



## 2026 Auglaize County CCF Mini-Grant Application

\*Please print and complete both pages\*

The Capabilities Charitable Fund awards \$50-\$500 mini-grants to individuals with disabilities residing in Auglaize County. Funds for the Auglaize County Mini-Grant Program were provided by the St. Marys Eagles 767.

**Applicant Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**County of Residence:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Please identify eligibility:**

**DODD:** Yes  No

**Medicaid Waiver Type:** IO  Level 1  SELF  Local Funding  NA

**OOD Services:** Yes  No

**Disabled Veteran:** Yes  No

**Short-Term/Temporary Disability** (Requires Medical Professional Documentation) Yes  No

**Name of the person helping with this application (if applicable):** \_\_\_\_\_

**Phone Number and email of the person helping with the application:** \_\_\_\_\_

**If your application is approved, is the above address where the money should be sent? Yes**

If not, please provide the address: \_\_\_\_\_

**Are you willing to share your success story if funded (not required)?** Yes  No

**Total amount of money requested \$50 to \$500):** \_\_\_\_\_

**Which area is your request for (choose only one)?**

**Community Employment:** \_\_\_\_\_

**Independent Living:** \_\_\_\_\_

**Internet Access:** \_\_\_\_\_

**Transportation:** \_\_\_\_\_

**Education:** \_\_\_\_\_

**Community Inclusion:** \_\_\_\_\_

**Please complete the information below:**

Item(s) Requested	Expected Cost	Purchase from where?



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**Description of Request (How will this grant money help you achieve your goal? How will you spend the money? What will you buy? When will you buy it? When will you start using it?):**

Yes - I understand I will be required to provide receipts of purchases made with this funding.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Applications will be accepted in 2026 until funds are depleted

Please submit applications via email to:

[capabilitiescharitablefund@gmail.com](mailto:capabilitiescharitablefund@gmail.com)

or

**BY MAIL TO:**

## **Capabilities Charitable Fund Mini-Grant**