

**Good Samaritan Fund
of the Central Minnesota Community Foundation**

Information for Referring Agencies

The purpose of the Good Samaritan Fund is to provide funding to individuals, families and organizations with verifiable emergency needs when other services or funds are unavailable. Grants are approved for rent, damage deposit, utility costs, medical expenses, child care, transportation, and other critical needs.

Criteria for Funding

- The applicant is a resident of Stearns, Sherburne or Benton County, Minnesota- (within a 15 mile radius of St. Cloud.)
- The request is in the social service area
- The applicant has not received a grant from the Good Samaritan Fund within the last 24 months.
- The need has been created by an unforeseen event that has results in an emergency or assists in becoming self sufficient. These include payment of automobile repairs, insurance and license tabs, purchase of uniforms, work shoes and tools, and temporary transportation or child care costs.
- The grant will solve a problem which is not expected to reoccur in the near future.
- If the emergency has resulted from the applicant's deteriorated economic situation, the grant will be approved only if financial plans have been developed with the assistance of the referring organization; or if the referring organization can verify that other corrective action has been taken.
- Grant amounts range from \$20 to \$500. The average grant is \$320; the maximum grant may vary depending on the availability of funds.

The Good Samaritan Fund is the last resort. Eligibility for assistance from other funds and the family's own resources are considered.

Ineligible Requests

The Good Samaritan Fund does not fund attorney fees, travel costs and other expenses related to child custody issues.

Requests are not approved for payment of bail, traffic tickets and fines or other expenses related to illegal activities.

How to Use the Good Samaritan Fund

Application

Requests to the Good Samaritan Fund on behalf of individual clients are accepted by fax, telephone, or letter. You are encouraged to fax the completed Good Samaritan Fund Application form to #320-240-9215.

Social workers are encouraged to contact the Fund Coordinator with any questions regarding the appropriateness of a request. You may be referred to other community resources.

Referrals

Clients should not be referred directly to the Good Samaritan Fund. The Good Samaritan Fund relies on agency staff to gather necessary background information and ensure that Fund criteria have been met. Direct referrals may complicate matters for clients because they will be referred back to a social worker in a human service agency.

Meeting the Fund Criteria

When submitting an application, the following information is needed:

- Your name and the name of your organization , a brief account of the current crisis, describing why it is an emergency, what precipitated the crisis, what other attempts have been made to solve the problem, and why it is unlikely to reoccur.
- The amount requested and the basis of determination.
- The client's name, address (including county and zip code), age, racial or ethnic group, number of dependents, monthly income, source of income, and a breakdown of monthly expenditures.

Funding Decisions

Decisions on grants are usually made within one week from the time the application is received.

Payment of Grants

Payment of approved grant is made by the referring agency to the vendors (landlord, utility company, etc.) Cash grants are not made to clients.

The Central Minnesota Community Foundation sends a letter indicating the purpose of the grant to the case worker. This letter must be signed by the case worker as verification that the money has been used for the purpose intended. Once the letter is signed, it must be returned to the Good Samaritan Fund. Reimbursements are then made payable to the referring organization for use as specified in the grant letter.

Who to Contact

For more information, or to apply, contact:
Bruce Campbell, Good Samaritan Coordinator
Central Minnesota Community Foundation
101 7th AVE S #100
St. Cloud, MN 56301

Phone: 320-253-4380 Ext 16
Fax: 320-240-9215

Updated November 28, 2005

GOOD SAMARITIAN FUND APPLICATION

DATE: _____

To be completed by worker making request)

Worker: _____ **Agency:** _____

Worker's Phone# _____

Client Name: _____ **Age/Birthdate:** _____

Race: _____

Other Adults in the Household: _____

Age/Birthdate: _____ **Race:** _____

of Children: _____

Ages: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

County: _____

How long has client lived at this address: _____ **months/years**

If moving, new address : _____

Requesting \$ _____ **For:** _____
(if rent, for what month) _____

Circumstances leading the current crisis?

(Use back side of paper or an additional sheet if more room is needed.)

Monthly Income: _____

Amount of Food \$ _____ Stamps: _____

Source of Income:

(MFIP, SSI, Employment, Child Support, Other, etc.) (For employment Income, use net amount.)

Monthly Expenses

Rent or Mortgage _____

Cable \$ _____

Lot Rent \$ _____

Diapers \$ _____

Food \$ _____

Utility \$ _____

Car Payment \$ _____

Telephone \$ _____

Car Insurance \$ _____

Laundry \$ _____

Transportation Expense \$ _____

Other \$ _____

Child Car \$ _____

Total Expenses \$ _____

Has the client been assisted by County Emergency Assistance within the last 12 months? _____ Yes
_____ No?

If yes, for what
purpose? _____

What other community resources have been contacted for help?

Mail or Fax this form to:

Bruce Campbell, Good Samaritan Coordinator
Central Minnesota Community Foundation
101 7th AVE S #100
St. Cloud, MN 56301

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