

GUIDELINES
Disabled Children's Assistance Fund
Northeastern Ohio Synod

A generous gift was given to the synod to provide assistance to disabled children. The Church in Society Committee has formulated guidelines by interpreting this direction that accompanied the gift:

"The Disabled Children's Assistance Fund shall exist for the care and assistance of disabled children to provide them with monetary help, medical help, food, clothing, and recreation."

1. Requests for assistance are made on a one-time basis and are not ongoing.
2. Priority is given to requests that directly benefit individual persons.
3. The request should not be for the total cost of a project, but should reflect a partnership with congregations and other local resources.
4. The funds are given and application should be made through a local ELCA congregaton when possible.
5. Building projects, such as ramps, are usually not funded due to the limited nature of the fund.
6. Awards for recreation should for those who are financially disadvantaged, and priority is fivcen for applicants with a variety of funding resources.
7. In addition to grants for specific needs, funds are available for distribution through a Pastor's Discretionary Fund. These funds are to be distributed by the Pastor using the following guidelines:
 - a. Awards will be made on a one-time basis and the congregation cannot reapply for 5 years;
 - b. Funds are usually given to persons under 21 years of age;
 - c. There will be a \$300 per award;
 - d. Assistance can be made for food, medical help, clothing, and utilities;
 - e. An accounting on how the money was spent must be returned to the Church in Society Committee after one year.

**GRANT APPLICATION
DISABLED CHILDREN'S ASSISTANCE FUND
NORTHEASTERN OHIO SYNOD, ELCA**

“The Disabled Children’s Assistance Fund shall exist for the care and assistance of disabled children to provide them with monetary help, medical help, food, clothing, and recreation.”

DATE _____

CONGREGATION/AGENCY _____

CONTACT PERSON _____

ADDRESS _____

CITY _____, OHIO ZIPCODE _____

TELEPHONE work _____ home _____

PROGRAM/PROJECT NAME _____

PROGRAM/PROJECT DESCRIPTION (Use additional space if necessary)

TOTAL PROGRAM/PROJECT COST \$ _____

AMOUNT REQUESTED \$ _____

BUDGET INFORMATION

INCOME SOURCE	AMOUNT
---------------	--------

_____	_____
_____	_____
_____	_____

TOTAL _____

PAGE TWO
GRANT APPLICATION
DISABLED CHILDREN'S ASSISTANCE FUND
NORTHEASTERN OHIO SYNOD, ELCA

<u>ITEM EXPENSES</u>	<u>AMOUNT</u>
_____	_____
_____	_____
_____	_____
_____	_____
	TOTAL _____

IS THIS PROGRAM/PROGRAM NEW _____ CONTINUING _____ ?

THIS PROGRAM/PROJECT WILL ASSIST DISABLED CHILDREN IN THE AREAS OF: (CHECK ALL THAT APPLY)

_____FOOD _____CLOTHING _____RECREATION

_____MEDICAL HELP _____MONETARY HELP

PROGRAMS/PROJECTS WILL ONLY BE FUNDED FOR ONE YEAR. IF THIS PROGRAM/PROJECT WILL BE A CONTINUING EFFORT DETAIL YOUR STRATEGY TO SECURE FUNDING FOR FUTURE YEARS. (USE ADDITIONAL SPACE IF NECESSARY)

RETURN APPLICATION TO:
DISABLED CHILDREN'S ASSISTANCE FUND
NORTHEASTERN OHIO SYNOD, ELCA
1890 BAILEY ROAD
CUYAHOGA FALLS, OH 44221-5259