



COMMUNITY LIVING FUND INDIVIDUAL GRANT APPLICATION

All information submitted on the grant application is confidential and will not be used for any other purpose. Grants funded through the Community Living Fund are objective and non-discriminatory. **Family members or board members of the administrating organization are not eligible to apply for or receive grant funds. Only one application may be submitted per family each year.** Requests for up to \$1,000 may be made. Individuals are eligible to receive grant funds every 3 years. Grant funds received must be used for the approved purposes within 3 months. Applicants must comply with submission requirements and the terms of the grant agreement. All requested information must be submitted for funding review and selection. Funding decisions of the Community Living Fund Committee are final.

Applicant Name: _____

Applicant Street Address: _____

Applicant City, State, Zip: _____

Applicant Phone Number: _____

Name of Applicant's Representative:
(if assisting with grant application) _____

Phone Number of Applicant's Representative:
(home, business or cell) _____

Email Address of Applicant's Representative: _____

Amount Requested:
(Maximum of \$1,000) _____

APPLICANT'S REQUEST:

Please mark the purpose for which the grant funds are being requested.

<input type="checkbox"/> HOME MOBILITY DEVICES:	<input type="checkbox"/> Hand Rails	<input type="checkbox"/> Wheelchair Ramps
<input type="checkbox"/> HOME SAFETY DEVICES:	<input type="checkbox"/> Fences	
<input type="checkbox"/> FIRST TIME HOME DEPOSIT:	<input type="checkbox"/> Rent Deposit	<input type="checkbox"/> Utility Deposit (Gas, Electric, Water)
<input type="checkbox"/> BASIC HOME FURNISHINGS:		
PLEASE NOTE: Grant funds are not given for computers, televisions, entertainment equipment, cable bills, cell phones, personal care items, clothing, food, medical/dental bills, home flooring/windows, items already purchased and services already completed.		

How will this grant help you? _____

What will this grant accomplish? _____

On a separate page, please briefly describe (not to exceed one page) how the individual specifically intends to use the grant money and within what time period (not to exceed 3 months). Please include documentation (estimates and/or invoices) with the application to validate cost of supplies or services to be covered by grant funds. The Community Living Fund reserves the right to inquire if grant monies have been used according to request and within the 3 month time frame. If grant funds are awarded, receipts or invoices must be submitted as proof of use of funds within 3 months of receiving check. If funds have not been used appropriately or for intended purposes, funds must be returned immediately.

INDIVIDUALS REQUESTING GRANT FUNDS MUST ALSO SUBMIT THE FOLLOWING VERIFICATION DOCUMENTS WITH THIS GRANT APPLICATION IN ADDITION TO THE ONE PAGE SUMMARY AND ESTIMATES AND/OR INVOICES.

- Individual has a developmental disability
- Individual is currently living in a community setting or planning to live in a community setting
- Individual has a financial need (copy of Medicaid, Waiver or SSI funding *and* Personal Tax Return *and/or* Family Tax Return if individual is living in the family home. *Please delete all personal information.*)
- The request is not covered by governmental-entitlement-program funding

Please submit the names and phone numbers of 2 additional references not family members that can validate the need for grant funding:

Name	Phone Number	Relationship to Grantee

Signature of Applicant: _____

Print Name of Applicant: _____

Date of Submission: _____

GRANT APPLICATIONS SHOULD BE DIRECTED TO:

Community Living Fund
 c/o Foundation For the Challenged
 5970 Wilcox Place, Suite E
 Dublin, Ohio 43016-6808

****Please note that fax and telephone submissions/inquiries will not be accepted****

SUBMISSION DEADLINES:

Grants are made four times per calendar year. Following are deadlines pertaining to grant applications.

APPLICATIONS MUST BE RECEIVED BY	COMMITTEE REVIEW COMPLETED BY	GRANTEE NOTIFICATION BY MAIL
January 31	February 28	March 31
April 30	May 31	June 30
July 31	August 31	September 30
October 31	November 30	December 31