



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

1. Who is eligible to apply for the IVCIL Community Grant?
 - Any individual with a disability living in LaSalle, Bureau, Putnam, Marshall, or Stark counties may apply. If you are not an IVCIL consumer, you must be willing to provide your information to create a consumer profile.
2. What does the IVCIL Community Grant assist applicants with?
 - Wheelchair ramps
 - Assistive and mobility devices
 - Hearing aids
 - Eyeglasses
3. What is the Community Grant unable to assist with?
 - Rent or security deposits
 - Casual furniture
 - Vehicles or repairs
 - Emergencies
4. What do I need to submit for review?
 - Along with the complete application, please ensure that you include an invoice or quote. We do require verification of the item requested in the application, and we do not provide funds to the individual applicant.
 - Please include 2 months of income verification (a bank statement, unemployment letter, SSI/SSDI award letter).
 - i. You can submit this information with the application, or email it to hbritt@ivcil.com

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:

Name of applicant: _____

Phone number: _____

Address: _____

County: ☐ LaSalle ☐ Bureau ☐ Putnam ☐ Marshall ☐ Stark

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

2. How would this funding eliminate those obstacles?

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Last revised June 2025

3. Which item are you applying for?

- ☐ Ramp ☐ Eyeglasses ☐ Assistive device ☐ Hearing aids ☐ Other (describe)
-

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

5. What other agencies and/or organizations have you contacted for assistance (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 the applicant:

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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