



Financial Assistance to Support FL SAND Representation on Local Boards, Task Forces, Councils, and Committees

Application & Instructions

FL SAND members are encouraged to seek positions on local cross-disability and other groups in their communities as a means of speaking out for people with disabilities, ensuring the interests of people with disabilities are considered in important decisions, and raising awareness about disability issues.

These funds are available to assist members in offsetting the costs of participation in these groups such as transportation, personal care assistance, and other related costs. Funds must be applied for and will be disbursed to the groups to be forwarded to the participating member(s). Funds are not to be used for participation in regular FL SAND meetings or events.

Groups can apply for up to \$500 in the first application. If additional funds are available in the contract year, groups will be notified that they can re-apply. The first step in the process is completing this application.

- Groups will be required to account for how funds are spent in their quarterly and annual reports so please notify members they must provide receipts for funds spent.
- Recipients should be active members of the local group and regular meeting attenders.
- When applicable, funds should be disbursed in some measure to all members participating in outside groups. Funds are provided to offset the costs of participation in community groups and are not likely to cover all costs of participation.
- Funds will be disbursed to groups in increments (a portion per quarter).
- Email or call Tina St.Clair with questions: (904) 254-0332 / tstclair@orgmsinc.com
- Applications may be mailed or emailed to

FL SAND / Organizational Management Solutions
1542 Kingsley Avenue #136
Orange Park, FL 32073



Application for Mini-Grant to Support Participation on Cross-disability Boards and Groups

Date of Application: _____

FL SAND Group Requesting Funds _____

Group representative(s) completing form (Board member, group leader, and/or advisor)

Please complete a box for each group member requesting assistance.

Group Member Name	Board/Task Force/Council Name and Purpose and location of meetings	Frequency of meetings
What funds are needed for this applicant (transportation, etc.; Estimate cost per meeting) <hr/> <hr/> <hr/> <hr/>		
How is the group member required to report his/her activities back to the group? <hr/> <hr/> <hr/>		

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Total amount being requested \$ _____