



THE DISABILITY
FOUNDATION

2019 Grant Application Cover Sheet

Organization: _____

Address: _____

City/State/Zip: _____

Contact Person: _____

Daytime Phone: _____ Mobile: _____

Email Address: _____

Title of Project: _____

BTF Priority:

____ Expansion of Services ____ Wheelchair Accessible Transportation Equipment ____ Lasting Equipment

____ Remodeling to improve accessibility and efficiency ____ Housing ____ Education ____ Recreation

Grant will support the needs of (check all applicable):

____ only Adults with disabilities

____ both Adults and Children with disabilities

____ only children with disabilities

____ Other, specify: _____

Amount Requested: _____

Name of Organization's Authorizing Agent: _____

Signature of Authorizing Agent: _____

Date: _____