



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

Personal Technology Grant

The New Hampshire Council on Developmental Disabilities provides funds for individuals with developmental disabilities to attain technology and/or technology services that serve to eliminate barriers to participating fully in advocacy and leadership, as well as attending remote meetings.

Individuals with disabilities who reside in New Hampshire may apply for these funds. An application must be submitted for each individual requesting funds. If assistance is required in completing this form, the applicant or family members may contact the Council and request assistance or request the information in an alternative format.

All applications will be reviewed on an individual basis and without bias. Approval of requests shall be based on the needs of the individual applicant, the availability of funds and the applicant's assurance that information gained by access to technology and/or technology services will be used to prevent social isolation, access tele-health and other supports and services, as well as participate in educational and leadership opportunities and share this information with others in the state.

The Council reserves the right to allocate funds on the merit of each request and not a preset amount. **Applicants are expected to explore other sources of funds and identify any funds received or requested from other sources on their application.** As a general rule, grants are limited to a maximum amount of \$500 per person or \$1000 per family.

It is expected that anyone awarded funds through this program will share information with others as a condition of receiving funds.

All service costs will be assessed for appropriate payee, including the possibility of paying guardians, fiscal agents or other third parties, including direct payments to service providers for amount of time agreed upon prior to payment.

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 Project Manager at 603-271-7040 or Administrative Assistant at 271-7039.

Decisions for issuing grants to applicants will be based on the merits of each individual request and will be subject to the availability of funds at the time of the request.

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

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 attaining this technology and/or technology services with the Council and others in the state. Proof of purchase of equipment and/or services must be submitted to the Council within 60 days of receipt of funds.

All awards are based on the availability of funds.

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 as described on the attached page.

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 ____

Disposition of Request / For Office Use Only

___ Denied ___ Approved Amount Approved: \$_____

Conditions: _____

(Review Date)

(Signature of Committee Chairperson or Designee)