

Shared Horizons' Charitable Fund Application (Individual Applicants)

This program is open to the public as well as Vinner Trust Beneficiaries. If you are or know of a person with a disability, who lives in the District of Columbia, Maryland or Virginia, and can demonstrate financial need, we encourage you to apply.

The Charitable Fund Committee accepts and reviews applications on a rolling basis but will only review and approve applications 3-4 times per year. Contact our office using the information below to learn more about Shared Horizons' Charitable Fund.

QUICK Q&A

Who is eligible for the Shared Horizons' Charitable Fund program?

A person with a disability who qualifies for public benefits like SSI, SSDI, Medicaid, HUD housing, or Food Stamps. Applicants must reside in DC, Maryland, or Virginia.

Who can submit the Shared Horizons' Charitable Fund application?

A person with disability who qualifies and receives public benefits, a nonprofit organization, public agencies, court-appointed guardians and conservators working on behalf of a person with a disability, or a parent of a child with special needs.

- **Where can I obtain an application for Shared Horizons' Charitable Fund?**

Contact Shared Horizons at 202-448-1460 to request an application, or visit our website at www.shared-horizons.org. Awards are decided in February, June, and October. These dates may be adjusted without notice. If this happens, the committee will make every effort to notify applicants.

- **How detailed does the request need to be?**

Please complete all questions on the application. If additional space is needed for any response, use the supplemental information page or attach an additional page.

- **What is the maximum amount that can be requested?**

We award requests up to \$1,000. Funding is limited. Therefore, we ask that you apply only for what is needed. the needed amount. When requests are reasonable, we are able to help more people.

- **Can the cost of the requested item/service be more than \$1,000?**

We will consider requests that exceed the \$1,000 on a case by case basis with adequate documentation. The review committee will make the final decision in these matters. Also, we do not provide partial funding.

- **Why is a price quote/estimate required?**
The committee evaluating applications would like documentation confirming the anticipated cost of the item or service to properly evaluate the request. A direct quote is preferred, but an estimation showing how the amount being requested was derived will be adequate.
- **How does the vendor get paid?**
Our committee will determine the most appropriate form of payment for goods and services. Vendors are paid directly. In some cases, an IRS form W-9 may be required before payment is made.
- **Will you issue a check payable to the Recipient?**
No, because when applicants receive SSI or Medicaid benefits, the award can be counted as cash, thus jeopardizing their benefits. Also, issuing the check payable to a vendor helps to ensure that the funds will be used for their intended purpose.
- **When will I find out if the request has been funded?**
Upon receipt of your application you will receive a confirmation email that includes a timeline for review. Requests are normally reviewed within 30-days after the closing date of the award application period. We solicit applications in February, June, and October. Award decisions will be emailed within 14 business following committee review.
- **How many requests will be funded?**
A limited amount of funding is available for this program each year, and each year has been increasingly competitive. Applications are evaluated and funded based on need and available funds.
- **What types of items/services will be considered?**
Goods and services that enhance the lives of people with disabilities. The committee WILL NOT consider requests for goods and services that are covered under Medicaid and SSI benefits.

The Charitable Fund will not consider requests for illegal or potentially harmful activities. Also, the Charitable Fund does not fund pre-arrangements.

The committee has full discretion when approving or denying applications.

SHARED HORIZONS' CHARITABLE FUND APPLICATION

REPRESENTATIVES' INFORMATION

Name: _____

Organization: _____ Title: _____

Relationship to Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

APPLICANT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

DOB: _____ Age: _____ Current Benefits: SSI Medicaid Other

Provider Agency: _____

or

Service Provider: _____

Please specify the characteristics of the special need or explain the applicant's disability:

Describe goods/ services being requested and how the goods and or services will benefit the applicant. *See "Supplemental Information Form" attached if requesting services related to "therapeutic activities and treatments:*

Attach to this application:

Proof of public benefits. Include a copy of one of the following:

MEDICAID/INSURANCE SUPPLEMENTAL

SECURITY INCOME DETERMINATION LETTER

If appropriate:

Vendor contact information.

Pictures or print outs of items requested.

Estimates or invoices for goods and or services being requested.

Any additional information that will help our team secure the necessary goods and services should the application be approved.

SEND APPLICATIONS AND SUPPORTING DOCUMENTATION TO:
Shared Horizons, Inc. Charitable Fund
4301 Connecticut Avenue, NW, STE 140, Washington, D.C. 20008
For answers to questions, call 202-448-1460

SUPPLEMENTAL INFORMATION FORM

Complete this portion of the application only if you need to provide more detail about your request or if you are requesting services related to therapeutic activities or treatments.

How will the therapeutic activity or treatment be sustained (financially) in the future? _____

What is/are the short-term benefit(s) of the therapeutic activity or treatment? _____

For (classes or sports), is there a long-term scholarship available through another agency or organization?

YES NO

List any other agencies or organizations from which you have received or are seeking funding: _____

Please use the space below for any additional information you may wish to include: _____
