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**AEOA Foundation Fund Guidelines**

**Overview**

The AEOA Foundation Fund wishes to make funds available to meet needs of program participants that cannot be met through existing resources. An award from this fund should make a significant difference in the life of the recipient.

**Guidelines**

* This fund receives many requests, so funding is NOT guaranteed.
* Recipient must be currently enrolled in an AEOA program. (Head Start, Employment and Training, Housing Services, or Volunteer Driver Program?) AEOA may consider participants who have worked with one of these Agency departments within the past three months.
* Fund must meet a significant need that cannot be met through other resources. This is a resource of last resort.
* Foundation Fund support must resolve the need but may be combined with other resources.
* Funds cannot cover costs associated in any way with illegal activity, i.e., reinstatement of driver’s license lost due to illegal activity.
* Award is not conditional on consent for release of story.

**Process for Completing a Request**

The application should be completed by an AEOA Staff person with the participant and should be approved by the participant. Completion of the narrative section describing the need or situation is very important and should be filled out completely.

Please remember to ask the participant for consent to authorize AEOA to release their name, story, and/or photograph for the purpose of educating and informing interested persons possibly including public media within the AEOA service area to promote services and programs offered at AEOA. The authorization form is included in this packet.

**AEOA Foundation Fund Application**

**Summary of Request
Date:**  **Dollar Amount: Vendor:**

**Describe the Need (2-3 sentences):**

**If applicable, describe other resources or the plan to resolve issue if $300 is not enough to resolve.**

**Staff Information
Department: Location:**
**Name:**  **Phone:**  **Email:**
**What services is applicant currently receiving?** AEOA Community Resource Hub

 **Participant Information**
**Name:**  **Phone:** **Address:**
**City:**   **State:** **Zip:**  **Age:** **Gender:**

**Number of additional adult household members (not including participant):**
**Number of children in household:**
**Annual gross income for everyone over 18 in household:** $

|  |  |
| --- | --- |
| **Race:** [ ]  African American [ ]  American Indian [ ]  Asian [ ]  White [ ]  Multi-racial [ ]  Prefer not to answer | Ethnicity: [ ]  Non-Hispanic or Latino [ ]  Hispanic or Latino [ ]  Prefer not to answerDisability: **[ ]**  Yes **[ ]**  NoVeteran: **[ ]**  Yes **[ ]**  NoHealth Insurance: **[ ]**  Yes **[ ]**  No |

**Complete a narrative about the program participant/household need and the situation:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of AEOA Staff Person Date

**------------------- For use of Foundation Fund Staff only -----------------------------------------------------------------------------------**

[ ]  Application Approved [ ]  Application Denied Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Foundation Fund Lead Date

**INFORMED CONSENT**

**Introduction**The AEOA Foundation Fund was created to meet client need that couldn’t be met through existing resources. Foundation Fund money will be limited in certain ways. The maximum request is $300. It is a fund of last resort (there cannot be other resources available, either public or private); the money should resolve a great challenge that you are facing in your life.

**If you request Foundation Funds, you will be asked to:**Fully explain your situation and need for funding to an AEOA staff person. You will also be asked to sign a form authorizing AEOA to use your name and story. This consent is completely voluntary, and your decision won’t affect whether or not you receive Foundation Funding.

**Confidentiality**
AEOA staff will be the only people having access to your information. Your personal information will be kept confidential unless you allow it to be used as outlined in the consent for release of information. Any identifying information for individuals who do not consent will be excluded from public marketing materials.

**Benefits**Your participation should help you resolve a difficult situation. It can also help AEOA learn about needs we wouldn’t otherwise be aware of.

**Risks**We may be asking you to share with us some personal information and you may feel uncomfortable talking about some of the topics. If you provide consent, AEOA will be able to use your name and your story to highlight need for additional services and/or raise additional funds to help others. If you choose not to sign the consent, your individual story might be used without your name, or any other identifying characteristics, attached to it.

**Voluntary participation**
Participation is completely voluntary. If you decide not to participate there will be no negative consequences.

**Certificate of Consent**I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have been asked has been answered to my satisfaction.

Print Name of Participant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize the Arrowhead Economic Opportunity Agency, 702 Third Avenue South, Virginia, Minnesota, 55792 to release my name, story and/or photograph. I understand that it will be used for the purpose of education and informing interested persons, including elected officials, about services and programs offered through AEOA. I also understand that my name, story and /or photograph may be released to media within the AEOA service area.

I understand that the normal time period for a release of information to be active is one year. However, this release authorizes the use of my story or life situation and/or pictures in public documents and, therefore, extends indefinitely. I may revoke my consent by providing written notice to AEOA. Upon receipt of such notice, AEOA will discontinue new use of my information, although documents that have already been created will continue in the public domain.

I understand that I am not required to sign this Release of Information form. I understand that refusal to sign will not jeopardize any services I receive from AEOA. I understand that I may revoke this consent upon written notice to AEOA.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_