



Committed to Dignity, Full Rights of Citizenship, Cultural Diversity, Equal Opportunities, and Full Participation for all NH Citizens with Developmental Disabilities

Employment and Post-Secondary Education Goals

The Council provides grants of up to \$1000 to support individual projects that support employment or postsecondary education goals which are related to the Council's five-year plan.

- Grants requests are usually considered bi-monthly by the Council's Program and Planning committee, subject to available funds. Applicants may check the Council's web site or contact the Council office for the meeting schedule. Applications should be submitted at least 30 days prior to the meeting event date.
- All grant proposals must help achieve one or more goals and objectives in the Council's five-year plan, which must be identified in the application.
- Only fully completed applications will be reviewed by the committee.
- The Council may identify the goals and objectives in its plan that are of highest priority and give preference or limit consideration to applications for projects that address those goals and objectives.
- Applications must include all information requested on the application form in order to be considered.
- Preference is given to projects with the following characteristics:
 - People with disabilities are pursuing integrated paid employment or post-secondary education.
 - People with disabilities are exercising personal choice and desire to take part in activity.
 - People with and without disabilities are engaged in activities together in integrated settings.

- People with disabilities play a significant role in the planning of the project.
 - A plan is in place to evaluate the effectiveness and outcomes of the project and the applicant is willing to share the results with the Council.
 - The project does not have other sources of funding available that are sufficient to carry out the project.
- Funding cannot be provided for projects/services that carry out a function that is an obligation of local, state or federal government (including the school system), Area Agencies or other publicly-funded entities (unless proof of financial need due to denials or placement on a waitlist is provided).
 - Funds may be provided on either a grant or reimbursement only basis.

Examples of Employment/Post-Secondary Projects that the Council could support:

- Drivers education training
- Specialty clothes or items necessary for pursuing or obtaining employment such as interview clothes, tools for a trade, a uniform, etc.
- Enrollment in coursework, education, certification training that leads to employment
- Assistance updating a resume, cover letter, or job application
- Transportation to job interviews, classes, or work as permanent transportation is worked out such as the purchase of a vehicle
- Contracting with Person Centered Planning providers to assist with career and college exploration

NOTE: The Council will generally not support activities where people with disabilities are isolated or segregated from the broader community or their typically developing peers. This includes sheltered workshops, volunteer programs, day activity programs, or other projects in which typically developing peers act as “helpers” or have a different status or role than people with disabilities, or activities in which people with disabilities participate in a community-wide activity but are part of a distinct sub-group that is separated or treated differently from the general population.

**New Hampshire Council on Developmental Disabilities
Employment and Post-Secondary Goals Application**

Date: _____

Applicant's Name

Tel. No.

Applicant is a Resident of NH?

Yes ____ No ____

Applicant's Address

Applicant's Email

Name of the Person Completing This Form if Different than Above

Relation to Applicant _____

Other Financial Information

TOTAL COST of the Activity/Goods/Class//Course/Certificate/Etc. \$ _____

LESS: Other Sources of Assistance

Applicant's Contribution \$ _____

Family Contribution \$ _____

Other Contributions \$ _____

List others: _____

Provide Details of Other Contributions, if applicable (i.e. scholarships, coupons, applied discounts, etc.)

Please identify efforts to secure funds from sources other than the Council:

All awards are based on the availability of funds.

Remaining Balance \$ _____ **(amount requested)**

Purpose of the Request (Please attach a brief narrative, one page long or less, to describe the reason you are requesting this grant. Include the date, description, and all costs associated with the request.). Also indicate how you will share the information gained from participating in this activity with the Council and others in the state. A copy of the agenda (brochure, curriculum, invoice, or similar verification of event/activity) must accompany the form before it will be considered).

How will this grant support the applicant's employment / post-secondary educational goals?

(Please attach additional paper if needed)

Any money I receive through this project will be used to pay for costs described in this application. I certify that the information provided on this grant application is true, complete and accurate to the best of my knowledge, and I agree to share information learned from this activity and/or share my progress in employment and/or post-secondary educational goals with the Council.

Applicant Signature

Date

This section is optional, but helps us to achieve better quality and effectiveness of our programs:

Town of residence: _____

Gender: Man _____ Woman _____ Gender Non-Conforming _____

Race: American Indian or Alaska Native _____

Asian _____

Black or African American _____

Native Hawaiian or Other Pacific Islander _____

White _____

Prefer to Self-Describe _____

Ethnicity: Non-Hispanic _____ Hispanic/Latino _____

Please send your application to:

ATTN: Small Grants
NH Council on Developmental Disabilities
2 ½ Beacon Street, Suite 10
Concord, NH 03301-4447

Telephone: (603) 271-7040

FAX: (603) 271-1156

Email: grants@nhcdd.us

GETTING HELP

If you have questions or need assistance on your application, please contact the Project Manager at 271-7040 or the Administrative Assistant at 603-271-7038.

Disposition of Request / For Office Use Only

_____ Denied _____ Approved Amount Approved: \$_____

Conditions, if any: _____

(Review Date)

(Signature of ED, Committee Chairperson or Other Designee)