Member Mini-Grant Application for 2021

B.U.D.S will offer Mini-Grants of **up to** $500.00 to each individual with Down syndrome annually (January - December 2021), 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 January 2021

**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      _____Fundraising
   _____Board/Committee member  _____New Parent support
   _____Buddy Walk       _____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

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<tr>
<th>BUDS Board Use Only</th>
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<tbody>
<tr>
<td>_____Membership Current</td>
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<tr>
<td>_____Volunteer Hours Met</td>
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<tr>
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<td>Amount Approved</td>
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