

## **History and Guidelines Disabled Children's Assistance Fund Northeastern Ohio Synod**

### **History**

A generous gift was given by Henry L. Howard to the LCA Ohio Synod to be used for two designated purposes: this Fund and The Elderly Person's Assistance Fund. At the formation of the ELCA in 1988, these LCA funds were distributed among the three ELCA Ohio Synods – NEOS, NWOS, and SOS –proportionally, with NEOS receiving 43.77% of the total, \$73,253.92 (or \$36,626.96 for each Fund). In 1988, NEO Synod Council chose to quasi-endow, that is, treat the amount received in 1988 as though it were not spendable and to allow use only of income added to the funds. The terms of the bequest provide that the funds remain open for additional donations, provided the donor understands that such funds will be used according to the bequest purpose. Bequest language (Probate Court, Franklin County): "for the care and assistance of physically and mentally handicapped children to provide them with monetary help, medical help, food, clothing, and recreation." This fund has an additional \$1,000 (total \$37,626.96) endowed principal due to a subsequent gift.

### **Purpose of the Fund**

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. Children are defined as those who are under 18. The ADA defines a person with a disability as a person who has a physical or mental impairment that substantially limits one or more major life activity.

### **Spending of the Fund**

- The original principal (\$36,626.96) plus additional principal gifts are to remain untouched unless Synod Council moves otherwise.
- Grant applications will be accepted on an ongoing basis.
- Individuals and groups will be awarded grants once a year.
- At the end of a fiscal year, the Treasurer will advise Executive Committee of the amount available for dispersal in the coming year.
- Grants may be made to individuals, congregations or other entities.
- Full funding of a project will not be considered except in extreme circumstances.

### **Oversite of the Fund**

This Fund will be administered by the NEOS Executive Committee.

### **Types of Requests Considered**

- Requests must meet the spirit of the bequest language.
- Applications will only be considered if the grantee resides within the territory of the NEOS. Two exceptions: partner agencies who are statewide or other agencies of which the NEOS has a governing or managing partnership.
- Requests may come from individuals, congregations or other entities. Individuals make application through their local congregation.
- Priority will be given to requests that directly benefit individual persons.
- Priority will be given to those projects that exhibit a fiscal partnership between Synod and congregation/individual/community.

### **Application Attached**

*04-25-2018 DRAFT ver.4*

**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 \_\_\_\_\_

Program/Project

name \_\_\_\_\_ ELCA

Congregation or Partner Agency \_\_\_\_\_

Contact

Person \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_, Ohio

Zipcode \_\_\_\_\_ Telephone \_\_\_\_\_ cell /

home/ work (circle one)

Email \_\_\_\_\_

Is this a \_\_\_\_\_ new grant request or

\_\_\_\_\_ a request for a renewal in a previous year's grant? \_\_\_\_\_ year(s)

received

This program/project will assist disabled children in the areas of: (check all that apply)

\_\_\_\_\_ food \_\_\_\_\_ clothing \_\_\_\_\_ recreation \_\_\_\_\_ medical help \_\_\_\_\_ monetary help

Age of recipient(s) \_\_\_\_\_

**Program/Project Description**

*Use this space to detail your program/project. Make sure to highlight partnerships with congregations, community, and/or individuals. If this is a request for a renewal, indicate how the funds were helpful in the success of the project/program. Use additional pages as necessary.*

Total Program/Project Cost \$ \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_

*Please supply funding and expense estimates on back. Priority is given to those projects/programs that secure funding from a partnership with local entities or individuals.*

**Budget Information**

Income Source(s)	Amount
Disabled Children's Assistance Fund _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____

Item Expenses	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____

*Programs/projects will only be funded for one year through this grant; reapplication is necessary for subsequent grants. If this program/project will be an ongoing effort, detail your strategy to secure funding for future years. Use additional pages as necessary.*

*Return Application To:  
Disabled Children's Assistance Fund  
Northeastern Ohio Synod, ELCA  
1890 Bailey Road  
Cuyahoga Falls, Oh 44221-5259*