

**FAIRVIEW COMMUNITY HOUSING TRUST FUND  
Grant Application**

**Please complete the following application and submit to:**

**Gerald Stolp, Manager  
Community Housing Section  
Seniors and People with Disabilities  
500 Summer Street NE E 10  
Salem, OR 97301  
Email address: [gerald.stolp@state.or.us](mailto:gerald.stolp@state.or.us)**

Grant applications will be accepted between September 15 and October 15, 2004. You may submit the form by mail, fax or via email. Persons with a developmental disability that are not living in a licensed residence are eligible to apply.

Date \_\_\_\_\_

Name of person for whom grant is being requested \_\_\_\_\_

Address \_\_\_\_\_

Phone number and/or email address \_\_\_\_\_

Age of applicant \_\_\_\_\_

Name, address, phone number and email address of contact person (if different from above).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a case manager? \_\_\_\_\_ If so, name \_\_\_\_\_

Phone number (if known) \_\_\_\_\_

1. Describe the modification or equipment being requested:

2. How will accomplishing the modification or installing the equipment contribute to the health, safety, welfare or independence of the applicant?

3. What steps, if any, have been taken toward making the modification or purchasing the equipment?

4. What other sources of funding, if any, have been explored?  
Describe.

5. Check the boxes that describe your living situation: in a family home   
apartment  house  with parent(s) or guardian   
by yourself  with roommate  Other (describe)

6. If you are requesting a modification to the residence where you live, who owns the home where the work would be done?

Self \_\_\_\_\_ Family \_\_\_\_\_ Other (identify)

\_\_\_\_\_

If "other", can you obtain written permission from the owner to do the work?

Yes \_\_\_\_\_ No \_\_\_\_\_

7. Have you obtained any cost information for the project? If you have, please provide that information.

If your initial application is accepted, additional information will probably be required. Will you need help from our office or a professional person to do any of the following that apply to your project?: (check those that apply)

Create or refine a scope of work \_\_\_\_\_

Make drawings for cost estimates \_\_\_\_\_

Obtain more technical information \_\_\_\_\_

Write specifications \_\_\_\_\_

Obtain cost estimates \_\_\_\_\_

Other (identify) \_\_\_\_\_

Have you applied for a grant before? Yes \_\_\_\_\_ No \_\_\_\_\_

Attach a copy of a support plan and/or letters from your case manager, personal agent, or others involved in your support. The plan or the letters should say how completing this project or purchasing equipment will contribute to the applicant's health, safety, welfare or independence.

Checklist:

\_\_\_ Contact information complete and accurate

\_\_\_ All questions answered

\_\_\_ attached support plan and/or letters