



## January 2012 One-Time-Only Grant Application DUE 3:00 PM ON FRIDAY, JANUARY 26, 2012

**Family Care Network** is a program of Partners in Care Foundation which collaborates with Change a Life Foundation to assist low-income individuals who have experienced an illness, disability or catastrophic event with covering the cost of health and social service resources. Family Care Network serves as the liaison between the case manager referring the applicant and Change a Life. Family Care Network aligns the application to Change a Life's mission and manages the grant submission process. Once awarded Family Care Network manages the financial transactions and conducts the evaluation with the applicant, family and case manager.

**Change a Life Foundation** is a generous foundation with a mission *“to significantly help individuals and families who, through no fault of their own, have experienced an injury, illness, or catastrophic life event, and who are suffering financial hardship, by providing support for critically needed direct services that promote their self-sufficiency and improve their quality of life.”*

**Individual Grant Categories:** *Grant requests range from \$500 to \$7,500.* The following is a snapshot of eligible grants. Please contact us if a request is not listed but reflects the Foundation's mission and vision.

Grant Category	Examples of Grants Include but are not limited to...
<i>Children and Youth</i>	Orthodontia and dental treatment Specialized therapies Temporary Childcare Tutoring Vocational Training College Scholarships Adaptive equipment Medical Supplies and Medical Equipment
<i>Adults and Families</i>	In-home Medical Care Durable Medical Equipment Vocational Training Therapy (Physical, Speech, etc.) Communication Devices Domestic Violence and Grief Counseling Inpatient and Outpatient Healthcare
<i>Seniors</i>	Wheelchairs and Scooters Home Modifications and Repairs Hearing Aids Dental Care Shower Chairs Medications

### **General Grant Requirements**

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|--|---|
| <ul style="list-style-type: none"> <li>1) In need of assistance through no fault of the individual</li> <li>2) Last resort request</li> <li>3) Grant is for a critical need</li> <li>4) Catastrophic life event occurred</li> <li>5) Request is short-term (6 months)</li> </ul> | <ul style="list-style-type: none"> <li>6) Applicant is a documented resident or U.S. citizen (family's residency is not applicable)</li> <li>7) The grant will create real life change</li> <li>8) At or below HUD low income guidelines</li> <li>9) CALF has never funded the applicant</li> </ul> |
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**Catastrophic Life Events Include:** Accidents; Birth Defects; Illness or hardships due to old age; Survivors of domestic violence; Abuse of Children, Women and Elderly; Foster Care Placement; Acts of Nature; Victims of Criminal Acts; Developmental Disabilities; Physical Disabilities; Cognitive Disorders and Genetic Disorders.

**Grant Restrictions: *The following are not eligible for grants:***

- Individuals who are not U.S. citizens
- Individuals who are not documented residents
- New or used vehicles
- *Refurbished or used equipment*
- Repairs on vehicles with 100,000(+) mileage unless documentation supporting long-term reliability is provided by a mechanic
- Burial/funeral costs
- Past Debt (i.e. unpaid medical bills)
- Conditions related to risky behaviors or intentional harm (i.e. intravenous drug use, unprotected sexual intercourse)
- Substance abuse recovery services
- Household Appliances unless directly associated with the applicant’s health (i.e. refrigerator’s to store insulin)
- Legal Fees

**Requests for Home Modifications/Repairs**

- *Applicant or family must own the home (unless equipment is portable or removable, i.e. portable ramps)*
- Grant request cannot exceed \$5,000
- **A line of equity, refinancing and a reverse mortgage must be explored prior to submission (\*Supportive documents may be requested)**
- If an applicant has more than \$100,000 in home equity and is unwilling to draw upon it, then the grant application will not be considered.
- ***Equipment installed cannot be used or refurbished***
- Proposed bid for service needs to be provided by a licensed contractor with a valid California license

**Requests for Tutoring**

- Requests for are limited to youth, 11 years of age or older, who are currently receiving case management
- Provide documentation from the applicant’s school that this level of tutoring is needed
- Demonstrate how the family is committed to taking the child to their appointments

**Requests for Rent:** Family Care Network does not cover the cost of rent except in the following circumstances:

- Client or family fleeing domestic violence
- Elderly client facing eviction
- Transitional/Emancipated foster care youth who demonstrate financial responsibility

