



## **About The Able Trust**

The Able Trust believes that when people with disabilities want to work, they should. The Trust supports individuals and nonprofit vocational rehabilitation programs throughout Florida with fundraising, grant making and public awareness of disability issues. Created by the Florida Legislature in 1990 (FS 413.615), the Florida Endowment Foundation for Vocational Rehabilitation, parent organization of The Able Trust, is 501(c)(3) nonprofit public/private partnership with a goal of assisting Floridians with disabilities in achieving employment. The Trust receives its funding from a perpetual endowment, grants, gifts and support from the public and corporate sectors.

## **Mission**

The Able Trust's mission is to be the leader in providing Floridians with disabilities fair employment opportunities through fundraising, grant programs, public awareness and education.

## **Grant Priorities**

The Able Trust provides grant funds to Florida not-for-profit agencies and Floridians with disabilities for a wide array of projects leading to the employment of individuals with disabilities. To be considered for funding a proposal must address the employment individuals with disabilities and priority is given to those projects with direct employment placement outcomes during the grant time period.

## **Who is Eligible?**

Individuals – Individuals currently residing in the state of Florida that need emergency on-the-job accommodations to accept an employment offer, retain or receive a promotion at their current employment and are not currently open clients with a state agency provider<sup>1</sup> may apply to be considered for assistance.

<sup>1</sup> Division of Vocational Rehabilitation, Division of Blind Services or other applicable state agency.

## **What will be considered?**

Individuals – Any item(s) that an individual may need to accommodate a job offered to them or to retain or receive a promotion at their current job.

## **How much are the Grants?**

Individuals – Grants to individuals are typically around \$2,500. Historically grants have been made between \$500-\$4,000 for job accommodations.

## **What is NOT eligible?**

Grants funds may NOT be used to purchase: Vehicles, property, building improvements, capital campaigns, endowments, fellowships, scholarships, travel grants, tuition, small business start-ups, lobbying, medical items, incurred debt, and proposed expenses prior to grant approval.

## **Are matching funds required?**

Matching funds are not required, but priority will be given to those proposals demonstrating multiple sources of funding for a project and what is requested of The Able Trust addresses the gap in existing funding streams.

## **How long is the Grant For?**

Grant awards to individuals are for a one year time frame. Approved grant recipients will have to regularly submit progress reports and document the use of grant funds with receipts.

## **How does an Individual Apply?**

Step 1 – Please read the entire booklet before preparing the proposal or calling The Able Trust with questions.

Step 2 – Prepare a Proposal that has three parts – a Cover Page, a Narrative and a Budget.

Step 3 – Gather all the required Supplemental Materials

Step 4 – Review the proposal. Ask a coworker or a friend review your proposal. Do they understand what you are asking for? If they have questions or are unable to follow your ideas you may need to clarify your proposal.

Step 5 – Double check your budget items and add all the items and columns up again. Does your budget add up to the amount you are asking for? Is it the same amount as listed on the cover page?

Step 6 – Mail your proposal package to The Able Trust. A complete application has a Proposal with the Supplemental Materials. It is not necessary to overnight your proposal. There are no deadlines for application. Please send it in whenever you are finished putting it together. Whenever a proposal is received it is reviewed for eligibility and then placed on the agenda for the next Grant Committee Meeting or sooner or individuals in a time sensitive employment situation. The Grant Committee meets four times a year spring, early Summer, Fall and Winter. No matter when you submit a proposal you will receive an acknowledgement of receipt and a date of



**Proposal Format COVER PAGE** -Proposals must include a cover page on 8 X 11" plain white paper in the following format, at least 12 Point Font.  
INDIVIDUAL GRANT PROPOSAL TO THE ABLE TRUST

Individual Name: \_\_\_\_\_

Mailing Address \_\_\_\_\_ Physical Location \_\_\_\_\_

Street: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

State: Florida \_\_\_\_\_ State: Florida \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Project Name: \_\_\_\_\_

Disability: \_\_\_\_\_

Program Area: **On-the-Job Accommodations**

List the County where applicant individual lives: \_\_\_\_\_

Does the applicant currently live in Florida and plan to continue to reside in the state of Florida during the Grant Year? CIRCLE/HIGHLIGHT ONE YES NO

If No attach a sheet and explain the circumstances.

