

To: Public and Private Nonprofit Organizations  
From: Joanne Marcus, MSW, Executive Director  
Date: 2011  
Re: **Commonwealth Community Trust (CCT) is Accepting Applications for Charitable Fund Awards**

The Commonwealth Community Trust (CCT) established the CCT Charitable Fund Award to provide people who have a developmental disability or are disabled due to an accident with a maximum award of \$250 for equipment, medication or services. The recipient of the award must meet the Social Security Administration definition of disabled\* and the federal poverty guidelines.\*\*

The Board of Directors approved \$12,500 for 2011 to fund The Charitable Fund Award as part of the organization's mission to enrich the quality of life for people living with a disability.

Applications will be considered based on how the medication, equipment or service will help with the following:

- 1) medical management/stability
- 2) quality of life
- 3) community function/success

The application must be completed and signed by an agency representative working for a public or nonprofit organization that serves people with disabilities. The deadline for the application to be received at the CCT office is August 1, 2011, and it can be mailed or faxed to CCT or emailed to [lhessberg@commonwealthcommunitytrust.org](mailto:lhessberg@commonwealthcommunitytrust.org).

A committee will review each application, and the agency representative will be notified by September 30, 2011 of the decision. For awards that are approved, the award check will be made payable to a vendor. Please be sure that the check is cashed by December 31, 2011 or return the check to CCT marked void.

### **About CCT**

Established in 1990, the CCT is a nonprofit organization that administers pooled Special Needs Trusts for people with disabilities that will not jeopardize government benefits such as Medicaid and Supplemental Security Income (SSI).

CCT administers two types of trusts:

The [self-funded Pooled Disability Trust](#) is for individuals who receive a personal injury award, inheritance or social security back payment.

The [third party Special Needs Trust](#) is for family members who want to enhance the quality of life for a loved one with a disability.

The CCT Charitable Fund Award application and additional information about the Commonwealth Community Trust, including FAQ and trust documents, is available at: [www.commonwealthcommunitytrust.org](http://www.commonwealthcommunitytrust.org) or contact the office for assistance.

\* Disability for adults is defined as the inability to engage in "substantial gainful activity." There must be a physical or mental impairment that can be expected to last at least 12 months.

\*\* Federal Poverty Guideline for one person for 2010 is \$10,830 and for families based on 200%.

## CCT Charitable Fund Award Application

The Board of Directors of CCT established the Charitable Fund Award to provide people who are living with a developmental disability or are disabled due to an accident up to \$250 for equipment, medication or services. **The application for the CCT Charitable Fund Award must be completed and signed by an agency representative of a public or nonprofit organization.** The award will be paid directly to a vendor. The applications will be reviewed by a committee and the agency representative will be notified by September 30, 2011.

**The application is due at the CCT office by August 1, 2011** and can be mailed, faxed, or emailed to [lhessberg@commonwealthcommunitytrust.org](mailto:lhessberg@commonwealthcommunitytrust.org).

**Please print or type:**

Name of the Recipient: \_\_\_\_\_

Is the Recipient disabled by the SSA definition of disabled? Yes\_\_\_ No\_\_\_

Does the Recipient meet the federal poverty guidelines? Yes\_\_\_ No\_\_\_

Nature of the disability: \_\_\_\_\_

Amount requested \$\_\_\_\_\_ Description \_\_\_\_\_

How will the award make a difference in the Recipient's life?

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

Describe the source of additional funding if the need is over \$250: \_\_\_\_\_

\_\_\_\_\_

Name of vendor to whom the check will be made payable: \_\_\_\_\_

The check will be sent to the agency representative:

Agency Representative's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_ Nonprofit\_\_\_ Public Agency\_\_\_

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

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

Agency Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_