ITALIAN CATHOLIC FEDERATION

“GIFTS OF LOVE”

FOSTERING GREATER INCLUSION OF PERSONS WITH DISABILITIES IN OUR COMMUNITIES

GRANT PROGRAM APPLICATION

(Rev. July 2022)
GIFTS OF LOVE

The purpose of this fund is to provide grants (non-tuition based) that may advance “individuals with a disability” towards greater independence.

DESCRIPTION OF ELIGIBILITY

Funds may be allocated to the following: individual applicants, non-profit agencies and educationally-focused institutions. Grant range will be determined by the Gifts of Love Committee of the I.C.F.

DEFINITION OF DISABILITY

For the purpose of this fund, “individuals with a disability” are those individuals who are intellectually challenged, have a hearing, speech, language or visual impairment, orthopedic impairment, emotional disturbance, autism, traumatic brain injury, specific learning disability, other health impairments or multiple disabilities. “Individuals with a disability” because of their needs, require special or specific aids or “tools” in order to complete their education (non-tuition based), training or the pursuit of a fuller life.
GRANT PROGRAM APPLICATION

APPLICANT (Check one) AMOUNT REQUESTED

☐ Instructor of Person with Disabilities
☐ Parent/Guardian of Child/Youth with Disabilities
☐ Child/Youth with Disabilities
☐ Adult with Disabilities
☐ Non-Profit Agency Focused on Disabilities

APPLICANT INFORMATION (Please Fill Out Completely)

Date______________________ Birth Date_________________ Age___________

Applicant’s or Guardian’s Name__________________________________________

Phone Number_________________ E-mail______________________________

Address_________________________________________________________________

City___________________________________ State________  Zip_________________

Applicant’s Employer____________________________________________________

Please check your disability(ies).

☐ ADD/ADHD ☐ Intellectually Challenged ☐ Spina Bifida
☐ Amputee ☐ Multiple Sclerosis ☐ Spinal Cord Injury
☐ Autism ☐ Muscular Dystrophy ☐ Traumatic Brain Injury
☐ Cerebral Palsy ☐ Orthopedic Impairment ☐ Visual Impairments/Blindness
☐ Downs Syndrome ☐ Specific Learning Disability ☐ Other Health Impairment
☐ Emotional Disturbance ☐ Speech/Language Impairment Please Detail:
☐ Hearing Impairment/Deafness

Please describe any unusual expenditures/responsibilities that affect your financial standing. For example: unusual medical bills, care of aged parents, etc.

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________________________________________________________________________
This grant program awards funds to individuals with disabilities to lead fuller, more independent lives, and to find greater inclusion within their communities. How do you intend to use the grant funds, if awarded, to assist you with your disability(ies) and/or further these goals? Please include vendor quotes, if available. (Use a separate sheet of paper, if necessary).

Please give a complete explanation of your disability(ies). You may include current Doctorâ€™s (or other) diagnostics and recommendations. These are helpful and may be provided on a voluntary basis. (Use a separate sheet of paper if necessary.)

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Applicantâ€™ Signature ___________________________________ Parentâ€™/Guardianâ€™ Signature (if applicant is a minor)

Please send signed and completed application to:
Italian Catholic Federation
8393 Capwell Drive, Suite 110
Oakland, CA 94621
(510) 633-9058 • 1-888-423-1924 • (510) 633-9758 (fax) • www.icf.org