

Champaign County Developmental Disabilities Board One-Time Mini-Grants, Due November 8, 2019

One-Time Mini-Grants are available through the Champaign County Developmental Disabilities Board (CCDDB) for people who:

- are enrolled in the Illinois Prioritization of Urgency for Need of Services (PUNS);
- live in Champaign County;
- do not use long term supports and services funded by Illinois Department of Human Services, the Champaign County Mental Health Board (CCMHB), or the CCDDB;
- have a need/preference which can be met by a one-time purchase;
- and do not have the ability to pay for that purchase.

Ideally this one-time purchase would:

- improve/increase positive relationships;
- increase personal satisfaction;
- support real work and economic self-sufficiency; or
- increase inclusion in the community.

You might apply for a mini-grant related to: technology/equipment; a short-term service or club membership not to exceed one year; recreational/academic/fitness opportunities; social and economic entrepreneurship; or other supports which would improve your life.

Your total request may be up to **\$5,000**. The application may be completed by a person who has I/DD or by someone on their behalf. Groups, organizations, and agencies are *not* eligible to apply. A group of individuals who each qualify could apply separately for similar supports in order to reach personal goals together, especially if expanding their social or work life. If awarded, the CCDDB will make each purchase on behalf of successful applicants. See *Guidelines* below for how to complete an application.

The CCDDB primarily contracts with community-based agencies to serve people who have I/DD. Allocations are based on 50 Illinois Compiled Statutes 835, CCDDB Funding Guidelines, and CCDDB Allocation Priorities. For details, see <http://ccmhddbrds.org>.

The CCDDB's mission may also be accomplished by helping people acquire supports directly. It is for this reason that a Mini-Grant opportunity is offered. A one-time purchase, as requested by an individual, is consistent with Person Centered values:

- *people control their day*, what they do and where, and with whom they interact;
- *people build connections* to their community as they choose, for work, play, learning, and more, in places other community members use and at the same times they use them;
- *people create and use networks of support* consisting of friends, family, community members with similar interests, and allies they choose; and
- *people advocate for themselves*, make informed choices, control their own service plans, pursue their own aims, and explore new ways to enhance *quality of life*.

CCDDB Mini-Grant Guidelines

Who is eligible?

People who:

- live in Champaign County;
- are enrolled in PUNS;
- are not receiving long term supports and services funded by the State of Illinois;
- are not receiving similar services funded by CCDDB or CCMHB;
- have a need/preference which can be met by one-time purchase; and
- do not have a way to pay for this support.

Who is *not* eligible?

- Family members of CCDDB/CCMHB members and staff are *not* eligible.
- Agencies and organizations are *not* eligible.
- People who are not enrolled with PUNS prior to the close of the application period (November 8, 2019) are *not* eligible.
- People who are already receiving long term supports and services are *not* eligible.

What will CCDDB fund?

- Equipment, technology; short-term service; club membership (up to one year); recreational, academic, or fitness opportunities; or other support which enhances independence, quality of life, economic self-sufficiency, or socialization.

What will CCDDB NOT fund?

- Items above which are not justified in the application or supporting documents.
- Copayments or insurance premiums; medication or equipment covered by the person's insurance; or ongoing expenses available to the person through programs such as LIHEAP, rental assistance, weatherization, housing vouchers, park district scholarships, etc.

How do I apply for a mini-grant?

- Answer all questions on the application.
- Deliver the completed application to the CCDDB office by the deadline.
- Be ready to answer any questions we may have for you after you submit the application. This may include showing a letter of support (related to your specific request) from an advocate, guardian, friend, neighbor, case manager, teacher, doctor, therapist, or other professional.

What is the deadline for submitting a mini-grant?

- Applications for one-time mini-grants are due by 4:30PM on November 8, 2019.

How and when will mini-grant decisions be made?

