



## **Joni and Friends Christian Fund for the Disabled Grant Guidelines**

### **Overview:**

The Christian Fund for the Disabled (CFD) is a matching grant program of Joni and Friends that demonstrates Christ's love by meeting practical needs of people affected by disability. Grants are also available to help churches and Christian organizations start or expand their service to individuals affected by disability. CFD grants have a maximum of \$2,500.00. Education scholarships are limited to \$1,500.00.

### **Purposes of the Christian Fund for the Disabled:**

1. Minister to the spiritual and practical needs of the disabled.
2. Connect those affected by a disability with a Bible-teaching church.
3. Raise disability awareness in the church and community.
4. Train Christians in disability ministry, equipping them to meet the spiritual and practical needs of the disabled.

### **When to Apply:**

There are four grant cycles each year: February-May, May-August, August-November, and November-February. Please contact the CFD Office for the current deadline.

### **Who May Apply:**

Individuals affected by disability: Grants are available to qualified individuals affected by disability who are sponsored by a church or Christian organization willing to provide matching funds.

Exceptions: Consideration will be given to individuals who are not able to procure matching funds. However, a letter from the sponsoring church or organization is required. (See **Grant submission package must include** section below.)

Churches or Christian organizations: Churches or Christian organizations wishing to apply for a CFD grant must have a specific disability-related need. The total project budget must be less than \$100,000. Projects that exceed the grant limit of \$2,500: 80% of the total budget amount must be funded prior to submitting a grant request.

### **Funding Focus:**

Grants awarded through CFD must directly serve people affected by disability or organizations that seek to minister to them. Typically, applicants are restricted to one grant award.

Individuals: Funds are available for the following needs if not covered by insurance, Social Security, or any other support or funding source:

- Adaptive needs
- Equipment
- Rehabilitation
- Special treatments

A CFD grant may also be used for training or special education such as:

- Scholarships for Christian college (\$1,500 limit)
- Seminars and conferences with a disability focus

Churches or Christian organizations: Funds are available for such things as:

- Ramps
- Elevator
- Lift
- Handrails
- Accessible bathrooms
- Braille printer
- Special Needs classroom equipment
- ASL programs/training
- Training and support for disability ministries.

**The Christian Fund for the Disabled does NOT fund:**

- Medical bills, prescriptions, equipment, rehabilitation, or special treatments that are covered by insurance or any other funding source.
- Non-prescription drugs.
- General living expenses such as: mortgage, rent, repairs, car payments, utilities, food, etc.
- Paying off debts of any kind (including credit card charges or loans).
- “Wish List” items. Apply only for specific, current disability-related needs/items.
- Salaries or general operating expenses.
- Joni and Friends programs such as Family Retreat, Beyond Suffering Certificate program, or internships.
- Joni and Friends employees and their families do not qualify for CFD funds.

**Grant submission package must include:**

- Complete application form and budget. Note: all applicants must have a permanent street address.
- A single page endorsing letter from the sponsor organization (i.e., church, Christian organization, or Joni and Friends Area Ministry office).

This letter should be on the organization’s letterhead and signed by an officer of the organization.

The letter should summarize the need, state the amount requested, and verify the willingness of the sponsoring organization to receive and distribute the grant funds as needed, (funds are not sent directly to individual applicants); and, if applicable, the organization's intention to provide matching funds. Also include the name, address, phone number and email address of the contact person.

- Relevant support documents such as: written estimates, physician’s letter, college acceptance letter, conference application form, etc.
- Hold Harmless Agreement. Must be signed by the applicant.
- Statement of Faith. Must be signed by an official of the sponsoring organization.

