

WORKPLACETECHNOLOGYFOUNDATION

316 W. Valley Forge Road

King of Prussia, PA 19406

610.992.1011

FAX 610.992.0947

www.workplacefoundation.org

Individual Grant Application

Please complete all information on this application. Incomplete or unclear applications will not be considered and will be returned to the applicant for additional clarification.

Overview

Generally grants will assist individuals to undertake defined projects, that is, specific activities with objectives that can be assessed within a six-month grant period. Proposals should demonstrate how the funds requested will expand an individual's vocational opportunity. The most competitive proposals will outline a strategy for sustaining these gains beyond the grant period and detail how Foundation funds will leverage other resources that are conditionally committed to the defined project (or request).

The Workplace Technology Foundation rarely funds 100% of a project. We encourage applicants to have several funding sources and/or in-kind contributions to cover the project budget, unless it is a very small project with a small budget.

The Workplace Technology Foundation seeks to identify projects that offer the most significant impact for the contribution dollar. Characteristics considered include the:

- a. Impact on the participant;
- b. Potential for continuation or impact beyond the grant period;
- c. Collaborative nature of the program (or request);
- d. Resulting expansion of the individuals base of support;

A high impact proposal would likely include one or more of these characteristics.

Important Note

For those requesting funds to facilitate a comprehensive rehabilitation engineering or vocational analysis evaluation, you must complete the relevant sections of this application and you must attach copies of the requested documents.

Personal Information	
Name	
Date of birth	
Social security number	
Address	
Home telephone	
Work telephone	
E-mail address	
Highest level of education (where and when was this completed)	
Vocational goal	

Grant Request: Please describe how funds will be used - be specific and provide details that relate to the above-described characteristics:

Attach additional sheets if necessary.

Total Amount Requested : \$

Nature of the Disability	
Primary Diagnosis	
Functional limitation resulting from this diagnosis (how does your disability prevent you from learning or working)	

Community Information: Please indicate if you are now or have been (within the past five years) active in any of the following. If you answer YES to any of the following, please provide details.	
State vocational rehabilitation services	
Veterans services	
Third party training or vocational support services	
Insurance company services (either Workers compensation or Long-Term Disability)	
Ticket-to-Work providers	
Do you collect SSI?	
Do you collect SSDI?	
Do you have any service coordination from a state or county agency?	

Work History: Please list the details from your current or most recent employment /volunteer experience.	
Name of the organization	
Address	
Your responsibilities	
Dates of service	
Wage	

If you are requesting funds to facilitate a comprehensive rehabilitation engineering or vocational analysis evaluation, you must submit the following materials in addition to your completed application.

1. A copy of your most recent Federal tax return.
2. A letter of service denial from any state, county, Federal, insurance, or third-party agency previously contacted regarding the requested service. The Foundation is a funder of last resort for these requests.

Please send your completed application to:

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