 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 an 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 application period is from January 4 - February 26, 2016. 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 2016.

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 from the vendor 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.

** 2015 HHS Poverty Guidelines: <http://aspe.hhs.gov/poverty/15poverty.cfm>

Contact Rae Munz at rmunz@trustcct.org with questions or for assistance with the application.

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 upload support for the amount you are requesting, such as an invoice or quote FROM THE VENDOR.

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

4. Request Impact

Please fully explain how this request will impact the quality of life of the recipient. Keep in mind this is important information.

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

5. 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

6. Verification

I have confirmed that

- this is a critically-needed request, and
- that all other funding options have been exhausted, and
- that the Vendor listed above will accept a check.

Full Name

**Completed applications must be submitted online at trustCCT.org
no later than Friday, February 26, 2016 at 11:59 pm.**