

Champaign Community Advocacy and Mentoring Resources

Personalized Mini Grants

Mini grants are available for adults (**age 18 and older**) with a formal diagnosis of intellectual disabilities through the Champaign Community Advocacy and Mentoring Resources (CCAMR). The purpose of the mini grants is to enrich an individual's life by providing funds to support the purchase of equipment, supports that will assist the individual in maintaining or obtaining independence in his or her home or community, or to support activities that will enhance the individual's quality of life. CCAMR has a rich history of providing service and supports to individuals with intellectual disabilities with the following guiding principles:

- a. 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.
- b. Individuals should be able to make choices about where to work, live, and spend personal time.
- c. 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.

Applications for mini grants must incorporate these guiding principles and increase an individual's opportunities to: 1) attain the most independent, productive and dignified lifestyle possible, 2) attain the living arrangement they choose, 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.

Applications for mini grants ranging **from \$100-\$2,000** may be submitted to CCAMR by **individuals** with intellectual disabilities, or their advocates or guardians for them. No applications for groups or for organizations or agencies will be funded in this initiative. The following must be included in the application. You can provide narrative responses in each section or respond specifically to each question that is listed under each section.

I. PERSONAL INFORMATION

A. Name: _____

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. 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 assistive technology, please provide a recommendation from a specialist (e.g. speech/language therapist, physical therapist) validating the appropriateness of your request.**

III. 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. Why do you need this money?

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

If Yes, where is that money coming from?

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

D. 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?

E. 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.

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:		

Who prepared this proposal?

Name: _____

PhoneNumber: _____

Email Address: _____

Please submit your proposal for a mini grant to:

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

Annual deadlines for submitting personalized mini-grants are:

**February 1
May 1
August 1
November 1**

Grant Review:

Grants will be reviewed after each submission date. Decisions regarding grant funding will be made within 30 days of the submission date. During the decision-making period, individuals should expect to be contacted to provide additional needed information regarding their grant request. An interview may be requested if in-person contact would provide needed information. If further information is requested, applicants must respond within one week or the grant 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.

If you have questions regarding these awards, please feel free to contact Adelle Renzaglia:

By email (preferred): - renzag@illinois.edu
By phone: 217-586-5256