



ASSISTIVE TECHNOLOGY GRANT 2017/18

All information submitted on the grant application is confidential and will not be used for any other purpose. Grants funded through this technology grant are objective and non-discriminatory. **Family members or board members of the administrating organization are not eligible to apply for or receive grant funds.** Requests for up to \$750 may be made. Individuals are eligible to receive Assistive Technology grant funds every 3 years (*must not have received funding from any other grant opportunity from the Arc of Snohomish County within the last 2 years*). Grant funds received must be used for the approved purposes within 3 months. Applicants must comply with submission requirements and the terms of the grant agreement (see grant criteria and guidelines). All requested information must be submitted for funding review and selection. Funding decisions about the Assistive Technology Grant are final.

Applicant Name: _____

Applicant Street Address: _____

Applicant City, State, Zip: _____

Applicant Phone Number: _____

Client of DDA? Yes No

Name of Applicant's Representative:
(if assisting with grant application) _____

Phone Number of Applicant's Representative:
(home, business or cell) _____

Email Address of Applicant's Representative: _____

Amount Requested:
(Maximum of \$750) _____

APPLICANT'S REQUEST: List assistive technology goods requested below

PLEASE NOTE: Grant funds are not given for desktop computers, laptop computers, televisions, entertainment equipment, etc.

Gross Monthly Income: (*see grant guidelines & attach supporting documents if necessary*) _____

Number of members in household: _____

On a separate page, please briefly describe (not to exceed one page) the purpose for which the grant funds are requested. Also include how this grant will help and what will this grant accomplish. Please include documentation (estimates and/or invoices) with the application to validate the cost of supplies to be covered by grant funds. The Arc of Snohomish County will submit funds directly to the store or vender. Invoices or estimates, including address or website of where payment will be made, must be included with the grant application.

INDIVIDUALS REQUESTING GRANT FUNDS MUST SUBMIT THE FOLLOWING DOCUMENTATION WITH THIS GRANT APPLICATION.

- Verification of a developmental disability diagnosis (using the Developmental Disability Administration criteria)
- Proof the Applicant is currently living in a community setting or planning to live in a community setting in Snohomish County
- Individual has a financial need (copy of Medicaid, Waiver or SSI funding *and* Personal Tax Return *and/or* Family Tax Return if individual is living in the family home. *Please delete all sensitive personal information.*)
- Letter from Licensed Therapist, Medical Professional, or Educator that supports specific request
- Letter from applicant or applicant's representative that describes grant fund requests *see box above
- Estimates or invoices for cost of assistive technology request

Please submit the names and phone numbers of 2 additional references that can verify the need for grant funding:

Name	Phone Number	Relationship to Grantee

By selecting the "I Accept" button, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Agreement. **I Accept**

Signature of Applicant/Representative: _____

Print Name of Applicant/Representative: _____

Date of Submission: _____

GRANT APPLICATIONS SHOULD BE DIRECTED TO:

Assistive Technology Grant
 c/o The Arc of Snohomish County
 Attn: Megan Mittelstaedt
 2500 Hewitt Avenue, Suite 300
 Everett WA 98201
Megan@arcsno.org

****Please note that telephone submissions/inquiries will not be accepted***

SUBMISSION DEADLINES:

Completed applications can be turned in at any time. Grant applications will be reviewed on a monthly basis in order of receipt.

For Questions contact Megan Mittelstaedt Megan@arcsno.org 425-258-2459 ext. 108

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