

Champaign County Advocacy and Mentoring Resources Personalized Mini Grants

Mini grants are available through the Champaign County Advocacy and Mentoring Resources (CCAMR) for adults (age 18 and older) with a formal diagnosis of intellectual disability. The purpose of a mini grant is to enrich the life of an individual with intellectual disability to:

- 1) attain the most independent, productive and dignified lifestyle possible,
- 2) attain the living arrangement they choose,
- 3) learn new skills to realize personal goals,
- 4) be an active member of the community, and/or
- 5) form friendships and social ties within the community.

Funds may be used to purchase any equipment or services that an individual believes will enrich his or her life in the areas listed above.

CCAMR has a rich history of providing services and supports to individuals with intellectual disability. Applications for funding must include our guiding principles:

- 1) Individuals should be treated with the dignity and respect deserved by all people and should experience the rewards and trials of participating in the community.
- 2) Individuals should be able to make choices about where to work, live, and spend personal time.
- 3) Individuals should be responsible for and have major input into planning their own future and have the support they need to do life-long planning.

Mini grants range from **\$100 to \$2,000**. CCAMR accepts applications from individuals with intellectual disability, their advocates, or their guardians. Groups, organizations, and agencies are not eligible. Applicants are encouraged to read the *Frequently Asked Questions* on page 2 for tips on completing the grant application.

Frequently Asked Questions About Writing a CCAMR Mini Grant

Who is eligible?

- Residents of Champaign County
- Adults (18 years and older) with intellectual disability—documented IQ of 70 or less by a professional
- Adults with traumatic brain injury (TBI) whose injuries are more than a year old and have an intellectual disability as stated by a physician
- Individuals who have not received a mini-grant in the last 12 months

What types of documents can be used to show a formal diagnosis of intellectual disability?

- Official test/assessment of IQ
- IEP with stated Intellectual Disability or comparable
- Individual Habilitation Plan (IHP) or Individual Program Plan (IPP) with stated Intellectual Disability or comparable
- Physician letter stating Intellectual Disability
- Psychologist letter stating Intellectual Disability
- When **none** of the above options are available, other documentation will be considered on a case-by-case basis.

How often can an individual apply for a mini-grant?

- Once per year
- Priority will be given to first time applicants
- Prior awards will be considered when reviewing new applications from previous awardees

What will CCAMR fund?

- Items, equipment, activities, and personal supports that increase independence, enhance quality of life, and/or increase socialization
- Does not include: (a) reimbursable items/payments, (b) funds toward the purchase of items that are bought on payments, or (c) funds for payment of ongoing living expenses such as rent or utilities or medication.

What do I have to do to submit an application for a mini-grant?

- Answer all questions on the application
- Provide documentation of intellectual disability
- Provide documentation from a professional regarding the appropriateness of any technology you are requesting

What is the deadline for submitting a mini-grant and getting a decision?

- We review grants every 3 months. A decision is made on every application within 30 days after the application deadline.
- During the decision-making period, you may be contacted for more information. If further information is requested, applicants must respond within one week or their application will not be funded in the current application period.
- All grant applicants will be provided with feedback regarding their grant submission following the review process.
- Deadlines for submitting grants and receiving a decision are listed below.

Application Deadline	Date of Decision
February 1	March 1
May 1	June 1
August 1	September 1
November 1	December 1

Where do I submit my completed application?

- Please mail your application and documentation of intellectual disability to the following address:

CCAMR
P.O. Box 92
Champaign, IL 61824

What if I have more questions?

- Call Adelle Renzaglia at 217-586-5256 or email us at ccamrboard@gmail.com

Grant Review: Grants will be reviewed after each submission date. Decisions regarding grant funding will be made within 30 days of the submission date.

Am I Eligible to Apply?

Answer the following questions. To be eligible, *all* responses must be YES.

