



**2026 Statewide 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 Ohio. Current eligible counties include: Athens, Auglaize, Darke, Gallia, Mercer, Montgomery, Perry, Putnam, Shelby, and Vn Wert.*

**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?

