



Commonwealth Community Trust’s 2017 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 2017 is \$1,000.

The application must be completed online and verified by a representative from a nonprofit organization or public agency that serves people with disabilities. A maximum of 10 applications may be submitted from each 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, to pay for utility bills, or to provide a general source of income to the recipient or to the applying organization/agency.

Timeline

April 3 to May 15, 2017	Online Application Period Open
May 16 to June 30, 2017	CCT Reviews and Processes Applications
On July 10, 2017	CCT Notifies Applying Organizations’ Representatives
By August 14, 2017	Vendor Checks Mailed to Applying Organizations’ Representatives for Award Recipients
August 14, 2017 to February 14, 2018	Goods Purchased or Services Performed for Award Recipients
February 14, 2018	Outstanding Vendor Checks Voided#

#Note: For funded applications, an award check will be made payable to the vendor noted on the application. *Award checks must be cashed within 180 days of issue date to prevent forfeiture.*

Evaluation criteria: A committee of CCT staff, Board Members and volunteers 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.
- 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.
- Attached to the application is a price quote or estimate from the vendor.
- Confirm the vendor will accept a check made payable directly to the vendor. This is NOT a third party check.
- Confirm that 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.

** 2017 HHS Poverty Guidelines: <http://aspe.hhs.gov/poverty-guidelines>

Contact Cheryl Carlyon via email (ccarlyon@trustCCT.org) with questions.

2017 CCT Charitable Fund Award Application

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IMPORTANT: Applications must be completed and submitted online at <https://cct.fluidreview.com/> no later than May 15, 2017 at 11:59 pm EST. The application must be completed online and verified by a representative from nonprofit organization or public agency that serves people with disabilities. A maximum of 10 applications may be submitted from each organization or agency.

1. Applying Organization's Information (that serves people with special needs)

Type of Organization:

- Nonprofit Tax ID # _____
- Government Agency:

Organization Name:

Organization Mailing Address:

Organization Website:

Applicant Representative's Name:

Applicant Representative's Title:

Applicant Representative's Telephone:

Applicant Representative's Email:

2. Recipient Information and Eligibility

Recipient Name: SSN#: Recipient Age:

Recipient City and State of Residence:

Indicate "Yes" to all that apply:

- Recipient meets the SSA definition of disability.
- Recipient meets the Federal poverty guidelines.
- Recipient receives SSI.
- Recipient receives Medicaid.
- Recipient receives a Medicaid waiver. If yes, please identify:

3. Item or Service Requested

The recipient is requesting: Equipment Medication Service

Describe the item or service requested:

Total cost of item or service requested:

Amount requested:

If the amount needed for the request is greater than \$1,000, provide an attachment that identifies the source of funding that will made up the difference.

Are there ongoing costs associated with this request? Yes No

If yes, briefly describe these costs and the source of funding:

Upload an invoice or quote FROM THE VENDOR that supports the request.

4. Request Impact

Describe the nature of the recipient's disability:

Describe how receiving this equipment, medication or service will make a difference in the recipient's quality of life:

5. Payment Information for approved grants

A check will be made payable to the vendor and sent to the agency representative to distribute.

Vendor Name

Vendor Mailing Address

Note: It is the agency representative's responsibility to ensure the check is processed within 180 days of issue date or to write VOID and mail the check to CCT. For whatever reason, if a check cannot be used for the original purpose intended, please return voided check to CCT.

6. E-Signature of Representative of Nonprofit or Public Agency

This document must be completed and verified by a representative from a public agency or nonprofit organization that serves individuals with disabilities. Parents or guardians may NOT submit an application on behalf of a potential recipient of goods or services.

I confirm that:

- this is a critically-needed request, and
- all other funding options have been exhausted, and
- the Vendor listed above will accept a check, and
- I have uploaded a vendor invoice or quote supporting the request.

Full Name of Representative of Nonprofit or Public Agency (E-Signature).