



COMMUNITY ACCESS FUND
INDIVIDUAL GRANT APPLICATION

All information submitted on the grant application is confidential and will not be used for any other purpose. Grants funded through the Community Access Fund 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 \$200 may be made. Individuals are eligible to receive this grant funding from The Arc of Snohomish County once every 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. All requested information must be submitted for funding review and selection. Funding decisions of the Community Access Fund Committee are final.

Applicant Name: (person who will be receiving item or service) _____

Applicant Street Address: _____

Applicant City, State, Zip: _____

Applicant Phone Number: _____

Applicants Date of Birth: _____

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 \$200) _____

APPLICANT'S REQUEST:

Please mark the purpose for which the grant funds are being requested.

Form with checkboxes for Inclusive Class, Inclusive Camp, and Inclusive Recreation.

The focus of the Community Access Fund is to provide qualified individuals with funding for inclusive community opportunities including, but not limited to:

- List of activities: Dance Class, Exercise Class, Sewing Class, Day Camp, Cooking Class, Photography Class, Music Class, Art Class, Tae Kwon Do, Swimming Class, Computer Class, Yoga Class.

SUBMISSION DEADLINES

This Grant will be offered until funds are depleted. Applicants must have all documentation submitted for consideration. Activities requested must be a new inclusive opportunity. Applicants that meet these requirements will be funded in order of date received.

APPLICANT’S REQUEST:

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 with inclusive community involvement. Please include documentation (invoices or documentation) with the application to validate the cost of supplies or services to be covered by grant funds. The Arc of Snohomish County will pay for goods and services directly to store or vender. Invoices or estimates including addresses or website of where payment will be made must be included with grant application

INDIVIDUALS REQUESTING GRANT FUNDS MUST ALSO SUBMIT THE FOLLOWING VERIFICATION DOCUMENTS WITH THIS GRANT APPLICATION IN ADDITION TO THE ONE PAGE SUMMARY AND ESTIMATES AND/OR INVOICES.

- Verification of a developmental disability (Developmental Disability Administration criteria used)
- Proof that Applicant lives in Snohomish County
- Verification of Financial Need (copy of Medicaid, Waiver or SSI). Other documents could include Personal Tax Return or Family Tax Return if individual is living in the family home and/or a letter explaining financial need. Any other supporting documents. *(Please delete all personal information such as social security numbers.)*
- Letter from applicant that describes grant fund requests **see box above for details*
- Invoices or documentation for cost of class, camp or recreation

Applications without requested documentation will not be considered for funding.

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

Name	Phone Number	Relationship to Grantee

I confirm that the information in this application is correct. I also understand if application is granted I will be required to complete a follow-up survey 3-6 months after funding has been dispersed.

Signature of Applicant or Representative: _____

Print Name of Applicant or Representative: _____

Date of Submission: _____

GRANT APPLICATIONS SHOULD BE DIRECTED TO:

Community Access Fund
c/o The Arc of Snohomish County
2500 Hewitt Avenue, Suite 300
Everett WA 98201

For Questions Contact Megan Mittelstaedt Megan@arcsno.org 425-258-2459 x108