Blanche Fischer Foundation
PO Box 22411 Eugene OR 97402 503 858 9320

GRANT APPLICATION AND GUIDELINES

The Blanche Fischer Foundation is a private, nonprofit charitable organization founded in 1981 to assist low income Oregon residents who have a permanent physical disability. Before completing this grant application, we recommend you read all of the information on the Blanche Fischer Foundation website to familiarize yourself with the Foundation and the grantmaking process. www.bff.org.

Qualifications
- Proof of Oregon residency - Provide copy of Oregon State ID or Driver's License
- Demonstrable financial need - Completed Income Worksheet with proof of income attached
- Proof of permanent physical disability - Must include Verification Letter from medical provider. See instructions last page of application

Grant Cycle
- Applications are accepted year-round and reviewed for funding quarterly
- No application is guaranteed to be funded
- From receipt of application to approval can take up to 180 days

Funding Eligibility
- Eligibility is based on a 3-year cycle. The cycle begins upon receipt of the first grant. Maximum award amount is up to $1,500 in any 3-year period. Multiple applications or a single application in a 3-year period for a total of $1500
- Grant awards are dependent upon the availability of funds
- Submitting an application does not guarantee funding

Review Process
- Applications are reviewed on a quarterly basis
- We take into consideration all household income in relation to federal poverty guidelines to inform our qualifying process

Grant Awards and payments
- Payment are made directly from Blanche Fischer Foundation to vendors
- Requested items over $1500 grant limit. The applicant will need to place the order, pay their portion of the item beyond what BFF has approved to award, and have the vendor invoice the Foundation. Payments are never made to applicants

Submission requirements
- Applications are accepted through regular postal mail or email at bffoundation@outlook.com

Acknowledgment of receipt
- Upon receipt of application, the Foundation will notify applicants. Email or phone is best. Be sure to legibly complete your email address and phone so we can contact you

Questions Email bffoundation@outlook.com or call 503 858 9320

SUBMISSION CHECKLIST
BEFORE MAILING THIS APPLICATION

1. _____ Complete all sections of the application

2. _____ Sign and date the application

3._____ Proof of Oregon Residency
Include copy of driver's license, state or government issued id

3. _____ Complete and Signed Income Worksheet
Include copies income sources (SSI/SSDI, paystubs, etc)

4. _____ Proof of permanent physical disability - Verification letter

5. _____ Vendor's price quote

6. _____ A letter with other information to be considered - optional

7. _____ Email your application to: bffoundation@outlook.com

and/or

Mail your application to:

Blanche Fischer Foundation
Post Office Box 22411
Eugene, OR 97402

Application#: _____Voucher#: _____

Name: _____Check#/CC: _____

---Above completed by BFF---

APPLICANT INFORMATION

Applicant (person for whom assistance is being requested - please clearly print):

Name _____

Mailing Address _____

City _____ State_____ Zip_____County _____

Telephone/TTY: (____)_____ Email: _____

Applicant's birth date: _____ Age:_____

If applicant is a minor, name of parent(s) or guardian(s):_____

HOUSEHOLD INFORMATION

Total Number of people in household: _____ # of adults: _____ # of children: _____

Relationships of other adults in household: _____

Number of wage earners in household: _____ Number of SS recipients: _____

Occupation(s)_____

Have you received an award from the Blanche Fischer Foundation in the past?

Yes _____ No _____ What Year? _____

Have you applied to other organizations for help to purchase the requested items in this application?

Yes _____ No _____ From whom? _____ How much? $_____

Have any applications submitted to other organizations for this item been approved?

Yes _____ No _____ Under Review _____ By whom? _____ How much? $_____

How did you hear about the Foundation?_____

INFORMATION ABOUT YOUR DISABILITY

Briefly describe your physical disability: _____

_____

How long has this condition existed? _____

_____

Is your condition permanent? Yes _____ No _____

What limitations exist for you because of this disability? _____

_____

For what specific piece of equipment or other assistance are you requesting funding?

_____

_____

How will this grant improve your functioning or quality of life? _____

_____

_____

What is the cost of the requested item? $_____

A. Have you attempted to acquire support from other resources to support your request?_____
B. How much are you able to contribute to the cost? _____
C. How much are you asking the BFF to contribute? _____

Please Read Before Signing

By signing this form, you are attesting that you have read the grant application and grant process in its entirety. All grants made assume the accuracy of this application. I understand that any substantial errors, including omissions, may result in cancellation of a grant. I also understand that if a grant is awarded, payment shall be made to the vendor. No payment will be made directly to me. Any refund is the property of the Foundation. I further understand that all decisions as to eligibility are made at the sole discretion of the Blanche Fischer Foundation and that its decisions are final. I understand that all grants awarded by the Blanche Fischer Foundation must be reported on the Foundation's federal tax return and as such, grantees' names and addresses are a matter of public record.

Signature(s):

_____ _____

Applicant Signature Print Name

_____ _____

Date Parent/Guardian

PREPARED BY(if different than applicant) _____

Blanche Fischer Foundation - INCOME WORKSHEET

Note: All household members' gross income must be listed, regardless of source. More than two earners attach sheet

MONTHLY INCOME - attach copies of income statements	Primary Earner	Secondary Earner
Social Security Benefit (list Medicare deduction under Expense)		
Social Security Disability Insurance (SSDI)		
Supplemental Security Income (SSI)		
Gross Wages (paid employment)		
Pensions		
Annuities		
Child Support		
Alimony		
Food Stamps		
Business Income		
Other		
A. TOTAL INCOME		
MONTHLY EXPENSES		
Housing		
- Rent, Mortgage, Property Taxes		
Utilities		
Food		
Transportation		
- Auto Insurance, Car Payment, Bus Passes		
Health Insurance		
Other Insurance (specify)		
Co-pays		
Pharmaceuticals		
Durable Medical Equipment operational expense		
In-home care		
Other		
B. TOTAL EXPENSE		

I certify, to the best of my knowledge, all the information on this form is correct. I also understand that failure to report all requested information completely and accurately may result in denial of my grant application or withdrawal of an award. (Guardians sign for dependents)

_____ _____ _____

Signature Print Name Date

INSTRUCTIONS for healthcare providers providing Verification Letters

Each application must include a Verification Letter of Permanent Physical Disability or Medical Necessity. The letter must correlate your physical needs to how the item(s) being requested relates to the disability or fosters independence.

To ensure your verification letter meets the grant application criteria, please follow the instructions below.

INSTRUCTIONS for verification of PERMANENT PHYSICAL DISABILITY

1. DO NOT SEND MEDICAL RECORDS. They will be shredded upon receipt.
2. State that the applicant is your patient/client.
3. State that your patient/client has a **permanent physical disability**. Please use these words.
4. Phrases such as “medical conditions” are not accepted as verification of a permanent physical disability.
5. List the disability.
6. You are free to list additional factors that you consider relevant. However, they may not be used in place of verifying the physical disability.

INSTRUCTIONS for Verification of MEDICAL NECESSITY

1. In cases of requests for common household items, such as air conditioners or recliners, you must state that they are a medical necessity.
2. Phrases such as “will benefit from” are not accepted as verification of medical necessity. 3. Comfort is not an accepted reason for awarding a grant.
4. In the case of an air conditioner, not being able to get to a cooling center is taken into consideration.
5. We do not award grants for replacing worn items if there is no statement from a healthcare provider stating that the item requested is a medical necessity.

We do not accept medical records or documents from the Social Security Administration as verification of a disability.

REQUEST EXAMPLES

- General request:

Jane Doe is my patient. She has a permanent physical disability. The disability is _____.

- For household items such as; a lift chair, air conditioner, etc:

John Doe is my patient. He has a permanent physical disability. The disability is _____. Because of _____, a lift chair is a medical necessity.