Member Mini-Grant Application for 2020

B.U.D.S will offer Mini-Grants of up to $500.00 to each individual with Down syndrome annually (January - December 2020), 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
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

_____ Volunteer Hours Met

______ Payment Current

______Northern Alabama Resident

______Receipts/Bills Included

______Member in Good Standing

______Proof of Payment Included

______________________Amount Approved ________________________________Approval Signature & Date