



B.U.D.S Mini-Grant Policy for 2017

B.U.D.S will offer Mini-Grants of up to \$500.00 to each individual with Down syndrome annually (January - December 2017), as determined by the Board Members of B.U.D.S.

To qualify for the available funding, an applicant must have participated in at least 1 meeting within the past year OR participated in Buddy Walk last year.

Members that have met the participation requirement are eligible to submit only **one application per calendar year (maximum \$500.00)**. Once the Mini-Grant budget has been exhausted, no additional funding will be available until the following year, contingent on available funding. Priority will be given to those applicants who have not applied and received funding earlier in the year.

Payment will be in the form of either reimbursement, with proof of payment being submitted to a B.U.D.S Board Member, or proceeds being forwarded directly to the provider of the service.

Funding will be available in the following areas:

1. Educational Resources or Equipment

Examples: Costs for DS conferences/workshops, DS educational books, Signing Time DVDs, Talk Tools Supplies, payment towards purchase of communication devices, technological resources (apps), safety equipment, etc.

2. Recreation/Therapeutic Activities

These activities may include, but are not limited to, dance, yoga, swim, karate, art, music, day camps, overnight camps, physical therapy, occupational therapy, speech therapy or other activities that build skill, strength and/or self-confidence.

If you have a question about whether a resource, service, or activity qualifies please email: budsboard@budsonline.org

B.U.D.S Scholarship Application

Date submitted: _____
Applicant's name: _____ Age: _____
Parent/legal guardian of applicant: _____
Address: _____
Phone number:(Home) _____ (Cell) _____
Email address (if available) _____

Items/Services/Activities requested by applicant, and how this will benefit the individual with Down syndrome:

Amount/cost for items/services requested \$ _____

Date by which funds are needed: _____

Vendor's name & address: _____
(*if paying direct) _____

Reminder: B.U.D.S does not pay the applicant directly, but will either reimburse the applicant or will forward any approved funds directly to the provider.

***** Please attach receipt(s) if this is a reimbursement *****

Upon approval, please make payment to:

Name: _____

Address: _____

Permission to publicize individual's use of 2017 Mini-Grant funding? YES NO

(Signature of applicant or parent/legal guardian)

Please mail to:
B.U.D.S
P.O. Box 1913
Madison, AL 35758
Or, if preferred, email Board BUDS (budsboard@budsonline.org)

