



# COMMUNITY FUND OHIO

## Grant Application for Former Beneficiary of Community Fund Trust

### **STEP 1: PLEASE READ THE FOLLOWING INSTRUCTIONS**

#### **HOW TO SUBMIT AN APPLICATION**

The enclosed application form must be filled out completely, typed or legibly written in black or blue ink, single-sided, and on 8.5x11" paper. No more than twenty (20) single-sided pages will be accepted. Completed applications should be sent to Community Fund Ohio's Administrative office via regular mail or fax (not email):

**Attn: Grants  
Community Fund Ohio  
17900 Jefferson Park, Suite 102  
Middleburg Heights, OH 44130  
Phone: (216) 736-4540  
Fax: (216) 867-9783**

#### **WHEN TO APPLY AND HOW APPLICATIONS WILL BE REVIEWED**

Applications may be sent to Community Fund Ohio at any time but will be reviewed after the end of each quarter. Community Fund Ohio's deadline to receive completed applications is the last day of each quarter as follows:

**March 31, June 30, September 30, and December 31.**

Each applicant will receive a confirmation letter within 2-3 weeks after the application is received. If an application is incomplete or lacks required supporting documents, the sender will be notified if the sender's information can be identified. Applications that remain incomplete or are missing supporting documents at the quarterly deadline will be denied.

Community Fund Ohio's Planning Committee will review all complete, submitted applications on a quarterly basis after March 31, June 30, September 30, and December 31. Only those applications that are complete and that meet all eligibility criteria and requirements will be considered for approval. However, the Committee has complete discretion to approve or deny any application, even if it meets all requirements.

Each applicant shall be notified of the Committee's decision within forty-five (45) days after the end of the quarter. Applicants who receive a denial may submit a new application in a future quarter.

Due to the quarterly review and approval schedule, available funds could be exhausted before the end of the calendar year, so it may be in applicants' best interest to submit applications early in the calendar year.

## Grant Application for Former Beneficiary of Community Fund Trust

### **STEP 2: COMPLETE THIS CHECKLIST TO DETERMINE ELIGIBILITY**

1. Is the Grant Applicant a former beneficiary of a Trust administered by Community Fund Management Foundation d/b/a Community Fund Ohio?

**NO** – Stop. This grant application is only for individuals who previously had a Community Fund Trust and have depleted that Trust.

**YES** – Continue.

If YES, please provide the Trust Agreement Number: \_\_\_\_\_

2. Does the Grant Applicant currently live in Ohio?

**NO** – Stop. Grants are available only for Ohio residents.

**YES** – Continue.

3. Does the Grant Applicant currently have a disability?

**NO** – Stop. Grants are available only for people with disabilities.

**YES** – Continue.

4. Is a grant being requested to pay for an item or service that a Community Fund Trust could approve?

**NO** – Stop. Grants are available only for items and services that a Community Fund Trust could approve.

**YES** – Continue.

**If you answered YES to ALL questions above, this Application is for:**

**Grant for Former Beneficiary of Community Fund Trust (\$1,500 lifetime maximum)**

If you answered NO to ANY questions above, you are not eligible for this type of grant. Please visit Community Fund's website for information on our other grant types.

**Please note that the following categories are excluded or limited:**

- Grant requests to pay probate court or other court fees will not be considered.
- Grant requests to pay for ABA Therapy will not be considered.
- Grant requests to pay past due balances may be considered but other applications will be given priority.

**STEP 3: COMPLETE ALL OF THE FOLLOWING INFORMATION**

**A. Grant Applicant**

This application is for the following Ohio resident with a disability:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Has a Community Fund grant application been previously submitted for this Applicant?

NO  YES

→ If YES, what was the outcome of the previous application?

\_\_\_\_\_ Denied \_\_\_\_\_ Approved \$ \_\_\_\_\_ Amount Awarded

**B. Submission Applicant**

This application is being submitted by the following person: (*check one*)

\_\_\_\_\_ Grant Applicant listed above (*Skip to section C on page 4 of this packet*)

\_\_\_\_\_ Parent / Immediate Family Member of Grant Applicant

\_\_\_\_\_ Legal Guardian of Grant Applicant (*Attach a copy of the Letters of Guardianship*)

\_\_\_\_\_ Community Fund Designated Advocate for Grant Applicant (*applies only to an Applicant who is a current or former Beneficiary of a Community Fund Trust*)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to Grant Applicant: \_\_\_\_\_

**Please initial to indicate your compliance with the following statement:**

**Initials:** \_\_\_\_\_ As the Submission Applicant, I certify that I have authority to apply for a grant on behalf of the Grant Applicant, and I am completing this application in good faith.

