



PO Box 1913
MADISON, AL 35758

buds@budsonline.org

Member Mini-Grant Application for 2019

B.U.D.S will offer Mini-Grants of **up to** \$500.00 to each individual with Down syndrome annually (January - December 2019), as determined by the Board Members of B.U.D.S.

To qualify for the available funding, you must do at least **ONE** of the following:

1. Attend at least 3 board meetings.
2. Volunteer, for a minimum of 3 hours, for BUDs. Examples would be helping with the Buddy Walk, organize family activities, coordinate Moms' nights or Dads' nights, etc.
3. Bring in at least \$500 in sponsorships for the Buddy Walk.

Members that have met the participation requirement are eligible to submit only **one application per calendar year per family member with Down Syndrome**. Families with more than one individual with Down syndrome may apply for multiple grants, but the requirements for each grant must be fulfilled. Grants are awarded on a first come, first serve basis until available money is gone. Once the Mini-Grant budget has been exhausted, no additional funding will be available until the following year, contingent on available funding.

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

Amended December 2019

Applicant Information:

Name and Age of Individual with DS _____

Parent/Guardian Name(s) of applicant: _____

Street Address: _____

City/State/ZIP _____

Phone number:(Home) _____ (Cell) _____

Email address (if available) _____

As a Member in Good Standing, I have done ONE of the following:

_____ Attended 3 Board Meetings

Dates Attended: _____

_____ Volunteered a minimum of 3 hours in the following areas:

- _____ Event or activity
- _____ Board/Committee member
- _____ Buddy Walk
- _____ Fundraising
- _____ New Parent support
- _____ Other

_____ Secured a minimum of \$500 in Buddy Walk Sponsorships

Company(s) Name: _____

Information on Specific Need for Individual with DS:

Name & Location _____

Description _____

Description of Item/Program/Service:

Total Cost of Item/Program/Service \$ _____

(Receipts Attached)

Thank you! Your request will be read, voted on and reimbursement will be made upon approval by BUDS Board. Please email to Budsboard@budsonline.org.

By signing, you acknowledge that the above is correct to the best of your knowledge. _____ Date

BUDS Board Use Only

- _____ Membership Current
- _____ Northern Alabama Resident
- _____ Member in Good Standing
- _____ Volunteer Hours Met
- _____ Receipts/Bills Included
- _____ Proof of Payment Included

_____ Amount Approved _____ Approval Signature & Date