**Household Income Guidelines:** Applicants must fall at or below the following income levels for the county of residence. All family members/individuals living with the applicant must be listed on the income grid of the grant application. \*\*Please note this is a partial list. We service all counties in California. For additional counties:

<http://www.huduser.org/datasets/il/il2009/2009summary.odn>

City or County	1 person	2 person	3 person	4 person	5 person	6 person
Los Angeles	\$46,400	\$53,000	\$59,650	\$66,250	\$71,550	\$76,850
Orange County	\$52,050	\$59,450	\$66,900	\$74,300	\$80,250	\$86,200
Riverside	\$36,400	\$41,600	\$46,800	\$52,000	\$56,200	\$60,350
San Diego	\$44,000	\$50,250	\$56,550	\$62,800	\$67,250	\$72,850
Ventura	\$48,300	\$55,200	\$62,100	\$68,950	\$74,500	\$80,000
San Bernardino County	\$36,400	\$41,600	\$46,800	\$52,000	\$56,200	\$60,350
Kern County	\$31,550	\$36,050	\$40,550	\$45,050	\$48,700	\$52,300

**Emergency Grants:** Change a Life Foundation provides the means to respond to true emergencies (life threatening) that occur between scheduled Board Grant Review meetings. *Response is made within one week.* Consult Family Care Network at (818) 837.3775 ext. 139 prior to grant submission.

### **Grant Application Instructions**

Please **Email AND Mail OR Fax** one copy of the entire grant application.

**INCOMPLETE APPLICATIONS ARE NOT ACCEPTED:**

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|---|---|
| 1) Grant Application  | 5) Two Vendor Bids                          |
| 2) <b>Grant Narrative (Must be typed and emailed to <a href="mailto:mlove@picf.org">mlove@picf.org</a>)</b> | 6) Supplemental Information (if applicable) |
| 3) Grant Budget   | 7) Signed Grant Check List                  |
| 4) Vendor Worksheet   | 8) Signed Testimonial and Photo Release     |

### **Grant Attachments**

1. Bids/Quotes for Service: If requesting funds for equipment or outside professional services, two vendor bids must be provided. Describe your research process and list all quotes on worksheet one of the request form. Both quotes which cannot be more than 90 days old. Please try to negotiate reduced fees. When using a Change a Life Foundation preferred vendor, only one quote is required. PREFERRED VENDOR LIST: [http://www.changealife.org/resources/change\\_a\\_life\\_resources\\_vendors.aspx](http://www.changealife.org/resources/change_a_life_resources_vendors.aspx)
2. Each quote cannot exceed the requested grant amount (i.e. one bid bids at \$5,000 and one at \$4,500 from two different contractors because home modifications are capped at \$5,000)
3. If the bid exceeds the grant maximum (i.e. \$7,500 for a van lift) then there needs to be a detailed plan in place prior to application (supported by written documentation from a bank, another funding source, etc.) as to how the remaining balance will be covered (i.e. A \$9,000 vehicle modification: \$6,000 to be requested by Change a Life Foundation with \$1,000 donation from client's church and \$2,000 provided by applicant's Regional Center)
4. A completed and signed checklist

**Follow-Up Requirements:** A follow-up report must be conducted by the referring case manager with input and feedback from the grantee and his/her family. ***Please email or mail the Follow-Up Report no later than 5 months following the initial award date.***

- A brief impact narrative – a descriptive paragraph about the impact on the beneficiary of the funded services.
- All receipts for expenditure of grant funds.
- A photograph of the beneficiary (whenever possible and if appropriate)
- A photo release form. Change a Life Foundation Board and Grant Committee appreciates hearing from their grantees, specifically how the grant changed their life. Any correspondence to inform and update the board and grants committee is greatly appreciated.
- **A thank you card addressed to Change a Life Foundation in acknowledgement of their help. The Foundation appreciates receiving these. Family Care Network will provide a thank-you card and self-addressed stamp envelope to the grantee to complete. We ask that the referring case manager coordinates this. The referring case manager can write and sign the card on behalf of the grantee if the grantee be unable to write a note.**

