

***Abilities Plus Endowment***  
**Funding Application**

Applicant Name/Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact person for project: \_\_\_\_\_  
(if different than above):

Phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_  
(if different than above) (if different than above)

- 1. Describe the project and how it will promote independence and active decision making for persons with disabilities in Henry, Stark and western Bureau Counties. List specific objectives. Attach pages if needed.**

**2. List anticipated time line and activities.**

- a. Planned Start Date: \_\_\_\_\_ Planned Completion Date: \_\_\_\_\_
- b. Give a chronological time line of planning and activities. **Underline the dates which indicate commitments (i.e. material orders, reservations, money due, etc.)**

**3. Approximately how many individuals will benefit from this project and who are these individuals? (Targeted geographic area [must include Henry, Stark and/or western Bureau Counties], types of disabilities/functional capacities, age groups, etc.)**

**4. What is the total cost of the project? Show an itemized budget - attach additional pages if needed.**

<b>Consultants/Specialists Fees</b>	\$ _____
<b>Materials and Supplies</b>	\$ _____
<b>Other Labor Costs</b>	\$ _____
<b>Equipment</b>	\$ _____
<b>Other (Please explain - be specific)</b>	\$ _____

\_\_\_\_\_

\_\_\_\_\_

**Total Funds Requested** \$ \_\_\_\_\_

**5. Do you have another source of funding for this project? If yes, which portions of the project are you asking the Abilities Plus Endowment to support for co-funding?**

**6. Indicate how you will evaluate the effectiveness of this project.**

**Return to: Abilities Plus Endowment, 1100 N. East Street, Kewanee, IL 61443  
Due to Abilities Plus by March 30, 2018**