



2026 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?



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Description of Request (*How will this grant money help you achieve your goal(s)? 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

or

BY MAIL TO:

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