

# The Eric Fund

## 2010 Funding Award Information Packet & Application

### SUMMARY

The ERIC Fund (formally known as The Eric C. Savader Memorial Disabilities Fund) was founded in 1998 in memory of Eric Savader, a disability rights proponent who worked with leading national disability and political organizations in Washington, DC. Eric believed strongly that individuals with disabilities, regardless of the severity of their disability, could and should lead independent lives in the community. The ERIC Fund was founded to help provide assistive technology, devices and equipment for individuals with disabilities to help them live, work, go to school and participate actively in community life.

2010 marks the 12th year that The ERIC Fund will offer cash award(s). This year we are proud to offer up to \$10,000 in grant awards. These grants will assist persons with disabilities living in the Washington, DC, area who demonstrate a need for assistive technology or equipment in purchasing such devices or equipment to help them lead independent, inclusive lives. To date, the organization has funded more than \$98,000 in grants.

### ELIGIBILITY/PREREQUISITES

Applicants must:

- Live in the Washington, DC, metropolitan area. This includes the District of Columbia, Maryland (Montgomery, Prince Georges, Anne Arundel, Calvert, Howard, Charles, and St. Mary's counties), and Northern Virginia (Arlington, Fairfax, Prince William, Stafford, Loudon, and Fauquier counties and the City of Alexandria).
- Be 0-65 years of age.
- Have a disability as defined by the Americans with Disabilities Act: "Disability – The term 'disability' means with respect to an individual: (a) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (b) a record of such an impairment; or (c) being regarded as having such an impairment."
- Demonstrate financial need.
- Demonstrate in writing how the assistive technology or equipment requested will improve the individual's quality of life and assist them in living more independently in the community.
- Have had an evaluation within the last 12 months for the assistive technology or equipment for which they are requesting funding.
- Identify a manufacturer or retailer for the assistive technology and/or equipment requested and an estimated price for the equipment/technology. (The ERIC Fund will only issue checks to manufacturers or retailers and will not issue money directly to individuals).

**APPLICATION DEADLINE: SATURDAY, JUNE 5, 2010**

(The application is to be *postmarked* by this date. *Deadline extensions will not be granted.* Award winners will be notified by July 31, 2010.)

#### **HELP US SAVE POSTAGE! SIGN UP TO GET YOUR ERIC FUND APP ELECTRONICALLY!**

Send your email address and organization name at [ericfund@aol.com](mailto:ericfund@aol.com) and we will put you on our email list to receive a PDF of the Eric Fund application every year. The application is also available for download each year on our website at [www.ericfund.org](http://www.ericfund.org)

# The Eric Fund

APPLICANT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ - \_\_\_\_\_

PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_ FAX: ( \_\_\_\_\_ ) \_\_\_\_\_

E-MAIL: \_\_\_\_\_ COUNTY: \_\_\_\_\_

BIRTHDAY: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (month/date/year)

If under 18, name of parent(s) and or legal guardian: \_\_\_\_\_

Is parent/legal guardian address the same as applicant?  Yes  No

If no, please provide address & telephone number: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**If applicant is not the primary contact, please complete the following information:**

CONTACT NAME: \_\_\_\_\_

ORGANIZATION/SCHOOL/BUSINESS (if applicable): \_\_\_\_\_

TITLE (if applicable): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_



4. Date of most recent evaluation for assistive technology or other assistive equipment:

5. Please provide below the results and recommendations stemming from the evaluation.  
(Please attach evaluation, relevant data or additional pages if available).

<u>Name of Participants</u>	<u>Role/Relationship to Individual</u>	<u>Recommendations</u>
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6. Have there been attempts to secure funding for this assistive technology and/or equipment through private insurance and/or public funding streams? If “Yes”, please describe attempts.  
(Please attach additional pages if necessary.)

7. What type of assistive technology/equipment are you seeking to fund through this application? (Please include name/make, model number, vendor and estimated cost for each piece of equipment listed.) (Please attach additional pages if necessary.)

<u>Name/Make/Model</u>	<u>Vendor</u>	<u>Estimated Cost</u>
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*IMPORTANT: While the maximum individual grant request is \$5,000, The ERIC Fund board may elect to grant more than the \$5,000 maximum request by the applicant if additional financial resources are available. Funding request can be for a co-pay to make up partial costs not covered by other funding sources.*

8. Why should the applicant be chosen to receive a Grant Award from The ERIC Fund? (Please describe how the assistive technology/equipment requested will impact the applicant's life and future life planning.) (Please attach additional pages if necessary.)

9. FINANCIAL NEED: As stated, one of the eligibility requirements for this award is the ability to demonstrate financial need. Please share below a brief synopsis of how the applicant meets this requirement. (Attach additional pages if necessary.)

## TESTIMONY OF ACCURACY & PERMISSION

I hereby certify that the information contained in this application is correct. I understand The Eric C. Savader Memorial Disabilities Fund (herein known as "The ERIC Fund") has the right to verify the information provided on the application and may require additional documentation or a personal interview to verify this information, disability or income eligibility. I understand that should The ERIC Fund find any information contained in this application to be false, it may revoke any funding bestowed as a result of this application.

I also agree to respond to an annual inquiry from The ERIC Fund for a minimum of four consecutive years on the impact and outcomes achieved as a result of access to the assistive technology/equipment requested on this application and as a result by whole/or in part to The ERIC Fund's award. I also grant permission to The ERIC Fund to share information about me/the applicant and the impact The ERIC fund award has had or is expected to have on my/applicant's life with potential donors, the media and the general public, on its Web site, to take and publish photographs of me/the applicant and to prepare press releases for distribution to the media.

Signature of applicant, parent or legal guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**IMPORTANT NOTE:** A personal letter from the applicant, parent or legal guardian to accompany the nomination form is also strongly recommended, but not required.

**APPLICATION DEADLINE:** Saturday, June 5, 2010

(The application is to be *postmarked* by this date. *Deadline extensions will not be granted.*)

Please send the application to:

The ERIC Fund  
P.O. Box 65188  
Washington, DC 20035-5188

If you have any questions about this application, please call (301) 654-1547 or e-mail us at [ericfund@aol.com](mailto:ericfund@aol.com)