



The Filippis Foundation

Disability Awareness Workshop

Grant Application

Legal Name of Organization: _____

Address: _____

Contact Name: _____ Email: _____

Website: _____ Phone: _____

Amount Requested: \$250 \$500 How many participants do you expect to serve? _____

Type of Organization: Public School Private School Nonprofit Religious Other: _____

History of Organization:

Why do you want to have a Disability Awareness Workshop at your facility?

Will you use several of the Disability Awareness Workshop program components or only the hands- activity stations?

What do you hope to accomplish by having a Disability Awareness Workshop?

Do you plan to have any additional programming or discussions to further the message?

List any previous support from The Filippis Foundation/Wright & Filippis in the last 3 years?

Is this grant your only means of providing the Disability Awareness Workshop?

List any affiliations with directors/members/staff of The Filippis Foundation/Wright & Filippis?

Initial Below

_____ I declare I have authorization to apply for this grant on behalf of the organization listed above.
The statements and answers given in this grant application are true and correct. I understand that any misstatements in this grant application will cause my application to be denied.

_____ I understand that it is required for the organization to hold the workshop within one calendar year of receiving grant approval. In addition, if my organization is approved, it must provide liability insurance for the use of the equipment and protection of the participants, holding harmless The Filippis Foundation.

Signature: _____ Date: _____

Print Name:

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48309 <http://www.firsttoserve.com/about/filippis-foundation/>