Is the individual currently involved in ANY Litigation: YES NO

If Yes, attach an explanation page to the Cover Sheet

Indicate how you learned of The Able Trust: CIRCLE/HIGHLIGHT ONE Radio – Magazine – Television – Newspaper – Internet – State Agency – School – Other (list):

Total Amount of Funds Requested of The Able Trust: \_\_\_\_\_

Total Amount of Funds Projected to support the proposed project: \_\_\_\_\_

\_\_\_\_\_  
Signature & Date of Applicant

**PROPOSAL NARRATIVE** -The narrative cannot exceed four (4) pages and should include the following:

Brief History – Please introduce yourself; summarize your background/experiences and your disability.

Project Name – Please state the name of the proposed project.

Project Plan and Description - Step by step guide of proposed project. Detail the following:

- Describe the job offered to you, Employer's Name, location and start date.
- If you are already employed, describe how long you have worked with your employer, what the job is, the Employer's Name, and location.
- What assistance is needed in gaining or keeping your job?
- What items will need to be purchased? How will they benefit you and your employer?
- Describe the services you have received from a state Vocational Rehabilitation plan. Were the items needed denied? Is your case currently closed or open?

Expected Project Outcome – How will the planned purchases impact your employment currently? How will the accommodations affect your future career plans?

Amount Requested/Total Project Cost – State the amount request of The Able Trust, the total cost of the project. Summarize how the other sources of funding will provide for success for the project and how the portion requested of The Able Trust meets a gap in what is available.

Describe the Future Funding situation – Describe how you will be budgeting to meet future accommodation needs. It is important to plan ahead, even if it is to save just \$5 a month.

**BUDGET PAGE** -Provide a line item budget for the total project, including items to be provided by other funding sources or in-kind items. The budget must account for all funds requested of The Able Trust.

All proposed budget expenditures should be reasonable and any purchased item over \$500 should be supported by at least two (2) competitive cost quotes. If awarded the grant, the budget outline must be strictly followed unless adjustments are approved in writing by The Able Trust prior to incurring the expense. Documentation such as receipts and invoices will be required of all grant expenditures at regularly scheduled progress reports. For Example:

Items	The Able Trust	XYZ Organization	Individual Purchase
A	\$2,000	\$2,000	\$200
B	\$0	\$0	\$50
C	\$500	\$0	\$150
D	\$200	\$0	\$0
E	\$0	\$0	\$0
<b>Total</b>	<b>2,700</b>	<b>\$2,000</b>	<b>\$400</b>
<b>Project Cost</b>	<b>\$5,100</b>		

AMOUNTS HAVE BEEN SELECTED AT RANDOM FOR ILLUSTRATION PURPOSES ONLY.

## Supplemental Materials Required

- A copy of Documentation of Disability – can be from a physical, state or federal agency, a hospital or other disability related service provider. Letter must be signed, dated, have a printed first, last name and job title, mailing address and phone number. This documentation should be as recent as possible.
- A letter from an employer describing the job offer, the current job held or advertised promotion opportunity.
- A letter from a representative of the Division of Vocational Rehabilitation (DVR) indicating one of the following options
- Individual has been denied services by DVR
- That your DVR case has been closed and at what date
- The reason that DVR cannot provide you with the equipment needed as outlined in the proposal. Either Division of Blind Services or Agency for Persons with Disabilities may be substituted for DVR.
- 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 the employment and accommodations needed.
- Two (2) Competitive Cost Quotes for Budget items over \$500.