

Project Description

Please provide the following information:

1. Describe the project, including the purpose of the project and goals.
2. Describe the need for the project, stating its significance to the applicant.
3. Provide a **detailed** project budget indicating costs and other funding sources approached.
4. Include copies of at least two estimates.
5. Identify sources of financial support for the ongoing operating costs of the project.

Your application can be mailed to:

Alleghenies United Cerebral Palsy
ATTN: Community Fund
119 Jari Drive, Suite 4
Johnstown, PA 15904

WE ALSO ACCEPT FAXED OR EMAILED APPLICATIONS

Website: www.scalucp.org

Phone: (814) 915-4055

Fax: (814) 262-7174

Email: dhockenberry@scalucp.org

Alleghenies United Cerebral Palsy has a privacy policy that protects personal information. Any personal information requested on this application will only be used to assist with the assessment of your grant application.

Deadline:

Alleghenies United Cerebral Palsy accepts applications throughout the year and will be reviewed three times per year by the review committee. Applications are reviewed in the order they are received. The Review Committee will meet every 4 months to review applications. There can be up to a three to four month period between receipt of the application and the Committee's decision on funding. Should there be an emergency or time sensitive request, the committee will come together on a case-by-case basis to make the decision to fund the request.

Note: Alleghenies United Cerebral Palsy will not accept more than one application from any individual within a 24 month period for grant approval.

Criteria:

Alleghenies United Cerebral Palsy will review applications for funding and determine the amount to be allocated, **not to exceed \$1,000 per request**, after considering the following:

- a. the individual applying is going through a hardship and seeking funds for a purpose deemed by the Committee to be of necessity for the individual to remain in the community

- b. the individual applying is in need of assistance in funding home modification needs not exceeding \$1,000
- c. the individual applying is in need of specialized medical equipment
- d. the individual has exhausted all other funding sources

Alleghenies United Cerebral Palsy will consider requests for:

- a. Assistance with Home Modifications
 - i. Ramps
 - ii. Stair Glides
 - iii. etc.
- b. Specialized Medical Equipment
 - i. Shower chairs
 - ii. Portable Ramps
 - iii. etc.
- c. Vehicle Adaptations
 - i. Assistive technology
 - ii. etc.
- d. Emergency Financial Assistance

Grants will not be available for the following:

- a. Bill Payment
- b. Funeral Funds
- c. Bathroom Modification
- d. Projects requesting larger than \$1000.00

Assessment Process:

Alleghenies United Cerebral Palsy will acknowledge the receipt of each grant application and will assign a reference number. PLEASE QUOTE YOUR ASSIGNED REFERENCE NUMBER ON ALL FUTURE CORRESPONDENCE WITH ALLEGHENIES UNITED CEREBRAL PALSY. Prior to moving to the Assessment Process, you will be contacted by AUCP's Referral Specialist to review the application and to provide other resources, if available.

Applications for funding are reviewed on the basis of written submissions only. All information supplied is treated as confidential. Alleghenies United Cerebral Palsy staff members are available for assistance with applications.

Funding decisions are made by the Community Fund review committee. Any committee member that is a friend or relative to the applicant will be excluded from voting due to conflict of interest. Alleghenies United Cerebral Palsy is flexible in its granting policy in order to be able to respond to changing needs in the community. Whether or not an individual receives a grant and the amount of such grant will be based at the discretion of Alleghenies United Cerebral Palsy.

During each review period, no more than \$2,000 will be given in total, with no more than \$1,000 disbursed per grant request. Once a grant request is approved by AUCP, all monies will be paid directly to the vendor/provider (ie. car repair shop, home modification company, etc). The applicant is accountable to ensure that monies and projects have been used/completed as stated. The committee will decide if the grant request will be partially or fully funded.

Alleghenies United Cerebral Palsy funds are not intended to substitute for existing sources of financial support. Alleghenies United Cerebral Palsy should be considered the payer of last resort after all other options have been exhausted. Grants may be approved at a level lower than that requested or approval may be given for only a specific part of a request.

Community Fund Application (page 1)

| | | |
|---|------------|----------------|
| For Office Use Only: | | |
| Date Received: | | Application #: |
| Applicant Information: | | |
| Name of Applicant: | | |
| Address: | City/Town: | Postal Code: |
| Phone: | Fax: | Email: |
| Individual filling out application, if different than applicant: | | |
| Name: | | Phone: |
| Email: | | |

In depth description of situation. Please answer the following:

- What is the need?
- When did this happen?
- Is this the first time?
- Whom all is involved?
- If a repair or addition to a rented home, was the landlord contacted to assist? Please include their contact information.)

All questions must be answered before the application can move forward.

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Community Fund Application *(page 2)*

Current Services: *(include any services being received at the time of submission)*

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Grant Request: *(must include at least 2 bids)*

1st Bid Agency / Contact Info:

2nd Bid Agency / Contact Info:

Project Summary: *(brief description below is required)*

Amount Requested:

Other Funding Sources: *(must have tried at least 2 other sources)*

| Agency/Source: | Amount Requested: | Response and why? |
|----------------|-------------------|-------------------|
| | | |
| | | |
| | | |

Assistance of Family/Friends: *(if available)*

| Name/Relationship: | How are they able to assist? |
|--------------------|------------------------------|
| None can assist | |
| | |
| | |

Please sign on following page.

Community Fund Application *(page 3)*

This application MUST be signed by the applicant requesting the funds and AUCP's CEO acknowledging that the information provided is accurate and complete. All monies will be paid directly to the vendor/provider of requested assistance. By signing below you are giving AUCP permission to contact the agencies that have been listed on this application on your behalf. The applicant is accountable to ensure that all monies for the project have been used in full as stated on this application. During review, if there are any questions AUCP will reach out to the individual filling out the application.

Tammy Rhoades

AUCP CEO Name (Printed)

CEO Signature

Date

Applicant Name (Printed)

Applicant Signature

Date

Photograph and Publicity Release:

Alleghenies United Cerebral Palsy will ask permission to use my name, likeness, image, voice, and/or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of *Alleghenies United Cerebral Palsy - Community Fund*. I understand that Alleghenies United Cerebral Palsy has complete ownership of such pictures, etc., including the entire copyright, and may use them for any purpose consistent with Alleghenies United Cerebral Palsy's missions. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including the Internet.

I, _____, give Alleghenies United Cerebral Palsy, permission to use my name, likeness, image, voice, and/or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of *Alleghenies United Cerebral Palsy- Community Fund*. I agree that Alleghenies United Cerebral Palsy has complete ownership of such pictures, etc., including the entire copyright, and may use them for any purpose consistent with the *Alleghenies United Cerebral Palsy's* missions. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including the Internet. I acknowledge that I will not receive any compensation, etc. for the use of such pictures, etc., and hereby release Alleghenies United Cerebral Palsy from any and all claims which arise out of or are in any way connected with such use.

I have read and understood this consent and release.

I give my consent to AUCP to use my name and likeness to promote the *Community Fund* program and/or their activities

I DO NOT give my consent to AUCP to use my name and likeness to promote the *Community Fund* program and/or their activities

Applicant (Parent/Guardian- if under 18) Signature

Date

Witness Signature

Date