

CENTRAL ILLINOIS DOWN SYNDROME ORGANIZATION (CIDSO)

Enrichment/Participation Fund Application--effective 7/17/17

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

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 promote people with Down syndrome having access to and being supported in community involvement/participation. It is available to any CIDSO Member (defined as a person who has filed and had accepted by the CIDSO Membership Chair a CIDSO Membership application and is active in the organization currently or within the past 2 years). Membership Chair is Dawn Mattia: email: info@cidso.org. "Active within the organization" is defined as having served within the past two years and/or is currently serving on the CIDSO Board and/or attending three out of four CIDSO Membership Meetings annually and/or is functionally supporting any of the CIDSO fund-raisers and/or committees. The Funds Administrator will assess with appropriate CIDSO Chairpersons whether the family/individual applying for Enrichment Fund support meets the required definition of "active" before any funds are allocated.

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 75% of requested/deemed appropriate grant requests up to \$1,000.00 per calendar year per individual with Down syndrome (who either personally or through family members meets the above membership and active requirements). The funds will be distributed on a first-come/first-serve basis.

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: \$ _____

75% 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 be active within the organization. "Active within the organization" is defined as having served within the past two years/and/or is currently serving on the CIDSO Board and/or attending three out of four CIDSO Membership Meetings annually and/or functionally supporting any of the CIDSO fundraisers and/or committees. 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: info@cidso.com (Diane Crutcher, CIDSO Funds Administrator) or mail to Diane Crutcher, 1714 Pfitzer Road, Normal, IL 61761.