# ABCUSA MATTHEW 25 GRANT APPLICATION

A generous donor has given a sum of money through American Baptist Churches USA to be used for programs that address "housing, feeding, education and health with regard to the less fortunate." A panel will select recipients for grants of up to \$5,000 largely based on the degree to which the funds will be used to directly assist persons described above. The applying ministry must be directly affiliated with American Baptist Churches USA to be eligible to submit an application. Only one application per church or region will be considered within a 24-month period. Grant funds may not be used to fund staff positions, rainy day fund, church benevolent fund, or for capital improvements to facilities. Grant awa to ar

## Tab

	will be sent to the ABC church or Region that is applying for the grant; checks will not be made payable adividual or ministry.
thi	Applicant Information Name of Church or Region: Rainbow Acres Mailing Address: 2120 W Reservation Loop Road, Camp Verde, AZ 86322 Phone: (928)567-5231 Federal Tax ID#: 86-0286420 Region: ABC of LASH Contact person (person completing this form): Steven Roblee Email: steveroblee@rainbowacres.com
	Affiliation with American Baptist Churches USA:  Church  Region  Other, please explain Affiliated organization
	Does your church contribute to United Mission?
2.	What ministry or group will use these funds? The Good Samaritan Fund will use proceeds from Matthew 25 grants to assist residents pay for necessary medical services not covered by their health insurance. Many residents of Rainbow Acres are Low to Moderate income and receive medical insurance through Medicaid. Medicaid doesn't cove all costs for care, including co-pays for doctors and prescriptions, dental, vision, and hearing care. The Good Samaritan Fund was initiated to receive donations to help meet "out of pocket" costs for such care to assure continued health for residents who lack the resources to pay for needed services.
	If this application is being submitted on behalf of another organization or ministry, you agree to be the fiscal agent for any grant funds awarded. (please initial) slr
3.	Specifically, how do you plan to use the requested funds? Please include a <u>very brief and specific</u> statement on how the money will be spent. For example: to purchase school supplies for 100 elementary school children; to provide summer camp scholarships

See attached sheet

4. How will the funds assist individuals battling poverty and its effects? What impact do you hope to make on the target group or community? Many residents of Rainbow Acres, listed as Low to Moderate Income, are actually at or below the poverty level. In most cases, their income is limited to Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI). The greatest portion of this income is dedicated to paying a portion

for 10 children from low-income families; purchase diapers and wipes to single mothers. You are encouraged to attach a longer description (no more than one page) of the ministry or project.

of their cost of care at Rainbow Acres. Consequently, these individuals often lack the resources to meet basic co-pays for healthcare or purchase prescriptions. Hearing aids, new glasses, or extensive dental work are beyond their means. All these items are necessary to maintain good health and remain an active part of the Rainbow Acres community. The Good Samaritan Fund provides money for these expenses so residents may remain in the home where they have lived for up to 40 years.

- 5. Total cost of the project: \$53,450.00
- 6. Amount being requested from the ABCUSA Matthew 25 Grant: \$5000
- 7. List other funding source(s): Foundations, churches, individuals, corporations, reimbursement by residents or families.
- 8. Please submit along with your application a copy of:
  - Your mission statement.
  - A financial statement FOR THIS MINISTRY. This can be a budget or projected budget, and should not exceed 2 pages. Church budgets are not acceptable.

By submitting this application on behalf of (church/region/organization name)Rainbow Acres, I certify that all the information submitted with this application is true and correct. We agree to use and/or disburse any grant funds awarded for the sole purpose as described within this application. We will supply a 1-page report on the use of the funds and a photo/photos within six months of receipt of the grant.

Application submitted by (name of person): Steven L Roblee (your name typed here is your electronic signature)

Date: August 31, 2016

#### Please note:

- Incomplete applications will not be considered.
- Recipients agree to share their stories via the ABCUSA website.
- Application deadline September 1. Grants will be distributed no later than October 15.
- Only electronic submissions of completed applications and supporting documents will be accepted. Completed applications should be sent via email to Tina.Turner@abc-usa.org.
- Please review the instructions that follow and initial at the bottom to indicate you have read this information.

## Instructions and information for completing the ABCUSA Matthew 25 Grant application

### 1. General information

Applicants must be a recognized ABC church, Region office or organization <u>directly</u> affiliated with an ABC organization such as ABCUSA, ABHMS and IM.

An ABC church or region may submit an application for a ministry they are supporting. If a grant is awarded, the church or region assumes fiscal responsibility for the use of these funds.

Checks will be made payable to the ABC church, region or affiliated organization. Checks will not be made to an individual or ministry.

## 3. Specifically, how do you plan to use the requested funds?

Briefly describe what will be purchased with the grant funds if awarded. Be specific with the expected use of these funds. This should be a very short and specific statement on where the money will be spent and not include a narrative of the ministry project.

You are encouraged to provide a longer description of the ministry but this additional information must be limited to no more than one page in length.

Please note that grant funds may not be used to fund staff positions and salaries, for capital improvements to church facilities, or to maintain a "Rainy Day fund," or church benevolent fund.

