

DSFA Greenville
Individual Grant Funding Application and Agreement

Individuals or their families/guardians can apply for funding quarterly, but there is a limit of \$500 of funding per year. The grants are not income-dependent. The DSFA Scholarship Committee will review and approve applications on a first come, first served basis. The DSFA Board of Directors allocates a fixed amount of funds for grants each fiscal year; no further applications will be approved once those funds are exhausted.

Application

Individual with Down syndrome _____ DOB _____
Phone _____ Address _____
City _____ State _____ Zip _____
Parent/Guardian or Contact Person _____ Phone _____
E-mail _____

Applying for reimbursement (preferred method) ___ or pre-payment ___ (please check one).

If applying for reimbursement, please provide copies of all associated receipts with the application. (Include associated costs including actual cost of item or service, taxes, and shipping.) All checks for pre-payment will be made out to vendors only.

Amount of your request \$ _____

Who should the check be made out to? _____

If this is a service, please provide the following vendor information. If more than one vendor attach additional sheets.

Name of vendor & contact individual: _____ Phone _____

Address _____

City _____ State _____ Zip _____ E-mail _____

On a separate sheet of paper describe in detail the item or service, including how this will enhance the life of the individual with Down syndrome, and attach to the back of the application.

For therapies, medical needs or electronics, applications must include a letter of recommendation on official letterhead from a licensed therapist, doctor or school official. It should be signed and dated and include a description of how the item or service will be used. All applications must include a document verifying a medical diagnosis of Down syndrome for the individual to benefit from this program (this can include a doctor's note, page from medical record, Medicaid paperwork or similar record)..

What functions, workshops, playgroups, seminars sponsored/hosted by DSFA or a DSFA sponsored support group have you attended or participated in within the past year?

What functions, workshops, playgroups, seminars, etc. would you like to see DSFA sponsor?

Certification and Conditions

I, _____ (parent's name if applicant is under 18 or guardian as applicable), verify that the grant funds being requested by me on this application are valid, that I have not made any false statements, and that the grant will be used to benefit an individual with Down syndrome living in the greater Greenville area of South Carolina.

I am aware that DSFA is not associated with any one event, program and/or therapy and does not endorse or condone any program when providing funding to individuals. DSFA will not be held liable for any activity associated with a program for which I, my child, and/or any other family member receive funds. DSFA will be held not responsible for accomplishing or administering any program.

I agree to allow DSFA to use our names, description of our experience and/or photo in any promotional documents regarding this program and for any DSFA activities.

DSFA may request documentation of all events, programs and/or therapies requiring prepayment. Prepayment will only be directly to the vendor by DSFA. Reimbursement will be made directly to the individual who incurred the expenses upon receipt and approval of the required documentation.

Recipients of any grant funding must immediately notify DSFA of any changes in pricing and/or cancellation of any programs or product orders when such occur. Cancellation of an event, program and/or product order for which funds have been disbursed will result in termination of the grant funding for that and require the return of the grant funds to DSFA.

All receipts for programs requiring pre-payment MUST be forwarded to DSFA within 30 days of receipt of funds. If receipts are not forwarded to DSFA within 30 days, DSFA may elect to only provide reimbursement for items or services in future applications.

I have read, agree to and understand all the terms indicated above.

Signature of applicant or parent/guardian

Date

(Signature of parent/guardian required if under 18 or otherwise applicable)

Please return a scan of the signed form to Charles Starkey, Chair of the DSFA Scholarship Committee at pendletone@gmail.com or mail a hard copy to: Scholarship Committee, Down Syndrome Family Alliance of Greenville, PO Box 25492 Greenville, SC 29616. If you have any questions contact the Chair at pendletone@gmail.com or 864-756-1366.

Please keep a copy for your records