

# CENTRAL ILLINOIS DOWN SYNDROME ORGANIZATION (CIDSO)

## Program Funding 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."*

This fund is designed to enrich the lives of those born with Down syndrome and promote his/her community involvement/participation in select programs. It is available to programs that serve individuals with Down syndrome who live in McLean County. The form below must be completed by a representative of the program on behalf of its participants with Down syndrome. Please note that CIDSO will provide 50% of the fees/related charges for any one approved program annually based on availability of funds.

Applications must be fully/legibly completed; the program must include participants with Down syndrome in CIDSO's above-defined catchment area currently participating in the program for which funding is being sought; the program must provide a direct, positive effect on those individuals which is defined as the person with Down syndrome actively participating in the program; it may not be a request for funding support for equal efforts otherwise available at lesser/no cost; it may be partial support of a program if other funding has been sought/received; it is as inclusive as appropriate; the application must be sent to the CIDSO Funds Administrator: Diane Crutcher at [diane.crutcher@C4PD.com](mailto:diane.crutcher@C4PD.com) or mailed to 1714 Pfitzer Road, Normal, IL 61761; and will represent services for any age person with Down syndrome including but not limited to:

- Recreation.
- Communication.
- Employment.
- Inclusion.
- Education.

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

**By accepting Program Funds, the applicant willingly provides the information below and agrees to follow the CIDSO requirement that CIDSO may request periodic reports on how the funds are being allocated and the impact on participants with Down syndrome. 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.**

**CENTRAL ILLINOIS DOWN SYNDROME ORGANIZATION (CIDSO)**  
Program Funding Application--effective 7/17/2017

DATE OF APPLICATION: \_\_\_\_\_  
\_\_\_\_\_

PERSON SUBMITTING APPLICATION:

CONTACT NAME/TITLE: \_\_\_\_\_

AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**DESCRIPTION OF PROGRAM FOR WHICH FUNDING IS REQUESTED (include how the program is typically funded, how it will enhance the lives of participants with Down syndrome, the number of people with and without Down syndrome likely to participate; whether the program is inclusive and, if so, how; if not, how it will incorporate people without disabilities; the names of participants with Down syndrome in CIDSO's catchment area):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ITEMIZED COST OF FUNDING REQUEST: \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL REQUEST:** \_\_\_\_\_ \$ \_\_\_\_\_

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**HAS YOUR ORGANIZATION RECEIVED FULL OR PARTIAL REIMBURSEMENT FOR THE FUNDS REQUESTED FROM ANY OTHER SOURCE? IF YES, PLEASE LIST AMOUNT RECEIVED AND THE SOURCE:**

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**HAS YOUR ORGANIZATION 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:**

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**NOTE YOUR METHOD FOR REPORTING TO CIDSO HOW THE FUNDING WAS USED AND ITS IMPACT ON PARTICIPANTS WITH DOWN SYNDROME:**

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# CENTRAL ILLINOIS DOWN SYNDROME ORGANIZATION (CIDSO)

## Program Funding Application

I AM AUTHORIZED TO COMMIT TO CIDSO'S FUNDING REQUIREMENTS PER THIS APPLICATION ON BEHALF OF THE ORGANIZATION/PROGRAM NAMED WITHIN THIS APPLICATION:

SIGNATURE/TITLE OF PERSON/DATE SUBMITTING APPLICATION:

\_\_\_\_\_ / \_\_\_\_\_

PRINTED NAME OF PERSON SUBMITTING APPLICATION:

\_\_\_\_\_

**Submit completed application and all appropriate supportive information on the program to: [diane.crutcher@c4pd.com](mailto:diane.crutcher@c4pd.com) (Diane Crutcher, CIDSO Funds Administrator) or mail to Diane Crutcher, 1714 Pfitzer Road, Normal, IL 61761.**