

APPLICATION for CARTER GABLE MEMORIAL
Technology Fund Technology Assistance Grant

Provided By:

Mississippi Council of the Blind
"Improving Today for Tomorrow"

Please complete this form and return it to:
MCB Technology Committee
P. O. Box 31112
Jackson, MS 39286

A printed, signed copy is required for filing purposes before any grant is issued.

Name:

Address:

City: State: Zip:

Home Phone:

Work Phone:

Email Address:

Date:

1. How long have you been legally blind?
2. Indicate last year of education completed:

3. If awarded, the Technology Assistance Grant will cover no more than \$2,000 toward the cost of the adaptive items you intend to purchase. Please explain your plan for providing the funds to pay any remaining costs.
4. List the specific adaptive items you wish to acquire through the Carter Gable Memorial Technology Fund.
5. How do you plan to learn to use the items?
6. Briefly explain how the adaptive items you have chosen will positively effect your personal independence by freeing you from sighted assistance for specific tasks.
7. Briefly explain how the adaptive items you have chosen will enhance your participation in your community.
8. Will more than one legally blind person have regular access to the items?
9. Is a computer with which you can use these adaptive items available in your home? If not, how do you plan to obtain a computer?
10. Have you received or applied for funding for these items through any other private or government programs? If so, what is the current status of your application to those programs?
11. Have you, or has anyone in your household been turned down for a grant from this program within the past two years?

NOTICE TO ALL APPLICANTS

MCB is not permitted to provide any funds on a loan basis.

No grant will be awarded as a reimbursement for equipment that has already been purchased, or for the purchase of used equipment from an individual.

No grant will be awarded toward the purchase of standard, off-the-shelf typewriters, computers, printers, computer monitors, or computer software packages.

MCB reserves the right to limit or to deny grant assistance based on availability of funds, feasibility of projected equipment use, previous grant awards or utilization, or service history.

MCB reserves the right to recommend the purchase of alternative items and/or the use of alternative vendors in order to maximize the purchase power of the Technology Assistance Grant while maintaining the goals of the recipient.

MCB reserves the right to prioritize potential grant recipients by giving a higher priority to individuals who do not own any other adaptive computer equipment at the time of their application.

MCB reserves the right to contact any grant applicant to request additional information regarding any portion of this application. Failure to supply any additional requested information within the specified time may result in the termination of the application for which such information has been requested.

MCB reserves the right to either suspend or terminate this program without prior notice by a majority vote at any regular or special meeting of its Board of Directors.

MCB is not a party to any transaction for the purchase of adaptive equipment or software and, as such, is not a party to any dispute over warranty agreements or the condition of products purchased. MCB does not provide technical support or training in the use of software and equipment purchased with grant funds.

MCB does not make representations as to the compatibility or usability of any item purchased with grant funds. MCB does not install, assemble, repair, or modify and equipment or software.

MCB requires that if an adaptive item is awarded to you and is determined to be not helpful or unusable that it be returned to MCB. MCB will then request a refund, if available, or award the item to another grant recipient.

PERSONAL INFORMATION CERTIFICATION

I certify that the foregoing is true and correct. By signing this form, I hereby acknowledge that I have read and understand the terms and conditions of the Carter Gable Technology Grant Program and I hereby agree to comply with those terms and conditions as set forth herein.

Signature

Please attach a current eye report and a letter describing your need for the adaptive items.
