



## **Grant Program Information for Individuals**

### **The Able Trust**

**Florida Governor's Alliance for the Employment of Citizens with Disabilities**

**106 East College Avenue, Suite 820 • Tallahassee, FL 32301**

**850-224-4493 Voice/TDD • 888-838-ABLE (2253) Toll-free • 850-224-4496 Fax**

**[www.abletrust.org](http://www.abletrust.org)**



Dear Prospective Applicant:

Thank you for your interest in The Able Trust's grant programs. Included in this informative booklet, you will find general information about The Able Trust and our parent organization, the Florida Endowment Foundation for Vocational Rehabilitation. You will also find specific information about our current grant programs, proposal procedures and past funding history.

We are quite proud of our accomplishments thus far. The Able Trust began granting funds in 1992 with annual grants totaling \$144,567. That figure has steadily grown over the years and by calendar year 2001, The Able Trust has awarded over \$8 million to 349 agencies and 166 individuals with disabilities across the State of Florida.

The Able Trust was established in August 1996 as the grant making entity of the Florida Endowment Foundation for Vocational Rehabilitation. This name change was an effort to focus on the ability and desire of those benefiting from our funds to become independent, productive and self-supporting members of society. Since 1997, a Governor's executive order has designated The Able Trust as the Florida Governor's Alliance for the Employment of Citizens with Disabilities.

Please be sure to read this entire booklet before beginning the proposal process. This booklet was designed to provide you with helpful information about the grants program.

Thank you again for your interest in The Able Trust grants program. We look forward to reviewing your proposal.

Sincerely,

A handwritten signature in black ink, appearing to read "Eladio Amores". The signature is fluid and cursive, with a large initial "E" and a long, sweeping underline.

Eladio Amores  
Chair

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## **Office of Gift Planning**

Thomas E. Norman, JD, CFRE,  
*Vice President of Endowment Development*

Bob Content, *Administrative Assistant*  
318 Williams Street  
Tallahassee, Florida 32303-6230  
Phone/Fax: (850) 681-1071

## **Headquarters**

106 East College Avenue, Suite 820  
Tallahassee, Florida 32301  
Toll-free: (888) 838-ABLE (2253)  
Voice or TDD: (850) 224-4493  
Fax: (850) 224-4496  
Internet: [www.abletrust.org](http://www.abletrust.org)

# **I. Grant Philosophy**

The Able Trust's mission is to provide Floridians with disabilities fair employment opportunities through fundraising, grant programs, public awareness and education. Its mission is accomplished by providing grant funds to Florida not-for-profit agencies and Florida citizens with disabilities. The grants program support a wide array of projects leading to the employment of Florida citizens with disabilities. The Able Trust recognizes the great diversity of people across the State of Florida and is fully committed to serving all segments of our pluralistic society.

The Trust is committed to identifying, initiating, and funding new and creative programs to carry out its mission, utilizing existing organizations, associations and agencies wherever possible. Only projects that cannot otherwise be provided for through an agency of the State of Florida will be considered for funding. A priority is placed on those programs which use effective cost-sharing or multiple funding source techniques.

The Able Trust has a liaison with the State of Florida's Division of Vocational Rehabilitation to enhance vocational opportunities for Floridians with disabilities. Although legislatively enacted, The Able Trust is NOT a state agency.

# **II. Grant Policies**

## **Eligibility**

Proposals will be accepted from Florida citizens with disabilities with the following eligibility requirements:

- ∅ Individual applicants must be Florida citizens and must have a documented disability recognized under the Americans with Disabilities Act or must be applying on behalf of such an individual as their legal guardian for employment purposes .
- ∅ Previous grant recipients may apply. However, an individual recipient may have only one active grant in any one year time period. An "active grant" shall be any grant that has been approved for funding by The Able Trust's Board of Directors. Such one year time period begins with the initial disbursement of funds for the most recent grant and does not end until a Final Progress Report has been received and all grant funds are accounted for.
- ∅ Proposal must specifically relate to the immediate employment of the grant applicant.

## **Proposal Evaluation Criteria and Limitations**

- ∅ Not more than one proposal from an individual will be considered at one time. Additionally a submitted proposal cannot address unrelated multiple projects, i.e. one proposal equals one project.
- ∅ When reviewing a new grant proposal, the level of success of previously funded projects and a recipient's compliance with past grant award requirements will be taken into consideration.
- ∅ The average grant award for an individual averages \$2,500 for an on-the-job accommodation / equipment purchases.
- ∅ There is no requirement for matching funds to initiate the project. However if you are receiving financing from any other Agency please list the funding and items on the budget page. Please do not forget to list any items which you may have personally purchased or plan to purchase to make an on the job accommodation.

