

# Life Enrichment Grant Application

## Abilities Unite Foundation of the Mahoning Valley



The mission of the Abilities Unite Foundation of the Mahoning Valley is to enhance the quality of life of individuals with developmental disabilities eligible for services through Trumbull, Mahoning, and Columbiana County Boards of Developmental Disabilities. We achieve this through creating meaningful opportunities, providing resources, and promoting community awareness to enrich to lives of the individuals we serve.

Life Enrichment Grants are made possible by Abilities Unite Foundation fundraising events and private contributions. The grant program is intended to directly enhance the life of the individuals we serve. Grants will be reviewed by the Executive Director and Operations Manager in accordance with eligibility guidelines.

### Eligibility

1. Individual must be eligible for services through the Trumbull, Mahoning, or Columbiana County Boards of Developmental Disabilities.
2. A grant request should only be submitted after exhausting all other revenue resources, including Home and Community Based Waivers (Individual Options, Level One, or Self-Empowering Life Funding).
3. Checks will NOT be made out to individuals.

### Grant funding categories

Grant funding is intended to directly enrich the life of an individual with a developmental disability.  
Annual Maximum Funding Limit: \$500

Examples of assistance include, but not limited to:

- Camp or Summer Enrichment Programs
- Non-traditional therapy not eligible for insurance coverage (ex. equestrian therapy, music therapy)
- Inclusive Community Activities (ex. Pin Pal Bowling League)
- Adaptive equipment and clothing
- Legal Assistance for Guardianship and Supported Decision Making
- Rent for Adults seeking to increase independence (one time assistance for new apartment needs)
- Assistance with down payment to purchase a wheelchair accessible vehicle
- Assistive technology / communication devices

### The following will not be considered for grants:

- Rent/mortgage for minors
- Utilities for minors
- Tuition for primary school
- Medical bills/co-pays/deductibles
- Household repair and maintenance
- Fines
- Automobile purchases & repairs
- Requests that can be billed under Medicaid
- Child Care
- Past balances

# Life Enrichment Grant Application

## Abilities Unite Foundation of the Mahoning Valley



Name of applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Does the applicant have a waiver?  YES  NO If yes, what type of waiver: \_\_\_\_\_

Is applicant 21 years old or younger?  YES  NO Date of Birth: \_\_\_\_\_

County Board of DD individual is eligible for services with:  Columbiana  Mahoning  Trumbull

Applicant signature or parent/guardian: \_\_\_\_\_

### To be completed by a County Board of DD employee:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Explain what the request is for:

What is the nature of the request and how will it benefit the individual? Attach brochure, schedule or resource information that explains the request.

---

---

---

---

# Life Enrichment Grant Application

## Abilities Unite Foundation of the Mahoning Valley



How much support is the applicant requesting?

\$ \_\_\_\_\_

Provide quote, invoice, estimate of requested items, etc. where possible.

Indicate if there is a negotiated rate.

Amount the Applicant is able to contribute:

\$ \_\_\_\_\_

List and explain all other revenue sources and community funding sources that have been exhausted.

---

---

Additional information:

---

---

---

Make check payable to: \_\_\_\_\_

Mail to: \_\_\_\_\_ c/o: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Approved: YES NO \_\_\_\_\_ Date: \_\_\_\_\_

Executive Director of Abilities Unite Foundation Signature