***The American Recovery Plan Act dollars awarded to County Boards of DD will serve***

***to empower people with disabilities to live and engage independently, improve infrastructure***

***to make communities more accessible, add universal changing tables in public places,***

***create more community experiences, ensure conferences and meetings are inclusive,***

***and increase outreach efforts to unserved and underserved communities.***

Please complete the application form in its entirety, incomplete applications will be returned. Once you have completed the application please email to: [lwest@auglaizedd.org](mailto:lwest@auglaizedd.org)

**Agency/Organization Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**State:** \_\_\_\_\_\_\_\_ **ZIP:** \_\_\_\_\_\_\_\_\_\_

**Telephone Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What current or upcoming project is a universal changing table and/or space being requested for?
2. What is the total cost of this project?
   1. If more than $75,000, was it competitively bid? Yes No
3. Are you able to acquire a universal changing table by contacting the vendor directly or do you need assistance from Auglaize DD?
4. **Certification Statement**

By signing my name below, I confirm that all the information provided above is true and correct to the best of my knowledge. I also understand that if approved, I agree to provide project status updates that may be required to fulfill Auglaize DD ARPA reporting requirements.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Use Only

Approved Denied

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Renee Kohler Date

Superintendent, Auglaize DD

Specific Approval Notes: