



## 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?

Submit all questions/printing concerns via email to Karen Blumhorst: [capabilitiescharitablefund@gmail.com](mailto:capabilitiescharitablefund@gmail.com)

419-778-7334

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