



2026 Montgomery 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 Montgomery County. Funds for the Montgomery County Mini-Grant Program were provided by the **Brighter Tomorrow Foundation**.

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?

Please complete both pages

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Signature: _____ **Date:** _____

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