

Town of Wayne

P.O. Box 400; 48 Pond Road
Wayne, ME 04284
Phone: (207) 685-4983 Fax: (207) 685-3836
<http://www.waynemaine.org>

Policy Guidelines for the Distribution of Resources from the Ladd Special Fund d/b/a Neighbors Helping Neighbors Fund

I. Purpose

This policy provides relevant guidance to the Town Staff (Town Manager, General Administrator, Outreach Coordinator) authorized by the Select Board to distribute funds from the **Ladd Special Fund d/b/a Neighbors Helping Neighbors Fund**. The Fund is established by donations received from concerned citizens and friends of the Town of Wayne and is expressly for the purpose of fulfilling an immediate critical need or other needed services to residents. Donations are made directly to the fund from individuals or organizations.

II. Definitions

Direct Payments:

No direct payments to applicant are allowed.

Disbursement:

A household may be eligible for a grant (loan) up to a maximum of \$1,200 per year. For each disbursement the applicant must apply to determine eligibility, need and qualifying expense. Each disbursement must be made for qualify expense and approved vendor.

Immediate critical need:

A family must demonstrate an immediate critical need to be eligible for a grant (loan).

- Recent loss of employment, income or wages
- Recent divorce/ separation
- Recent accident: car accident, storm damage
- Recent disability or medical diagnosis

Qualify Expenses:

- **Housing Assistance** (mortgage, rent)
- **End of Life Expenses** (burial, cremation, funeral)
- **Basic Needs** (food, prescriptions, personal supplies)
- **Auto** (auto must be families primary form of transportation)
- **Medical Bills** (hospital, doctor)

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- **Durable Medical Equipment** (walker, wheeler chair, hospital bed, body lift)
- **Utility** (electrical, telephone)
- **Heating** (oil, propane, wood)
- **Insurance** (deductible)
- **Clean-up unsafe living condition** (hoarding, bugs)
- **Home modifications** (handicapped accessibility ramp, grab bar)
- **Home repair** (replace or repair primary household appliance such as boiler, furnace, refrigerator, stove, water heater, well etc. or home repair to due to storm damage)

III. Eligibility

Only those persons or families that are ineligible for the General Assistance program may receive funds from the **Ladd Special Fund d/b/a Neighbors Helping Neighbors Fund**. Priority will be given to those applicants in the following order:

- a. Household with fixed income (e.g. Social Security, Pension, Annuity, retirement fund) – possibly with a threshold requirement, such as in b.
- b. Households with one or more wage earners at 120% or below the poverty level for Kennebec County and determined by DHS.
- c. Households with workers who have recently been laid off and expect to be laid off for 120 days or more.
- d. Other households in need at the discretion of authorized Town Staff.

Note: The following individuals and members of their households shall be ineligible to receive funds through this program:

- a. Local Elected Officials (Select Board, Budget Committee, RSU, School Committee members)
- b. Full-time Permanent Municipal Employees

IV. Application.

- a. Applications for grants (loans) from this fund must be made in person at the Town Office by the head of the household requesting funds.
- b. All applicants must first apply for General Assistance. If found ineligible for General Assistance, applicants may then be considered for Fund assistance.
- c. The Town Manager may waive the requirement for an interview at the Town Office if it is apparent the applicant is unable to attend.

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- d. Only Town of Wayne residents will be eligible for assistance.
- e. A decision must be made with 24 hours of application submitted.
- f. Applications are kept in confidence.

V. Record Keeping.

Each application will be filed by last name, in separate folder in the secure (locked) General Assistance file cabinet. These applications are not subject to public information requests.

Each approved request will be processed through the Town's Accounts Payable system. Each qualifying expense and approved vendor check will be filed by vendor, noted with NHN case number on each check. These are subject to public information requests.

Example: Vendor Info.
Description: NHN Fund
Case #: AC-2020-1

Case Number assigned by fund administrator to keep identify connect applicant with A/P system while keep confidentiality. Case number will be derived by applicants initials (first and last name), year, and disbursement request.

VII. Donation

Donations may be made directly to the fund through:

- Individuals or organizations wishing to assist,
- Individuals or organizations sponsoring specific fundraising events to support the fund,
- Individuals or organizations wishing to apply for grants to support the fund,

Any individuals or organizations wishing to sponsor a specific fundraising events for the fund or any individuals or organizations wishing to apply for a grant to support the fund must get approval from Town Manager.

No donations will be earmarked to a specific person or purpose. All donations made will be recorded for auditing purposes only. All donations will be followed up with a thank you, letter.

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Approved of by the Select Board on April 7, 2020

Don Welsh, Chair

Trent Emery, Vice Chair

Amy Black

Lloyd Irland

Stan Davis

Attest:

Town Manager

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Neighbors Helping Neighbors Fund Application

Name: _____ Date: _____

Address: _____

Phone: _____

Household Income (see GA application sec. 4) \$ _____

Household Expense (see GA application sec. 6) \$ _____

Amount Request: \$ _____

A family may be eligible for a grants (loan) up to a maximum of \$1,000 per year. Each disbursement the applicant must apply to determine eligibility, need and qualifying expense.

Assistance Request:

Please check all boxes you are requesting assistance. Please attach bill, statement, contract, proposal and/ or estimate to application.

- Auto Repair** (auto must be families primary form of transportation)
- Basic Needs** (food, prescriptions, personal supplies)
- Clean-up unsafe living condition** (hoarding, bugs)
- Durable Medical Equipment** (walker, wheeler chair, hospital bed, body lift)
- End of Life Expenses** (burial, cremation, funeral)
- Heating** (oil, propane, wood)
- Home modifications** (handicapped accessibility ramp, grab bar)
- Home repair** (replace or repair primary household appliance such as boiler, furnace, refrigerator, stove, water heater, well etc. or home repair to due to storm damage)
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- Utility** (electrical, telephone)

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Demonstrate Immediate Critical Need and Explanation for the Request.

Applicant Signature: _____

Office Use Only

Approved: _____ **Case #:** _____ - _____ - _____

Denied: _____ (state below why denied)

Comments:

Referral Handout Given: Y/N

Administrators Signature: _____

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Accounts Payable Check Request Form

Vendor Name: _____

Vendor Number: _____

Description: Neighbors Helping Neighbors Fund
Case #: _____ - _____ - _____

Amount: _____

Date: _____ Administrator: _____

Accounts Payable Check Request Form

Vendor Name: _____

Vendor Number: _____

Description: Neighbors Helping Neighbors Fund
Case #: _____ - _____ - _____

Amount: _____

Date: _____ Administrator: _____

Accounts Payable Check Request Form

Vendor Name: _____

Vendor Number: _____

Description: Neighbors Helping Neighbors Fund
Case #: _____ - _____ - _____

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