***The Able Trust WILL NOT consider proposals for the following items:***

- proposals which include funds for salaries or expenses already provided for;
- proposals which request the purchase of vehicles;
- proposals which request the purchase of computer equipment for individuals without a direct employment outcome;
- proposals which include requests for an individual's tuition costs, where federal and/or state financial aid is available;
- proposals which include requests for fellowships, scholarships or travel grants; or
- proposals which include a request for the purchase of real property or building improvements.

**Awards Administration and Monitoring**

Grants in excess of \$10,000 are distributed in at least two payments, the second payment being dependent upon submission and approval of the project's Initial Grant Progress Report. The second payment will not be made until near full utilization of the first disbursement is completed. Any funds required for the start up of a program shall be included in the initial disbursement. Each grant recipient is required to submit a minimum of two progress reports during the grant year. Audits and or site visits may be preformed on grant projects at any time during the grant year. If the recipient fails to purchase approved equipment or fails to initiate the approved project during the grant year, the grant is rescinded and all funds and/or equipment must be returned to The Able Trust.

**III. Past Funding History**

Individual grants have been made in a variety of areas including equipment needed for employment and employment assistance that could not be provided by an agency of the State of Florida or in emergency situations.

***\*Individual grants for on the job accommodation average \$2,000 - \$3,000.***

**IV . Grant Procedures**

The Able Trust makes grants primarily to Florida-based, not-for-profit agencies, organizations and associations that traditionally provide services to persons with disabilities and to individual Florida citizens with documented disabilities. Grant awards are made on the recommendation of the Grants Committee and are approved by the Board of Directors.

Four grant programs include the Supplemental and Emergency Grant Program for Individuals, the Agency Grant Program, the Emergency Agency Relief Program, and the Special Projects Program. This booklet is for **INDIVIDUALS**, and thus only the Individual and the Emergency Individual Program will be discussed here. Please download Agency program guidelines from our web site [www.abletrust.org](http://www.abletrust.org)

## **V. How to Submit a Proposal for Consideration**

**First and foremost, make sure to read this entire booklet before attempting to prepare a proposal or calling The Able Trust with questions.** If the proposal submitted does not resemble to outline described here, then it will be immediately denied due to improper format.

**There is no application form or a published deadline.** Please submit the proposal whenever the materials are ready. It will be reviewed for all the required information and placed on the Agenda for the very next meeting of the grant committee.

The grant committee meets four times a year except in emergency situations when a proposal may be reviewed promptly. There is not an application form, however the proposal must resemble the format described here.

### **Individual Cover Page**

All proposals must include a cover sheet. Cover pages must be proved on a single side of 8 ½ “ X 11” plain white paper. The cover page must provide the required information in strict compliance with the order and format specified in the example. If the cover page is incomplete, out of order or in improper format, the entire proposal will be deemed ineligible. Individual cover pages must include the original signature of the individual who is applying or their legal guardian.

## INDIVIDUAL COVER PAGE

Project Name

Individual's Name

Address

City, State (Florida), County, Zip Code

Telephone#

Fax # (if available)

Email address (if available)

Project Name:

Program Area (Choose one):

- Equipment Needed for Employment
- Short Term Education/Training with Direct Employment Outcome

Total Amount Request = \$

Total Cost of the Project = \$

Current Income = \$

Expected Income = \$

Area of Disability (choose one):

- Developmental Disability
- Learning Disability
- Mental Health
- Visual Impairment
- Epilepsy
- Drug/Alcohol Dependency (recovery from)
- Spinal Cord/Head Injury
- Other (please list)
- Hearing Impairment

Please answer the following question: Are you involved in any litigation (please indicate YES or NO). If yes, please attach an explanation page to the cover sheet.

