



The purpose of this grant is to assist low-income individuals with disabilities to eliminate barriers to achieve and maintain independence. This application is made possible through generous donations within our community.

1. Who can apply for the IVCIL Community Grant?

- Any individual with a disability living in LaSalle, Bureau, Putnam, Marshall, or Stark counties may apply. A consumer may apply for the Community Grant twice within any two years. If you are not an IVCIL consumer, you must be willing to provide your information to create a consumer profile.
 - You must provide 2 months of income verification for every individual living in your home when you return your application to IVCIL. The committee requires income verification because this grant is intended for low-income individuals with disabilities.
 - You must also provide an invoiced quote. A random amount or amount without an invoice will not be accepted.
- Because funding is limited, requests should not exceed more than \$1000. You may be approved for partial funding or funding for a similar item- you must be able to cover the remaining costs if approved.

2. What does the IVCIL Community Grant assist consumers with?

- Wheelchair ramps
- Mobility equipment
- Lift chairs
- Hearing aids
- Compression garments
- Clothing to obtain work
- Orthopedic braces and shoes
- Vehicle adaptations
 - Tires (*include a copy of your license and insurance*)

3. Is there anything that the Community Grant does **NOT** help with?

- Back rent, rent, or down payment for a home
- Reimbursements for home appliances or home modifications
- Car repairs
- Urgent or emergency situations. Please call IVCIL and we will try our best to refer you to the right agency.

*Please complete the entire application in detail. 1
This application is available for electronic completion at:
www.ivcil.com/program/community-grant*

Community Grant Application

Date:

Who will these funds be helping? _____

Full Name of applicant or agency: _____

Phone number: _____

Address: _____

County: LaSalle Bureau Putnam Marshall Stark

1. What obstacles are you facing in your daily living activities? Please elaborate.

2. How will this funding eliminate those obstacles? Be specific!

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Last revised December 2024

3. How much funding are you requesting, and where can this funding be made out to?

4. How do you intend to maintain your independence after receiving this funding?

5. Besides IVCIL, what other agencies have you contacted (DRS, Alternatives, Tri-County, A Servant's Heart, Salvation Army, etc.)?

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HOUSEHOLD INCOME INFORMATION

1. Please list the names and ages of all individuals living in the household
Send in 2 months of income/bank statements for each person in the home:

NAME	AGE	NAME	AGE

PROPERTY INFORMATION

1. Are you the sole owner of the property? YES ___ NO ___
If no, list all property owner[s]:

CONSUMER ACKNOWLEDGMENT

By signing below, I acknowledge that I have read and understand the contents of this application. I understand that while I am providing IVCIL with quotes and statements, I may not be approved for this grant. I understand that while applying, I may be asked to contact other agencies for services or funding.

X _____ Date: _____

This application is open-ended, there is no due date. The committee meets every other month to review applications. You may call 815-224-3126 ext. 210 at any time to check on the status of your application.

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