

Lucas County DD – Changing Table Grant Application

Please complete page 1 & Proposal with attachments included

This grant was established to award businesses/agencies within Lucas County, Ohio, the opportunity to develop inclusive spaces with the ability to install or modify changing tables in the business/agency restrooms for all individuals including individuals with I/DD and/or those with accessibility needs. Funds have been set aside and may be approved for submissions that either expand/modify or include the installation and adaptability of changing tables in public restrooms.

Company Applicant Name: _____

Company Mailing Address: _____

Contact Name, Phone Number & Email: _____

County of Agency Business: _____

If your application is approved, is the above address where the grant money should be sent? If not, please provide address: _____

Company acknowledges and agrees to share the outcome of this project via being featured in newsletters and/ or publications by Lucas DD? Yes ___ No ___

***Description of Proposal:**

*Please include a brief proposal on company letterhead that describes how your business intends to develop inclusive spaces by installing or modifying changing tables in the business/agency restrooms for all individuals including individuals with I/DD and/or those with accessibility needs. Concept plans of the modified restroom identifying clearances and mounting heights for accessibility, prepared by an Architect registered in the State of Ohio to be submitted with the grant application. *The administrator of the grant reserves the right to reject any, part of, or all proposals and waive any informalities in the proposal submission process.*

Total amount of money requested (up to \$20,000): _____

***Proposal Budget Narrative** (include quotes and a completed budget and brief statement providing justification of how and why each expense is necessary):

<i>Item(s) Requested</i>	<i>Expected Cost</i>	<i>Brief statement of how and why this is necessary</i>

Submit all questions and applications via email to LCBDDgrants@19servicesinc.com

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Application Deadlines for 2026:
1/1/26-5/31/26 & 6/1/26-10/31/26

Applications must be submitted via email before or on the deadline to: LCBDDgrants@19servicesinc.com

This can include, but is not limited to:

- Modifying restrooms to allow wheelchair access.
- Install/modify changing tables in business/agency restrooms for individuals, including adults.

Grant applications that are LESS likely to be accepted include but are not limited to requests such as:

- applications submitted without concept plans
- funds to be paid directly to staff.
- request for reimbursement for purchases made prior to the grant application/approval.
- agency taxes, fees or of such required to operate the business.

Grant Evaluation & Application Scoring

Grants will be evaluated in a fair and equitable manner. Applicant submissions will be reviewed against the intent of the grant, which is to either expand and/or enhance or develop inclusive spaces with the ability to install or modify changing tables in the business/agency restrooms for all individuals including individuals with I/DD and/or those with accessibility needs.

Scoring will be determined by completeness, eligibility requirements, alignment with intent of grant, feasibility of funds requested and desired outcome. A review committee will complete this process and determine the total score of the application. This will in turn be utilized to select awardees based on highest scoring of the application criteria. Administrator reserves the right to reject any, part of, or all proposals and waive any informalities in the proposal submission process.

Once the highest scoring application(s) have been selected, the committee will convene to vote on awardees based on total number of grants to be distributed during that phase and overall thoroughness of the application. Awardee(s) will then be contacted via email of their approval. Checks will then be mailed to the address listed on the application.

Applicants receiving the grant will be asked to provide the following:

- Receipts for purchases.
- Accounting of how the funds were spent, including a final budget breakdown of how your agency met the objectives of the grant.
- An outcome/success story because of receiving the grant. Those awarded the grant will be asked to sign a form giving LCBDD and 19 Services permission to publish their story/outcome.