



Michael's Gift



History

Michael's Gift is a charity developed to honor Michael Ridgeway, who died at age 6. It was established as a memorial fund to be used to help Orange County youth reach their potential. Funds are to be used for enrichment activities and are not used to duplicate existing resources. All funds made available through this program are received as donations or made through fundraising efforts.

There is a cap placed upon the amount that can be utilized each year per child. In addition, there is a cap placed on each individual activity that Michael's Gift will pay out. Both of these caps are determined at the beginning of the county's fiscal year, however, the cap may be adjusted throughout the year depending on the availability of funding. Please check with the Office on Youth for this information. In the event Michael's Gift funds drop below the threshold designated by the Michael's Gift committee, consideration for assistance will only be given to children who have not accessed Michael's Gift in the past.

Procedure for Requests

Complete a Michael's Gift application and return it to the Office on Youth prior to the end of the registration period for the activity in which the request is being made. In addition, parents must make a \$10.00 "co-pay", *per child*, to the organization that sponsors the activity listed on the request form. A copy of the receipt of payment must accompany the request form *before* it can be considered for assistance. Parents will also need to bring proof of any assistance that is marked on the front of the request form to verify information that is provided.

Once all required information is received, the request will be considered and will be either denied or approved based on the eligibility of funds and previous funds used by the individual child. If the child has met their cap for the year (January – December of each year) funds will be denied. In the event the cap does not cover the entire price of the activity, the parent or guardian will be responsible for the difference. Parents or guardians will be notified within two weeks of the receipt of the request as to the status of the application. Contact may be made via telephone, email, or letter. Please be sure you provide current, correct information so we can reach you in the event we have a question.

If at any time you have a question, please contact the Office on Youth at (540) 672-5484 ext.4. We look forward to helping provide the opportunity to enrich the lives of the children in the Orange community.

Eligibility Criteria

- ✓ Youth must attend Orange County Public Schools or,
- ✓ Youth must be an Orange County resident, and
(Proof of enrollment or residency may be required)
- ✓ Youth must be under the age of 18

Orange County Office on Youth

146 Madison Road, Suite 205 Orange, VA 22960

Tel: (540) 672-5484 / Fax: (540) 672-2311



Michael's Gift

(Please Print)

Personal Information: *(one child per request)*

Child's Name:	Age:	DOB:
Parent/Guardian Name:	Phone:	
Address:		
City:	State:	Zip:
School:	Grade:	Email:

Please state what you are asking Michael's Gift to fund:

Who is the Check written to? *(This section must be complete in order for request to be considered.)*

Organization Name:		
Address:		
City:	State:	Zip:
Organization Phone:		
Total Cost of Program:	Deposit Made by Parent:	Amt Requesting to be pd:

Have you received Michael's Gift in the past?

<input type="checkbox"/> Yes - Explain how funds were utilized:
<input type="checkbox"/> No - Person or group who made referral:

Check if your child is receiving any of the following: *(proof required)*

- TANF SNAP Free Lunch Reduced Lunch Medicaid
- Other - Please explain:

*** ___ Proof of need provided - Michaels Gift Committee Member Initial ___

Date Received: _____ Initials: _____

Form Continued on Back

Form effective July 1, 2015

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(Please Print)



Please read and initial each statement below. By initialing, you are acknowledging the requirements of Michael's Gift.

_____ I understand that Michael's Gift will only pay a portion of my child(ren)'s enrichment activities fee and that I am ultimately responsible for any and all fees for activities until contacted by Michael's Gift.

_____ I understand that if Michael's Gift agrees to supplement any enrichment activity and my child does not participate, it could jeopardize future funding requests for my child.

_____ I understand that if I request Michael's Gift for my child(ren), a step-down, tiered system will be used for requests as listed below:

- | | |
|----------------------------|---|
| <i>First year request</i> | ** Child may receive a maximum of \$100 for the calendar year. |
| <i>Second year request</i> | ** Child may receive a maximum of \$75 for the calendar year. |
| <i>Third year request</i> | ** Child may receive a maximum of \$50 for the calendar year. |
| <i>Fourth year request</i> | ** Child may receive a maximum of \$25 for the calendar year. |
| <i>Fifth year request</i> | ** Child may not receive any assistance for the calendar year. |
| | ** Assistance levels may be adjusted based on funding availability. Please ask what current levels are when applying as applications may be old. |

_____ I understand that in order to pay for enrichment activities, the County of Orange must have certain financial information (W9) on file for each vendor. In the event the vendor does not provide required information, parents will be responsible for payment to the vendor until a W9 is received.

_____ I understand that all funds are distributed to a vendor only. Parents **will not** be reimbursed for payments already made.

_____ Parents are required to pay a co-payment of \$10 per child for each application received. This can be made directly to the Office on Youth when request is turned in or paid to the vendor and the parent provide a written receipt that the co-pay has been made. This must be done prior to the consideration of the request.

****By signing below, I certify that all information listed on this application is true, accurate, and complete. In the event any information is found to be false, future request may be jeopardized. I also understand that this request does not guarantee assistance for any program. Parents will responsible for all fees incurred in the event the request is denied or the requested amount is more than the approved funding assistance.****

Parent Signature: _____

Date of Request: _____