



The DSAV 2010 Family Grant Application

The Down Syndrome Association of the Valley, in keeping with its mission, will offer family grants to its membership in order to provide assistance with anything that directly improves the quality of life of individuals with Down syndrome. DSAV is pleased to have been awarded a \$1,500 **Community Grant from CVS Caremark** and will award up to an additional \$3,500 directly from DSAV donations and fundraising.

Grants of up to \$250 per family will be offered for :

- 1) medical expenses not covered by insurance
- 2) therapies including PT, OT and Speech
- 3) activities such as classes, camps, or organizations open to all children with and without disabilities
- 4) family members to attend conferences, seminars or training sessions that address issues pertinent to Down syndrome

Application Process

-Grants of up to \$250 will be available. Those families receiving DSAV Family grant funding in March of 2010 are welcome to apply, but may only receive up to a max of \$500 total in 2010.

-Total amount awarded annually is \$10,000 from January 1, 2010 thru December 31, 2010.

-Family Grants are available to all DSAV members equally with no basis on financial status, color, race, or creed.

-Complete the following form and mail to DSAV 945 Boardman-Canfield Road Suite 12 Boardman, Ohio 44512.

-Direct any questions to michele@dsav.org or 330-726-DSAV (3728)

-An independent grant committee will review all grant applications and determine fund distribution. All recipients will be notified by mail within 30 days after grant deadline.

-Once determination is made, a letter will be sent to the family notifying them of the decision and if accepted, a check will be mailed to the family made payable to the provider.

-Recipients are asked to provide a picture and a brief paragraph for possible DSAV newsletter/website publication.

-Recipients are also **required** to contribute 5 hours of volunteer time to DSAV in order to keep programs like this possible. (May be fulfilled by forming a Buddy Walk® team, volunteering in DSAV office or helping on a committee.)

Complete Application and mail by **October 15, 2010** to:

DSAV

945 Boardman-Canfield Road-suite 12

Boardman, Oh 44512

Parent/CaregiverName _____ Date _____

Address _____

City _____ State _____ Zip _____ County _____

Home Phone _____ Cell Phone _____

E-mail _____

Member's Name _____ Date of Birth _____

Did you receive a grant in Spring 2010? ____yes ____no If yes, amount received _____

Brief description of volunteer time fulfilled to date: _____

Activity for which you are seeking funds _____

Dates of Activity _____

Amount Requested \$ _____ (max \$250)

Area you will volunteer for DSAV _____

Providers Information:

Check Made Payable to _____

Address _____

City, State, Zip Code _____