



2026 Athens County CCF Mini-Grant Application

Please print and complete both pages

The Capabilities Charitable Fund awards \$50-\$500 mini-grants to individuals 14 with disabilities residing in Athens County. Funds for the Athens County Mini-Grant Program were provided by the ATCO Legacy Fund.

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 ___

Other 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, must be related to community employment or inclusive activities)?*

Community Employment: ___ **Independent Living:** ___ **Employment Internet Access:** ___

Transportation: ___ **Education:** ___ **Community Inclusion:** ___

Please complete the information below:

Item(s) Requested	Expected Cost	Purchase from where?