## 4. How will the funds assist individuals battling poverty and its effects?

Describe how the Matthew 25 grant funds will benefit those less fortunate. What effect and impact do you hope to have on individuals battling poverty or the community you are hoping to serve?

# 5. Total cost of the project

List the total amount of this project or ministry need.

## 6. Amount being requested from the ABCUSA Matthew 25 Grant.

One application per church or region will be considered per 24 month period. The maximum amount awarded is \$5,000. If you have previously been a Matthew 25 grant recipient, you must have submitted a follow-up report in order to be eligible to reapply.

## 7. Your other funding source(s).

List all other sources providing funding for this ministry.

# 8. Please submit with your application a copy of:

## - Your mission statement

Include as an attachment a copy of the church or ministry's mission statement.

## - A financial statement for this ministry

This budget or projected budget must include specific expenses and income for the ministry applying for the Matthew 25 grant funding. Church budgets are not acceptable.

## Other information and requirements

By submitting an application,

- You certify that all information submitted is true and correct;
- You agree to use and/or disburse any awarded grant funds for the sole purpose as described within this application;
- You agree to supply a one page report on the use of funds and a photo/photos within six months of receipt of the grant;
- You give ABCUSA permission to share your story via the ABCUSA website or newsletter;
- You give ABCUSA permission to use the photograph(s) submitted for printing and/or posting.

I have reviewed the instructions provided. (initial here) slr

Your typed name and initials are your electronic signatures on this document.

**Rainbow Acres** 

Matthew 25 Grant Proposal

Item 8: Mission Statement and Project Budget

31-Aug-16

**Mission Statement:** Rainbow Acres, a Christian Community with heart, empowers persons with developmental disabilities to live to their fullest potential with dignity and purpos

# **Good Samaritan Fund: Project Budget**

# **Expense**

Dental care	\$ 42,600.00		
Hospital/Surgical support	\$ 1,920.00	128 hour days staff time: driving and suppor	
Hearing aids	\$ 3,000.00		
Vision	\$ 1,250.00		
Co-pays for medical care			
and prescriptions	\$ 1,800.00		
Transportation (local)	\$ 1,600.00	40 trips @ \$1.00/ mile	
Transportation (Phoenix)	\$ 800.00	4 trips @ \$1.00 per mile	
Transportation (Flagstaff)	\$ 480.00	4 trips @ \$1.00 per mile	
Total	\$ 53,450.00		
Income			
Pro Bono Dental Care	\$ 42,600.00		
Matthew 25 Fund	\$ 5,000.00		
Family reimbursement	\$ 2,000.00		
Foundation gifts	\$ 2,500.00		
Individual and church			
donations	\$ 1,350.00		
Total	\$ 53,450.00		

Rainbow Acres Camp Verde, AZ

Matthew 25 Grant Proposal: Item 3 August 31, 2016

Rainbow Acres is a Christian community that empowers adults with developmental disabilities (DD) to live to their fullest potential with dignity and purpose. Founded in 1974, Rainbow Acres serves as home for approximately 90 residents (called Ranchers). A number of residents have no family support or their families lack the resources to fully support their loved one. More than sixty (60) Ranchers are currently in need of financial aid, with 12 needing full support, less payments with their Social Security income. Many of the Ranchers have only Social Security or Social Security Disability payments to pay their living expenses. Medicaid is the only health insurance available for the great majority of residents. In some cases, Medicare may be available in combination with Medicaid. These programs cover basic care as well as treatment of major maladies, but don't cover all expenses related to Ranchers' medical needs. For example, dental care, vision, and hearing coverage is limited at best and in most cases is nonexistent. There are also co-pays for medical care and prescriptions.

The Good Samaritan Fund is designed to help pay for needed medical services when Ranchers and/or their families lack the resources for medical services necessary to maintain good health or correct medical issues. Timely and appropriate medical care might not be available to some Ranchers without access to the Good Samaritan Fund. In 2015, one Rancher required 32 doctor visits. The cost of transportation, doctor and prescription co-pays totaled over \$1800, which was paid from a grant to the Good Samaritan Fund.

Recently, two Ranchers required outpatient surgery—one in Phoenix, 100 miles from Rainbow Acres, and one in Flagstaff, which is 60 miles away. The procedures required that a caregiver transport the Rancher to the health care facility and stay with him or her during surgery and post-operative care. In addition to caregiver expenses, a vehicle and related costs were involved. It is unlikely that reimbursement for these expenses, which are not included in the monthly cost of care, will be received.

Dental care isn't covered by most Ranchers' medical insurance. Ranchers have been blessed that a local dentist has provided over \$150,000 in free dental services in the past three years. If this were not the case, the need for the Good Samaritan Fund would be much greater.

The current census at Rainbow Acres is 90 Ranchers. One-third of the Ranchers are over 50 years of age. This means that the need for eye care, including corrective lenses, and hearing aids is increasing. Hearing aids may cost \$1500 per person, while glasses cost from \$300 to \$600 per person. If the Good Samaritan Fund is not able to cover costs for the Ranchers needing healthcare, the care needed to ensure good health and full functioning within the community may be delayed.

A grant from Matthew 25 will provide continuing, effective health care for at least 25 Ranchers through covering additional expenses not paid by their insurance plans.

Thank you for your consideration.