Please indicate how you learned about The Able Trust. (choose one):

- Television
- Internet
- Previous Grantee
- Radio
- State Agency
- Other (please list)
- Magazine
- School
- Other (please list)
- Newspaper
- Referral

Signature of Individual

Date of Signature

## **Proposal Narrative**

The narrative cannot exceed four (4) pages and should include the following information:

- **Brief History**

Please introduce yourself, summarize your background and experiences and your disability

- **Project Plan and Description**

A request for an on-the-job accommodation/equipment purchase should include a description of your current employment, what your job entails, how the needed piece of equipment is used on the job, how long you have worked at the job and other descriptive information

A request for short-term education/training with direct employment outcome should include a description of the short-term training that you anticipate entering and the employment/promotion that has been offered to you, provided that the training is completed. A detailed description of the employment and how the opportunity fits your long-term career goals should be provided. Please submit proof of the employment/promotion opportunity in writing, such as a job-offer letter or a supervisor recommendation.

- **Amount Requested / Total Project Cost**

State the amount requested (total funds request of The Able Trust) and total project costs (total cost of the project including funds provided by The Able Trust, other contributing organizations/state agencies, and yourself)

- **Other Sources of Funding**

List all other expected sources of funding for the project, including the name and the amount expected. If awarded the grant, documentation must be provided, confirming the availability of all other sources of funding before The Able Trust will release the funds. Please include any personal investments you plan to make into the project.

- **Plan for Future Funding**

Please provide the plan for future funding of the proposed project. The Able Trust provides grant funding of one year and should not be considered a continual source of funding for a project. If you are requesting funds to the purchase of equipment to be used at your place of employment, your plan for the future funding should include setting up a savings account dedicated to any future expenses, even if the plan is to save just \$5 a month.



## **Budget Page**

Provide a line item budget for the entire project, including items to be provided by other sources or in-kind. The budget must account for all funds requested from The Able Trust. Provide a brief description of each line item, amount to be provided by each funding source and total budgeted amount. The budget should make a clear distinction between which line-items are a request from The Able Trust, which will be provided for in-kind and which will receive funding from other sources. Any expenses already bought (in the immediate past 6 months or less) in support of the proposed business by the individual should also be listed to illustrate the personal investment made.

All proposed budget expenditures should be reasonable and any item over \$300 should be supported by at least two (2) competitive cost quotes. If awarded the grant, the budget outline must be strictly followed unless otherwise approved, in writing, by The Able Trust. Documentation, such as receipts and invoices, will be required of all grant fund expenditures.

### *Example Budget*

Items	Individual Purchase	Able Trust	XYZ1
Large Screen compt. Monitor (\$850)	-	\$850	-
BRAND software (\$700)	-	\$100	\$600
<hr/>			
Total expenses \$1,550	Individual -	Able \$ 950	XYZ1 \$600

This is just an EXAMPLE budget. The items and amounts listed have been selected at random for illustration purposes. In a submitted budget all items should be listed and all sources of funding for the year's project should be displayed. Totals should be listed at the bottom of the budget page.

**These three parts – Cover Sheet, Proposal Narrative and Budget Page – represent the proposal.** The total proposal can be no longer than 6 pages. Please sign and date the original cover sheet and make five additional copies of the proposal. In addition to the proposal please submit the following Supplemental Materials. Only one copy of the Supplemental materials needs to be sent.

## Supplemental Material for Individuals

The following items must be submitted with the proposal materials. These materials are supplemental documentation and are not part of the 6-page proposal outlined above. Please do not attach or staple the supplemental material to the proposal or its copies, and do not send extra copies of the supplemental materials.

- One (1) copy of documentation of disability. Documentation must be a letter or statement from a state or federal agency, private physician, hospital or other disability-related service provider that specifically lists the nature of your disability. The letter must be signed and dated by a persons of authority and should be as recent as possible.
- A Letter from a representative of the Division of Vocational Rehabilitation or a DVR counselor indicating one of the following options:
  - (a) that you have been denied services by DVR and why;
  - (b) that your DVR case has been closed with a closed date;
  - (c) the reason why DVR cannot provide you with the equipment, services, etc, that you are requesting in your proposal to The Able Trust.

The following state agencies may be substituted for the Division of Vocational Rehabilitation: The Division of Blind Services or the Developmental Services Program office.

- Three (3) letters of reference from persons, whom you know well, as related to the proposed project. These letters should not address personal relationships but rather the specific nature of the proposal and your ability to successfully complete the project for which you are requesting funding.
- A minimum of two (2) competitive cost quotes for any single budget item costing in excess of \$300. Cost quotes must be prepared by the company providing the equipment or service, on a form or stationery customarily used by such company and signed by a company representative.

## Individual Emergency Grant Situations

Definition: An emergency situation is defined as one in which the individual applicant will incur the loss of an opportunity to secure or maintain employment if assistance cannot be provided within 60 days. Most individual applicants **do not** have an emergency situation, however, the program is available if such a situation were to arise. Proof of emergency must be submitted with the grant proposal.

