



# Franklin County Board of Developmental Disabilities

*Helping people to live, learn and work in our community*

2879 Johnstown Road • Columbus, Ohio 43219 • 614-475-6440 • [www.fcbdd.org](http://www.fcbdd.org)

Jed W. Morison  
Superintendent/CEO

## Mini-Grants for Technology Devices Sponsored by Franklin County Board of Developmental Disabilities

The Franklin County Board of Developmental Disabilities (FCBDD) has approved a pilot program to provide a limited number of mini-grants for smart technology devices and to learn more about how technology can enhance a person's health, safety and/or independence. This pilot project will conclude on January 1, 2019. Mini-grants will only reimburse individuals served by FCBDD for smart technology devices up to 75% of the cost, not to exceed \$200.00. The recipient must agree to contribute at least 25% of the total cost. Mini-grants will not pay for internet or technical/installation assistance. Maximum reimbursement per person is \$200.00. Mini-grants will be considered on a first-come-first-serve basis.

Examples of smart technology devices include: Echo/Alexa (e.g. Medication reminders, Alarms, etc.); Google Home; "Ring Doorbell"; Smart Thermostat; Smart Lights/Plugs/Locks/Watches, Home Cameras linked to cell phone, etc. Questions should be directed to Joni Sparks at 614-342-5964.

To apply, this completed application should be sent to:

**Mini-Grant Technology Pilot Project**  
c/o Joni Sparks  
2879 Johnstown Road  
Columbus, Ohio 43219  
Email address: [joni.sparks@fcbdd.org](mailto:joni.sparks@fcbdd.org)

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Legal Name of Eligible Individual: \_\_\_\_\_ Age: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Name of Service Coordinator (*if applicable*): \_\_\_\_\_

Please list the technology device(s) for which you will be requesting reimbursement:

\_\_\_\_\_

What is the cost of the device(s)? \_\_\_\_\_ Name of Vendor of the device(s): \_\_\_\_\_

How will the device(s) enhance health, safety and/or independence: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will the device(s) require special installation or technical assistance, and if so, how will this be done?

\_\_\_\_\_

\_\_\_\_\_

Who should be contacted for further information: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant/Parent/Guardian

\_\_\_\_\_  
Date