**Application Form: Disabilities Fund 2025**

**General Operating Support – Mini Application Form**

Application Summary

Grant Request Amount

Please select the grant term: 12 months

How does your organization meet the needs and opportunities defined in the RFP or as discussed with your program contact?

Please share your organization’s understanding of, commitment to, and/or implementation of disability justice.

If your organization engages in any collaborations or partnerships, please share the names of your partners and the nature of your collaboration.