CCF Grant Application

Please complete both pages

Applicant Name: _____

Mailing Address: _____

Phone Number & Email: _____

County of Residence: _____

Date of Birth: _____

Name of person helping with application (*if applicable*): _____

Phone Number & Email of person helping with application: _____

If your application is approved, is the above address where the grant money should be sent? If not, please provide address: _____

_____

Where are you on your path towards employment? (Choose One)
Not interested in employment _____ Working towards employment _____ Employed _____

Waiver Type: IO ___ Level 1 ___ SELF___ Local Funding ___ None ____

Would you be willing to share the outcome of your project that may be featured in newsletters and/ or publications? Yes ___ No ___

Total amount of money requested (up to $500): _____

Proposal Budget Narrative *(include a completed budget and brief statement providing justification of how and why each expense is necessary):*

Item(s) Requested	*Expected Cost*	*Brief statement of how and why this is necessary*

Submit all questions and applications via email to Catherine Hess at ccfgrants@19servicesinc.com.

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19 Nineteen Services

CCF Grant Application

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Description of Proposal *(brief paragraph yet thorough enough for committee to gain understanding addressing all points included below):* **Where are you on your path towards community employment? How will the grant help you achieve your employment goal(s)? How will you spend the money? (What you will buy, Who you will buy it from, Where will you buy it from, How you will buy it, When will you buy it).**

Application Deadlines for 2022:

January 31 ***April 30*** ***July 31*** ***October 31***

Applications may be submitted via email to: **ccfgrants@19servicesinc.com**

or

BY MAIL TO:

Nineteen Services, Inc. - CCF Grant
3085 Shoemaker Rd.
Lebanon, OH 45036

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19 Nineteen Services