THE HARLOW GRANT

**Brought to You By The**

**National Federation of the Blind**

# Of Connecticut

**Through the Generosity of**

**Community Foundation for Greater New Haven**

The Community Foundation for Greater New Haven (www.cfgnh.org) is a philanthropic institution whose mission is to build a more connected, inclusive, equitable and philanthropic community in Greater New Haven. The Foundation has committed support for The Harlow Grant, which will be administered by the NFB of CT and is a means through which Connecticut's blind and visually impaired community can receive assistance in the pursuit of training, education, employment, independent living and technological advancement. Eligible members must be residents of the Foundation’s served communities.

**Program Description**

The Harlow Grant is designed for easier and more frequent access to support opportunities. The intention of this program is to facilitate a higher yield of blind community support through a manner that is as equitable as possible. Grants will be disbursed directly to vendors.

The Harlow Grants will be offered, evaluated, and awarded quarterly. Below is a chart of the application deadlines and contact dates for award periods.

Award Period Deadline Date Contact Date

1st Feb. 10th March 20th

2nd May 10th June 20th

3rd Aug. 10th Sept. 20th

4th Nov. 10th Dec. 20th

To be eligible for consideration, an applicant must be (a) legally blind as defined by the state of Connecticut, (b) an active, paid member of the National Federation of the Blind of Connecticut, and (c) a resident of Ansonia, Bethany, Branford, Cheshire, Derby, East Haven, Guilford, Hamden, Madison, Milford, New Haven, North Branford, North Haven, Orange, Oxford, Seymour, Shelton, Wallingford, West Haven, or Woodbridge.

Incomplete applications will not be considered; it is the responsibility of the applicant to make sure all documents are completed and received. New, complete applications that are not awarded will remain on file for review during three subsequent periods. AWARD RECIPIENTS WILL NOT BE ELIGIBLE FOR A SECOND AWARD FOR A TWO-YEAR PERIOD AFTER RECEIVING THE FIRST AWARD.

**APPLICATION PROCEDURE**

1. Type application form.

2. Include all necessary documentation:

 (a) Certificate of blindness or letter from treating physician confirming legal blindness

(b) Proof of residence in Ansonia, Bethany, Branford, Cheshire, Derby, East Haven, Guilford, Hamden, Madison, Milford, New Haven, North Branford, North Haven, Orange, Oxford, Seymour, Shelton, Wallingford, West Haven, or Woodbridge.

 (c) Two letters of reference, both written by individuals who can share their perceptions of the applicant, and attest to their level of competence and motivation

 (d) If you are a client of BESB, a letter from your BESB Vocational Rehabilitation Counselor or Adult Services Social Worker detailing exactly why you were denied your request for equipment or services.

(e) Please inform us of any technology in your possession that you can use to support your request.

3. Complete applications must be mailed or emailed to:

**The Harlow Grant Committee**

**National Federation of the Blind of Connecticut**

**111 Sheldon Road, Unit 420**

**Manchester, CT 06045**

**info@nfbct.org**

**(860) 289-1971**

**APPLICATION FORM**

(Please Type)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or guardian name (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please tell us about yourself, your goals, and describe how this product or service will enhance your daily life and/or career aspirations. Use additional page(s) if necessary.

 I certify the above information is true and correct to the best of my knowledge.

Applicant's signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_