## APPLICANT INFORMATION

**Date of Request:** \_\_\_\_\_

Last Name:	First Name:	Date of Birth:
Address:	City:	Zip Code:
Telephone #:	Lives Alone?	# of people in household:
Marital Status:	Health Insurance:	U.S. Citizenship Status:
Monthly Income: \$	Source of Income:	Social Security #:

Ethnicity (check one): <input type="checkbox"/> Latino <input type="checkbox"/> Caucasian <input type="checkbox"/> Native American Indian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> African American <input type="checkbox"/> Other, please specify:		
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Advocate:	Referral Agency:	Telephone:
Fax:	Email:	Years Known:

**Applicant's Monthly Budget** *(If the applicant 17 years of age or younger, please complete this section on behalf of applicant's primary caregiver):*

Checking Acct Balance: \$	Savings Acct. Balance.: \$	Assets (List item and amount) (i.e. car, home, 401-K plan):
<input type="checkbox"/> Rent <input type="checkbox"/> Mortgage: \$ /month	Utilities: \$	Groceries: \$
Medications: \$	Health Insurance Premium: \$	Auto Payment and/or Insurance: \$
Property Taxes: \$	Currently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If unemployed, since when?</i>
Current Occupation <i>(if unemployed, list previous occupation):</i>	Employer <i>(if unemployed, list previous employer):</i>	If unemployed, anticipated date of return to work:

**Grant Request:**

Amount Requested (Vendor Invoice with Vendor Address must be attached): \$
Service/Item Requested:
Matching Funding? \$
Source:
Selected Vendor Name and Address:
Selected Vendor Contact Name and Telephone #: _____ # ( )

***Income Grid:*** Please complete the following grid on behalf of all individuals living in the household with the grant applicant. **\*\*Please include if employment is part-time or full-time in addition to the name of the employer. (i.e. Librarian for Green Street Elementary School)**

Applicant & Family Members	Income Source and Type of Employment	Age	Relation to Applicant	Gross Yearly Income	Dependent?
<b><i>*All individuals living in the household with the applicant need to be listed. Please include SSI, SSD, SS, AFDC, IHSS, Savings, Pension, Retirement, or Family/Friend Monetary Assistance.</i></b>					
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
Total Household Gross Annual Income:					

Please Mark One:             Rent Home            Monthly Amount of Rent:            \$ \_\_\_\_\_

Own Home            Monthly Amount of Mortgage:            \$ \_\_\_\_\_

If the individual or family owns the home please indicate the equity available:            \$ \_\_\_\_\_

If the individual or family owns their home, please indicate its current value: \$ \_\_\_\_\_

City of Residence: \_\_\_\_\_ County of Residence: \_\_\_\_\_

***Proposed Budget***

***\*\*Please ensure that the selected vendor confirms availability and all costs (i.e. tax, shipping/handling)***

<b><u>Item(s)</u></b>	<b><u>Amount</u></b>
	\$
	\$
	\$
	\$
<b>Shipping and Handling (If Applicable)</b>	\$
<b>Tax</b>	\$
<b>TOTAL AMOUNT REQUESTED</b>	



Referral Organization: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

This checklist is provided for case managers to confirm the eligibility of clients and acknowledge program policies and procedures. Please check off all appropriate boxes and sign to verify that all grant application information is correct. ***If you cannot check all boxes in each number, this request is ineligible.***

**I. Individual**

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- Is seriously ill, injured, disabled or has experienced a catastrophic life event.
- Experienced circumstances through no fault of his/her own.
- Cannot afford the cost of needed services, either through private or public resources, and this request is the last resort.
- Is a U.S. citizen or documented resident.

**II. Purpose of Grant**

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- To provide a critically needed treatment, service or equipment that will significantly improve the client's self-sufficiency and quality of life.
- To provide short-term assistance (no longer than 6 months).
- To provide one-time assistance

**III. Grant Funds Requested**

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- Amount requested is between \$500-\$7,500.00
- Every question in the grant narrative have been addressed and answered.
- Cost of equipment or service is specified in the attached grant request.
- Subcontractors or coordinated services by another service provider are secured at the lowest cost available, researched with 2 vendor quotes. Both vendor quotes are attached along with worksheet one.
- No funds are requested for agency administration or overhead.

