

METHUEN COMMISSION ON DISABILITY

GRANT REQUEST APPLICATION

INTRODUCTION

The purpose of the Methuen Commission on Disability (MCOD) is to advise municipal officials, public and private agencies, and advocate for individuals in order to ensure compliance with Federal, State and Local disability laws, particularly the Americans with Disabilities Act (ADA).

The Commission on Disability also provides grants which are generally funded through accrued handicap parking violation fines, making it possible for persons with disabilities to participate more fully in programs and activities within Methuen.

These funds may be used for grants awarded to community-based organizations and programs, schools, to improve accessibility, and to provide services and equipment to better enable individuals with disabilities to function more successfully and independently in the community. Previous successful grants have included the purchase of books for the Nevins Memorial Library and an accessible swing for a Methuen park.

Proposal for grants may be presented and submitted for consideration by contacting the Methuen Commission on Disability by emailing elee@ci.methuen.ma.us. Completed grant proposals may be submitted anytime of the year, vetted through the MCOD and if initially approved, submitted to the City Council for consent approval. The process from grant submission to funding award generally is 60-150 days.

ORGANIZATION INFORMATION

This form must be completed and submitted with your proposal narrative.

Name of requesting organization completing the grant application:

Contact person name and title:

Address

City

State

ZIP

Phone

E-mail Address

Amount requested:

Date grant funding is
required:

PROJECT NARRATIVE

Your proposal should address the following questions, as applicable.

1. Provide a brief description of the organization, services provided and total number of employees/volunteers.
2. If your request is for funding for a program and/or event, provide details about the program(s) for which you are requesting funding. Please include specifics, objectives, a description of activities, date(s) and time(s) of events, targeted audience, location, qualification of the presenter if applicable, and any other pertinent details of the event that may help the MCOD in its decision-making process.
3. If your request is for funding for the purchase of equipment or some other physical item, please include purpose, professional documentation describing the item, model number, where the item will be purchased, price, shipping charges (if applicable) and any other information pertinent to the potential purchase which may help the MCOD in its decision-making process.
4. Are there additional funding sources or applications sought to help defer the cost? If so, please provide the name of the organization(s), amount of award, and contact information.
5. How will this proposal objective enhance the lives of Methuen residents with disabilities and support the mission of the MCOD.
6. Who at the organization will be involved in the oversight of the grant? How will the project be executed? Provide a timeline if appropriate. If this project is ongoing, how will it be supported in the future? If equipment is requested, please explain how ongoing maintenance will be supported and who will be the responsible party tasked with its maintenance.
7. How will this event or purchase be publicized to your target audience and the general public in Methuen? How will the Methuen Commission on Disability be recognized?
8. Provide a list of expenses which includes materials, fees, equipment, maintenance, transportation, consultants, if appropriate. Additional supporting documents may be requested.
9. The Commission may request an assessment of the success of the proposal, i.e. attendance, surveys, increased awareness, testimonials, audience evaluations, etc. Upon acceptance of funding, MCOD will provide a feedback form and date for a grant recipient to report to the Commission, post event or purchase.

As part of the evaluation process, the requesting organization will be required to make a presentation before the Methuen Commission on Disability at a regularly scheduled meeting, to be determined by the Commission.

The Commission reserves the right to request additional information or further clarification as needed, to aid in their decision-making process.

SIGNATURES:

Grant Requestor: _____ Printed Name: _____ Date: _____

MCOD Chairperson: _____ Printed Name: _____ Date: _____

City Councilor: _____ Printed Name: _____ Date: _____