

JOINT COALITION ASSISTANCE FUND GUIDELINES 2012

www.DenverSeniorCoalitions.org

- 1) The Joint Coalition Assistance Fund Committee is responsible for reviewing and approving applications. Please phone any JCAF committee member for an application or information.
- 2) The committee meets as needed, usually once a year. A minimum of one week is required for processing requests.
- 3) Referral and application must be completed by a Coalition member.
- 4) Assistance will be limited to seniors who live in Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas or Jefferson Counties.
- 5) Eligibility for participation will be based on meeting the most current HUD 80% median low-income guidelines:
 - a. \$44,450.00 for one person
 - b. \$50,800.00 for two or more people
- 6) The age criteria for assistance is 55 years and above, with exceptions at the discretion of the JCAF Committee.
- 7) Individuals requesting assistance **above \$200** should have tried one other source before coming to the JCAF Committee. For requests **under \$200**, no other resources need to be contacted. If it is necessary to request funding from other sources, the total amount needed must be arranged before the JCAF will issue a check. Checks are made out to providers/suppliers only.
- 8) The maximum amount to be given for assistance to any one cause or individual will be \$600 in a two year period. However, the committee can make the decision to exceed that amount if circumstances warrant. If appropriate, the committee will coordinate with other agencies to maximize the funds.
- 9) Generally, funding cannot be used to pay for items or services already purchased, refundable deposits, or for recurring expenses. However, in extenuating circumstances, the committee will review these requests.
- 10) The Coalition member should make a reasonable effort to find an appropriate price for the requested product or service. However, competitive pricing may be required depending on the item.

PLEASE FAX COMPLETED FUNDING APPLICATIONS TO THE COMMITTEE MEMBER
FOR THE CURRENT MONTH AS SHOWN BELOW

<i>Months</i>	<i>JCAF "Contact"</i>	<i>Phone</i>	<i>Fax</i>
Feb/Mar/Apr 2012	Denise B. Aldana	303-704-7655	Fax 720-210-5431
May/June/July 2012	Marsha Harris	303-770-2987	Fax 303-770-2989
Aug/Sept/Oct 2012	Kathleen Dvorak	720-771-9408	Fax 303-988-6040
Nov/Dec 2011/Jan 2012	Pat Harper	303-320-6133	Fax 720-235-3657

JOINT COALITION ASSISTANCE FUND (JCAF) APPLICATION

Date of Application _____

Referral Source/Coalition Member

Contact Name _____ Phone _____

Address _____

City _____ State _____ ZipCode _____

Company name _____ Member of _____ Coalition

Applicant Information

Name (s) (A) _____ (B) _____

Address _____

City _____ State _____ Zip Code _____ County _____

Marital Status (A) _____ Birthday _____ Phone _____

Marital Status (B) _____ Birthday _____ Phone _____

Monthly Income

Monthly Expenses

Source/Amount _____ \$ _____ Item/Cost _____ \$ _____

Source/Amount _____ \$ _____ Item/Cost _____ \$ _____

Source/Amount _____ \$ _____ Item/Cost _____ \$ _____

Source/Amount _____ \$ _____ Item/Cost _____ \$ _____

Total Income \$ _____ Total Costs \$ _____

Living situation: Alone With Spouse With Family Other

Description of Assistance Required and Why:

How much of the cost is the applicant able to contribute? \$ _____

If request is greater than \$200, another source must be contacted.

Other agencies contacted for assistance for this particular person.

Name _____ Amount Approved \$ _____ Funding Denied? _____

Name _____ Amount Approved \$ _____ Funding Denied? _____

Total Cost \$ _____ **Total Funds Requested \$ _____**

Send check to: Supplier Name _____ Attention: _____

Address _____

City _____ State _____ Zip Code _____ Phone # _____