

ASSISTIVE TECHNOLOGY GRANT 2019/2020

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 \$700 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*). 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 \$700)		

APPLICANT'S REQUEST: List assistive technology goods requested below

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

Gross Monthly Income: (see grant guidelines for financial threshold)
Number of members in household:
Ethnicity (optional)

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 improve the applicants' communication abilities. 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 Eligibility, <https://www.dshs.wa.gov/sites/default/files/FSA/forms/pdf/14-459.pdf>)
- ☐ Proof the Applicant is currently living in Snohomish County
- ☐ Individual has a financial need. Can be a copy of SSI funding or Personal Tax Return and/or Family Tax Return if individual is living in the family home. (*Please delete all sensitive personal information.*) *See grant guidelines for financial threshold
- ☐ 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

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

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