**Calypso Grant**

**Hartford Foundation for Public Giving - John E. Blair Grant**

The NFB CT - Calypso Program is a means through which Connecticut's blind and visually impaired community can receive assistance in the pursuit of training, employment, independent living and technological advancement. It is designed for easier and more frequent access to support opportunities. The intention of the program is to facilitate a higher yield of blind community support through a manner that is as equitable as it is immediate. Grants will be disbursed directly to vendors.

The program is designed for individuals who may be seeking anything from a talking watch, a computer system, a note taker such as a Braille Note or Braille Lite, and payment assistance toward post-secondary part-time course work. Grants are not limited to these items. For example, one may require a new suit for the sake of maximizing impressions on job interviews. The applicant must be a NFB CT Active Member.

The NFB CT- Calypso Grants will be offered, evaluated, and awarded quarterly. Below is a chart of the deadlines and contact dates for award periods.

The following list of CT towns are covered by the recent grant from the Hartford Foundation for Public Giving. These towns were verified via the grant application filed and by the Foundation's website. There are 29 Towns eligible:

HARTFORD

ANDOVER

AVON

BLOOMFIELD

BOLTON

CANTON

EAST GRANBY

EAST HARTFORD

EAST WINDSOR

ELLINGTON

ENFIELD

FARMINGTON

GLASTONBURY

GRANBY

HEBRON

MANCHESTER

MARLBOROUGH

NEWINGTON

ROCKYHILL

SIMSBURY

SOMERS

SOUTH WINDSOR

SUFFIELD

TOLLAND

VERNON

WEST HARTFORD

WETHERSFIELD

WINDSOR

Windsor locks

Award Period Deadline Date Contact Date

1st Feb. 10, 2026 March 20, 2026

2nd May 10, 2026 June 20, 2026

3rd Aug. 10, 2026 Sept. 20, 2026

4th Nov. 10, 2026 Dec. 20, 2026

To be eligible for consideration, an applicant must be (a) legally blind, provide a blindness certificate, as defined by the state of Connecticut and (b) a resident of Connecticut.

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.

Applicants must live in the greater Hartford area of CT for this Calypso Grant. The applicant must provide a bill that shows that they live in this area. Questions call **(860) 289-1971.**

**APPLICATION PROCEDURE**

1. Type the application form.

2. Include all necessary documentation:

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

(b) 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

(c) 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. In addition, inform us of any technology in your possession that you can use to support your request.

3. Mail complete applications to the following address:

**NFBCT-Calypso Quarterly Grant Committee**

**National Federation of the Blind of Connecticut**

111 Sheldon Road, Unit 420 Manchester, CT 06045

**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.

National Federation of the Blind CT

111 Sheldon Rd. Unit 420

Manchester, CT 06045

(860)289-1971