### Examples of an emergency would include:

- If an applicant were offered a job with a start date of next Tuesday, and in order to accept the job, the individual would need a piece of adaptive equipment. An emergency would be considered if that such purchase would be out of reach for the employer, and the individual is ineligible for such assistance from any State of Florida agency (forms/letters from the employer and applicable state agency would be submitted with proposal)
- If an individual needed some additional short-term training or a unique type of adaptive equipment in order to be eligible for a job promotion at their current place of employment (forms announcing such a promotion or written offer would be submitted with the proposal.

An Individual with an emergency would submit (a) a letter stating the emergency situation with the proposal and (b) the materials for proof of emergency along with all the regular supplemental materials required of an Individual proposal. (See pg. 11 for checklist)

## IV. Proposal Submission

Before you submit your grant to The Able Trust, review the checklist below to ensure you have all the proper materials. Submit your complete proposal by regular mail (**Fed-Ex or Express Packages are NOT Necessary**) to:

The Able Trust – Grant Proposal  
106 East College Avenue, Suite 820  
Tallahassee, FL 32301

### **Individual Checklist**

(Grants Average \$2,000-\$3,000 for equipment purchases)

- √ Cover Sheet
- √ Proposal Narrative (A proposal should include the following headings: Project Plan and Description; Expected Project Outcome; Amount Request/Total Project Cost; Other Sources of Funding Plans for Future Funding)
- √ Budget Page (a list of all items projected to be purchased from any source of funding)
- √ Supplemental Materials including:
  - √ Copy of Documentation of Disability
  - √ Letter from Division of Vocational Rehabilitation or substituted State Agency
  - √ Three (3) letters of Reference
  - √ Two (2) Competitive Cost Quotes

#### **State of Florida Agencies Serving Persons with Disabilities**

Division of Vocational Rehabilitation  
800-451-4327 Voice or 850-488-2867 TDD

Division of Blind Services  
800-342-1828 Voice or TDD

Developmental Services Program Office  
850-488-4257

Clearinghouse on Disability Information  
877-232-4968 Toll-free or 850-921-4103

# Become a Friend of The Able Trust

To continue our mission, we need your help. You can make a difference through your choice of tax-deductible contributions or special contributions, such as bequests and endowments. The Able Trust has helped countless agencies and individuals overcome obstacles. With your contribution, no matter how small, we can accomplish even more. Even a small contribution makes you a part of the Friends program, which includes rehabilitation agencies and advocacy groups, individuals and corporate friends.

## Agency Friends

Through the Agency Friends network, The Able Trust broadens public awareness and understanding of issues related to the employment of persons with disabilities. Agency Friends advise The Able Trust of needs in local areas requiring funding and visibility. Because this helps The Able Trust establish fund-raising and grant-making priorities, **membership as an Agency Friend is complimentary to non-profit agencies.**

## Individual & Family Friends

As an Individual or Family Friend, you join with people throughout Florida to show your concern and support for vocational rehabilitation. Individual and Family Friends receive the *Florida Grantor* newsletter, bulletins and a membership certificate.

## Corporate Friends

Businesses who elect to become Corporate Friends make a statement of support and commitment to persons with disabilities in Florida. Many business have instituted hiring, retention and promotion practices that recognize the abilities of people with disabilities. In light of the Americans with Disabilities Act, employers are seeking ways to provide equal employment opportunities and access for people with disabilities. Corporate Friends of The Able Trust receive the *Florida Grantor* newsletter, bulletins and regular communications about successful employment initiatives throughout the state, as well as a certificate of membership.

### Friends of The Able Trust

Contact Name \_\_\_\_\_  
Agency/Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

- I believe in The Able Trust and want to help. I'll be a Friend and help with this gift:
  - Individual \$15
  - Family \$25
  - Small Business \$100
  - Corporate \$250
  - Agency \$(complimentary)
  - Other \$\_\_\_\_\_
- We are a non-profit agency and would like to become a Friend of The Able Trust at no charge. Please add our name to your mailing list.

Thank you for your support of our programs. Mail this form to:  
The Able Trust s 106 E. College Ave., Suite 820 s Tallahassee, Florida 32301  
850-224-4493 or 888-838-ABLE (2253) Voice or TDD s Fax (850) 224-4496  
Visit us on the Web at <http://www.abletrust.org>