

Central Illinois Down Syndrome Organization
CIDSO Enrichment/Participation Fund Application

“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 community involvement/participation. It is available to any person with Down syndrome regardless of involvement/participation in CIDSO. This application is to only be completed by the individual with Down syndrome or his/her parent, guardian or Power of Attorney. Funds will be limited to people who live within a 30 mile radius of Bloomington/Normal, IL. Funds will be limited to \$500.00 per individual per calendar year.

Applications must be received 10 days prior to the CIDSO quarterly board meetings to be considered for that quarter's budget. Applications received less than 10 days before the board meeting will be considered at the next quarter's meeting. Meetings are generally held on the first Monday of January, April, July, and October.

By accepting Enrichment/Participation Funds, you agree to share with CIDSO information on the program or activity the funds are supporting.

1. Date of Application: _____

2. Name of person submitting application:

Address: _____

Phone: _____

3. Relationship to individual with Down syndrome:

4. Person with Down syndrome on whose behalf funds are being requested:

Name: _____

Date of Birth: _____

Address if different from above: _____

Name of activity/program/item funds are being requested for:

Reason for activity/program/item:

Itemized cost of program/activity/item:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Cost: \$ _____

50% of Cost: \$ _____

Provider Information:

Program Name & Phone Number: _____

Address: _____

Contact Name (if applicable): _____

* Please attach a copy of registration, ad for item, etc, where applicable

CIDSO's general guideline is to try to reimburse 50% of the total cost of a program/activity. If you would like to request more than 50%, please explain why additional support is needed.

Have you received full or partial reimbursement for the funds requested from any other entity/organization/program? If yes, please list amount and from whom received.

Have you received CIDSO Enrichment/Participation Funds in the past? If yes, please list amount received, date received, and program/activity/item for which funds were awarded.

Signature of person submitting application:

Signature of person with Down syndrome over 18 years of age:
