



MASSACHUSETTS STATE COUNCIL KNIGHTS OF COLUMBUS

470 Washington Street Suite 6

Norwood, MA 02062

Office Telephone: (781) 551-0628 Fax Number: (781) 551-0490

CHARITY FUND APPLICATION AND GUIDELINES

Each item below **MUST** be completed or the grant request will be returned

DATE _____

_____ Council No. _____ of _____ MA ZIP _____

Requests the sum of: _____

Be granted to: _____

Recipient Address: _____

Date of Birth: _____ Telephone No. _____

To be used for the following purpose: (Be Specific) _____

Important: See reverse side for summary of Charity Fund Guidelines. Complete the mandatory Grand Knight's Checklist for proper application. Incomplete application will be returned. **GRAND KNIGHT MUST MEET WITH FAMILY.PRIOR TO APPLICATION BEING SUBMITTED**

ATTEST: _____

GRAND KNIGHT'S NAME SIGNED

GRAND KNIGHT'S NAME PRINTED

GRAND KNIGHT'S ADDRESS PRINTED

DATE GRAND KNIGHT MET WITH FAMILY

GRAND KNIGHT E-MAIL ADDRESS

GRAND KNIGHT'S HOME TELEPHONE PRINTED

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Date Received at State HQ. _____ State File No. _____

Refer to File Number when inquiring about status of application.

Recommendation of State Charity Fund Trustees: _____

Final Determination of State Board: _____

CHARITY FUND BASIC GUIDELINES

1. The Massachusetts State Council Knights of Columbus Charity Fund has been established to assist persons with intellectual disabilities, regardless of age, and children with physical handicaps who have not reached their 20th birthday. There is no restriction as to race, creed, sex or national origin. Maximum grant for an individual is \$5,000, handicapped ramps, wheelchair van conversions and stair lifts maximum amount of \$7,000. There will be a three-year waiting period between grants for any individual or organization. All major grants to organizations will require a five-year waiting period between grants. Due to new Insurance Regulations - hearing aids are now not covered by the Charity Fund.
2. Grants also may be made for specialized equipment to non-profit organizations caring for children with physical handicaps and persons with intellectual disabilities. Such organizations cannot be part or a subdivision of local state or federal government, or be fully funded as a government vendor.
3. Appeal must be prepared on official application forms and the application - **signed by the local Grand Knight** and mailed to: Massachusetts State Council Knights of Columbus, 470 Washington Street Suite 6, Norwood, MA 02062 - and must be accompanied by the following documentation:
 - Complete description of the item (s) requested and two original quotes on vendor stationery from different companies or contractors with a copy of a current Massachusetts Contractor License. Request for handicapped ramps or home modifications for handicapped accessibility must include the design specifications in compliance with State and Local Building Codes.
 - * Medical certification and prescription from a medical doctor describing the nature of the handicap and the need for the equipment. Full description of the person's intellectual disability is required.
 - * For van conversions, a certificate of condition by an appropriate authority must be submitted for used cars and a registration showing ownership of relative or legal guardian. **NOTE: 3 QUOTES NEEDED FOR VAN CONVERSIONS.**
 - * Landlord/Tenant agreement and tax bill with ownership for ramps/stair lifts/handicapped modifications in rental properties.
 - * If Grant is for less than the cost of the equipment, a statement indicating the source of the additional funds must be provided.
4. Application must include (1) For individuals: name, address, and date of birth of the recipient together with the exact amount of request. And, (2) For Non-Profit Organizations: a specific written proposal showing qualified use of grant moneys, together with its most recent fiscal year statement.
5. Upon receipt at State Council of all required documentation, copies of the application and accompanying documents will be forwarded to the Charity Fund Diocesan Representatives for study and recommendation. Application will be processed as expeditiously as possible. Applications received at the State Office without all of the required documentation will not be processed until all information is received.
6. Following investigation and study by the Charity Fund Diocesan Representatives, their recommendation will be submitted to the Board of State Officers who will act upon the recommendation at their next regular meeting. The decision of the Board of State Officers is final. If the request is approved, a check or notice of intent will be delivered to the Grand Knight, along with an IRS form. Upon presentation of the grant to the individual or organization, the IRS form, a copy of the council check, copies of receipts or sales slips from either the vendor or contractor and copies of the building permits (when applicable) must be returned to the State Council for audit purposes.
7. The following areas are not covered by the Charity Fund: Camper ships, Medical Expenses, Salaries, Tuition's, Motor Vehicles (Vans), Service Animals, Computer Type Hardware (Computers, IPADS, etc.), Hot Tubs, Whirlpools, Fences, Insurance and Warranties. **No application will be accepted for reimbursement for previously purchased equipment or paid services.**

GRAND KNIGHT MANDATORY CHECKLIST

To insure that the application is complete and to avoid any delay, please check the items below prior to forwarding to the State Council:

- _____ Is a detailed description of the item (s) requested, together with the two price quotations, attached?
- _____ Has the date of birth of the prospective recipient been indicated?
- _____ Medical doctor note describing nature of handicap, Full description of the intellectual disability & need for equipment?
- _____ Have you signed the form?
- _____ For van conversion only, is a certificate of condition of van by an appropriate authority enclosed and registration certificate showing ownership of relative or legal guardian.? **3 QUOTES NEEDED FOR VAN CONVERSIONS**
- _____ Landlord / Tenant Agreement or tax bill showing ownership (if necessary) and copy of Massachusetts Contractor license ? .) **ONLY REVISED 9/17 FORM WILL BE ACCEPTED.**