



# Kentucky School for the Blind Charitable Foundation

## GRANT APPLICATION GUIDELINES

### Requirements for Submission of Grant Requests:

- Requests for funding will only be accepted through submission of a grant application.
- **Application Deadline:** Requests must be submitted by **April 1** or **October 1** for consideration.
- Applicants must be blind or visually impaired and a resident of Kentucky or must be an organization that serves those who are blind or visually impaired in Kentucky.
- Applicants who need assistance completing grant forms or require a specific format may contact our office at (502) 897-3990.

### Applicants Must Submit the Following Documents with the Application:

- Student applicants grades K-12 must include a copy of the student IEP, Assistive Technology Evaluation and/or Learning Media Assessment.
- Student applicants grades K-12 must include a letter from a Teacher of the Visually Impaired (TVI) specifying the need for the equipment/grant.
- College student applicants must submit a letter of recommendation from a teacher, counselor, or other professional.
- Office for the Blind (OFB) clients must submit a letter of recommendation from an OFB counselor.

***Incomplete applications and/or applications without supporting documents will be returned.***



# Kentucky School for the Blind Charitable Foundation

## GRANT APPLICATION FORM

### Individual Applicant

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Is the applicant a student? \_\_\_\_\_ Grade level: \_\_\_\_\_ TVI: \_\_\_\_\_

School Attending: \_\_\_\_\_ County: \_\_\_\_\_

Is the applicant a client of the Office for the Blind? \_\_\_\_\_ Counselor: \_\_\_\_\_

Is the applicant enrolled in:  vocation training  college courses  Other: \_\_\_\_\_

Name of College/Workplace: \_\_\_\_\_

Eye Condition / Acuity: \_\_\_\_\_

Name of parent/guardian (if applicable): \_\_\_\_\_

### Organization Applicant

Contact: \_\_\_\_\_ Executive Director/Administrator: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_ E-mail: \_\_\_\_\_

Is the organization a 501(c)(3)? \_\_\_\_\_ Please provide the Federal ID number: \_\_\_\_\_

Number of employees: \_\_\_\_\_ Annual operating budget: \_\_\_\_\_

Services provided: \_\_\_\_\_

\_\_\_\_\_

Mission statement: \_\_\_\_\_

\_\_\_\_\_

Type (adults, children, elderly, etc.) and number of population served: \_\_\_\_\_

\_\_\_\_\_



Has funding been requested from any other source (i.e. school system, special education cooperative, Office for the Blind)?  YES  NO

If yes, list the organizations or agencies to which you requested funding:

\_\_\_\_\_

What is the status?  Pending  Funded (Amount \$\_\_\_\_\_ )  Not Funded

If not funded, please list the reason for denial: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I hereby state that I answered the above information accurately and to the best of my ability.**

\_\_\_\_\_  
Signature of Applicant or Parent/Guardian

\_\_\_\_\_  
Date

**Please submit this application to:**

Kentucky School for the Blind Charitable Foundation  
Attn: Grant Review Committee  
214 Haldeman Avenue  
Louisville, Kentucky 40206

**Fax:** (502) 897-3194  
**E-mail:** contactus@ksbcf.org  
**Phone:** (502) 897-3990

OFFICE USE ONLY

Date Application Received: \_\_\_\_\_

Notes: \_\_\_\_\_