1. Do I live in Champaign County? YES/NO
2. Am I 18 years of age or older? YES/NO
3. Do I have a documented intellectual disability? YES/NO
4. If I received a grant previously from CCAMR, has it been at least a year? YES/NO
5. Are the funds that I am requesting for something that has not yet been purchased? YES/NO
6. If the amount I need is greater than the \$2000 maximum awarded by CCAMR, do I have the remaining funds secured for purchasing the items/activities? YES/NO
7. Does my grant request have one specific focus for funds? YES/NO

CCAMR Personalized Mini Grant Application

I. PERSONAL INFORMATION

A. Name: _____

Birthdate: _____

Address: _____

Phone Number: _____

Do you have an intellectual disability? Yes No
Please provide documentation of an intellectual disability.

B. Name of Person who will Monitor the spending of
money: _____

Address: _____

Phone Number: _____

Email Address: _____

II. ABOUT ME

Information about you, where you live, where you work and your current resources is needed. Please answer the following questions?

A. Who do you live with? _____

What relationship are they to you? _____

B. Does anyone give you personal support in your home? Yes No

If yes, who? _____

C. Do you have a job? Yes No

1. If yes, where?

2. What do you do in your job?

3. How many hours per day and per week do you work?

4. How much money do you make in your job?

D. What other sources of income do you have?

E. If you do not have a job, how do you spend your time during the day?

F. How do you travel about the community; what types of transportation do you use? _____

G. How did you hear about CCAMR personalized mini grants?

II. DETAILED BUDGET AND TIMELINES

Specific items/activities on which proposed funds will be spent must be listed and described with corresponding dollar figures. Additionally, the timelines for budget spending should be delineated. **Be specific!**

Please put your request for money into the following table:

BUDGET

Items/Activities	Expected Cost	Month/Date when money will be spent
Total money needed*:		

*You may include applicable taxes and shipping fees.

III. PURPOSE

The proposed use of funds must be described. Applicants must address how the proposal incorporates the guiding principles listed above and increases an individual's opportunities to: 1) attain the most independent, productive and dignified lifestyle possible, 2) attain the living arrangement she or he chooses, 3) learn new skills and values to realize personal goals, 4) be an active member of his or her community and to utilize available opportunities, and/or 5) form friendships and social ties.

Please respond to this section in narrative (not more than 1 type written page) or by answering the following questions:

A. What are you going to use the money to do?

B. Will the way you want to use the money help you:

1. become more independent? Yes No
If you said Yes then how?

2. live where you choose? Yes No
If you said Yes then how?

3. learn new skills? Yes No
If you said Yes then how?

4. be able to participate in community activities? Yes No
If you said Yes then how?

5. meet new friends or do something with old friends? Yes No
If you said Yes then how?

*** If you are requesting therapeutic or educational equipment
or adaptive technology, please provide a recommendation**

from a specialist (e.g. speech/language therapist, physical therapist) validating the appropriateness of your request.

IV. NEED

The need for funding must be explained including why funding is not available through other sources or how the proposed funds will enhance, **not duplicate**, the funds currently available to the individual.

Please respond to this section in narrative (not more than 1 type written page) or by answering the following questions:

A. Have you received funds from CCAMR previously? Yes No

If you said Yes:

1. When did you receive funds?

2. For what purpose did you receive funds?

B. Why do you need this money?

C. Do you already have some money to do this? Yes No

If Yes, where is that money coming from?

D. How will the money you are asking for here add to what you already have?

Grant Completion Checklist

Before submitting your grant, please review the following questions to be sure you have included all of the information/documentation required.

1. Is documentation of my intellectual disability attached?
2. If technology is requested (such as computer technology or software, phone technology, etc.), is documentation from a professional of the need and appropriateness of the technology attached?
3. Does my budget provide a detailed listing of the items/activities and their anticipated costs?
4. Does my budget include specific anticipated timelines, with dates, for expending funds?
5. If the items/activities cost more than the funds requested, have I provided documentation of how the remaining funds will be provided?

Who prepared this proposal?

Name: _____

Phone Number: _____

Email Address: _____

Please submit your proposal for a mini grant to:

**CCAMR
P.O. Box 92
Champaign, IL 61824**