- After submitting an application, you may be contacted for more information. If information is requested, you must respond within one week or the application may not be funded.
- CCDDDB staff will confirm your PUNS enrollment and service status.
- A committee will review all of the completed and timely applications for individual mini-grants during the period of November 12 to December 6, 2019.
- Whenever there is public discussion of the application or the committee's recommendations, **your name will not appear**, in order to protect your privacy, and each application will be referred to by a unique identifier or number. *Because the CCDDDB is a public entity, if you are awarded a mini-grant, your name and application could be made public through a Freedom of Information Act (FOIA) request.*
- Recommendations of the committee will be brought to the full CCDDDB for consideration and approval at their regular meeting on December 18, 2019.
- All applicants will be notified of the Board's decision about the mini-grant following the review process.
- Notification of awards will be made by December 31, 2019. Final agreements and payments will be made in a timely manner, appropriate to each request.

Where do I submit my completed application?

- Please mail your application to the following address:
Champaign County Mental Health Board/Champaign County
Developmental Disabilities Board Offices
1776 East Washington Street
Urbana, Illinois 61802

What if I have more questions?

- For more information, accessible documents, printed copy of the application itself, or technical assistance regarding the form, process, or related issues, please contact the CCMHB/CCDDDB office at 217/367-5703 or stephanie@ccmhb.org.

STEP ONE: Am I Eligible to Apply?

Answer the following. To be eligible, *all* responses must be YES.

1. Do I live in Champaign County? YES/NO
2. Am I enrolled in the PUNS database? YES/NO
3. Am I “underserved”? YES/NO
*This means you do not have services through the State of Illinois or the CCDDDB or CCMHB except: self-advocacy group; **one-time** support through DSC Individual and Family Support or Clinical; or RPC Transition Specialists or PUNS.*
4. Do I have a need which can be met by a one-time purchase? YES/NO
5. Am I requesting money for something I do **not** already have? YES/NO
6. If the amount I need is greater than the \$5,000 maximum, do I have a way to pay for the rest? YES/NO
7. I am **not** a family member of a board or staff member of CCMHB or CCDDDB. YES/NO

STEP TWO: One-Time Mini Grant Application

PERSONAL INFORMATION

Name:

Address:

Phone Number:

Email Address (OPTIONAL):

Did you answer YES to all eligibility questions in STEP ONE? YES/NO

If another person is helping or will be helping you, complete this section:

Name:

Agency Affiliation, if any:

Address:

Phone Number:

Email Address (OPTIONAL):

PROPOSED BUDGET

Describe a specific item, activity, or service to be purchased, along with vendor and cost.

Item, Activity, or Service	Where To Purchase (a specific provider/vendor)	Expected Cost
Total money needed*:		

*Include applicable taxes and shipping fees.

PURPOSE

Describe what you would like or need to purchase, why it is important to you, and why it is important for you.

1. What would you like to do, and how would a mini-grant help you do that?

Describe how the proposed purchase will help you. *For example: Will it improve/increase positive relationships? Will it increase personal satisfaction or function? Will it support real work or economic self-sufficiency? Will it help you be included in your community?*

FINANCIAL NEED

Provide details. If you do not answer a question, we may ask for information during the grant review.

- 1. Can this purchase be made without the mini-grant? YES/NO**

- 2. Do you have some money to put toward the purchase? YES/NO**

- 3. Do you have income from work or benefits? YES/NO**

- 4. Do you have money in checking, savings, or trust fund, or other assets which could help with the purchase? YES/NO**

- 5. Do you have insurance which could help with the purchase? YES/NO**

STEP THREE: Mini-Grant Completion Checklist

Before submitting this mini-grant application, please review the following to be sure you have included everything that is required.

1. Are all of the above sections completed?
2. Does my budget provide a detailed list of items/activities/services, where they might be purchased, and anticipated costs?
3. If the items/activities/services cost more than the funds requested, please attach documentation of how the rest will be paid.

STEP FOUR: Signatures

Your signature(s) below means that you agree that all of the information you have provided in the application is true, to the best of your knowledge, and that you understand that, if the grant is awarded, its details, including your name, may become public.

Applicant's Signature

Date

Guardian's Signature *(if applicable)*

Date

Preparer's Signature *(if applicable)*

Date

STEP FIVE: Submit Your Completed Application To:

**Champaign County Mental Health Board/Champaign County
Developmental Disabilities Board Offices
1776 East Washington Street
Urbana, Illinois 61802
(217) 367-5703**