**IV. Disbursement and Care Management Follow-up**

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- Funds will be disbursed to vendors only; no cash awards will be made to individual clients.
- The case manager will actively manage delivery of services until the grant service is complete.*** Follow-Up Reports will be submitted by the case manager once grant service has been completed. All receipts or invoices for funds disbursed will be attached.
- The case manager will provide a brief impact narrative, any feedback from the beneficiary, and a photo of the beneficiary (if appropriate) by the end of the stated grant term.

Advocate's Name and Title with Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**GRANT RECIPIENT TESTIMONIAL**  
**PHOTOGRAPHY RELEASE FORM**  
*used with follow-up reporting materials*

I hereby release, authorize and give full consent to the Change A Life Foundation to publish and display my grant recipient information as well as any photographs in which myself, spouse and or children appear.

It is further agreed that Change A Life Foundation may use or cause to be used such material for, or in, visual displays, any exhibitions, internet web pages or publication for the purpose of communication to non-profit charitable partners of the Change A Life Foundation and the general public, provided that Change A Life Foundation is credited when such material is used or printed.

I also acknowledge that I have received no monetary compensation for materials used pursuant to this release. I also declare by my signature below, that this testimony is factual and accurate.

Date: \_\_\_\_\_

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

Names of Individuals in  
photograph: \_\_\_\_\_

\_\_\_\_\_

County: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Signature: \_\_\_\_\_

Please mark one or both:  Release to use Testimony  Release to use Photograph

**Grant Narrative (Must be typed and emailed to [mlove@picf.org](mailto:mlove@picf.org))**

***TIPS ON WRITING THE NARRATIVE:***

- Connect the reader to the client by telling the client’s story
  - Articulate the illness, disability and/or catastrophic life event(s) that your client has experienced or endured and include the obstacles they have overcome
  - Describe the short term and long term impact that a potential grant would create
  - List anticipated outcomes
  - Explain how this grant request is a ‘last resort request’, i.e. what other avenues have been explored.
1. Why is this individual requesting grant funding? Briefly tell the individual’s story by articulating current obstacles and/or health concerns, achievements, past professional and academic accomplishments, social history, etc.? How did the need for a grant evolve?

2. Summarize the individual’s circumstances (currently unable to maintain employment or attend school or presented with multiple barriers to self-sufficiency) and give a brief description explaining how she/he meets our eligibility requirements (i.e. Endured a catastrophic life event, challenged with a disabling condition).

3. What will the grant funds pay for and what is the projected timeline for grant spending?

4. How will receipt of this grant move the individual towards self-sufficiency and improve his/her quality of life? Will the grant result in economic self-sufficiency? If so, include the predicted income levels.

5. What has the agency representing this individual done to assist his/her needs?

6. What is the case management plan and/or treatment plan for this individual and/or family? If the applicant is 65 years of age or older with numerous health conditions, please explain their overall prognosis for long-term health.

7. Sustainability Plan: If this grant is for a need that requires additional assistance following the completion of this grant, please describe the sustainability plan. How will the needs of the applicant be covered once the grant funds are exhausted? (i.e. It is anticipated that this applicant will return to gainful employment and earn an income that will provide for this expense following completion of this grant)

8. Please explain how this is a “last resort request.” Can family members help out in any way? Please emphasize how the applicant’s family currently provides support and why they cannot help with this request. Most importantly, please cover parents that are not actively involved, grandparents, aunts and uncles, children over 18 living in the home, etc. **What public assistance and/or social service agencies have been contacted for assistance and what were the outcomes of this work?** Does the applicant belong to a church or service club and are they able to help in any way? **\*\*Please include current support systems (i.e. church donations of food, free medications through their healthcare provider, etc.)**

9. Expected and Measurable Outcomes if Funded: (i.e. Decreased risk for fall or injury related to the installation of shower grab bars as measured by a home assessment)

10. **If the individual/family owns their home, please answer ALL of the following questions:**

Has a home equity loan been explored? If so what was the result? If not, why?

Has a re-finance option been researched? If so what was the result? If not, why?

If the home is owned outright, what is the property value?

Has a reverse mortgage been explored? If so what was the result? If not, why?

*\*Please note: If the equity stated on the front of the application is \$100,000 or more, provide details of why an equity loan is not a possibility for this individual \*\*If there is no equity available, but the property value is high, provide details here:*