

# Utah Assistive Technology Foundation Small Grant Application

Referred by: \_\_\_\_\_

1. Applicant's Name \_\_\_\_\_

2. Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

3. Person w/disability if different than applicant \_\_\_\_\_

Date of Birth \_\_\_\_\_

Type of Disability \_\_\_\_\_

4. <u>Source(s) of Income</u>	<u>Gross Income per Month</u>
_____	\$ _____
_____	\$ _____
<b>Total Gross Monthly Income</b> \$ _____	

5. How many family members live in your home? \_\_\_\_\_

6. Do you have insurance, Medicaid or Medicare? If yes, list \_\_\_\_\_

7. If you have Medicaid or Medicare, have you applied for funding for this device? \_\_\_\_\_

8. Do you have assets other than a home or car? \_\_\_\_\_

If yes, please list \_\_\_\_\_

9. How much are you able to contribute towards your grant request? \_\_\_\_\_

I verify that all of the above information is accurate to the best of my knowledge. My signature below indicates that if my request is approved for funding to purchase this device(s), I: a) accept all liability for any damage or injury that may be caused by its use; and b) hold harmless the Utah Assistive Technology Foundation, Utah Assistive Technology Program, the Center for Persons with Disabilities and Utah State University for any injuries or damage that may occur as a result of its use.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Utah Assistive Technology Foundation  
Grant Application – Part Two**

Please provide information about the equipment or device(s) for which you are requesting a grant, including the name and address of the supplier.

**Equipment/Supplier**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Equipment/Device (be specific)

\_\_\_\_\_  
\_\_\_\_\_

Total Amount of Equipment/Device \$ \_\_\_\_\_

**Please attach an invoice from the vendor with make/model of the device, price including sales tax, shipping and handling.**

Utah Assistive Technology Foundation  
6835 Old Main Hill  
Logan, UT 84322  
PHONE: 800-524-5152  
FAX: 435-797-2355