

CENTRAL ILLINOIS DOWN SYNDROME ORGANIZATION (CIDSO)

Enrichment/Participation Fund Application--effective 1/13/17

"By opening doors of opportunity, we strive to enrich lives, allowing those born with Down syndrome to be active participants in their community."

This fund is designed to enrich the lives of those born with Down syndrome and promote his/her community involvement/participation. It is available to any person with Down syndrome who lives in McLean County or who lives outside McLean County and has received a waiver from the CIDSO Membership Chair (Dawn Mattia: email dawnmattia@yahoo.com) to be able to apply for such support. The form below must be completed by the individual with Down syndrome or his/her parent/guardian/Power of Attorney. Funding support is limited to \$500.00 per approved individual with Down syndrome per calendar year who lives within CIDSO's approved geographic area or has received a waiver from the CIDSO Membership Chair (Dawn Mattia: email dawnmattia@yahoo.com). The funds will be distributed on a first-come/first-serve basis and if/when the allocated budget for Enrichment/Participation Funds has been exhausted, no further grants will be provided for that budget year within this program. The individual with Down syndrome or his/her family must be an active member of CIDSO and will have actively participated on a CIDSO Committee and/or Fund-Raiser within the past 12 months in order to be considered for funding under this program.

Applications must be fully/legibly completed and be accompanied by all appropriate receipts associated with the funding request; must be on behalf of the individual with Down syndrome and provide a direct affect on that individual; may not be a request for funding support for efforts otherwise available at lesser/no cost; may be partial support of a service or product if other funding has been sought/received; is as inclusive as appropriate; must be sent to the CIDSO Funds Administrator: Diane Crutcher at diane.crutcher@C4PD.com or mailed to 1714 Pfitzer Road, Normal, IL 61761; and will represent services/products for any age person with Down syndrome including but not limited to:

- Products: Eyeglasses, hearing aids, shoe inserts/orthotic aids, books, other educational supplies, etc.
- Services: Speech therapy, assessments (physical, mental, psychological, etc.), recreation, classes, etc.

All applicants will hear back from the Funds Administrator within two weeks of receipt of the application regarding whether the request will be funded or not and the process of approved payment.

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DATE OF APPLICATION: _____

PERSON SUBMITTING APPLICATION:

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

RELATIONSHIP TO INDIVIDUAL WITH DOWN SYNDROME: _____

NAME/DATE OF BIRTH/ADDRESS OF INDIVIDUAL WITH DOWN SYNDROME FOR WHOM FUNDING SUPPORT IS REQUESTED:

NAME: _____ DATE OF BIRTH: _____

ADDRESS IF DIFFERENT THAN ABOVE: _____

PHONE IF DIFFERENT THAN ABOVE: _____

NAME OF PRODUCT/SERVICE FOR WHICH FUNDING IS REQUESTED: _____

PURPOSE OF PRODUCT/SERVICE--BENEFIT TO INDIVIDUAL WITH DOWN SYNDROME: _____

*ITEMIZED COST OF FUNDING REQUEST: _____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL COST: \$ _____

50% REQUESTED: \$ _____

*Attach a copy of any registration form per appropriate item as well as all receipts.

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NAME/ADDRESS/PHONE OF PROVIDER OF SERVICE AS APPLICABLE TO THE REQUEST:

NAME: _____ **PHONE:** _____

ADDRESS: _____

HAVE YOU RECEIVED FULL OR PARTIAL REIMBURSEMENT FOR THE FUNDS REQUESTED FROM ANY OTHER SOURCE? IF YES, PLEASE LIST AMOUNT RECEIVED AND THE SOURCE:

HAVE YOU RECEIVED CIDSO FUNDING SUPPORT FOR ANY REASON IN THE PAST 12 MONTHS? IF YES, PLEASE LIST THE AMOUNT RECEIVED AND THE PURPOSE OF THAT SUPPORT:

NOTE BELOW THE CIDSO COMMITTEES AND/OR FUND-RAISERS ON WHICH THE INDIVIDUAL WITH DOWN SYNDROME AND/OR HIS/HER FAMILY HAVE ACTIVELY PARTICIPATED AND HOW IN THE PAST 12 MONTHS.

SIGNATURE OF PERSON SUBMITTING APPLICATION:

SIGNATURE OF PERSON WITH DOWN SYNDROME IF 18 YEARS OR OLDER:

By accepting Enrichment/Participation Funds, the applicant willingly provides the information within this application and agrees to follow the CIDSO requirement that the individual with Down syndrome and/or his representative will actively participate on a CIDSO Committee and/or fund-raiser annually to be validated by the Committee Chair of that function. CIDSO Committee Chairs are listed on the CIDSO Website and may be contacted through info@CIDSO.com for more information on how to become active in one or more of these efforts. The successful applicant further understands and accepts that funding support is not guaranteed from year-to-year. Funding support is always contingent on the CIDSO budget and can be altered without notice based on available funds.

Submit completed application and all appropriate registration forms and receipts to: diane.crutcher@c4pd.com (Diane Crutcher, CIDSO Funds Administrator) or mail to Diane Crutcher, 1714 Pfitzer Road, Normal, IL 61761.