**C. Information Regarding Grant Applicant**

1. Please describe the Grant Applicant's disability: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. **Documentation of disability.** Please attach the following documentation to show that the Grant Applicant is an individual with a disability:
  - a. SSI or SSDI Award Letter or statement from the Social Security Administration dated within the past 12 months, showing the type of benefits received -OR-
  - b. Proof of Medicaid or Waiver approval dated within the past 12 months -OR-
  - c. The first page and signature page of an IEP, ISP, or IFSP dated within the past 12 months.
  - d. If the Grant Applicant cannot provide the documentation listed above but is a person who meets the Social Security Administration's definition of disability, please call Community Fund to determine what types of documentation may be accepted.

**List the documents attached that verify the Grant Applicant's disability (required):**

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

**D. Information Regarding Grant Request**

1. **Amount Requested:** \$ \_\_\_\_\_

***Please Note:*** A qualifying individual may submit multiple grant applications but cannot receive more than \$1,500 total for this grant type (Grant for Former Beneficiary of Community Fund Trust). An individual who qualifies for both this grant type and the separate Special Needs Grant with Financial Hardship may apply for both, but cannot receive more than \$5,000 total. **Please note that the Special Needs Grant with Financial Hardship requires a different application form.**

2. **Grant Check Information:** Grant checks will usually be issued directly to vendors and service providers, not to individual grant applicants. If this grant is awarded, the check should be made payable to the following vendor or service provider:

Vendor Name: \_\_\_\_\_

Contact Person (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

**Please note the following regarding issuance of grant checks:**

- Checks will be issued to no more than two (2) vendors or service providers.
- Grant checks can be issued to online vendors only if the vendor accepts third-party checks. Some online vendors do not. Please confirm with the vendor before applying.
- If requesting a grant check payable to someone other than a vendor or service provider, please explain here. Community Fund may not be able to honor all requests. Community Fund will not make grant checks directly payable to SSI recipients or others whose public benefits eligibility could be affected. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. **Documentation of vendor and cost.** Please attach the vendor's quote, invoice, bill, or receipt to support the dollar amount requested. The documentation must show the vendor's business name, address, and phone number; the itemized cost of the item or service to be funded; and if applicable, the dates that services will be provided.

**List the documents attached from the vendor (required):**

a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_

(APPLICATION CONTINUES ON NEXT PAGE)

4. **Reasons for Application.** Please answer each and every item below, “a” through “d.” Attach additional pages if necessary.

a. Explain reasons for grant request (why grant is needed, how Applicant will benefit).

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b. Describe any other financial resources available to pay for the item or service.

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c. If grant will not fully cover the cost, explain how Applicant plans to pay the balance.

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d. Provide any other information that will help the Committee understand the request.

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5. **Grants to pay for therapies.** If applying for funding for therapy services, the Applicant must submit a copy of a medical prescription or written recommendation from a licensed physician who is treating the Applicant's disability and is independent from the therapy provider. Applications lacking documentation to support a grant for therapy services will not be considered.

**List the documents attached for therapy funding requests (if applicable):**

a.

b.

c.

**By signing my name below, I understand and agree to the following:**

- All information provided in this grant application is true and accurate.
- Community Fund Ohio Individual Grants are limited to a lifetime total of either \$1,500 or \$5,000 per Grant Applicant, depending on grant type.
- To evaluate this grant request, Community Fund Ohio will rely solely on this application and on any written supplement to this application that I submit, not to exceed twenty (20) single-sided pages in total.
- If this application remains incomplete or lacks required supporting documents on the last day of the quarter in which it was submitted, it will be denied, and I will be notified.
- Community Fund Ohio is not responsible if it approves this grant request and the receipt of grant funds causes the recipient or his/her family to lose eligibility for government benefits or otherwise be penalized or harmed by the grant approval. The Submission Applicant is responsible for understanding the ramifications of approval.
- The Grant Applicant and the Submission Applicant will cooperate with Community Fund Ohio and provide requested documentation to confirm that the funds are being used for the requested and intended purpose, should this application be approved.
- In the event that this application is approved, the Grant Applicant agrees that Community Fund Ohio may disclose the approval, amount, and reason for the grant, but not the Applicant's name, address, or personal identification information, on Community Fund Ohio's website, annual report, or through other written or electronic means at Community Fund Ohio's sole discretion.

\_\_\_\_\_  
Signature of Submission Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Submission Applicant

*Note: Inked signature is required. If you are completing this form electronically, please print the completed version, sign in blue or black ink, and fax or mail to Community Fund Ohio. Community Fund Ohio does not accept grant applications by email. Please see page 1 of this packet for detailed submission instructions.*