



2025 Statewide CCF Mini-Grant Application

Please print and complete both pages

Capabilities Charitable Fund awards \$50-\$500 mini-grants to individuals with disabilities residing in Ohio.

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 no, 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?

Capabilities Charitable Fund Mini-Grant
809 McKinley Road, St. Marys, Ohio 45885