Any questions may be directed to the CFD Coordinator, Kathy Candish at:

Email: [kcandish@joniandfriends.org](mailto:kcandish@joniandfriends.org)

Phone: 818-707-5664

Fax: 818-575-1798

Send completed application, cover letter, and any additional required documentation to:

Kathy Candish  
CFD Coordinator  
Joni and Friends  
P.O. Box 3333  
Agoura Hills, CA 91376



# Christian Fund for the Disabled

## APPLICATION FORM

**\*\*\*PLEASE READ GUIDELINES BEFORE FILLING OUT APPLICATION\*\*\***

Date:		Amount Requested:	
Name of Applicant:		Date of Birth:	
Address:			
City/State/Zip or Postal Code/Province:			
Country:			
Phone:	Fax:	E-mail:	
Federal Tax ID Number (for church and organization applicants only):			
Endorsing Organization ( <b>This is required.</b> Please see page 2 of the Guidelines.)			
Address:			
City/State/Zip or Postal Code/Province:			
Country:			
Contact Name:			
Phone:	Fax:	E-mail:	
<b>How did you hear about Christian Fund for the Disabled?</b>			
<p><b>Briefly describe yourself. If an organization, describe the mission of your organization.</b>  <i>You may include education, work, family situation, nature of disability, etc.</i></p>			
<p><b>What is your specific need?</b>  <i>Explain what you are requesting CFD funds for, and why.</i></p>			

# Christian Fund for the Disabled

**\*\*\*PLEASE READ GUIDELINES BEFORE COMPLETING APPLICATION\*\*\***

**If you have received any financial assistance toward this need, or are expecting to, please state the source and the amount.**

**What do you ultimately hope to accomplish if you are awarded funding?**

*Describe how you would be affected as a result of receiving CFD funds. For scholarship applicants, how would this funding affect the disability community?*

**(Optional)** *If you feel there are important aspects of your particular need that we have failed to ask you, please tell us here.*

**Name of organization/sponsor that check should be made out to.** (Note: This would typically be the endorsing organization. Money is not sent directly to individuals.)

# Christian Fund for the Disabled

## Budget

When necessary, please provide a brief description or justification of line items. Budget should include only costs attributed directly to the specific need you are applying for. Be sure to include all necessary support documentation such as invoices, estimates, copy of conference or seminar application, etc.

Expense Item	Column A Amount requested from CFD	Column B Matching funds from sponsoring church or organization	Column C Other funding sources	Column D <b>Total Budget</b> (add columns A, B, and C)
Equipment/Materials				
Labor				
Assistive Technology				
Therapy/Specialized Treatment				
Supplies/Resources				
Seminars/Conferences				
Education:				
Tuition				
Room & Board				
Books				
Other (specify)				
Ministry or Missionary Training/Education				
Tuition				
Room & Board				
Materials				
Travel				
Other (specify)				
Other (please describe)				
<b>TOTAL EXPENSE</b>				*

\*This figure should reflect the total amount needed. For instance, if you plan to buy an accessible van for \$25,000, the total of Columns A, B, and C should be \$25,000. Please explain where the funds noted in Column C, if any, are coming from.



**Joni and Friends  
Christian Fund for the Disabled**

**Hold Harmless Agreement**

The Grantee of funds from the Christian Fund for the Disabled (CFD) hereby irrevocably and unconditionally agrees, to the fullest extent permitted by law, to defend, indemnify, and hold harmless Joni and Friends, their respective officers, directors, trustees, employees, and agents, from and against any and all claims, liabilities, losses, and expenses (including reasonable attorney's fees) directly, indirectly, wholly, or partially arising from or in connection with this grant, the application of funds furnished pursuant to such a grant, the program or project funded or financed by such grant, or in any way related to the subject of the use of the funds awarded. This paragraph shall survive the termination of this Agreement.

I certify that the information provided in the Application is true and correct and acknowledge that the Joni and Friends staff and Christian Fund for the Disabled Committee will rely upon this information in making its determination regarding the disposition of my request.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



## *Statement of Faith*

- We believe the Bible to be the inspired, the only infallible, authoritative Word of God.
- We believe that there is one God, eternally existent in three Persons: Father, Son and Holy Spirit.
- We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.
- We believe that for the salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential.
- We believe in the present ministry of the Holy Spirit by Whose indwelling the Christian is enabled to live a godly life.
- We believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation.
- We believe in the spiritual unity of believers in our Lord Jesus Christ.

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Signature

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Date

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Print Name