



Delaware County Board of Developmental Disabilities

To inspire, empower, and support people to achieve their full potential.

Self-Advocacy Grant

The Delaware County Board of Developmental Disabilities (DCBDD) believes that individuals with intellectual and/or developmental disabilities have the right to express their opinions and make decisions in matters that impact their lives. DCBDD is committed to making self-advocacy a priority and will consider providing grant funding to organizations that empower individuals with intellectual and/or developmental disabilities to act as self-advocates.

DCBDD recognizes the importance of partnering with self-advocacy groups to strengthen and enhance self-advocacy within the community. The purpose of the grant is to help with costs related to advocacy projects, training or education opportunities that help individuals become stronger, more effective self-advocates, and outreach/awareness activities in the community.

Grants are funded from local tax dollars and are limited to \$5,000 per applicant. Applications will be accepted at any time. Please complete the application on the attached page. A decision on fully completed applications will be made within thirty days by the Board and will be dependent on available funds and information submitted with the application.

The total award for all grants for Self-Advocacy in any given calendar year is \$20,000. Applicants may apply for more than one grant in a calendar year as long as the combined annual grant request for that year does not exceed \$5,000.

If you have any questions, please contact Kristine Hodge, Superintendent, Delaware County Board of Developmental Disabilities, 7991 Columbus Pike, Lewis Center OH 43035; telephone/fax (740) 201-5800.



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SELF - ADVOCACY GRANT APPLICATION

Organization _____

Address _____

City _____ State _____ Zip _____

Contact Person _____ Telephone _____

Description of Project: (Attach information regarding how request promotes self-advocacy.)

Total Estimated Cost \$ _____

Applicant Match \$ _____

Grant Request \$ _____ Not to exceed \$5,000.00

Signature of Applicant _____ Date _____

Approval of Project _____ Date _____